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Research Article

Knowledge, Attitudes and Preparedness of Healthcare Professionals Regarding Gender-Based Violence at a Tertiary Care Hospital in Pakistan

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ABSTRACT

Background: All over the world, gender-based violence (GBV) is a serious health and human rights problem. Survivors often reach out to health care workers first, but health care workers' insufficient knowledge, negative attitude, and lack of preparedness may negatively affect the identification and management of GBV cases.

Objective: To assess the level of knowledge, attitudes, and preparedness of healthcare professionals regarding gender-based violence and to determine the association between training and these domains.

Methods: The study was descriptive and cross-sectional. The study was conducted at Services Hospital, Lahore between the time period of June and December 2021. The study participants included a total of 300 health care professionals, which included house officers, postgraduate residents, consultants, and staff nurses. Data collection was done through a self-administered structured questionnaire which was used to assess knowledge, attitudes, and preparedness regarding GBV. The data was analyzed using SPSS version 25. The chi square test was used and statistically significant results were considered to be $p \leq 0.05$.

Results: Of the total study participants, 32.3% were said to have sufficient knowledge in gender-based violence, 24.0% were said to have a good attitude, and 15.7% were said to have sufficient preparedness. Health care professionals who underwent GBV related training exhibited a greater knowledge, attitude, and preparedness compared to those who did not undergo training ($p<0.001$).

Conclusion: The healthcare professionals' knowledge, attitudes, and readiness regarding gender-based violence, were less than satisfactory. The healthcare response to gender-based violence in Pakistan needs improvement, by developing and implementing pre-service and in-service training programs, and national guidelines.

Keywords: Gender-Based Violence, Health Care Professionals, Knowledge, Attitude, Preparedness.

INTRODUCTION

Gender-based violence (GBV) describes acts of violence against an individual solely based on their gender. This can include acts of violence, sexual violence, and or psychological and emotional violence. This violence can be perpetrated by an intimate partner, which is especially dangerous, considering how prevalent these acts are. This is ultimately considered violence against human rights and is a massive issue for global public health. Global data shows that of the world's females,

approximately 1 in 3 will be affected by physical or sexual violence in their lifetime. This shows how widespread the issue is over different cultures and societies.

Gender-based violence is also associated with a range of health problems survivors. Some even present to medical facilities and complain of injuries that come from violence, along with chronic pain, problems with the digestive system, and issues with the sexual and reproductive organs. Some even develop psychological disorders such as depression, anxiety, post-traumatic stress disorder, and even turn to substance abuse, along with a myriad of other health issues. Studies show that even more deeply, experiencing violence other than what is mentioned above can cause long-term health issues, can abuse healthcare services more than the average patient, and have a worse quality of life. Despite multiple contacts with the healthcare system, the gender-based violence that patients experience is frequently overlooked, not recorded, and left unaddressed within healthcare systems.

In all stages of the identification and management of gender-based violence (GBV), including clinical management, documentation, psychosocial assistance, and or referrals, the position of health care practitioners is singular and pivotal. For example, international studies have shown that the presence and intervention of trained health care providers can positively influence health consequences and can improve access to legal and social services, thereby reducing the scope of secondary social problems. In contrast, numerous studies have reported that health care practitioners perceive GBV to be addressed inadequately, and this is attributed to the lack of legal, psychosocial, and sociocultural violence mitigating training, as well as to the adverse/ambivalent attitudes, lack of psychosocial training, and legal stake fears.

In the case of Pakistan and other low and middle income countries, there is insufficient clinical institutional support, lack of uniform clinical practice, poorly developed clinical and social referral pathways, and absence of structured social and clinical guidelines. The health care system addresses GBV mostly in a reactive/ fragmented manner, even though GBV is one of the many serious issues Pakistan faces today. There is a notable lack of local research on the preparedness of health care providers to deal with GBV, particularly in tertiary care institutions, where a disproportionate number of women who experience violence seek medical care.

