

Chapter-I

INTRODUCTION

1.1 Background of the Study

Violence is any kind of oppression, coercion and cruelty against another being. However in a patriarchal society, the greatest violence is directed towards girls and women. This includes not only physical violence but also the mental and emotional violence that arises because of discriminatory attitudes which affect the women throughout their lives. This abuse of patriarchal power by the family up to the government itself is condoned because of the fact that most of the victims are women. Violence against women is universal issue .the difference is only the nature and its extent full behavior at women and girls. (UN, Declaration, 1993).

The International Labour Organization defines workplace violence as any action, incident or behaviour that departs from reasonable conduct in which a person is assaulted, threatened, harmed, or injured in the course of, or as a direct result of, his or her work. This definition can be identified as internal workplace violence, which occurs among staff; or external workplace violence, which occurs between staff and non-staff members in the work place. (ILO Report, 2011)

Workplace violence is increasing worldwide, reaching epidemic levels in some countries, according to a new publication by the International Labour Organization (ILO). Approximately 15% of all non-fatal violence occurs in the workplace². Workplace violence be it physical or psychological has become a global problem crossing borders, work settings and occupational groups .For long a “forgotten” issue, violence at work has dramatically gained momentum in recent years and is now a priority concern in both industrialized and developing countries.(UNICEF, 20011)

Workplace violence affects the dignity of millions of people worldwide. It is a major source of inequality, discrimination, stigmatization and conflict at the workplace. Increasingly it is becoming a central human rights issue. At the same time, workplace violence is increasingly appearing as a serious, sometimes lethal threat to the efficiency and success of organizations. Violence causes immediate and often long-term disruption

to interpersonal relationships, the organization of work and the overall working environment. The workplace violence has special relevance for the health care workers. Within the service sector, health-care workers are at particular risk of workplace violence, with one author estimating that health-care workers face 16 times the risk of violence from patients/clients that other service workers face. (UNICEF, 20011)

Girls and women are violated in many more forms: i.e. child mirage, girls, trafficking, sexual harassment, rape, forced marriage, marital rape, forced conception, domestic violence and dowry related violence minimize their human rights and reproductive rights.

Endemic of violence against women exists in all the countries throughout the world. Besides, violence against women throughout the history yet has gone unreported and unchallenged. Often, the home, family and public places are not safe for women to even enjoy their constitutional rights ratified by the state institution. Until and unless such violence is eliminated it is almost impossible for women to exercise, their fundamental rights, which are nationally and internationally approved. Violence against women in Nepal can be attributed the cultural, religious, legislative and economic practices that conspire to keep women in against girl and women is common. Basically Nepal is a patriarchal value based country. Girls and women are recognized by their father, husband or son's name. They do not have their own identity and not free in many more aspects each of the Nepalese girls and women is being violated at least once in their life time violence is common in all castes religious groups and social classes only its degree and forms may differ by society, age and religious values.(SAATHI, 2011).

Girls and women are neglected in every aspects of their life too. Women are neglected before their birth i.e. sex selective abortion Most of Nepalese parents prefer daughter both mother and daughter get less care than she would have got in case she had a son. Likewise, female child is given less priority to go to school than male child is given less priority to go to of the country. If the parents let both go school than female child is given less priority to go to school than male child, at least in the rural areas of the country. If the parents let both go school than also usually female child goes to government school while the male child goes to private school .(Rahat, 2010)

Studies carried out in different parts of the world show that women are vulnerable to be attacked more often by offenders with whom they had an intimate relationship. Every year, women were the victims of more than 4.5 million violent crimes, including approximately 500,000 rapes or sexual assaults, intimates committed 26 percent and strangers were responsible for about one in five areas. (Rahat, 2010).

It is great tragedy that for most abused women violence begins at home with husbands, fathers, brothers and uncles. In developed and developing countries alike, physical, sexual and psychological abuse within the family affects an as touching number of women. Without adequate legal protection and a social system responsible to domestic violence, women typically find themselves helpless before their spouses and before society as a whole.

In fact, it has been argued that marriage renders women even more vulnerable to violence, in this instance from their own husbands. Wife assault accounts of about 25 percent of violent crimes in the United States, while one in seven wives in the UK has been raped by her spouse. A UN study recently concluded that physical attack is often accompanied by sexual violence and rape, the psychological effects of which are perhaps more serious than rape by a stranger give the breach of trust that such conduct involves.

Nearly 60% of all nonfatal assaults and violent acts occurred in the workplace occurred in the health care and social assistance industry. According to World Health Organization (WHO), more than half of all workers in the health sector may have experienced violent incidents at some point. Nursing staff is one of the professions most affected by this risk. Violence against nurses is a complex and persistent occupational hazard facing the nursing profession. Nurses are among the most assaulted workers. Workplace violence among nurses is a serious issue. Violence at work can trigger a range of physical and psychological outcomes in victims and the quality of care they deliver may suffer as a consequence. The first international response to workplace violence in the health sector came in 2000 from the International Labour Office (ILO), the International Council of Nurses (ICN), the World Health Organization (WHO) and Public Services International (PSI) when they launched a Joint Program on Workplace Violence in the Health Sector to raise awareness of workplace violence and development strategies to create safe work

environments. Since then, the Framework Guidelines for addressing workplace violence in the health sector for addressing workplace violence in the health sector were published and a training manual has been released to assist practitioners in implementing these guidelines.(Subedi, 2013)

Mainly in health sector women and girls are highly participate as nurse and helper of the doctor. Most of the doctor of the hospital are male and they behave female staffs like low call people and make violence either physically or psychologically. This study will concentrate on Manamohan community hospital and analyze the work place violence among women and girls staffs.

1.2 Statement of the Problem

Violence against nurses is a complex and persistent occupational hazard facing the nursing profession. Paradoxically, the job sector with the mission to care for people appears to be at the highest risk of workplace violence. Nurses are among the most assaulted workers. Too frequently, nurses are exposed to violence primarily from patients, patients' families, and visitors. This violence can take the form of intimidation, harassment, stalking, beatings, stabbings, shootings, and other forms of assault.

Violence not only affects nurses' perspectives of the profession, but it also undermines recruitment and retention efforts which, in a time of a pervasive nursing shortage, threaten patient care. Violence in health care environment has been well studied in developed countries. However, Workplace violence directed towards nurses has rarely been researched in developing countries including Nepal and the real magnitude of the problem is largely unknown. This study will concentrate on the following research questions such as;

What is socio economic background of the women working in Manmohan hospital?

What kinds of violence occur in work place in Manamohan community memorial hospital?

1.3 Objective of the Study

General objective of this study is to analyze the work place violence occurred in Manamohan hospital; specific objectives are as follows;

-) to analyze socio economic status of the women working in Manamohan memorial teaching hospital
-) To find out different forms of violence experienced by the respondents
-) To find out association between workplace violence experienced by the nurse and selected variables (age, marital status, and work experience and job position).

1.4 Significant of the Study

The number of women are increasing in labour market both skilled and unskilled manpower. This study was conducted on Manamohan memorial hospital where most of the staffs are females and work in different level. The study will significant for those who want to study work place violence against women in Nepal, mainly in health sectors. More over the study is significant for policy makers, NGOs, INGOs who are working to reduce work place violence against women.

1.5 Delimitation of study

This study was limited in the following limitations which are as follows;

-) This study were limited in Manmohan community hospital
-) Only work place violence are analyzed in this study
-) Limited numbers of respondents (30) were participated in this study

1.6 Organization of the Study

The study has been organized in six different chapters including bibliography and annexes. Introduction has been included in the first chapter. Literature review was mentioned in the second chapter. Research methodology was mentioned in the third chapter. The fourth chapter is about the general introduction study area. Data presentation and analysis was submitted in the fifth chapter. Summary conclusion and recommendation were mentioned in the fourth chapter. References and annexes attached at the end of the study.

1.7 Operational Definition

-) **Workplace:** In this research it refers to the all wards where the nurses work.
-) **Violence :** Violence in this research includes physical violence and psychological violence which may occur in different forms as described below:
 - a. **Physical violence:** It includes beating, kicking, slapping, stabbing, pushing, hitting, and punching against nurses.
 - b. **Psychological Violence (Emotional Violence):** It includes verbal abuse and sexual harassment
 - i. **Verbal abuse:** In this research it includes shouting and threat.
 - ii. **Sexual harassment:** It includes any unwanted, unreciprocated and unwelcome behavior of sexual in nature that is offensive to the nurse involved, and causes the nurses to be threatened, humiliated or embarrassed.
-) **Perpetrator:** It is defined as a person who commits act of violence or engages in violent behavior as described above.

Chapter-II

LITERATURE REVIEW

The chapter deals with the review of available literature about violence against women and girl. There are lots of researches, many organizations, researchers and scholars have published their study finding, views and experiences on the topic of violence against girls and women

2.1 Theoretical Review and Policy Review

In this section it will mention theoretical review and policies review.

Gurung (2013), Violence against women is an incredibly complex issue. There are many different ways to describe and contextualize this phenomenon, with sometime divisive and understandably emotional – reasoning as to how it should be referred to or explained.

