

**ADDIS ABABA UNIVERSITY
COLLEGE OF HEALTH SCIENCES
DEPARTMENT OF OBSTETRICS AND GYNECOLOGY**



**NATURE AND PREVALENCE OF SEXUAL HARASSMENT AGAINST
FEMALE MEDICAL INTERNS, A STUDY AT TWO TEACHING
HOSPITALS, ADDIS ABABA, ETHIOPIA, 2020GC**

RESEARCH THESIS

Principal Investigator:

TIGIST TESFA

ADVISORS

DR SALIH HASSEN (Consultant and Assistant professor of Gynecology and Obstetrics)
DR WOLELA ALEMU (Consultant and Assistant professor of Gynecology and Obstetrics)

A THESIS SUBMITTED TO ADDIS ABABA UNIVERSITY, COLLEGE OF HEALTH SCIENCE,
DEPARTMENT OF GYNECOLOGY AND OBSTETRICS FOR THE PARTIAL FULFILLMENT OF THE
REQUIREMENTS IN THE SPECIALITY PROGRAM

JUNE, 2021 GC

Addis Ababa, Ethiopia

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| | |
|--|---|
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| Name of Advisor(s) | Dr Salih Hassan Dr Wolela Alemu |
| The full title of the research project | Nature and Prevalence of Sexual Harassment Against Female Medical Interns a study at two teaching hospitals, Addis Ababa, Ethiopia 2020GC |
| Duration of project | Aug,2020-june 30,2021 |
| Study Area | Tikur Anbessa Specialized Hospital and St. Paul's Hospital Millennium Medical College |
| Total Cost of the project | 21000birr |
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ACKNOWLEDGEMENT

I would like to thank my advisors for overlooking all my steps and reviewing the paper

Special thanks to Dr. Elias from Tikur Anbessa specialized hospital and Dr. Hawi from St. Paul's hospital Millennium medical school for their help with data collection

I would like to express my love and gratitude to my dear, Dr. Merahi Kefyalew, for being a loving, kind, and supportive husband

I would also like to thank my parents Ato Tesfa Demelew and S/r Wudie Fentahun, for their priceless support

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Abbreviations

TASH- TikurAnbessa Specialized Hospital

AAUMF- Addis Ababa University Medical faculty

WHO- World Health Organization

FMOH- Federal Ministry of Health

SPHMMC- Saint Paul's Hospital Millennium Medical College

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ABSTRACT

Background

Violence against women is a deep-rooted problem in the world. For example, a report from the National Academies of Sciences, Engineering, and Medicine (NASEM) found that female medical students were 220% more likely than non-science, technology, engineering, and mathematics (STEM) disciplines to face sexual harassment from faculty or staff.

Objective

To determine the prevalence and nature of sexual harassment against female medical interns at Tikur Anbessa Specialized Hospital and Saint Paul's Hospital Millennium Medical College in 2020 GC

Methodology

Mixed concurrent nested qualitative and quantitative study conducted at Tikur Anbessa Specialized Teaching Hospital and St. Paul's Hospital Millennium Medical College, Addis Ababa, Ethiopia from 1 June 2020 GC to 30 June, 2021Gc using the female medical interns as target population and Semi-structured questionnaire for data collection after obtaining ethical clearance and data analysis was done by Statistical Package for Social Sciences (SPSS) version 23.0 program.

Result

A total of 76 female medical interns were included in the study. The prevalence of sexual harassment was 96.05%. The most common nature of sexual harassment was a suggestive comment (61 out of 76 respondents), "inappropriate remarks" (59/76 respondents) and "request for dates" (59 out of 76 respondents), and "unwanted physical contact," accounting for 76.31% or 58 out of the 76 respondents. One female medical intern reported attempted rape from TASH, and the perpetrator was "other school staff."

Conclusion

There is a high prevalence rate of sexual harassment against female medical interns at TASH and SPHMMC, and experiences of harassment range from subtle comments and suggestive gestures to overt behaviors and attempted rape

Perpetrators are primarily institutional insiders (lecturers, supervisors, instructors), classmates, and other school staff; other students, patients, and patient attendants are also perpetrators

Sexual harassment awareness-creation trainings at the beginning of the academic year for medical students and school staff. And briefing on how, to whom and where to report incidents is recommended

A large scale research in Ethiopian medical schools for better understanding of the problem is recommended

1. INTRODUCTION

1.1 Background

The Australian Bureau of Statistics defines sexual harassment as "experiences or behaviors that an individual is subjected to which made them feel uncomfortable and were offensive due to their sexual nature" (1). It can encompass physical contact and verbal harassment, which may be written and received through telecommunications or social media (2).

Certain behaviors may constitute harassment even when the individual did not intend for them to be offensive but were nonetheless perceived as inappropriate by the victim (2). These behaviors can be used to assert power over an individual and degrade and humiliate them (1). Sexual harassment occurs as part of a continuum of sexual violence and gender-based discrimination, which have similar social and cultural underpinnings. (1)

According to Dziech and Weiner, Catharine MacKinnon viewed sexual harassment of learners, particularly female learners, as a form of women abuse and invented the term 'sexual harassment'. (2)

International studies show a significant variation in prevalence, from 2 to 93percent, depending on a variety of factors. 20 to 25percent of female students in the United States have experienced sexual harassment, according to several significant studies. In top-ranked peer-reviewed articles, the prevalence of sexual harassment in academia varies between 11 and 73 percent for women and between 3 and 26 percent for men. In Swedish surveys, 4to 26 percent of females and 2 to 6percent of males report experiences of sexual harassment. (3)

In Africa, few studies had also shown a high incidence of sexual harassment. For instance, a study conducted at the University of Malawi showed 67% of sexual harassment on campus, and 12.6% of the students were raped. Similarly, in South Africa, studies showed that 30% of female learners were raped and sexually harassed by male learners and teachers in high schools. (2)

The Code of Good Practice on the Handling of Sexual Harassment Cases had made South Africa one of the countries around the globe which had specifically designed legislation to deal with sexual harassment. The Code (1998) defined sexual harassment as "unwanted conduct of a sexual nature." The "unwanted and potentially coercive or disruptive nature" distinguished sexual harassment from consensual behavior that is welcomed and mutual. (2)

Sexual harassment perpetrator could be a colleague, supervisor, management personnel, and student. The perpetrator and victim may be of the same gender. However, in most incidents, men were perpetrators either in learning institutions or workplaces. It has been documented that most victims of sexual harassment show cognitive, behavioral, emotional, and physical symptoms following harassment that may persist long after the harassment has ended and even change the course of their lifestyles. Families, communities, and society at large are not excluded from the adverse consequences of sexual harassment. (2)