Understanding the knowledge, attitudes and preparedness of healthcare professionals about gender-based violence, helps to diagnose and bridge the gaps in clinical practice and shape the design of focused training, institutional frameworks, and policies at the national level. Therefore, this study aimed to assess these aspects with healthcare professionals at a tertiary care teaching hospital in Pakistan.

METHODOLOGY

From Jun 20, 2021, to Dec 20, 2021, a cross-sectional study was carried out at Services Hospital, Lahore. At a 95% confidence level with a 5% margin of error, 300 healthcare professionals were sampled. The participants were house officers, postgraduate residents, consultants, and staff nurses who were directly involved in patient care.

Inclusion was granted to healthcare professionals who gave informed consent, and exclusion was placed on undergraduates and those not participating. Data were gathered through the use of a distinct, self-administered, and anonymized questionnaire that had been tailored from other tools that had been validated and utilized in previous research. The questionnaire consisted of a variety of sections of various research domains, which included the study of the sociodemographic description and professional level, the study of the previous training exposure on gender-based violence, and the study of the knowledge, attitude, and preparedness, study and the identification, management, documentation, and referral of gender-based violence.

Data collection started after having secured the necessary ethical clearance from the institution's internal review board. The study's aim and objectives were explained and after which participants signed a consent form to give the study their approval. Study participants were informed and confidentiality was maintained to the full extent.

Data were processed and analyzed through the Statistical Package for the Social Sciences (SPSS) version 25. For the quantitative variables, mean and standard deviation were used, and for the categorical variables, frequency and percentage were used. Chi-square test was used to determine the association of professional designation, training exposure, and outcome variables. A p-value of ≤ 0.05 was considered statistically significant.

RESULTS

The total number of healthcare professionals involved in the study was 300. Out of these, 169 (56.3%) were postgraduate residents, 68 (22.7%) were house officers, 36 (12.0%) were staff nurses, and 27 (9.0%) were consultants. Knowledge about gender-based violence was found to be adequate in 97 (32.3%) participants, and 72 (24.0%) participants demonstrated a positive attitude. Only 47 (15.7%) participants reported being adequately prepared to handle and refer cases involving gender-based violence.

The most training participants had attended was positively associated with knowledge, attitudes, and preparedness. Of the untrained participants, 199 (85.0%) showed inadequate knowledge, 223 (95.0%) showed negative attitudes, and 232 (90.0%) showed insufficient preparedness. Conversely, participants who had received lecture or video training showed a marked improvement in knowledge, positive attitudes, and preparedness.

Knowledge, attitude, and preparedness compared to professional designation showed significant differences. Staff nurses and consultants had more knowledge and positive attitudes, and preparedness than house officers and postgraduate residents ($p < 0.001$).

Knowledge, attitude, and preparedness compared to different training modalities showed participants with more training had better outcomes in all areas ($p < 0.001$).

Table 1: Distribution of Healthcare Professionals by Designation

Designation	Frequency (n)	Percentage (%)
House Officers	68	22.7
Postgraduate Residents	169	56.3
Consultants	27	9.0
Staff Nurses	36	12.0
Total	300	100

Table 2: Knowledge, Attitude and Preparedness Regarding Gender-Based Violence

Variable	Adequate n (%)	Inadequate n (%)	Total
Knowledge	97 (32.3)	203 (67.7)	300
Attitude	72 (24.0)	228 (76.0)	300
Preparedness	47 (15.7)	253 (84.3)	300

Table 3: Association of Training with Knowledge, Attitude and Preparedness

Training Type	Adequate Knowledge n (%)	Adequate Attitude n (%)	Adequate Preparedness n (%)
No Training	34 (15.0)	10 (4.3)	1 (0.4)
Video Training	33 (100)	33 (100)	32 (97.0)
Lecture/Talk	29 (93.5)	28 (90.3)	13 (41.9)
Skill-based Workshop	1 (33.3)	1 (33.3)	1 (33.3)

Table 4: Association of Designation with Knowledge, Attitude and Preparedness

Designation	Adequate Knowledge n (%)	Adequate Attitude n (%)	Adequate Preparedness n (%)
House Officers	6 (8.8)	5 (7.4)	3 (4.4)
Postgraduate Residents	45 (26.6)	33 (19.5)	21 (12.4)
Consultants	22 (81.5)	20 (74.1)	13 (48.1)
Staff Nurses	24 (66.7)	14 (38.9)	10 (27.8)
p-value	<0.001	<0.001	<0.001

Figure 1 illustrates healthcare professionals' knowledge, attitudes, and preparedness concerning gender-based violence. Of the three domains, preparedness was the most lacking.