Article 1 of the 1993 United Nations Declaration on the Elimination of Violence against Women has defined violence against women as: “any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, hether occurring in public or in private life” (United Nations, 1993). Further, Article 2

states, "Violence against women has global reach. Research shows that domestic violence has a huge impact on the gross domestic product for every single country where it has been studied" (12).

Violence against women is pervasive in our North American Society. According to the National Center for Injury Prevention and Control, Centers for Disease Control and Prevention, almost one-third of women from the United States “have experienced rape, physical violence, and/or stalking by an intimate partner and reported at least one measured impact related to experiencing these or other forms of violent behavior in that relationship” (UNICEF (2001), p. 54). The authors further elaborate:

Approximately one-quarter of women reported being fearful (25.7%), and more than 1 in 5 reported being concerned for their safety (22.2%), or reported at least one post-traumatic stress disorder (PTSD) symptom (22.3%) as a result of the violence

experienced. More than 1 in 7 (14.8%) experienced an injury, while 1 in 10 (10.0%) missed at least one day of work or school as a result of these or other forms of intimate partner violence (p. 54).

Women share similar experiences all across Canada. SAATHI, (2011) “Victimization data indicate that the 2009 rates of self-reported violent victimization against women were similar across the provinces” (17). Violence against women impacts all of us. Violence against women in its many forms is often recognized as a public policy issue and a social justice issue. Family Violence, in all of its forms, has been recognized as a social problem for decades (SAATHI, (2011). “In the same way that employers have a social responsibility to conduct business in ways that protect the environment, they also have a social responsibility to create a workplace environment that gives the clear message that any form of violence against female (or male) employees is not to be tolerated” . This means taking action and not ignoring the issue.

Ojha, (2012) Education isn't a factor. “Overall, educational attainment had no bearing on women's risk of either spousal or non-spousal violence. This was also the case for income, a factor often influenced by levels of education. That is, income was not related to women's risk of either spousal or non-spousal violence”.

Rahat, (2004) Intimate partner violence is the most common form of violence against women. Statistics Canada reports that IPV accounts for a quarter of all reported violence crimes to police, and eighty percent of the victims are female. When we speak of IPV or domestic violence, most often it is the physical battery that comes to mind. IPV conjures images of bruises, broken limbs, and shattered jaws.

Dahal, K. B. , (2012) There are a number of ways that workplaces are impacted by violence against women, such as increased sick leave, absenteeism, and decreased productivity . The most apparent to the bottom line is absenteeism, both physically (through missed work) and mentally (through decreased job performance). The legitimate worries and fears that women have for their physical and emotional wellbeing can have ramifications on job performance, as uncertainties and stress about safety can obviously hinder concentration. Employers need to take action. Flexible work arrangements,

increased leaves, and employment safety plans are all ways for employers to be supportive to victims.

UNICEF (2011) The emotional scars are long lasting, as well. Post-traumatic stress disorder is significantly higher for women who have been abused. Further, “Daily stress levels were elevated when women had reported being violently victimized in the preceding 12 months. Over half (53%) of women victimized by a spouse stated that most of their days were “quite a bit or extremely stressful”, significantly higher than the proportion of women victimized by someone else (41%) and the proportion of women not victimized. Violence against women shall be understood to encompass, but not be limited to, the following:

(a) Physical, sexual and psychological violence occurring in the family, including battering, sexual abuse of female children in the household, dowry-related violence, marital rape, female genital mutilation and other traditional practices harmful to women, non-spousal violence and violence related to exploitation;

(b) Physical, sexual and psychological violence occurring within the general community, including rape, sexual abuse, sexual harassment and intimidation at work, in educational institutions and elsewhere, trafficking in women and forced prostitution;

(c) Physical, sexual and psychological violence perpetrated or condoned by the State, wherever it occurs”. This paper will mainly focus on subsections (a) and (b) of the UN Declaration. Throughout the paper there will be specific references to types of violence against women, including IPV and domestic violence, and other idioms. While the author acknowledges there are subtle differences between the terms, this paper will utilize these terms interchangeably as the source of research frames them.

Gurung, (2013) There are a number of research challenges when investigating the impact of IPV. One of the greatest challenges is quantifying the data. puts forward two main challenges when estimating the number of women who are victims of violence: undercounting and survey instruments. Undercounting occurs “... because women may be reluctant to disclose their victimization to anyone, including authorities or survey interviewers”. The differing survey instruments that are used can have an impact on the prevalence numbers, depending on how the surveys measure the crime or victimization.

For example, data that relies on police reports only captures Criminal Code offences that police have dealt with, and as indicated above, not all crimes are reported to police. This paper attempts to capture the evidence as it relates to this topic; but the author recognizes there are a number of differing methods used in the various research sources and this information is put forward without deconstructing and reinterpreting each data source but rather uses this as the best available evidence as we

*ILO Report,(2011)*Any act of violence has two sides; perpetrator and the victim. Hence, we need to intersect in both the aspects. Let us look at the issue of VAW. Here, women are the victims but the perpetrators need not only be men but also the women who may be involved in the act directly or indirectly. Similarly, our society also plays its part in it. The prime issue at which VAW occurs in our part of the world is related to marriage, mainly dowry. Torturing or killing in the name of family honor; either by the parental or the spouse side, dowry related acts and domestic violence, all of them have the role of both the male and female members of the family in particular, but in general, the background is set up by the society. Cultural taboos and even the religious norms have been cited by the perpetrators knowingly or unknowingly. Minnesota a *Advocates for Human Right,(2010)* Pre-delivery sex detection for the purpose of selective abortion, female infanticide, early marriage of a girl child in the name of ‘kanyadaan’, courtship violence, date rape, incest, forced pregnancy, psychological trauma that a single or unmarried, divorced and widowed women gets are all the different facets of VAW. Technological advances have also brought forward many ill-effects which make females prone to be victimized. Fashion, Internet and Mobile cultures, pornography, media exposure and the TV serials depicting all sorts of possible or impossible issues in society act as a slow poison in this regard. There are some traditions which we follow knowingly or unknowingly, that favors men but disfavors women to rise in society; and the so-called patriarchal culture also makes women morally victimized. Decline in the moral and ethical values among the youth are favoring not only the brutal acts like gang-rape but also acts like sexual harassment, molestation, teasing of girls in public which may get less media attention. We tend to forget positive values. Leaving these socio-cultural issues at one hand, let us talk about psychiatric aspects. Mental illnesses are the strong risk factors in this regard; not only that of the perpetrator but also of the victim.

Researchers have shown that most perpetrators, in order to victimize a female; be it a wife, daughter, daughter-in-law, girl friend, class mate, employee or any lady in public, usually take the help of alcohol or some other abusive substances beforehand. Most of them are found to be poly-substance dependent. Some drugs like LSD, Amphetamines and some sedatives are notoriously regarded to be date rape drugs. Other Psychiatric Disorders commonly seen among these perpetrators are Personality Disorders (Antisocial, Impulsive or Mixed types), Delusional Disorders and even Psychosis. Similarly, females who are victimized may be suffering from Depression, Mental Retardation or Chronic Psychotic illnesses. They may be concealing these illnesses due to the fear of public stigma; or may be the passive recipient of the victim as a result of disability or low frustration tolerance. The perpetrator may have an added advantage because of the socially neglected, resource less and unsupported status of these mentally ill females. Parents whose daughters are mentally ill do not care for their treatment fearing that these girls would not get a suitable match if their illness gets revealed. So, they get them hurriedly married hiding their mental illness. What would be the consequence when the illness breaks out at her husband's home? Who is responsible for the violence these girls would be exposed to when they become ill, violent or psychotic? What would happen to the unborn child when they get pregnant? Women have been victims of helpless, deprivation and economic dependency. The exploitation ranges from molestation, beating to murder and in some cases includes even burning alive.

Physical abuse: Physical abuse or threat of physical abuse includes any action or conduct which is of such a nature as to cause bodily pain, harm or danger of life, or health or development of the person aggrieved, and includes assault, criminal intimidation and criminal force.

Sexual abuse: or a threat of sexual abuse includes any conduct of a sexual nature that abuses, humiliates, degrades or otherwise violates the dignity of the person aggrieved and includes sexual intercourse against the will or without the consent of the person aggrieved and refusal to cooperate in contraception when the person aggrieved may reasonably require the definition provided in Article 1 of the UN commission on status of women Declaration, Which has also been endorsed by Beijing Declaration and platform

for Action is: "...any act of gender based violence that results are likely to result in physical sexual or physiological harm or suffering to women including threats of such act, coercion or arbitrary description of liberty, whether occurring in public or private life."

The term "sexual harm" used in both of the above definition connotes with rape, marital rape, custodial rape, language, gesture and/or touch (eve teasing), trafficking and forced prostitution or the more current forms through verbal and psychological torture.

The definition of rape given by Naya Muliki Ain (1963) a civil code of Nepal is "sexual intercourse conducted with an unmarried girl, a widow or someone else wife with or without her consent if she is under 16 years of age or against her will, by force or under threat if she is above 16 years of age will be considered rape." The definition of attempt rape according to Naya Muliki Ain that is upheld by this study is " touching to a girl/woman (except his wife) aged-above 11 years in any organs of body from head to feet with the intention of rape is considered as rape attempt.