Exposure to sexual harassment leads to physical, psychological, and professional consequences for individuals. Evidence-based research confirms that sexual harassment in academia can lead to depression, anxiety, post-traumatic stress disorder, physical pain, unwanted pregnancies, sexually transmitted diseases, increased alcohol use, impaired career opportunities, reduced job motivation, and more. (3)

1.2 Statement of the problem

To understand women's experiences of sexual harassment in medicine, one must first recognize that from childhood; women are primed by sexist norms and stereotypes that define women as sexual objects and caregivers. Before the passage of Title IX in 1972, few women became physicians; their expected roles were predominantly in the home. And although sexism stems from society, academic medicine is rife with distinctive power structures that institutionalize the problem. Some of these structures are shared with other professions like biased hiring and advancement processes that block women from leadership positions, tenure clocks that conflict with women's biological clocks, and unsupportive maternity, breastfeeding, and childcare policies; others are unique, like hierarchical and male-dominated training environments and a lack of woman mentors and sponsors due to their under-representation as senior medical faculty. These power structures intersect to create suffocating webs that ensnare all those within the system except those at the center. Sexual harassment is a manifestation of these invisible power structures. Overt sexual advances are just the tip of the iceberg, with gender harassment, a range of behaviors "not aimed at sexual cooperation but that convey insulting, hostile, and degrading attitudes about women," being the most common and insidious form of sexual harassment. (4)

A report from the National Academies of Sciences, Engineering, and Medicine (NASEM) found that female medical students were 220% more likely than students from non-science, technology, engineering, and mathematics (STEM) disciplines to have faced sexual harassment from faculty or staff. (5)

Female medical students are at risk of experiencing sexual harassment at all stages of their training, affecting their performance. In both the female and male victims, the latest incident of harassment occurred the first year of medical school, with each group registering 30.6% and 45%, respectively. Harassment of the females gained momentum in the second year, where 36.1% were victims compared to 30% of the males who were victims in their first years. (6)

Although most victims of harassment first experienced it in their early years in medical school, about 5.7% of all victims experienced a stop in harassment within their 1st Year. However, 12

out of the 53 victims (22.6%) never did as the questionnaire was administered. Therefore, it is essential to study the prevalence, type, and effect of sexual harassment against female medical students to tackle the problem and create a safe, educational environment. (6)

There is limited empirical evidence regarding the rates or impact of sexual harassment within academic medicine specifically. Research using measures to quantify all three dimensions of sexual harassment (gender harassment, unwanted sexual attention, and sexual coercion) is urgently needed to gain an accurate and complete picture of sexual harassment in the medical profession. (5)

1.3 Significance of the research

Complaint of sexual harassment against female medical students in Ethiopia is being heard here and there through social media mainly through Facebook even though there is no research done in medical school regarding the subject. This research will fill the gap and contribute to the movement to stop sexual harassment in the medical field in Ethiopia.

2. LITERATURE REVIEW

2.1 PREVALENCE

Academic medicine has one of the highest rates of gender and sexual harassment in the health care industry, with about 50% of female academic physicians reporting incidents of sexual harassment. (1)

Academic medicine has the second-highest rate of sexual harassment, behind the military (69%), compared with all other workplaces. Women physicians of color experience more harassment (as a combination of sexual and racial harassment) than white women physicians. (1)

The majority of women (n = 273, 82.5%) and men (n = 228, 65.1%) indicated experiencing at least one incident of sexual harassment from institutional insiders—staff, students, and faculty at UMMS—and 64.4% (n = 172) of women and 44.1% (n = 115) of men who interacted with patients indicated experiencing sexual harassment from patients and patients' families within the previous year. The most frequently encountered form of sexual harassment was "gender harassment." Among women, 82.2% reported gender harassment from institutional insiders, and 64.0% reported gender harassment from patients/families.(5)

One in 3-5 Dutch female medical students experience unwelcome sexually colored attention by patients, Colleagues, or even supervisors. (7)

2.2 Identity of Perpetrators

The most frequently experienced form of sexual harassment was "gender harassment." Among women, 82.2% reported gender harassment from institutional insiders, and 64.0% reported gender harassment from patients/families. Among men, 64.9% reported gender harassment from institutional insiders, and 44.1% reported gender harassment from patients/families.(5)

Women had 2.50 (95% confidence interval [CI]: 1.75–3.57, $p < 0.001$) times greater odds of experiencing gender harassment from institutional insiders and 2.38 (95% CI: 1.51–3.75, $p < 0.001$) times the odds of experiencing unwanted sexual attention from insiders than men. Women also had 2.26 (95% CI: 1.59–3.21, $p < 0.001$) times the odds of experiencing gender harassment from patients/families and 2.15 (95% CI: 0.95–4.83, $p = 0.045$) times the odds of experiencing unwanted sexual attention from patients/families than men.(5)

Perpetrators were mostly patients (326/807) who made inappropriate comments and physical gestures, or other students (320/807), but also faculty, teachers(161/807) according to research on sexual harassment of Canadian medical students. (8)

According to the students that replied to the study done in South Brazil, nearly 8% of them experienced sexual violence—more specifically forced sex—from university staff, other students, or patients (9)

According to the study in Dutch regarding the offenders, in all but one case, the offenders were male. 2/3 were patients; in almost 1/3, medical doctors (or residents) were involved in the incident. They might have been colleagues (a medical doctor or resident who worked in the same department but who did not have specific supervision tasks), but also two incidents with supervisors have been reported. Students did not report incidents with fellow students. (7)

2.3 Frequency and nature of sexual harassment

The least frequently experienced dimension was sexual coercion: 2 women and one man reported pressure from institutional insiders, and 0 said it from patients/families. (5)

According to the research on "Sexual harassment of Canadian medical students," Inappropriate remarks & suggestive looks were mainly given by patients(103/188 incidents) followed by peers(78/188 incidents) than faculty or staff (56/188 incidents). (8)

Inappropriate sexualization of physical examinations was mainly done by patients (39/188incidents) followed by faculty/staff (8/188incidents). (8)

Suggestive physical gestures were made primarily by peers (43/188 incidents), followed by patients(27/188 incidents), then faculty/staff (18/188incidents). (8)

Soliciting or pressuring for dates was equally done by patients and peers (25/188 incidents) and a relatively lower number by faculty /Staff (11/188 incidents). (8)

"Inadvertent" brushing or touching was reported to be done mainly through peers (35/188 incidents) followed by patients (17/188 incidents), then faculty/staff (12/188 incidents) (8)

Request for unnecessary physical examination was only reported to come from the patient. (8)

Grossly inappropriate touching, fondling, grabbing was reported to be done by peers (15/188 incidents), patients (9/188 incidents) then faculty/staff (5/188 incidents). (8)

Inappropriate gifts were given mainly by patients (9incidents), peers(8reported incidents), staff/faculty (1incident), respectively. (8)

Inappropriate contacting by social media, emails, or phone was reported to be done mainly by peers (25 incidents), followed by patients (9 incidents) then by faculty/staff (6 incidents). (8)