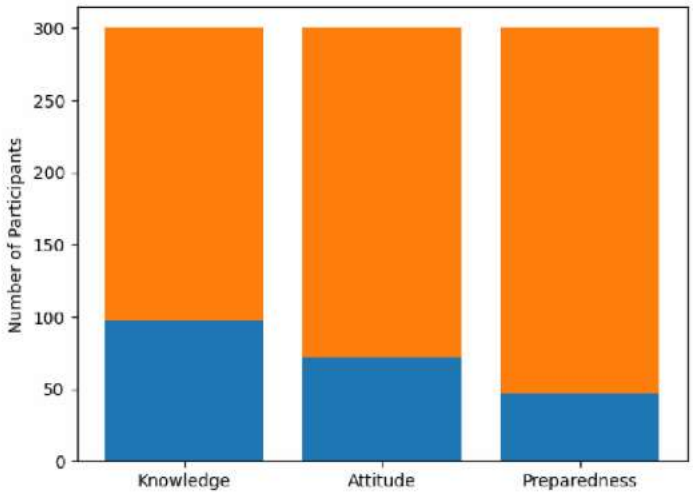

Figure 1. Overall Distribution of Knowledge, Attitude and Preparedness Regarding

Gender-Based Violence among Healthcare Professionals (n=300)

Preparedness to handle gender-based violence and training exposure relationship is depicted in Figure 2. Healthcare professionals who participated in video or lecture training were significantly more prepared than those who did not receive any training

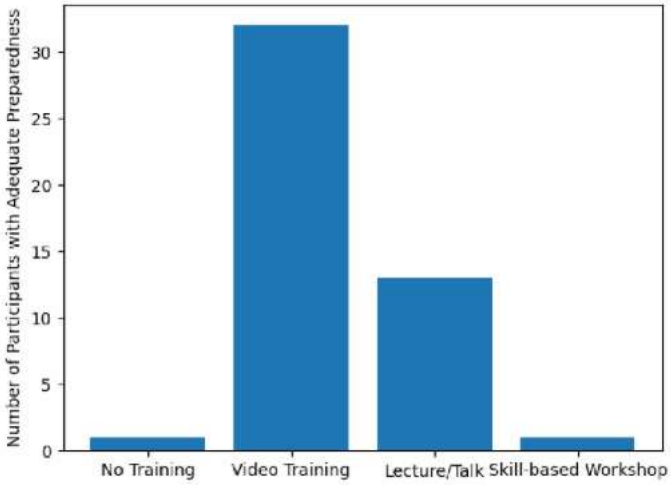

Figure 2: Effect of Training Exposure on Preparedness to Manage Gender-Based Violence

DISCUSSION

Gender-based violence (GBV) includes any acts of violence toward an individual, which are prevalent throughout the world and are an important area of concern with respect to public health and human rights. When looking at the world overall, nearly one out of every three women will suffer at the hands of an intimate partner at least once. This demonstrates how extensive the problem is. Given the high levels of GBV, it is critical that the healthcare systems have professionals who are fully prepared and adequately resourced to offer the necessary services, support, and referrals to the clinicians. The World Health Organization (WHO) claims that GBV has serious consequences and needs to be treated as a health issue globally.