Economic abuse: Economic abuse is usually denial or withdrawal of familial support prohibiting wife from handling money controlling wife from earning, having total control over conjugal financial resources, using households money for drinking, gambling of drugs (Rana:1997) economic abuse is caused from the society and even from employers also. For example unequal pay for equal work because of gender, lack of access to financial system etc.

Verbal and Mental abuse:

- a) It includes insults, ridicule, humiliation, degrading or name calling, including insults, ridicule or name calling specially with regard to not having a child or a male child, or
- b) Repeated threats cause physical plain to any person in whom the person aggrieved is interested.

Traditional abuse: It includes Deuki and Badi custom, Jari, Bonded labour, Child marriage, accused of witch craft, forced labour, Polygamy, dowry related violence and unsociability. (SAATHI: 1997)

Psychological or emotional abuse: This type of violence involves threat or verbal abuse. It could be verbal gesture threat to kill or harm physically or threatening with knife, gun or other lethal weapons. It can also be disregarding or insulting words, public humiliation, prolonged silence after arguments, withdrawal of affections, siding with relations, sudden abandonment, ordering victims out of house, taking children away, and forcing her to bear children or forcing her to have an abortion (Rana, 1997) when someone threatens, insults, humiliates, isolates or neglects another person (WHE, 1998).

Since long historical period women are exposed to several traditional violence such as they are humiliated because of polygamy system, witchcraft, Jari and so others, traditional violence provided the fertile ground for other violence. In specification traditional violence is the by-product of the cultural and religious gaps because most of traditional violence occurs in cultural and religious grounds.

Since human history women has been discriminating and that led violence in social norms values and attitude even now. This fact is reflected from different religious books or other books, which are written in ancient period. According to Hindu mythology, Manu who looks left man and half god is considered as a founder of human's soul and moral order. According to Hindu code 'Manu Smiriti' 'both man and women organized from God. Man comes out one half of his being and women the other hand'. However, a lot of discrimination had been made between men and women at that period. According to Manu women must worship her husband as God. (Manu Smiriti)

Prior to the political change of 1951, the social, political legal, economic, and religious factors have made Nepalese women weaker, exploited and made Nepalese women weaker, exploited and denied of any sort of freedom social evils are affecting the freedom of Nepalese women are sati system came to end during the Rana Regime, polygamy and child marriage assets in vague.

Around the world, at least one in every three women has been beaten and forced into sex, or abused on some other way, most often by someone she knows including her husband or any other male family members of women in four has been abused during pregnancy.

Millions of women require medical attention or otherwise suffer the impact of gender-based violence; fear of violence. Violence against women is pervasive yet under-

recognized Human Right Vienna, and the 1995 fourth world conference on women, Beijing gave priority to this problem. Violence against women and girls takes many forms. At least 60 girls who would otherwise be expected to be alive are 'missing' from various populations, mostly in Asia, as a result of sex, selection, abortions etc.

Rape and other forms of sexual violence are increasing. Many rape cases go unreported because of the stigma and trauma associated with them and the lack of sympathetic treatment from legal systems. Estimates of the proportion of rapes reported to authorities vary from less than 3 percent in South Africa to about 16 percent in United States.

Two million girls between ages 10 and 15 are introduced into commercial sex market each year.

At least 130 million women have been forced to undergo female genital mutation or cutting, another two million are at risk each year from the degrading and dangerous.

So called 'honor' killing take the lives of husbands of young women every year, mainly Western Asia. About 1000 women were murdered in Pakistan in 1999.

Physical violence is nearly always accompanied by psychological and sexual abuse at the hands of their partners. Nicaragua researchers found that of 188 women were abused by their partners of whom only 5 had not been sexually assaulted.

Domestic violence is not only prevalent in the developing world but it is also there in the advanced countries as well. Killing Sweden Spark to stop domestic violence and calls for action to stop domestic violence against women established in Sweden in October, 1999, after the fourth case on a month in which the police questioned and charged a man after the death of his wife.

A 32 years old woman died after falling from a fifth floor balcony. Police questioned her husband after neighbors reported seeing the couple fighting on the balcony before the fall. In one week three other women were murdered and their partners were the prime suspects. One man admitted he had killed his wife. In Sweden 16 women are killed every year, about one sixth of all murders. Research into domestic violence in 1991-1996 showed that man who killed their wives or partners were often drunk or had psychological problems and after all jealousy and separation were the main reasons.

A husband or boyfriend for the purpose of coercing and intimidating women into submission defines domestic violence as forces or threats of force. The violence can take the form of pushing, hitting choking, slapping, kicking, burning or stabbing. (Minnesota: 1998). Violence against women is not only a violation of women's human rights but also a major public health problem and significance cause of women's ill heat.

The south Asia culture that has placed the women at inferior position, culture practice places daughter in-laws lowest in family hierarchy. Even during pregnancy they often bear the harvest workload, but get at least food (UNICEF 1996). South Asia is often referred to as the most gender insensitive region in the world. Girls in south Asia has lower social status and less value then boys who are preferred that invested upon (UNICEF, 2001). Women and girls in south Asia are born in a system that endorses inequality and discrimination. South Asia, in particular is having to many of the worst manifestations of gender violence the world (UNICEF, 2001). Often many forms of violence against women and girls are not even recognized as violence but ignored, condoned or justified by involving religions, culture or traditional beliefs and practices. A legal and even judicial institution fails to provide adequate safeguards for women and girls against violence. State institutions lack both the sensitivity and capacity t deal with gender specific violence, law enforcement seldom comes into action to aid women victims and judicial pronouncements have frequently reflected biases that indicate strong influence of prevalent social attitudes (Human Development in South Asia 2000).

e framework entails that domestic violence has different five areas i.e. physical, psychological, sexual, abuse, economical and traditional various demographic, socio-economic, geographical, periodical aspects flourish this violence. In Nepalese society unequal sharing of the economy has fertilized the growth of domestic violence. Such violence generally occurs in private places as well as public places.

Nepalese Context

In Nepal only 42.49 percent women are literate (CBS 2011).Similarly health economic and political participation are very poor (HDR 2009). Nepalese women carry triple burden in the society. As a production worker, she contributes directly to subsistence and

income. As a mother and wife, she cares for the family members and children and as a community worker she gives all her leisure hours and labor to society (Acharya 1997)

Rana, (1998) showed that security of the environment for women inside and outside the home as a basic human right. However in traditional patriarchal mode of Nepalese society the issue of domestic violence against women and girl is get to be recognized as a major obstacle in the progress of women and development of society.

It found that violence is more common against women who belong to families that are more patriarchal organized in the traditional. All forms of violence appear to be higher in lower economic status and more cases appears against women who lack financial resources and have no alternative protection. Victims are mostly young (below the age 25) and those who lack self-confident police reaction to female victims of violence is generally in different and negative rather than helpful and cooperative. The female victims of violence in our culture do not require professional counseling but need only supportive persons who can listen to them sympathetically and help them to face the legal psychological and social issue.

RUWDUC(nd) published a report on violence against women in far west Nepal and stated that all form of psychological, physical and traditional forms of violence prevail in society, The most common form of violence against women were seen to be beating(65%) and forced to leave home and not being given food to eat. The results indicate that women need to be encouraged not to tolerate silently the violence committed against them. Women should learn to seek help and also be knowledgeable about where they should keep help. Another interesting output of this survey is that women feel lack of education (72%) is most common region of violence against women. Though the respondent agreed that physical violence should not be reported (43%) a high number reported that psychological violence should not be reported (68%). Hence there is clear need to encourage awareness about traditional violence and its demerits and about psychological violence need to be created as latter can lead to suicide. Response of the respondents who are victims themselves indicates that majority of perpetrators are their husbands (46%). It is also evident that attitudes of men toward women must be changed.

Building better families and emphasizing on male role models of good parents can bring this.

work place violence manifests mostly as wife beating is patterns of coercive control that one person exercises over another .Abusers use physical and sexual violence emotional insults and economic deprivation to dominate and manipulate their patterns, bettering not only harm the women physically by abusing fear and other forms of emotional and psychological distress. But prevents her from doing what she wishes of forces her to behave in ways unacceptable to her. More than one third of the total women in the developing countries are victims of domestic violence. Most of the social activists are working to break down the barrier of silence over violence on women's lives. (Mannestona: 1998)

A woman who seeks to leave her husband's family usually turns to the legal remedy called partition. This law provides that a married women may seek a share of her husband property and live separately if she can demonstrate abusive conditions or if she has reached the age of 35 and has been married for 15 years. Again, her ability to encumber of dispose of property obtained by partition is limited and she loses her rights if she is not sexually faithful to her husband. In theory, partition allows a omen to obtain the resources to support herself and her children. In reality, it is extremely difficult to obtain partition due to severe delays in the legal systems.

Gurung (2013), explains that the domestic violence is prevalent in the study area. I.e. the main types of domestic violence are physical and psychological respectively, i. e., 36% and 62.5 percent respectively. The respondents did not report traditional violence like dowry related violence in the study area. The majority of the abuser show violent act under the influence of alcohol i.e. 85.3 % majority of the observers show violent act in weekends. The minorities of the women were beaten during pregnancy and a few of them needed medical treatment offer violent act during pregnancy.