Rape or attempted rape was reported by mostly peers (4 incidents), then Faculty/staff (2 incidents), and one incident was reported by patients. (8)

Stalking was reported to be done by Peers (5 incidents), then by faculty/staff (2 incidents), and one incident of stalking by patients. (8)

Four incidents of Sexual blackmail or bribery were reported to be done by peers, and two incidents were reported to be done by faculty /Staff. (8)

Exposure of body parts in a sexually suggestive way was done by peers (5 incidents). (8)

According to a study, "Sexual harassment during clinical clerkships in Dutch medical schools" mostly encountered nature of sexual harassment is "flirtatious or sexual remarks." (10)

In the research "Sexual Harassment in Public Medical Schools in Ghana," For females, the most prevalent form of attack was "offer of help in exchange for sex." (6)

2.4 Response of victims to a sexual harassment incident

In the Dutch study, most students who experienced sexual harassment discuss the incident with others (77.8%), usually peers. (6)

In the study of sexual harassment in Canadian medical students, 84 reported discussing 184 incidents with friends, family, or others. Twenty-four incidents were discussed with a preceptor, six were reported officially to school authorities, and one was reported to each of the police and the regulatory authority for physicians. (8)

Of 135 respondents asked whether they had confronted the perpetrator, 21 (16%) answered affirmatively. (8)

In Nijmegen (Dutch medical school), students more often tend to confront the offender with his unwanted behavior (46.7% vs. 20.0% in Utrecht, another Dutch medical school) ($\chi^2=3.462$; $df=1$; $p=.063$). 3/4th (73.3%) of the students are satisfied with how the incident has been dealt with, but one in four (26.7%) was not. (6)

2.5 Impact of the incident

According to the study "sexual harassment of Canadian medical students," Almost all victims experienced immediate, intense emotions. Over and over, participants used words like confused, angry, betrayed, uncertain, disrespected, ashamed, embarrassed, degraded to describe their feelings. (8)

Experiences often left participants feeling helpless and powerless, not only to faculty perpetrators but also to offending patients. "As medical students, we are often powerless. We have to be alone with patients; we have to be alone with preceptors." Another student highlighted her powerlessness, writing: "It is extremely frustrating when a preceptor/supervisor laughs along with the patient... I know he/they are choosing their battles, but having a preceptor stand up for my intellect as a young woman working my heart out to achieve my dream of practicing medicine rather than agreeing with an inappropriate comment about my appearance and youth would mean a great deal." (8)

Perhaps the most troubling impact of sexual harassment on participants was that fearing repercussions, they were immobilized and silenced. (8)

"I did not want to get a bad evaluation. I also had to work with this preceptor for two weeks, so I didn't want him to treat me poorly for the rest of the elective." Reporting was often seen as counterproductive: " "(It) would not benefit me, there could be retaliation, this student has family members in the medical field, and I fear confronting him could have consequences for me in furthering my education or gaining residency spots." (8)

According to studies from Dutch medical schools, 3 out of 10 students (29.5%) who experienced sexual harassment state it negatively impacted their functioning afterward. (6) Some students feel uncertain and inhibited when making contact with patients after the incidents. (7)

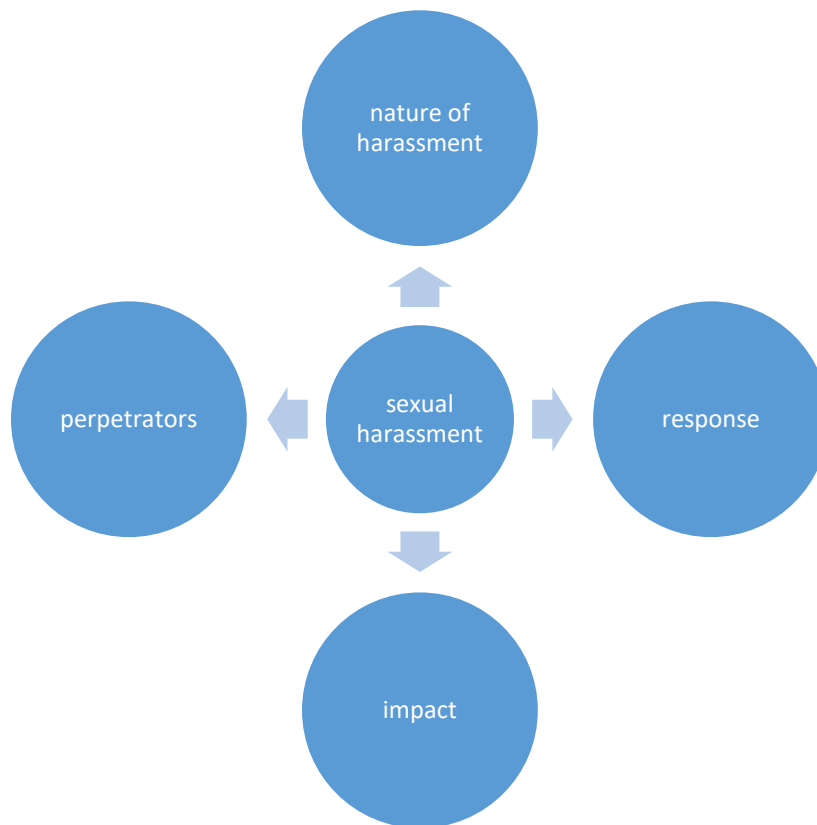
Though the numbers are too small for statistical analysis, the studies from Dutch medical students show that the incident's impact seems more significant when the offender is a medical doctor or resident. Students who experienced harassment by medical doctors more often say it impacted their subsequent behavior and more frequently discussed the incidents with others. (10)

Sexual harassment has deleterious effects on career outcomes, including decreased job satisfaction, a sense of safety, and increased turnover intentions. Turnover of medical professionals has high fiscal costs to health care organizations, including paying the direct (e.g., interviewing, recruitment, administrative, training) and indirect (e.g., time) costs of hiring replacements.³³ In addition, decreased job satisfaction among physicians is related to increased absenteeism and job burnout, and even riskier prescribing profiles, putting patients at risk. (5)

According to the study in Public medical schools in Ghana, Victims reported various significant health effects due to their latest sexual harassment incident, which includes physical injury, psychological trauma, diminished learning ability, disturbing memories, recurrent nightmares, emotional breakdowns (crying). All victims of harassment claim they did not require or receive medical assistance or counseling. (6)

3. Conceptual framework

Figure -1 conceptual framework



4. OBJECTIVES OF THE STUDY

4.1 General Objective

To determine the prevalence, pattern, and effect of sexual harassment against female medical interns at TASH and SPHMMC Addis Ababa, Ethiopia 2020 GC

4.2 Specific Objectives

- To evaluate the prevalence of sexual harassment against female medical interns in TASH and SPHMMC, Addis Ababa Ethiopia
- To assess the nature of sexual harassment
- To assess the identity of the perpetrators at TASH and SPHMMC, Addis Ababa, Ethiopia
- To determine the impact of sexual harassment against female medical interns at Black Lion Hospital and SPHMMC Addis Ababa, Ethiopia

5. METHODOLOGY

5.1 Study design

A mixed concurrent nested qualitative and quantitative study design was used. A descriptive cross-sectional study design was used to obtain the qualitative study data.