We surveyed 300 health care professionals as house officers, postgraduate residents, consultants, and staff nurses. While these participants are important in the overall healthcare response to GBV, we found that only 32.3% of participants had sufficient knowledge of gender-based violence. Additionally, fewer than 25% of participants had a positive attitude, and only 15.7% were adequately prepared to detect, handle, and make referrals to survivors of GBV (if necessary). These findings suggest that there is a significant variance in healthcare professionals' assigned

duties and their ability to handle GBV in a clinical setting. This may be a factor as to why women who are affected are often overlooked and poorly managed.

The same pattern has been reported from other low and middle-income regions as well. A self-administered questionnaire survey among nurses and midwives in the Mebeya region reported relatively higher levels of perceived and actual knowledge, attitude, and preparedness regarding intimate partner violence. In that case, over 50% of the participants had high scores in these areas, which shows that in the case of adequate training and support, institutions can positively impact the competence of their employees.[10]

Previous research has shown that the use of standard, intimate partner violence (IPV) guidelines is positively associated with higher levels of perceived knowledge, actual knowledge, and preparedness, with the exception of their attitude, which may not necessarily improve. In the same manner, both pre-service and in-service IPV training, as well, positively impacted the knowledge and preparedness of healthcare practitioners in different clinical settings.[10] This is in line with the current study whereby health care practitioners who had some training on GBV had better knowledge, attitude, and preparedness than those who had no training.

The extensive documentation of the effects of gender-based violence spans various regions. One study indicated a lifetime prevalence of violence of 33.7%, while research across 16 state capitals of Brazil found that 21.5% of women suffered from minor physical abuse. Victims of intimate partner violence (IPV) are more likely to engage with healthcare providers, such as nurses, doctors, and midwives. Hence, the identification and support of survivors are more likely to be the responsibility of healthcare workers. One of the most important key frameworks in improving the knowledge, attitudes, and clinical practices of healthcare professionals is the training of healthcare providers on IPV and appropriate responses to survivors. Training IPV was shown to be a significant intervention in attitude and knowledge changes to healthcare workers in a systematic review of 19 different trials compared to no intervention.

Even more support for the effectiveness of training interventions was a blended training program delivered to four regions of Italy in the emergency departments. The program combined distance learning and face-to-face training, which fostered the development of professional skills to prevent, recognize and deal with gender-based violence. After the training, the identification and documentation of gender-based violence improved, which emphasized the importance of structured educational interventions in clinical practice.

Also, a descriptive cross-sectional study performed in primary health care in Galicia showed that health professionals that had knowledge of training on gender-based violence were more likely to diagnose violence. The study also showcased inadequate levels of training for doctors and family medicine residents and given this outcome, there continues to be a need for training to be further developed in this area.[14]

The need for training has also been acknowledged in more formal teaching contexts. During the COVID-19 pandemic, research undertaken with nursing students showed that the use of simulation training interventions increased students' awareness, understanding, and non-technical skills in managing GBV, though the students expressed the need for additional in-depth training.[15] The same applies to medical and allied health students, where some quasi-experimental studies have shown that self- training and other programs have had a positive impact on students' self-efficacy and attitudes towards violence management.[16]

Nurses, in particular, have a distinctive responsibility in the recognition, management, and prevention of gender-based violence. The increased knowledge and confidence of nursing students, positively shaped through GBV training, has been overshadowed in the negative impact of clinical practice through the persistence of some myths and misconceptions about GBV.[17] The more recent studies conducted among family health strategy professionals further emphasize the value of continued training, as those trained with lesser years of service reported greater levels of confidence in the management of GBV.[18]

Overall, the findings of the present study are in concordance with previous research, emphasizing the need for more detailed frameworks and guidelines for training, clinical practice, and systems within the healthcare provision for gender-based violence.

CONCLUSION

Favorable attitudes and effective clinical practices of health professionals play a critical role in controlling and preventing the first cases

of gender-based violence. The current research study revealed, however, a sharp lack of understanding, considerable gaps in knowledge, and a general readiness of such professionals. This has created the need to support pre-service and in-service training curricula, to come up with unified national guidelines on the consistent implementation, and to have institutional referral systems that are effective in mitigation, control, and prevention of gender-based violence in Pakistan.

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