2.2 Review of the Past Study

Rama (1998) showed that security of the environment for women inside and outside the home as a basic human right. However in traditional patriarchal mode of Nepalese society the issue of domestic violence against women and girl is get to be recognized as a major obstacle in the progress of women and development of society.

Mannestona: (2010) manifests mostly as wife beating is patterns of coercive control that one person exercises over another .Abusers use physical and sexual violence emotional insults and economic deprivation to dominate and manipulate their patterns, bettering not only harm the women physically by abusing fear and other forms of emotional and psychological distress. But prevents her from doing what she wishes of forces her to behave in ways unacceptable to her. More than one third of the total women in the developing countries are victims of domestic violence. Most of the social activists are working to break down the barrier of silence over violence on women's lives.

SAATHI (2011) stated that treatment of the wife in polygamy was mostly done by the husband (71%) and the other wife (77%) followed by the in- laws (27%) and children from another wife (11%). As can be seen from this finding, more than one family member from these sources includes withholding access to resources (35%) insulting them (39%) mental torture, physical beating and torture by husband (64%) and co- wife (29%). In addition, being made to do all household chores alone, not given enough food and not given clothes central of mobility and not allowed to visit parents were also cited.

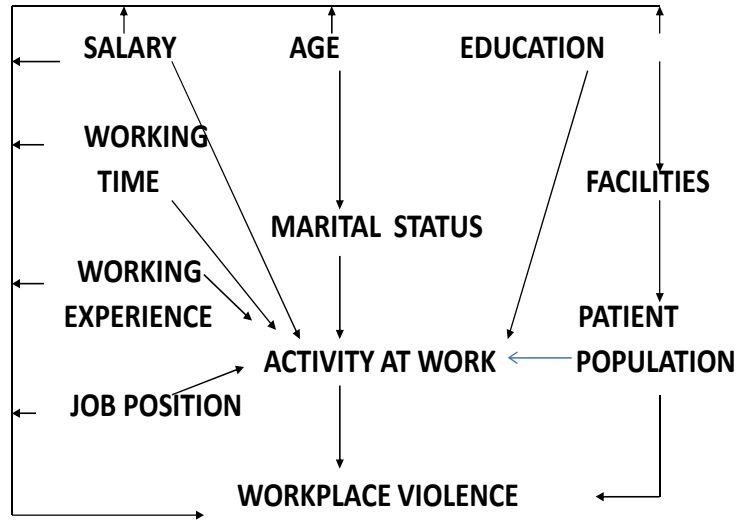
RUWDUC (2012) published a report on violence against women in far west Nepal and stated that all form of psychological, physical and traditional forms of violence prevail in society, The most common form of violence against women were seen to be beating(65%) and forced to leave home and not being given food to eat. The results indicate that women need to be encouraged not to tolerate silently the violence committed against them. Women should learn to seek help and also be knowledgeable about where they should keep help. Another interesting output of this survey is that women feel lack of education (72%) is most common region of violence against women. Though the respondent agreed that physical violence should not be reported (43%) a high number reported that psychological violence should not be reported(68%). Hence there is clear

need to encourage awareness about traditional violence and its demerits and about psychological violence need to be created as latter can lead to suicide. Response of the respondents who are victims themselves indicates that majority of perpetrators are their husbands (46%). It is also evident that attitudes of men toward women must be changed. Building better families and emphasizing on male role models of good parents can bring this.

Gurung (2013), explains that the domestic violence is prevalent in the study area. I.e. the main types of domestic violence are physical and psychological respectively, i. e., 36% and 62.5 percent respectively. The respondents did not report traditional violence like dowry related violence in the study area. The majority of the abuser show violent act under the influence of alcohol i.e. 85.3 % majority of the observers show violent act in weekends. The minorities of the women were beaten during pregnancy and a few of them needed medical treatment offer violent act during pregnancy.

2.3 Conceptual Frame Work

CONCEPTUAL FRAMEWORK



Chapter-III

RESEARCH METHODOLOGY

Research methodology gives the detailed information about the way to collect required information and facts to make the study more reliable and authentic. The methods employed to collect required data for this study are:

3.1 Selection of the Study Area

Introduction of Manmohan Memorial Community Hospital

Manmohan Memorial Community Hospital (MMCH) is a community hospital of run under the umbrella of Nepal Health Care Cooperative limited (NEHCO). Under the roof of NEHCO Nepal, MMCH began its operation since 2063-02-01 focusing to serve poor people as one of the private registered community hospital having almost all the medical, surgical and diagnostic services. The Hospital starts to operates 100 beded and remain full service community health care facility. Hospital has highly skilled full time and part-time professional health care staff.

The hospital is in rented house at Lekhnath Marg, Lainchaur, Thamel Kathmandu. Nepal. The Hospital has 3 Main building One is OPD block next one is IPD and Emergency Block and next is Administrative block. Having achieved many first in the healthcare treatment, it provides 24 hours Emergency service, 24 hours Ambulance services, 24 hours pharmacy services, OPD services, Diagnostic services includes Radiology and Laboratory services, Modern Operation Theatre and post operative care, Inpatient services with general and specialized department and unit , ICU services, Immunization and family planning services, DOTS service,

Physiotherapy and health check up package .

This study concerned in work place violence in hospital. The following reasons are there behind the selection of the study area.

-) So far no previous studies have been carried out in this area on the similar topic.
-) Workplace violence is become crucial issue in hospital.

) Large number of non officers level women and girls (females) staffs are working in MCH so I have been selected this hospital. More than that it is accessible to complete my thesis

3.2 Research Design

The study has been basically followed descriptive method. Using the descriptive method, the acquired data and information were analyzed and result has been derived.

3.3 Nature of the Data

The study was basically based on primary as well as secondary data. The primary data have been collected from the study area by direct contact with the people applying data collection instruments. On the other hand, the secondary data have been collected through different sources such as hospital record, theory related to violence against women, books, journals, thesis etc..

3.4 Sampling Technique and sample size

Sample was select by using purposive sampling, among 50 non officer level girls and women 30 were selected as respondents for this study. All the Respondents were from Manmohan Memorial Community Hospital.

3.5 Instrument of Data Collection

The Following tools and Techniques were used to Collect Primary data (information)

Interview Schedule

Primary data were collected by using the set of interview schedule where structured as well as unstructured questionnaire were prepared. (See Annexes). Question covered general information of the respondents like age, sex, family background and work place violence.

Observation

Information was collected on the basis of participant observation during the field survey. In observation it observed the work place situation of girls and women by researcher and has taken necessary information which is needed to fulfill the objective of the study.

3.6 Method of Data Analysis

Collected data and information were processed by grouping them into various groups. The collected data and information were analyzed by using simple mathematical and statistical tools such as percentages, table and graph etc.

3.7 Variables

Dependent variable

Workplace violence

Independent variable:

-) Age
-) Marital status
-) Education
-) Activity at work
-) Job Position
-) Facilities available
-) Salary
-) Working experience
-) Working hours
-) Patient population

Chapter-IV

Work place violence against Nurses working in Manmohan Memorial Community Hospital

4.1 General Characteristics of the Nurses

In this sub chapter it analyzed the general characteristics of the respondents such as sex, age, education, income etc.

4.1 .1 Nurses by Age

Age is one of the social characteristics of the nurses. The following table and figure show the age of the nurses.

Table: 4.1 Nurses by Age

Age group	No.
19 or under	2
20-24	6
25-29	9
30-34	5
35-39	3
40-44	3
45-49	2
Total	30

Field Survey 2014

Above table **4.1** show the age composition of the nurses. Data indicate that 2 are under 19 years old and 6 are between age group 20 o 24 , 9 are 25 to 29 . In the same way, 5 are between age group 30 to 34 and 3 are between age group 35 to 39. Similarly, next is 3 are under 40 to 44 and 2 are under age group 45 to 49. In total all the staffs more number of the Manmohan Memorial hospital nurses are between 19 to 49 years age group. This age group is preferred in job because of social overview of medical sector. The nursing profession is the one where nurses should be active, energetic and care should be provided with long term standing duty so young can provide more care to the patient. The

fact is proved by the above table where we can find youngest age group more than the older age.

4.1.2 Nurses by Marital status

Table: 4. 2 Nurses by Marital status

Marital status	Number
Single	12
Married	18
Total	30

Field Survey 2014

Above table 4.2 shows the marital status of the nurse. Data indicates that out of 30 nurses 12 are unmarried and 18 are married. It shows that most of the nurses are married. In our Nepalese culture there is trend of getting married soon so because of this the most of the nurses are married so it is related to the social perspective of Nepalese society.

4.1.3 Nurses by Caste/Ethnicity

Caste and ethnicity is one of the important social features of the nurses. The table and figure mentioned below show the castes/ethnicity of the nurses.