5.2 Study area

The study was conducted in Tikur Anbesa Specialized teaching hospital, the largest, ~800-bed, teaching hospital for Addis Ababa University, School of Medicine in Ethiopia. Addis Ababa University (AAU), established in 1950 as the University College of Addis Ababa, is the oldest and largest higher learning and research institution in Ethiopia. AAU has now 47,610 students (29,872 undergraduate, 15,398 masters, and 2,340 Ph.D. students).

There were 170 medical interns in TASH during the study period, and 60 of them are female.

The other study area was St. Paul's Hospital Millennium Medical College, established through a decree of the Council of Ministers in 2010, although medical school opened in 2007 and the hospital was established in 1968 by the late Emperor Haile Selassie. The College initiated Ethiopia's first integrated modular and hybrid problem-based curriculum for its undergraduate program offerings. During the study period, 92 medical interns were doing their internship at SPHMMC, and 34 were female.

5.3 Study Period

The study was done from 1 July 2020 to June 2021 GC

5.4 Source Population.

All medical interns studying at Tikur Anbesa Specialized Hospital and SPHMMC, Addis Ababa, Ethiopia, 2020 GC

5.5 Study population

All-female medical interns studying at Tikur Anbesa Specialized Hospital and SPHMMC, Addis Ababa, Ethiopia, 2020 GC

5.6 Inclusion and Exclusion criteria

5.6.1 Inclusion Criteria

All-female undergraduate medical interns studying at Tikur Anbessa Specialized Hospital and SPHMMC who are voluntary may participate in the research, 2020GC

5.6.2 Exclusion Criteria

All-female undergraduate medical interns at Tikur Anbessa Specialized Hospital and SPHMMC who do not consent to participate in the study, 2020GC

5.7 Sampling technique and sample size determination

5.7.1 Sample size determination

The sample size determination, according to Mugenda & Mugenda (2003), was used:

$$n = \frac{Z_{\frac{\alpha}{2}}^2 P (1 - P)}{d^2}$$

Where;

n = required sample size

$Z_{\alpha/2}$ = critical value for normal distribution at 95% confidence interval= 1.96 ($\alpha = 0.05$).

P = Proportion = 50% (taken because there are no similar studies that determined the proportion for sexual harassment)

d = margin of error= 5 %

$$\text{So, } n = \frac{(1.96)^2 * (0.5) (1-0.5)}{(0.05)^2} = 384$$

Therefore, the total required sample size is 384 and with adjustment for non-response rate (10%), and the final sample needed was 422

Since our target population is < 10,000 we, use the following correctional formula to calculate the sample size

$$N_f = n / (1 + n/N)$$

Where N_f is the final sample size

n=the calculated sample size if our target population was above 10,000, which is 422

$N = \text{total population size (total number of female medical interns at TASH and SPHMMC } 34+60=94$

$N_f = 422 / (1 + (422/94)) = 78$

So our sample size will be 78

5.7.2 Sampling Procedure

Sample interval (n) = Total number of interns / Sample size = $94/78 = 1.2$

The estimated sampling interval is approximately 1.0. Therefore, all eligible interns who consented were included in the study. So the final sample size was 94, but the female medical interns who were willing to participate in the study were **76**

5.8 Data Management and analysis

5.8.1 Data collection

The data were collected through a semi-structured self-administered questionnaire which requests fulfillment of socio-demographic data, lists of different types of sexual harassment, responses of victims after incidents, the impact of the incidents, and recommendations from the participants

Data were collected mainly by the principal investigators with the help of 2 data collectors from the two medical schools. An appropriate explanation was given on definition of some terms, purpose, and importance of the research

5.8.2 Data Quality Control

The principal investigator checked data completeness and validity.

5.8.3 Data Analysis

The data was processed and analyzed using SPSS software version 25. Binary logistic regression was done, but there was no statistically significant relationship between the dependent and independent variables

5.9 Study variables

5.9.1 Independent variable

Socio-demographic profile

Type of Teaching school

5.9.2 Dependent variables

Prevalence of sexual harassment

Nature of sexual harassment

Identity of perpetrators

Response of victims to a sexual harassment incident

Impact of sexual harassment on the victims

5.10 Operational definitions

Sexual harassment

-Can be defined as unwelcome and unwanted sexual advances, requests for sexual favors, and other verbal or physical contacts of a sexual nature that creates a hostile or offensive environment.

Perpetrator

-a person who carries out a harmful, illegal, or immoral act.

Classmate

-a person at an equal educational status

Other students

-a person who is a student but not at the same academic level as the medical interns

Lectures, supervisor, instructors

-a person who teaches, monitors, assesses, and evaluates medical interns, including residents, preceptors, and senior consultants.

Other school staff

-a person who is part of the health care system&/or medical school but doesn't have specific teaching, assessing, or evaluating functions like nurses, security, janitors, porters, pharmacists.

5.11 ETHICAL CONSIDERATION

The study was done in conformity with the ethical guidelines. Ethical clearance for the study was obtained from AAUMF and SPHMMC and Obstetrics and Gynecology. This study held no possible risk for the participant. Participants did not benefit financially. Informed verbal and written consent was asked from participants. All participants' rights, privacy, and autonomy were respected. Participation was voluntary. They were told that they were free to withdraw their participation from the study at any time.

5.12 Gender Issue

This study only focuses on sexual harassment against female medical interns, so male medical interns were excluded from the study

5.13 Problem faced

As anticipated at the beginning of the study, due to sensitivity of there was decreased willingness of female medical interns to participate in the survey, which compromised the quality of the study

5.14 DISSEMINATION OF THE RESULT

After the research is completed, it will be communicated to FMOH, the Ethical committee of TASH.

Maximum effort will be made to publish the paper in a scientific journal.

6. RESULTS

6.1 Socio-demography

For this research, all 94 female medical interns at TASH and SPHMMC were supposed to be included in the study, but only 76 of them consented to be a part of the study. Responses of 49 female medical interns out of 60 from TASH and 27 out of 34 female medical interns from SPHMMC were included in this research. The total number of students who filled out the questionnaires is shown below in Table 1.

Table 1- Respondents' distribution by medical school

| Respondent's school | Number | percent |
|---------------------|--------|---------|
| TASH | 49 | 64.47% |
| SPHMMC | 27 | 35.53% |
| Total | 76 | 100% |

We have found that all the respondents are within the age range of 20-29, but most respondents are aged between 20-24. The respective age distribution of respondents is as shown below in table 2.