Table: 4. 3 Nurses by Caste/Ethnicity

Caste/Ethnicity	No.
Brahmin	6
Chhetri	8
Newar	5
Mongolian (Gurung, magar and tamang)	9
Others (nepali,pariyar)	2
Total	30

Field Survey 2014

Above table 4.3 show the caste and ethnicity of the nurses. Data shows that out of 30 nurses 6 are Brahmin and 8 are Chhetri, 5 are Newar. In the same way, 9 are Mongolian and 2 are belonging to other community. Mongolian staffs are high in numbers as most

of the Mongolian family are related to British Army and there is good scope of nursing in United Kingdom so the family encourages there daughter to study nursing .

4.1.4 Nurses by Religions

Religious status of the respondents play important role on using pesticide because religious values plays on using pesticide. It is also indicates the social features of the nurses.

Table: 4. 4 Nurses by Religions

Religions	No.
Hindu	14
Christian	5
Buddhist	9
Muslim	2
Total	30

Field Survey 2014

The table and figure 4.4 mentioned above indicates the religious status of the nurses. Data shows that out of 30 nurses 14 are Hindu, 5 are Christian and 9 are Buddhist. In the same way, 2 are Muslim. Due to religious values Muslim girls are hardly participate in nursing profession.

4.1.5 Permanent Address of the Nurses

Table: 4. 5 Permanent Address of the Nurses

Address	No.
Kathmandu	7
Nuwakot	5
Dhading	8
Other	10
Total	30

Field Survey 2014

Above table and figure 4.5 show the permanent address of the nurses. Data shows that out of 30 . 7 are permanents resident of Kathmandu and 5 were from Nuwakot, 8 are from Dhading, 10 are from other district. The more number of nurses are from Kathmandu and its territory only some are from far district as the nurses are female and our society do not allow the daughter to leave far from home .

4.1.6 Present Position of the Nurses

Table: 4. 6 Present Position of the Nurses

Positions	No.
Nursing in charge	3
Staff nurse	17
ANM	5
Other post (volunteer nurse)	5
Total	30

Field Survey 2014

Above table 4.6 indicate the job position of the Nurses. Data shows that 3 are nursing incharge,17 are staff nurse, 5 are ANM and next 5 work in other post (volunteer nurse). There is only 3 wards in the hospital so there are 3 incharge and there is trend of doing volunteer service in Kathmandu ,it is due to centralization , less demand and more production and nurses want to stay and work in Kathmandu as it is the capital city and all the embassy of foreign country is in Kathmandu so it is easier for them to apply in foreign country .

4.1.7 Nurses by Education

Education is the source of knowledge it plays important role of the formation of habit and perceptions of the respondents. The following table and figure highlight the education status of the respondents.

Table: 4. 7 Nurses by Education

Educational Status	No.
Lower than PCL	5
PCL	13
Bachelor and above	12
Total	30

Field Survey 2014

Above table 4.7 show the qualification level of the nurses. Out of 30 data shows that 5 are have lower than PCL level qualification and 13 have PCL level qualification and 12 have bachelor and above level qualification. Due to patriarchal social structure of the society girls are only given low education. In this study most of the female staffs only passed PCL.

4.1.8 Work Experience

Table: 4. 8 Work Experience

Work experiences in years	No.
under 1 year	6
1-5	14
6-10	10
Total	30

Field Survey 2014

Above table 4.8 show the work experiences of the Nurses. Out of 30 data shows that out of 30, 6 have been working since one year and 14 are have been working since 1 to 5 years. In the same way, 10 are have been working since 6 to 10 years. Majority of the nurse have been working since 1-3 years.

4.1.9 Working Ward

Table: 4. 9 Working Ward

Working Wards	No.
Emergency	5
Chemo ward	3
Medial ward	8
OT	4
Surgical ward	6
ICU	4
Total	30

Field Survey 2014

Above table 4.1.9show the respondents by working wards. Data shows that out of 30 5 work in emergency ward and 3 have been working chemo ward. In the same way, 8 have been working in medical ward and 4 have been working in OT and 6 work in surgical ward and 4 work ICU. Only 4 nurse are involved in ICU . The job placement of the nurses is according to the need of the ward and flow of the patient.

4.1.10 Monthly Salary of the Nurses

Table: 4.10 Annual Salary of the Nurses

Monthly Salary of the Respondents'	Number
Below 10000	7
10000-15000	15
Above 15000	8
Total	30

Field Survey 2014

The above table and mentioned above indicates the salary of the staff out of 30 , 7 get below Rs. 10.000 and 15 get 10- 15 (000). 8 get more than 15000 per month. Due to social structure, females get low payment in work . That influences in Manmohan Memorial Hospital and majority of the nurse get low salary than government scale.

4.1.11 Nurses worry about Workplace on Violence

Table: 4.11 Nurses worry about Workplace on Violence

Description	Number
not worried at all	18
very worried	12
Total	30

Field Survey 2014

Above table 4.11 show the worry of nurses about work place violence. Out of 30 data shows 18 are do not worry at all and 12 feel worry about it. It shows that majority of the respondents d not take it serous issues. Due to social structure and traditional patriarchal values, 40% feel worry on violence.

4.1.12 Nurses Situation of Reporting Violence in workplace

Table: 4.12 Nurses Situation of Reporting Violence in workplace

Descriptions	Number
Yes	8
No	4
Total	12

Field Survey 2014

Above table and figure 4.12 show the reporting situation of work place violence by nurses. Out of 12 data shows 8 report about work place violence and 4 do not report about violence. It shows that majority of nurses report violence occurs on them. Due to patriarchal structure of the society, majority are fear to report work place violence. Nepalese society dominates girls.

4.2 Physical Workplace Violence

In this section it analyzes the situation of physical violence occurred in work place.

4.2.1 Facing situation of Physically Violence

Table: 4. 13 Facing situation of Physically Violence

Descriptions	Number
Yes	6
No	24
Total	30

Field Survey 2014

Above table 4.13 shows the respondents facing physical violence in work place. Data shows 6 had faced physical violence and 24 have face other violences. Patriarchal culture practice dominate women so they do not express violence what they face in their life. The nursing profession in Nepal has more number female staff so they are dominated by the doctors and even the female nurses in the higher post dominate the lower staff .

4.2.2 If yes how

Table: 4. 14 If yes how

Descriptions	Numbers
Physical violence with hand	3
Physical violence with instrument	3
Total	6

Field Survey 2014

The above table no 4.14 shows that among 6 nurses 3 face violence that used by hand and next 3 are attack with other instrument like file book e.t.c. In the context of hospital, when there is conflict between the nurses among the lower and higher level , the incharge working in the higher level dominate the lower staff and when they cannot control their anger they use other instrument or hand to show their power.

4.2.3 Nurses response toward workplace physical violence

Table: 4.15 Nurses response toward workplace physical violence

Descriptions	No.
Yes (a typical incident)	1
No	5
Total	6

Field Survey 2014

Above table 4.15 show the nurses consideration of violence. Out of 6 , 1 take it as typical incident and 5 do not take as typical incidents and take it as serious activities. It shows that majority of the victims realized the fact and they take violence is a serious fault. The nurses believe that violence should not be there in the work , there should be peace and calm environment so that they can provide more care to the patient and when this kind of violence occurs they take it as the serious activities.

4.2.4 Response of Nurses after Physical Violence Occurred

Table: 4.16 Response of Nurses after Physical Violence Occurred

Descriptions	No
None	1
verbal warning issued	2
care discontinued	1
aggressor prosecuted	1
reported to police	0
Other	0
don't know	1
Total	6

Field Survey 2014

Above table 4.16 show the nurses response on physical violence. Data shows that 1 keep silence and 2 give verbal warning. Similarly, 1 care to not to do again and same percent do not like to give answer what they did when male attack them in work place. Most of the time they donot like to report about the incident. Different nurses have different opinion about it such as some do not take it as important subject matter, some take the matter as ashamed, some are afraid with negative consequence, some have no idea to report about the incidents. So in our society when violence occurs the most of the people take it as a matter which one should not take any action and keep silent this is because when a female search right for themselves they are blamed for other matter and this may cause more problem in their life so they think it is better to keep silent.

4.2.5 Times of physical violence occurred in work place till the time

Table: 4.17 Times of physical violence occurred in work place till the time

Descriptions	No
Once	1
2-4 times	2
5-10 times	1
Several times a month	1
About once a week	1
Total	6

Field Survey 2014

Above table 4.17 shows the times of work place violence face by respondents' till the time. Out of 6 data shows that 1 have faced once and 2 have faced 2 to 4 time next 1 faced 5 to 10 times ,1 had faced several time in a month next 1 had faced once a week. In most of the hospital of Nepal there are more number of patient that the nurses , so there is more burden of work among the nurses , this is why the nurses have burn out syndrome in the job. And this is also the fact that the other male staff also commit physical violence among the female nurses.

4.3 Psychological Workplace Violence (Emotional Abuse)

In this sub section, it analyzes the psychological violence occurred in work place.

4.3.1 Nurses face psychological violence in work place

Table: 4.18 Nurses face psychological violence in Work Place

Descriptions	Number
Yes	11
No	19
Total	30

Field Survey 2014

Above table 4.18 show the situation of facing psychological violence by nurses in work palace. Out of 30 data shows that 11 have faced work place psychological violence and 19 have not felt yet. Patriarchy always urge male to commit violence against female

so male doctors and the male staff and visitors as well are ready to commit violence against female nurse. There is more work load and less salary among the nurses so they are not satisfied with the job and commit psychological violence among themselves. However, nurse are fear and do to express the fact and only few express about it.