Table 2 - Age Distribution among the Respondents

| Age | frequency | percent |
|-------|-----------|---------|
| 20-24 | 45 | 59.21% |
| 25-29 | 31 | 40.79% |
| Total | 76 | 100% |

The distribution of the respondents according to their religion is as elaborated below in

The distribution of the respondents according to their year of school is as elaborated below in

Table 3

Table 3- religion distribution among the respondents

| Type of religion | Frequency | Percent |
|------------------|-----------|---------|
| Christian | 56 | 73.68% |
| Muslim | 19 | 25% |
| Others | 1 | 1.32% |
| total | 76 | 100% |

The distribution of respondents based on their source of income is described in the table below

Table 4- Distribution of respondents by source of income

| Source of income | frequency | Percent |
|------------------|-----------|---------|
| Internship | 71 | 93.42% |
| Family | 2 | 2.63% |
| others | 3 | 3.95% |
| total | 76 | 100% |

6.2 Prevalence

Female medical interns were asked if they ever experienced a list of behaviors that were manifestations of sexual harassment and 96.05% of them responded yes, and 3.95% of them never experienced the listed behaviors.

88.15% of respondents responded "Yes" when asked if they consider the listed behaviors on the questionnaire as sexual harassment, while 11.84% answered "No."

10.96% out of the 73 female medical students who experienced sexual harassment reported that the incidents occurred during the 1st year of medical school, 8.22% happened during the 2nd year of medical school, 35.53% occurred during the 3rd year of medical school, 32.88% occurred during the 4th year of medical school, and the highest number of incidents was reported during the year of internship which is 84.93%.

66.67% of the incidents occurred during both day and night time, while 27.78% of the incidents occurred during the daytime only and 5.56% incidents were reported to be committed at night only. One respondent failed to specify the timing of the incidents

6.3 Identity of perpetrators

Perpetrators were male primarily, constituting 86.11%, while 13.89% responded that both male and female were the perpetrators and all these respondents were from SPHMMC

Out of the 73 female medical interns who stated they experienced behaviors of sexual harassment, 72.6% were victimized by perpetrators they knew before the harassment

Out of the 73 female medical interns who stated they experienced behaviors of sexual harassment, 65.75% responded that they were not always alone at the time of the incident and 94.52% of the respondents stated that they were not always the only victim

Out of the 73 female medical interns who said they experienced behaviors of sexual harassment, 30.14% of the respondents stated that they depended on perpetrators for help or support.

In most of the incidents (226/1001 incidents), supervisors, lecturers, and instructors were reported as the perpetrators, followed by classmates (198/1001 incidents) followed by other school staff (192/1001).

Patients contribute for the least 71/1001 incidents of sexual harassment

There were 65 incidents for which the identity of the perpetrators was not specified

The identity of perpetrators and frequency of incidents are described in the table below

Table 5- Identity of perpetrators

| Identity | Number of incidents | Percentage |
|---|----------------------------|-------------------|
| classmates | 198 | 19.78% |
| Other students | 161 | 16.08% |
| Lecturer, supervisor, or instructors | 226 | 22.57% |
| Other school staff | 192 | 19.18% |
| patients | 71 | 7.09% |
| Patient's attendants | 88 | 8.79% |
| No specific identity of perpetrator mentioned | 65 | 6.49% |
| Total | 1001 | 100.79% |

6.4 Frequency and nature of sexual harassment

The most frequently encountered dimension was a suggestive comment (61 out of 76 respondents) or 80.26%, out of female medical interns who reported experiencing suggestive comment, classmates committed 22.48% of the incidents.

The second most common nature of sexual harassment was "inappropriate remarks" (59/76 respondents) and "request for dates" (59 out of 76 respondents) both accounting for 77.63%

The third most commonly experienced nature of sexual harassment was "unwanted physical contact" accounting for 76.31% or 58 out of the 76 respondents

The least commonly experienced nature of sexual harassment is attempted rape, it was reported by 1 female medical intern from TASH and the perpetrator was "other school staff".

No female medical intern reported an incident of rape

The nature and frequency of sexual harassment experienced by female medical interns are described in the table below

For the part of the questionnaire that requested if there is any nature of sexual harassment not included in study 1 female medical intern responded she experienced male classmates stating misogynistic beliefs

And 1 medical intern reported unhooking of bra by classmates as a form of sexual harassment not included in the list.

Table 6- nature and frequency of sexual harassment

| Nature of harassment | Number of victims | Percentage |
|---|--------------------------|-------------------|
| Inappropriate remark | 59/76 | 77.63% |
| Unwanted physical contact | 58/76 | 76.31% |
| Suggestive physical gesture | 42/76 | 55.26% |
| Suggestive comments | 61/76 | 80.26% |
| Insults or taunts based on sex | 27/76 | 35.53% |
| Intrusive questioning | 50/76 | 65.79% |
| Request for dates | 59/76 | 77.63% |
| Inappropriate Gift | 13/76 | 17.10% |
| Inappropriate contacting | 54/76 | 71.05% |
| Stalking | 17/76 | 22.37% |
| Inappropriate sexualization of physical exam | 4/76 | 5.26% |
| Request for unnecessary physical examination of sexual organs | 2/76 | 2.63% |
| Request or pressure for a sexual favor | 4/76 | 5.26% |

| | | |
|-------------------|------|-------|
| Indecent exposure | 4/76 | 5.26% |
| Attempted rape | 1/76 | 1.31% |
| None | 3/76 | 3.95% |
| Rape | 0 | 0% |

Inappropriate remarks were mostly done by classmates 34/152 incidents followed by lecturers, supervisors, and instructors 29/152 incidents and other school staff 29/152 incidents

Unwanted physical contact (inadvertent brushing or touching) were mostly done by lecturers supervisors and instructors (28/118 incidents) and other school staff (28/118 incidents) followed by classmates 920/118 incidents)

The suggestive physical gesture was mostly done by lecturers supervisors and instructors 25/99 incidents) followed by classmates (20/99 incidents) and other school staff (20/99)

Suggestive comments were mostly done by classmates (29/129 incidents) followed by lecturers, supervisors, or instructors (28/129 incidents) followed by other school staff (25/129 incidents)

Insults or taunts based on sex were mostly done by classmates (18/80 incidents) followed by other students (14/80 incidents) and other school staff (14/80 incidents)

Intrusive questioning relating to an individual's personal life, domestic circumstances, or body was mostly done by lecturers, supervisors, or instructors (23/115 incidents) followed by classmates 21/115 incidents) followed by other students (15/115 incidents)

Requests for dates and personal contact information was mostly done by lecturers, supervisors, or instructors (29/115 incidents) followed by other school staff (21/115 incidents) followed by other students (20/115 incidents)

Inappropriate contacting by social media, emails, or phone was mostly done by lecturers, supervisors, or instructors (30/111 incidents) followed by other school staff (25/111 incidents)

Inappropriate gifts were given mostly by classmates (7/31 incidents) followed by other students (6/31 incidents) followed by lecturers, supervisors, or instructors (5/31 incidents)

Requests or pressure for sexual favors, including in exchange for academic preferencing or career support was mostly done by lecturers, supervisors, or instructors (5/14 incidents) followed by classmates (2/14 incidents), other school staff (2/14 incidents) and there were 2/14 incidents specific identity of the perpetrator was not specified

Stalking was mostly done by lecturers, supervisors, or instructors (7/22 incidents) followed by classmates (5/22 incidents) and other students (5/22 incidents)

There were 6 incidents of inappropriate sexualization of physical examinations reported and classmates were involved in 3/6 of the incidents, another student was involved in 1 out of 6 incidents, 2/6 incidents were done by lecturers, supervisors, or instructors

There were 5 incidents of request for unnecessary physical examination of sexual organs of which 2 were done by lecturers, supervisors, or instructors, 1/5 incidents by a classmate, 1/5 incidents by other students, and 1/5 incidents by other school staff.

There were 3 incidents of indecent exposure (Exposure of body parts in a sexually suggestive way), 2/3 incidents were done by classmates, and 1 out of 3 incidents were done by other school staff.

Table-7 frequency of incidents and perpetrators

| Experience | Identity of the perpetrator and number of incidents out of a total of each incident | | | | | | |
|--|---|--------------------|------------------------------------|-----------------------|---------|-----------------------|----------------------------|
| | Classmate | Other student s | Lecturer/super visor/instructor | Other school staff | patient | Patient Attendants | No specific perpetrator |
| Inappropriate remarks | 34/152 | 22/152 | 29/152 | 29/152 | 14/152 | 18/152 | 6/152 |
| Unwanted physical contact | 20/118 | 17/118 | 28/118 | 28/118 | 7/118 | 9/118 | 9/118 |
| Suggestive physical gestures | 20/99 | 19/99 | 25/99 | 20/99 | 3/99 | 6/99 | 6/99 |
| Suggestive comments or jokes | 29/129 | 24/129 | 28/129 | 25/129 | 8/129 | 9/129 | 6/129 |
| Insults or taunts based on sex | 18/80 | 14/80 | 13/80 | 14/80 | 8/80 | 8/80 | 5/80 |
| Intrusive questioning relating to an individual's personal life, domestic circumstances, or body; | 21/115 | 15/115 | 23/115 | 21/115 | 11/115 | 13/115 | 11/115 |
| Requests for dates and personal contact information | 17/115 | 20/115 | 29/115 | 21/115 | 10/115 | 10/115 | 8/115 |
| Inappropriate contacting by social media, emails, or | 19/111 | 16/111 | 30/111 | 25/111 | 4/111 | 8/111 | 9/111 |

| | | | | | | | |
|---|------|------|------|------|------|------|------|
| phone | | | | | | | |
| Inappropriate gifts | 7/31 | 6/31 | 5/31 | 2/31 | 4/31 | 5/31 | 2/31 |
| Requests or pressure for sexual favors, including in exchange for academic preferencing or career support | 2/14 | 1/14 | 5/14 | 2/14 | 1/14 | 1/14 | 2/14 |
| Stalking | 5/22 | 5/22 | 7/22 | 2/22 | 1/22 | 1/22 | 1/22 |
| Inappropriate sexualization of physical examinations | 3/6 | 1/6 | 2/6 | 0 | 0 | 0 | 0 |
| Request for unnecessary physical examination of sexual organs | 1/5 | 1/5 | 2/5 | 1/5 | 0 | 0 | 0 |
| Indecent exposure(Exposure of body parts in a sexually suggestive way) | 2/3 | 0 | 0 | 1/3 | 0 | 0 | 0 |
| Attempted rape | 0 | 0 | 0 | 1 | 0 | 0 | 0 |
| Rape | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

6.5 Response of victims to a sexual harassment incident

22 out of 73 female medical students who reported experiencing sexual harassment took no action in response to the incidences they experienced

37 out of the 73 respondents asked the perpetrator to stop the harassment

32 out of the 73 respondents reported the incidents either to family, friends, or school authorities most commonly the respondents discussed incidents with friends

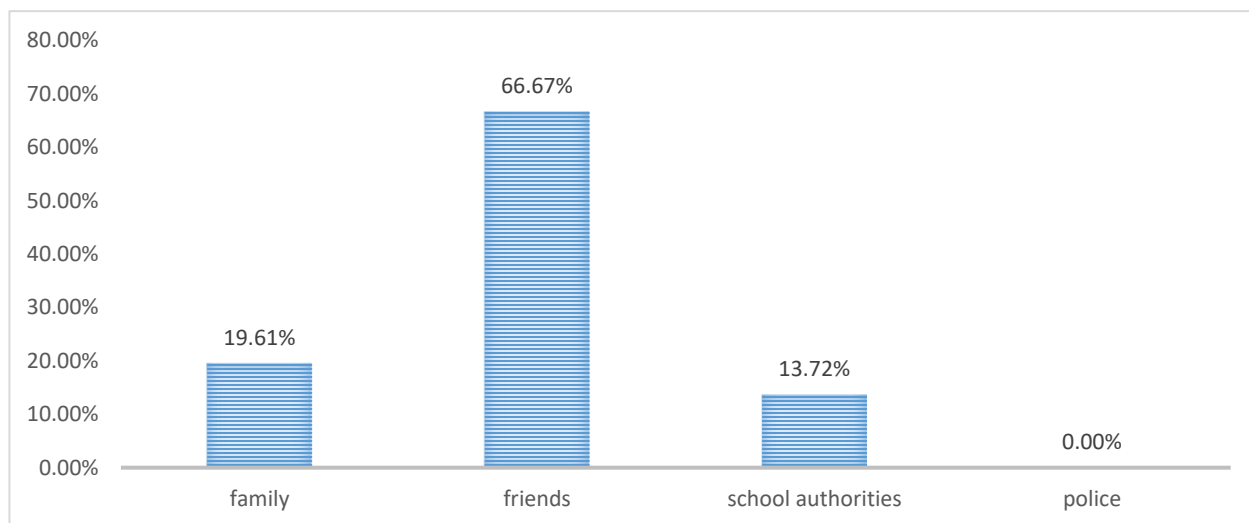
No incident was reported to the police

6 out of 73 respondents tried to physically stop the perpetrators.