4.3.2 Time of facing verbally abused in work place

Table: 4.19 Time of facing verbally abused in work place

Descriptions	Number
all the time	5
Sometimes	3
Once	3
Total	11

Field Survey 2014

Above table 4.19 show the times of verbal abuse facing by nurses during working time. Data shows that 5 out of 11 face it all the time, 3 face some time and next 3 face once. Various data shows that hospital is the place where nurse are highly suppressed by gender violence. Nurse is victimized by male staff and also the female staff form the higher level. Data projects the fact.

4.3.3 Person Involved in Verbal Abused

Table: 4.20 Person Involved in Verbal Abused

Descriptions	Number
patient/client	1
relatives of patient/client	4
staff member	1
management / supervisor	2
external colleague/worker	1
general public	2
Total	11

Field Survey 2014

Above table 4.20 show the person who is responsible for verbal abuse of the nurses. Data shows that 1 Client abuse, 4 patient relative abuse, 1 staff members, 2 supervisor, 1

external colleague and 2 are abused by general public. Patient relative is more aggressive and commit verbal abuse. Due to male dominated culture nurse are victimized by any male in Nepalese society. Like male relatives of the patient also ready to commit violence against women. In our society the nurses are seen in the other way and the profession is still no taken as good profession because the nurses have to do night shifts , although there is good security in the hospital some of the nurses face violence which is proved form the above data.

4.3.4 Nurses Response Verbal Abuse in Workplace

Table 4.21 Nurses response verbal abuse in workplace

Descriptions	Number
Yes (a typical incident)	6
No	5
Total	11

Field Survey 2014

Above table 4.21 show the nurses response about verbal abuse. Data shows that 6 take it as typical incident and 5 take serious incident and says no. Due to fear of patriarchy, nurse is afraid to report violence that occurred against them. In this study also only only few report about violence. In our culture only female are blamed for the mistakes and the nurses are fear to share with other and they are also afraid to lose there job, once there family knew about the violence they won't allow them to come to job again so they keep quiet instead of complaining.

4.3.5 Taking place of Verbal Abuse

Table: 4.22 Taking place of verbal abuse

Descriptions	Number
inside health institution or facility	4
at patient's/client's home	3
outside (on way to work/health visit/home)	3
Other	2
Total	11

Field Survey 2014

Above table 4.22 show the place where verbal abuse occurred. Out of 11 data shows that 4 verbal abuse occurred inside health institution and 3 occurred at patient's room, next 3

incident occurred outside hospital and 2 incident occurred in other place. In Nepal, violence against women are increase so nurse are become victim of violence related to women. There are many kind of people in the society but the fact is that any where in the society the female are dominated and they have to face the violence every where . there is no place where the female find the place as safe for them. The above data proves this as they have faced the violence in the work , in the public e.t.c.

4.3.6 How did you respond to the verbal abuse?

Table: 4.23 How did you respond to the verbal abuse?

Descriptions	Numbers
took no action	1
tried to pretend it never happened	1
told the person to stop	2
told friends/family	1
told a colleague	1
reported it to a senior staff member	1
sought help from the association	1
transferred to another position	1
completed incident/accident form	1
pursued prosecution	0
completed a compensation claim	1
Total	11

Field Survey 2014

Above table 4.23 show the response of the nurses while occurred verbal abuse in different places to them. Data shows that 1 take no action against the abuse, next 1 tried to pretend it never happened, 2 says tell the person to stop, 1 told friends and family, next 1 tell colleague, 1 report to the senior staffs, next 1 sought help from the association and 1 transferred to another position. Only 1 completed a compensation claim. This data above shows that how fearful the female in our society are , this is because once the society knows that some one has committed violence against the female, that female won't get any man to get married. So even though there are many law in Nepal which is for female ,the female themselves want to pretend that the violence never happened.

4.3.7 Nurses action against attackers

Table: 4.24 Nurses action against attackers

Descriptions	No
None	2
verbal warning issued	2
care discontinued	1
reported to police	2
aggressor prosecuted	1
Other	2
Total	11

Field Survey 2014

Above table 4.24 show the respondents' response against attackers. Data shows that 2 do not give any action, 2 verbal warning issued, 1 care discontinued, 2 reported to police, 1 aggressor prosecuted and 2 gave other answers. Due to male domination in social law and justice women are discourage to report about violence against them. The above data again proves that the female are still afraid to report there violence.

4.3.8 Case of nurses hide the Issue

Table: 4.25 Case of nurses hide the Issue

Descriptions	No
it was not important	2
Felt ashamed	1
felt guilty	2
afraid of negative consequences	2
Useless	3
did not know who to report to	1
Total	11

Field Survey 2014

Above table 4.25 show the cause of nurses hiding the issue of verbal abuse. Data shows that 2 say it was not so important, 1 felt ashamed, 2 afraid of negative consequences, 3 say

useless and 1 says do not know who to report to me. There is still less awareness among the society so they still do not want to report the data .

4.4 Sexual Harassment

In this section it analyzes the situation of sexual violence generally occurred in work place and respondents' view toward it.

4.4.1 Situation of nurses facing sexually harassed in your workplace

Table: 4.26 Situation of nurses facing sexually harassed in your workplace

Descriptions	No.
Yes	4
No	26
Total	30

Field Survey 2014

Above table 4.26 show the situation of nurses facing sexually harassed in Working place. Data shows that 4 face sexual harassment in work place and 26 do not face any sexual harassment. In our society there is more violence among the female. In nursing profession the nurses have to do all the shifts including the night shifts so there is more chance of getting sexually abused. Even though there is good security in the hospital the male patient find there way to commit sexual violence to nurses.

4.4.2 Time of facing sexually harassed in work place

Table: 4.27 Time of facing sexually harassed in work place

Descriptions	No
all the time	3
Sometimes	2
Once	4
Total	9

Field Survey 2014

Above table 4.27 show the time of facing sexual harassment during working period till now. It shows that 3 face all the time, 2 face sometimes and 4 face once in the job period.

Violence against women is regular action in Nepal because male urge is badly reflected in Nepal. Violence against women is increasing in hospital which is not good in itself.

4.4.3 Person involved in sexually harassed in your place of work

Table: 4.28 Person involved in sexually harassed in your place of work

Descriptions	No.
patient/client	1
relatives of patient/client	2
staff member	2
management / supervisor	1
external colleague/worker	1
general public	1
Others	1
Total	9

Field Survey 2014

The table 4.28 mentioned above highlight person involved in sexual harassment in work place. Data shows that 1 faced by patient, 2 are faced by relative of the patient, 2 by staff member, 1 by supervisor, next 1 abuse by external colleague, same percentage abuse by general public and 1 abused by other.

4.4.4 Nurses response about sexual harassment

Table: 4.29 Nurses response about sexual harassment

Descriptions	No
Yes(take typical incident)	3
No	6
Total	9

Field Survey 2014

Above table 4.29 shows the nurses response about sexual harassment. Data shows that 3 take it typical incident and 6 take it serious action. Violence against women is serious action but fear to patriarchy they afraid to report the violence.

4.4.4 If yes: Nurses response toward sexual harassment

Table: 4.30 Nurses response toward sexual harassment

Descriptions	No.
Told the person to stop	1
Told a colleague	1
Sought counseling	1
Sought help from the association	1
Completed incident/accident form	1
tried to pretend it never happened	2
told friends/family	1
reported it to a senior staff member	1
transferred to another position	1
Total	9

Field Survey 2014

Above table 4.30 show the nurses response toward sexual abuse occurred in their life. Data shows that 1 tell the person to stop, next 1 tell a colleague similarly. 1 sought counseling, next 1 sought help from the association, 1 Completed incident/accident form, 2 tried to pretend it never happened, 1 told friend and family, 1 reported too it senior staffs and 1 urge to another position

4.4.6 Taking place of sexual harassment

Table :4.31 Taking place of sexual harassment

Descriptions	No
inside health institution or facility	2
at patient's/client's home	1
outside (on way to work/health visit/home)	3
other:	3
Total	9

Field Survey 2014

The table 4.31 mentioned above show the place where sexual harassments occurred. Data shows that 2 faced inside institution, 1 face in patient's home, 3 faced outside and 3 faced other places, they do not responses. Because of the high urge of musicality women are faced various kind of violence in different place majority of the nursed have faced violence in other places near to hospital and way to go hospital.

Chapter-V

SUMMARY, FINDINGS AND CONCLUSION

6.1 Summary

Violence is any kind of oppression, coercion and cruelty against another being. However in a patriarchal society, the greatest violence is directed towards girls and women. The study is concentrated on work place violence against women. Objective of this study is to analyze the work place violence occurred in Manamohan hospital, to analyze socio economic status of the women working in Manamohan memorial teaching hospital ,to find out different forms of violence experienced by the respondents and find out association between workplace violence experienced by the nurse and selected variables

The number of women are increasing in labour market both skilled and unskilled manpower. This study was conducted on Manamohan memorial hospital where most of the staffs are females and work in different level. The study will significant for those who want to study work place violence against women in Nepal, mainly in health sectors. More over the study is significant for policy makers, NGOs, INGOs who are working to reduce work place violence against women. This study was limited in Manmohan community hospital.

This study concerned in work place violence in hospital. So far no previous studies have been carried out in this area on the similar topic. Workplace violence is become crucial issue in hospital. Large number of non officers level women and girls (females) staffs are working in MCH so I have been selected this hospital. More than that it is accessible to complete my thesis

The study has been basically followed descriptive method. Using the descriptive method, the acquired data and information were analyzed and result has been derived. The study was basically based on primary as well as secondary data. The primary data have been collected from the study area by direct contact with the people applying data collection instruments. On the other hand, the secondary data have been collected through different sources such as hospital record, theory related to violence against women, books, journals, thesis etc. Sample was select by using cluster random sampling, among non officer level girls and women 30 were selected as respondents for this study. All the

Respondents were from Mamohan Community Hospital. Collected data and information were processed by grouping them into various groups. The collected data and information were analyzed by using simple mathematical and statistical tools such as percentages, table and graph etc.

6.2 Findings

This study is related to the work place violence against female staffs. While analyzing socio economic status of the respondents , it found that 6.67% are under 19 years old and 20% are between age group 20 to 24 , 30% are 25 to 29 . In the same way, 16.66% are between age group 30 to 34 and 10% are between age group 35 to 39. Similarly, next 1% are 40 to 44 and 5. % are between age group 45 to 49. In total all the staffs of the Manamohan memorial college are between 19 to 49 years age group. 40% are single and 60 are married. It shows that most of the respondents are married. 20% are Bramin and 26.67% are Chhetri, 16.675 are Newar. In the same way, 30% are Mongolian and 6.66% are belonging to other community. Mongolian staffs are high in numbers. 46.67% are Hindu, 16.67% are Christian and 30% are Buddhist. In the same way, 6.66% are Muslim. 23.34% are permanents resident of Kathmandu and 16.67% were from Nuwakot, 26.66% are from Dhading, 33.33% are from other district 10% are noshing incharge, 56.66% staff nurse, 16.66% ANM and next 16.66% work in other post. It shows those staff nurses are high in numbers. 15% have lower than PCL level qualification and 43% have PCL level qualification and 40% have bachelor and above level qualification. 20% have been working since one year and 46.67% have been working since 1 to 5 years. In the same way, 33.33% have been working since 6 to 10 years. 16.67% work in emergency ward and 10% have been working chemo ward. In the same way, 26.67% have been working in medical ward and 13.33% have been working in OT and 20% work in surgical ward and 13.33% work ICU. 23.33% are female patient they frequently meet in hospital and 40% serve only male patient and 11 % treat both patient. 33% work only day shift and 5% work only night shift. 17% work in both shifts. Majority of the respondents have been working in night shifts. 23.33% get below Rs. 10,000 and 50% get 10- 15 (000). 26.67% get more than 15000 per month. 6% snot take as typical incidents and take it as serious activities. 16.5% keep silence and 33% give verbal warning. Similarly, 16.5 % care to not to do again and same percent do not like to give answer what they did

when male attack them in work place. Most of the time they do not like to report about the incident. 16.5% face once and 33% face 2 to 4 time next 16.5% faced 5 to 10 times ,16.5 % faced several time in a month next 16.5% faced once a week. 36.67% faced work place psychological violence and 63.33% do not feel it. 45.46% face all the time, 27.27% face some time and next 27.27% face once. 54.55% take it as typical incident and 45.55% take serious incident and says no. 36.67% verbal abuse occurred inside health institution and 27.27% occurred at patient's room, next 27.27% incident occurred outside hospital and 19.19% incident occurred in other place. 9.5% take no action against the abuse, next 9.5 % tried to pretend it never happened, 18% says tell the person to stop, 9.5% told friends and family, next 9.55% tell colleague,9.5% report to the senior staffs, next 9.5 sought help from the association and 9.55 transferred to another position. Only 9.5% completed a compensation claim. 20% do not give any action, 20% verbal warning issued, 10% care discontinued, 20% reported to police, 10% aggressor prosecuted and 20% give other answers. 18% say it was not so important,9% felt ashamed, 18% afraid of negative consequences ,28% say useless and 9% says do not know who to report to me.

When analyzing sexual harassment, it is found 30% face sexual harassment in work place and 70% do not face any sexual harassment. 33% face all the time, 22% face sometimes and 45% face once in the job period. 11.55% faced by patient,22% are faced by relative of the patient ,22% by staff member, 11.55% by supervisor, next 11.55% abuse by external colleague, same percentage abuse by general public and 11.5% abused by other. 33.5% take it typical incident and 66.5% take it serious action. 22% faced inside institution, 11.5% face in patient's home, 33.33% faced outside and 33.5% faced other places, they do not responses. 10% tell a colleague similarly. 10% sought counseling, next 10% sought help from the association, 10% Completed incident/accident form, 20% tried to pretend it never happened,10% told friend and family,10% reported too it senior staffs and 10% urge to another position.

6.3 Conclusion

On the basis of findings, it is concluded that health sector and hospital are also not secure for women to work because there happened physical violence which shameful act . Instead of physical violence their occurred psychological violence , sexual harassment.

The violence against women is happening in a much higher numbers day by day and the problem has had its impact made in the society. So most of the respondents think that the proportion of domestic violence could be controlled but when it comes to stopping, lesser respondents think that the work place violence against women and girls could be stopped by some means. According to them, awareness can play a crucial role in lessening the number of incidences of violence in the society.

Women in Nepalese systematically denied their basic, fundamental rights to be free from violence. by failing to respond to the high incidence of work place violence and by discriminating against victims of violence in the prosecution of its criminal laws, the Nepalese government has failed to meet its commitment as a member of the United Nations and has violated international human rights law. The Nepalese government should immediately take the steps outlined in this report to eliminate the serious human rights abuses currently being suffered by women in Nepal

References

- Acharaya, U , (2007), Trafficking in Children and their Exploitation in Prostitution and other Intolerable forms of Child Labor Nepal, Country Report Nepal For ILO/IPEC(Kathmandu: ILO,IPEC).
- A Lawyers Collective Proposal,(2000), Domestic Violence (Prevention) Bill 2000, Lawyers Collective Women's Rights Initiative.
- Central Bureau of Statistics, (2011). **Population Census of 2011**, National report, CBS, Thapathali, Kathmandu, Nepal.
- CDPS(2011), Situation of Trafficking in Children in Nepal: with Special Reference to Prostitution: A Rapid Assessment, Report Submitted to International labor Organization, international Programme on The Elimination Of Child Labor (ILO/IPEC).
- Gurung R,(2013), **Domestic violence Against Women: A study in Doti District**, unpublished Dissertation Submitted to Central Department of Population Studies, T.U., Kirtipur.
- ILO Report,2011) Kathmandu: ILO office
- Minnesota a Advocates for Human Right, (2010), A Report on Domestic Violence in Romania, Lifting the Last certain.
- Ojha P.,(2012), Domestic violence Against Women: A study in Doti District, unpublished Dissertation Submitted to Central Department of Population Studies, T.U., Kirtipur.
- Population Reports (1999), Ending Violence Against Women, the population Information program, Center for Communication programs, the Johns Hopkins University School of Public Health in Collaboration with Center for Health and Gender Equity (Change), Volume XXVII, Number 4.
- Rahat,(2010), Media Coverage on "Various forms of Violence Against Women". Supported by Beyond Trafficking: A joint Initiative in the Millennium Against Trafficking in Girls and Women JIT (NEP/01/077)
- Rana Arju (1998), Violence against women. Dehli: Rawat Publication.
- RUDWDUC, 2012, Violence against Women in Far West Nepal: Base line Suvey,

Report submitted to the Asia Foundation by Rural Women's Development and Unity centre (RUDWDUC), Ekantakuna, Lalitpur

SAATHI, (2011), Study on the psycho-Social Impacts of violence Against Women and Girls with special focus on Rep, Incest, and Polygamy (Kathmandu; SAATHI).

Subedi A.(2013) Lawmakers discuss bills on sexual harassment. Republica [internet]. 2012 Apr 23 [cited 2013 Mar10]; action=news: [about 2 screens]. Available from: http://www.myrepublica.com/portal/index.php?action=news_details&news_

UNICEF (2001), **A Reference Kit on Violence Against Women and Girls in south Asia**, United Nations Children's Fund Regional Office for South Asia (Kathmandu, Nepal)

UNICEF (2002), lessons From South Asia to End Violence against Women and Girls: Breaking the Earthenware Jar, United Nations Children's Fund Regional Office for south Asia. (Kathmandu, Nepal)

UNICEF (2001), **A Reference Kit on Violence Against Women and Girls in south Asia**, United Nations Children's Fund Regional Office for South Asia (Kathmandu, Nepal)

UN, Declaration,(1993), Declaration On the Elimination of Violence Against Women, 20th Dec,1993.

QUESTIONNAIRE

Please complete the questionnaire by either ticking boxes ! or writing in the spaces provided.

If you don't know how to answer one question, just go on to the next one.