Table-8 Action taken in response to sexual harassment by perpetrators

| Responses | Number | percentage |
|-------------------------------|--------|------------|
| Asked perpetrator to stop | 37 | 45.12% |
| Threatened to report | 7 | 8.54% |
| Reported them | 32 | 39.02% |
| Physically tried to stop them | 6 | 7.32% |

Figure -2 percentage of reports of sexual harassment incidents



Responses given by school authorities include the following:

- For 4 respondent's reports of sexual harassment, a warning was given to the perpetrators.
- The school authorities asked the perpetrator to stop on one occasion
- 1 respondent didn't know what the response of the school authorities
- 1 respondent from TASH was told that her report could ruin the school's reputation so it shouldn't be official

When asked why they didn't report incidents of sexual harassment, most of the respondents answered they didn't think anyone could help with their situation (34.78%)

One female medical intern reported that the lack of evidence for incidents of sexual harassment to present to school authorities is one of the reasons for not reporting.

Table-9 Reason of respondents for not reporting incidents of sexual harassment

| Reason for not reporting | Number of respondents | Percentage |
|---|------------------------------|-------------------|
| didn't consider it important | 11 | 23.91% |
| Didn't know whom to tell | 13 | 28.26% |
| No one would believe me | 2 | 4.35% |
| Too embarrassed | 2 | 4.35% |
| Afraid of the perpetrator | 2 | 4.35% |
| Didn't think anyone can help my situation | 16 | 34.78% |

6.6 Impact of the incident

6 out of 73 female medical interns reported that they were absent from educational activity like lectures, bedsides, rounds, seminar because of sexual harassment

9 out of 73 reported that they think their performance in medical school had declined due to sexual harassment

3 out of 73 medical interns had thought about withdrawing from medical school due to sexual harassment

62 out of 73 medical interns think patient's medical can be compromised due to sexual harassment from the patient themselves or their attendants

The most common impact of sexual harassment reported is loss of trust for school authorities

Table-10 -Impact of sexual harassment on the respondents

| Effects | Number | Percentage |
|---|---------------|-------------------|
| Physical injury | 3 | 2.13% |
| Psychological trauma | 27 | 19.14% |
| Diminished learning ability | 5 | 3.55% |
| Fear of general public | 9 | 6.38% |
| Loss of trust for friends | 22 | 15.6% |
| Loss of trust for school authorities | 32 | 22.7% |
| Irritability at anyone | 17 | 12.06% |
| Disturbing memories | 16 | 11.34% |
| Recurrent nightmares | 4 | 2.84% |
| Emotional breakdowns | 6 | 4.26% |
| Total | 141 | 100% |

7. Discussion

This study evaluated the prevalence and nature of sexual harassment against female medical interns at two teaching hospitals in Addis Ababa Ethiopia

The prevalence of sexual harassment was 96.05% in this study, a result comparable to international studies which show a large variation in the prevalence of sexual harassment from 2 to 93% depending on a variety of factors. (3)

This finding of a high prevalence of sexual harassment in the two medical schools coincides with the high rate of gender and sexual harassment in academic medicine in the health care industry, with about 50% of female academic physicians reporting incidents of sexual harassment (3)

In this study, perpetrators are mostly male (86.11%) similar to the study "Sexual harassment during clinical clerkships in Dutch medical schools. (7)

In most of the incidents (226/1001 incidents) supervisors, lecturers and instructors were reported as the perpetrators, followed by classmates (198/1001 incidents) followed by other school staff

(192/1001) and Patients contribute for the least 71/1001 incidents of sexual harassment. This finding is similar to the study “Sexual Harassment in medical schools in Ghana” in which about 76.5 % of the female victims were harassed by a combination of lecturers, instructors or supervisors. While only 23.5% of the female victims were harassed by the classmates and peer,

But the perpetrators are primarily patients both in the studies "sexual harassment of Canadian medical students: A National Survey" (8) and "Sexual harassment during clinical clerkships in Dutch medical schools. (10)

The most common nature of sexual harassment in this study suggestive comment (61 out of 76 respondents) followed by "inappropriate remarks" (59/76 respondents) and "request for dates" (59 out of 76 respondents), both accounting for 77.63% each and the third common form is "unwanted physical contact" accounting for 76.31% or 58 out of the 76 respondents which are a relatively similar form of sexual harassment in the Canadian medical school (8) and also study from Dutch medical school. (10)

In the research "Sexual Harassment in Public Medical Schools in Ghana", For females, the most prevalent form of attack was like offer of help in exchange for sex. Which is one of the least forms of sexual harassment in this study. (6)

In this study, victims of sexual harassment discussed incidents with family and most commonly with friends similar to medical students in the Dutch research; most students who experienced sexual harassment discuss the incident with others (77.8%), usually peers. (10)

This finding also coincides with the study of sexual harassment in Canadian medical students, where 84 reported discussing 184 incidents with friends, family, or others.

In this study 6 out of 73 respondents tried to physically stop the perpetrators. This is similar to the Canadian study, Of 135 respondents to the question asking whether they had confronted the perpetrator, 21 (16%) answered affirmatively. (8)

According to the study in Public medical schools in Ghana, Victims reported various significant health effects as a result of their latest sexual harassment incident, which includes physical injury, psychological trauma, diminished learning ability, disturbing memories, recurrent nightmares emotional breakdowns (crying) similar to the finding in this study. (6)

8. CONCLUSION AND RECOMMENDATION

8.1 CONCLUSION

There is a high prevalence rate of sexual harassment against female medical interns.

Participants described experiences of harassment ranging from subtle comments and suggestive gestures to overt behaviors and attempted rape

Perpetrators are mostly institutional insiders (lecturers, supervisors, instructors) classmates, and other school staff, other students, patients, and patient attendants are also perpetrators

8.2 RECOMMENDATION

I recommend, sexual harassment awareness-creation trainings at the beginning of the academic year for medical students and school staff. And briefing on how, to whom and where to report incidents

I recommend a large scale research in Ethiopian medical schools for better understanding of the problem.

9. LIMITATION OF THE STUDY

The number of participants of the study is too small to accurately determine the magnitude of the problem in medical schools in Ethiopia

10. References

1. A Call to Address Sexual Harassment and Gender Discrimination in Medicine Vascular Specialist.
2. Sexual harassment and victimization of students a case study of a higher education institution in South Africa.
3. Sexual harassment in academia in academia. 2018.
4. Sexism and Sexual Harassment in Medicine Unraveling the Web SpringerLink.
5. #MedToo A Large-Scale Examination of the Incidence and Impact of Sexual Harassment of Physicians and Other Faculty at an Academic Medical Center Journal of Women's Health.
6. (PDF) Sexual Harassment in Public Medical Schools in Ghana.
7. Version P. Sexual harassment during clinical clerkships in Dutch medical schools. 2008;42(5):452–8.
8. Sexual Harassment of Canadian Medical Students A National Survey - EClinicalMedicine.
9. Emotional, Physical and Sexual Violence Against Female Students Undergoing Medical,

Dental and Psychology Courses in South Brazil - PubMed.

10. Sexual harassment during clinical clerkships in Dutch medical schools Request PDF.

Annex

Annex I Consent form

This consent form is for female medical students who are doing their internship programs in Tikur Anbessa Teaching hospital and St. Paul Hospital Millennium Medical College Addis Ababa Ethiopia whom we are inviting to participate in research titled "Nature and prevalence of sexual harassment against female medical interns a study at two teaching hospitals in Ethiopia"

The principal investigator is Dr. Tigist Tesfa Demelew, Obstetrics and Gynecology resident at Tikur Anbessa Teaching Hospital, School of Medicine, Addis Ababa University.

Part I

Purpose of the research

Sexual harassment is a global problem affecting women everywhere in the world. The objective of this research is to determine the prevalence, pattern, and effect of sexual harassment against female medical interns at TASH and SPHMMC Addis Ababa, Ethiopia 2020 GC so that we can tackle the problem.

Voluntary participation

Your participation in this research is entirely voluntary. If you don't wish to participate in this study there are no consequences. You can withdraw from the research at anytime

Risks

We are asking you to share with us some very personal and confidential information and you may feel uncomfortable answering some of the questions if you don't wish to do so, and that's also fine. You don't have to give us any reason for not responding to any question.

Benefits

There will be no direct benefit to you but your participation is very helpful in identifying the prevalence and nature of sexual harassment so that strategies will be organized to tackle the problem.

Confidentiality

The information you provide in this study will be kept in private. Your name or contact information will not be used in the study. Any information about you will have a number on it instead of your name

Whom to Contact

If you have any questions, you can ask now or later. If you wish to ask questions later, you may contact Dr. Tigist Tesfa via tgtesfal@gmail.com.

This proposal has been reviewed and approved by the Institutional Review Board (IRB) of Addis Ababa University College of health science, school of medicine, department of Obstetrics and Gynecology.

Part II: Certificate of consent

I have read the foregoing information. I have had the opportunity to ask questions about it and any questions I have been answered to my satisfaction. I consent voluntarily to be a participant in this study

Signature of participant

Date

Annex 2-Questionnaire

Socio-Demographics of Respondents

1. Age
2. Religious beliefs
 - Christian
 - Muslim
 - others
3. Type of medical school
 - TASH
 - SPHMMC
4. Average monthly income
5. Source of monthly income

Characteristics of harassment

1. Put the mark "x" if you ever experienced the following
 - Inappropriate remarks (example: been called names such as " dearie, " " honey, " " little girl, " or " babe " by your supervisors, along with even more demeaning names that belittle you and suggest you are not as smart as the male students
 - Unwanted physical contact ("Inadvertent" brushing or touching)
 - Suggestive physical gestures
 - Suggestive comments or jokes
 - Insults or taunts based on sex
 - Intrusive questioning relating to an individual's personal life, domestic circumstances, or body;
 - Requests for dates and personal contact information
 - Inappropriate contacting by social media, emails, or phone
 - Inappropriate gifts
 - Requests or pressure for sexual favors, including in exchange for academic preferencing or career support
 - Stalking
 - Inappropriate sexualization of physical examinations
 - Request for unnecessary physical examination of sexual organs
 - Indecent exposure(Exposure of body parts in a sexually suggestive way)
 - Attempted rape
 - Rape
 - Others (specify).....

- None
- 2. Do you consider the above behaviors as an act of sexual assault?
 - Yes
 - NO
- 3. Time of incidents
 - Day time
 - Nighttime
 - Both day and night
- 4. When did the incident occur?
 - during 1st yr. (pc1)
 - 2nd Yr. (PC2)
 - 3rd Yr. (C1)
 - 4th Yr. (C2)
 - Internship
- 5. How many times did it occur in the past 1yr?
- 6. Were you always alone at the time of the incident?
 - Yes
 - No
- 7. Were you always the only victim?
 - Yes
 - No
- 8. Sex of perpetrator(s)
 - Male
 - Female
 - Both Male and Female
- 9. Knew perpetrator(s) before the harassment
 - Yes
 - No
- 10. Put the mark "x" on the space provided

| Experience | Identity of the perpetrator | | | | | |
|---|-----------------------------|----------------|--------------------------------|--------------------|---------|--------------------|
| | Classmate | Other students | Lecturer/supervisor/instructor | Other school staff | patient | Patient Attendants |
| Inappropriate remarks | | | | | | |
| Unwanted physical contact | | | | | | |
| Suggestive physical gestures | | | | | | |
| Suggestive comments or jokes | | | | | | |
| Insults or taunts based on sex | | | | | | |
| Intrusive questioning relating to an individual's personal life, domestic circumstances, or body; | | | | | | |
| Requests for dates and personal contact information | | | | | | |
| Inappropriate contacting by social media, emails, or phone | | | | | | |
| Inappropriate gifts | | | | | | |
| Requests or pressure for sexual favors, including in exchange for academic preferencing or career support | | | | | | |
| Stalking | | | | | | |
| Inappropriate sexualization of physical examinations | | | | | | |
| Request for unnecessary physical examination of sexual organs | | | | | | |
| Indecent exposure(Exposure of body parts in a sexually suggestive way) | | | | | | |
| Attempted rape | | | | | | |
| Rape | | | | | | |
| Others(specify) | | | | | | |

11. Depended on the perpetrator(s) for help/support

- Yes
- No

12. Put the Mark "x" if u had the following effects of sexual harassment

- Physical injury
- Psychological trauma
- Diminished learning ability
- Fear of the general public
- Loss of trust for friends
- Loss of trust for school authorities
- Irritability at anyone
- Disturbing memories
- Recurrent nightmares
- Emotional breakdowns (crying)

13. Have you ever been absent from lectures (bedside rounds), seminars, or any educational activity because of sexual harassment?

- Yes
- No

14. Do you think your performance in medical school has declined due to sexual harassment?

- Yes
- No

15. Have you ever thought of withdrawing from medical school because of sexual harassment?

- Yes
- No

16. Do you think sexual harassment from patients or their attendants compromises the patient's medical care?

- Yes
- No

17. What Action did you take in response to the sexual harassment?

- None
- Asked them to stop
- Threatened to report
- Reported them
- Physically tried to stop them

18. If you reported sexual harassment to whom?

- Family
- Friends

- Police
- School authorities
- Not reported

18. If u never reported, Reason for not reporting

- Didn't consider it important
- Didn't know whom to tell
- No one would believe me
- Too embarrassed
- Afraid of the perpetrator
- Didn't think anyone can help with my situation

19. If you have reported the sexual harassment to the authorities what response did you receive?.....

20. Mention if you had experienced any other incident that was not included in the questionnaire

.....
.....
.....

21. Mention if you had any other response to such incidents that were not included in this questionnaire.