A. PERSONAL AND WORKPLACE DATA

1. Age:: 19 or under 20-24 25-29 30-34
 35-39 40-44 45-49
2. Marital status: single married
Separated /divorced widow/widower
3. Ethnic group
 - a. Brahmin
 - b. Chhetri
 - c. Newar
 - d. Mangolian
 - e. Other(specify).....
4. Religion:
 - a. Hindu
 - b. Chritstian
 - c. Buddhist
 - d. Muslim
 - e. Other(specify).....
5. Address.....
6. Which category best describes your present position:
 - a. Nursing incharge
 - b. Staff nurse
 - c. ANM
7. How many years of work experience in the health sector do you presently have:
 - a. under 1 year
 - b. 1-5
 - c. 6-10
8. In which ward do you work?
 - a. Emergency
 - b. Chemoward
 - c. Medial ward
 - d. OT
 - e. Surgical ward
 - f. ICU
9. The number of staff present in the same work setting with you during **most** (more than 50%) of your work time is:
 - a. None
 - b. 1-5
 - c. 6-10

10 How worried are you about violence in your current workplace?
(Please rate: 1 = not worried at all; 5 = very worried)

1 2 3 4 5

11 Are there procedures for the reporting of violence in your workplace?
yes no *If NO, please go to question 13*

12.1 If YES, do you know how to use them? yes no

12 Is there encouragement to report workplace violence? yes no
If NO, please go to next section

13.1 If YES, by whom : a. management / employer
b. colleagues
c. union association
d. own family / friends

other, please specify: _____

B. PHYSICAL WORKPLACE VIOLENCE

PLEASE NOTE: Physical violence refers to the use of physical force against another person or group, that results in physical harm, sexual or psychological harm. It can include beating, kicking, slapping, stabbing, shooting, pushing, biting, and/or pinching, among others.

I. In the last 6 months, have you been physically attacked in your workplace?

Yes *please answer questions 14.1.- 14.15.*

No *if NO, please go to question PV 2, next page*

1. If yes, please think of the last time that you were physically attacked in your place of work. How would you describe this incident?

Physical violence without a weapon

Physical violence with a weapon

2. Do you consider this to be a typical incident of violence in your workplace?

Yes No

3. Who attacked you?

a. patient/client

b. relatives of patient/client

c. staff member

d. management / supervisor

e. external colleague/worker

f. general public

g. other, please specify: _____

4. Where did the incident take place?

a. Inside health institution or facility

- b. At patient's/client's home
- c. Outside (on way to work / health visit / home)

5. At which time did it happen?

- a. Morning shift
- b. Day shift
- c. Night shift

6. How did you respond to the incident?

Please tick all relevant boxes

- a. took no action
- b. tried to pretend it never happened
- c. told the person to stop
- d. tried to defend myself physically
- e. told friends/family
- f. sought counselling
- g. told a colleague
- h. reported it to a senior staff member
- i. transferred to another position
- j. sought help from association
- k. sought help from the union
- l. completed incident/accident form
- m. pursued prosecution
- n. completed a compensation claim
- o. other: _____

7. Do you think the incident could have been prevented?

yes no

8. Were you injured as a result of the violent incident?

Yes No ; if NO, please go to question 15

14.9.1. IF YES, did you require formal treatment for the injuries?

Yes No

9. Listed below are a list of problems and complaints that people sometimes have in response to stressful life experiences like the event that you suffered. For each item, please indicate how bothered you have been by these experiences since you were attacked. Please tick one option per question.

Since you were attacked, how BOTHERED have you been by:	Not at All	A Little Bit	Moderately	Quite a Bit	Extremely
Repeated, disturbing, memories, thoughts, or images of the attack?					
(b) Avoiding thinking about or talking about the attack or avoiding having feelings related to it?					
(c) Being "super-alert" or					

watchful and on guard?					
(d) Feeling like everything you did was an effort?					

10. Did you have to take time off from work after being attacked?
 Yes No ; if NO, please go to question 1.12.

16.1. If YES, for how long?

- One day 2-3 days One week
 1 month 2-6 months 7-12 months

11. Was any action taken to investigate the causes of the incident?

- yes no don't know

IF NO or DON'T KNOW please go to question 1.13

11.1. IF YES, by whom:

- a. management / employer
 b. union
 c. association
 d. community group
 e. police
 f. other, please specify: _____

11.2. What were the consequences for the attacker?

- a. none
 b. verbal warning issued
 c. care discontinued
 d. reported to police
 e. aggressor prosecuted
 f. other: _____
 g. don't know

12. Did your employer or supervisor offer to provide you with:

- a. Counseling: yes no
 b. Opportunity to speak about/report it: yes no
 c. Other support? yes no

13. How satisfied are you with the manner in which the incident was handled? (Please rate: 1 = very dissatisfied, 5 = very satisfied)

- 1 2 3 4 5

14. If you did **not** report or tell about the incident to others, why not?

Please tick every relevant box

- a. it was not important
 b. Felt ashamed
 c. felt guilty
 d. afraid of negative consequences

- e. useless
- f. did not know who to report to

II. In the last 12 months,

1. Have you witnessed incidents of physical violence in your workplace?

Yes No ; if NO, please go to question **III**

1.2 . If YES, how often has this occurred in the last 12 months?

- a. Once
- b. 2-4 times
- c. 5-10 times
- d. Several times a month
- e. About once a week
- f. Daily

III. Have you reported an incident of workplace violence in the last 6months? (witnessed or experienced)

yes no

If NO, please go to section: PSYCHOLOGICAL VIOLENCE, next page

IF YES, have you been disciplined for reporting an incident of workplace violence?

yes no

C. PSYCHOLOGICAL WORKPLACE VIOLENCE (Emotional Abuse)

Please note: Psychological violence is defined as: Intentional use of power, including threat of physical force, against another person or group, that can result in harm to physical, mental, spiritual, moral or social development.

Psychological violence includes verbal abuse, bullying/mobbing, harassment, and threats.

Each form of psychological violence will be addressed separately with the same questions. This is important for getting a detailed understanding of the workplace violence you experienced . Please answer at least the first question of each section. In case of “NO”, you are directed to the next section.

C. I. VERBAL ABUSE

1. **In the last 6 months**, have you been verbally abused in your workplace?

Yes , please answer the following questions

No , please go to section

2. How often have you been verbally abused **in the last 6 months**?

all the time sometimes once

3. Please think of **the last time** you were verbally abused in your place of work. Who verbally abused you?

- | | | | |
|---------------------------|--------------------------|-----------------------------|--------------------------|
| patient/client | <input type="checkbox"/> | relatives of patient/client | <input type="checkbox"/> |
| staff member | <input type="checkbox"/> | management / supervisor | <input type="checkbox"/> |
| external colleague/worker | <input type="checkbox"/> | general public | <input type="checkbox"/> |

other: _____

4. Do you consider this to be a typical incident of verbal abuse in your workplace?

Yes No

5. Where did the verbal abuse take place?

inside health institution or facility at patient's/client's home

outside (on way to work/health visit/home) other: _____

6. How did you respond to the verbal abuse? *Please tick all relevant boxes*

took no action tried to pretend it never happened

told the person to stop told friends/family

told a colleague reported it to a senior staff member

sought counselling sought help from the union

sought help from the association transferred to another position

completed incident/accident form pursued prosecution

completed a compensation claim other: _____

7. Was any action taken to investigate the causes of the incident?

yes no don't know

IF NO or DON'T KNOW please go to question 1.13

8. IF YES, by whom:

g. management / employer

h. union

i. association

j. community group

k. police

l. other, *please specify*: _____

9. What were the consequences for the attacker?

h. none

i. verbal warning issued

j. care discontinued

k. reported to police

l. aggressor prosecuted

m. other: _____

n. don't know

10. Did your employer or supervisor offer to provide you with:

a. Counselling: yes no

b. Opportunity to speak about/report it: yes no

c. Other support? yes no

11. How satisfied are you with the manner in which the incident was handled? (*Please rate:*

1 = very dissatisfied, 5 = very satisfied)

1 2 3 4 5

12. If you did **not** report or tell about the incident to others, why not?

Please tick every relevant box

- g. it was not important
- h. Felt ashamed
- i. felt guilty
- j. afraid of negative consequences
- k. useless
- l. did not know who to report to

C. II. SEXUAL HARASSMENT

1. **In the last 6 months**, have you been sexually harassed in your workplace?

Yes , please answer the following questions

No

2. How often have you been sexually harassed **in the last 6 months**?

all the time sometimes once

3. Please think of **the last time** you were sexually harassed in your place of work. Who verbally abused you?

patient/client relatives of patient/client

staff member management / supervisor

external colleague/worker general public

other: _____

4. Do you consider this to be a typical incident of sexual harassment in your workplace?

Yes No

5. Where did the sexual harassment take place?

inside health institution or facility at patient's/client's home

outside (on way to work/health visit/home) other: _____

6. How did you respond to the sexual harassment? *Please tick all relevant boxes*

Took no action tried to pretend it never happened

Told the person to stop told friends/family

Told a colleague reported it to a senior staff member

Sought counselling sought help from the union

Sought help from the association transferred to another position

Completed incident/accident form pursued prosecution

Completed a compensation claim other: _____