



Full Length Research Paper

Commonness of sexual harassment in medical schools in Uganda

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The study aimed at creating and improving learning environment in medical schools in Ugandan. 49% of the students undergoing medical training in Uganda have experienced Sexual harassment. A descriptive quantitative study was carried out in Mbarara University of Science and Technology and Kampala International University-Western Campus, where 1003 consented participants aged 18- 65 year who were selected randomly. Data was collected by self administered questionnaires. 49% of medical students report experiencing (females 59% and male 38%) sexual harassment, the prevalence of sexual harassment cuts across all religious sects; Muslim (55%), Catholic (50%), Protestant (46%), Seventh Day Adventist (43%), however the majority were among the Born Again Christian with 76%, 10% of medical students reported experiencing sexual harassment almost daily, 29.5% of male lecturers, 32.5% of male students and residents (15%) were implicated as the major perpetrators of sexual harassment, 25% of harassment experiences occur in lecture rooms while 23% in the hospitals, 93% of the medical students failed to report the cases to persons in authority, only 30% of those who reported their experiences received a satisfactory handling of their cases. Male students attribute their behavior to the manner their female counter parts dress. Medical institutions should develop policies, improve awareness of existing policies and promote decent dressing and behavior in all medical schools in Uganda

Key Words: Sexual harassment in Ugandan medical schools

BACKGROUND

Sexual harassment means unwelcome sexual advances, requests for sexual favors or unwanted physical, verbal or non-verbal conduct of a sexual nature; such conduct would constitute sexual harassment when: a) Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment or academic achievement or advancement; or b) Submission to or rejection of such conduct is used or

threatened or insinuated to be used as the basis for decisions affecting the employment and/or the academic standing of an individual; or c) Such conduct has the purpose or effect of unreasonably interfering with an individual's work or academic performance or creating an intimidating, threatening, hostile or offensive working or learning environment, Makerere University Policy and Guideline (2006). Male workers in position of authority

are always accused as perpetrators of sexual harassment is an abuse of power by persons in authority, male workers has been accused to influence their subordinates using their tool of authority. Gutek and Done (2001) categorizes sexual harassment into main forms (a) quid pro quo (this for that) harassment that requires the employee to submit to sexual demands as a condition for promotion, to avoid trouble, or being dismissed. (b) hostile-environment harassment where sexuality or discriminatory intimidation, ridicule, and insult are being practiced in the environment in which the employee works or students learn. University students are at higher risk of such influences. Sexual harassment has been reported at Makerere University in Uganda in several occasions. However, no systematic study has been carried out to investigate the types, forms and magnitude of the sexual harassment problem at Makerere University.

Medical students like any other student are at risk of being sexually harassed, they experience a number of challenges which are often explored and manipulated by persons in authority. Young girls and boys fall prey to "sugar daddies and mummies," older men and women who can provide favors and financial assistances, these men can be their lecturers, instructors, patients and even classmates. However, also lecturers despite their positions they do experience sexual harassment, Carol (2006) reported that 42% of lecturers aged 34-44 and 26.3% of those aged over 45 years in Makerere University have experienced a form of sexual harassment from students. Unsafe learning environment is among the reasons why girls discontinue their studies or parents refuse to enroll and keep their daughters in school. A safe school is not only girl friendly, but also allows boys to discard negative gender roles to practice healthier, gender equitable behaviors with their classmates in a supportive and reinforcing environment while lecturers have a responsibility to protect rather than prey upon young girls but the reverse is true.

Victims of sexual harassment have been left powerless especially when such case is reported to person in authority and nothing is done, a number of students have failed to report such cases because they fear the accused may retaliate in a manner that may affect their academic progresses. Those who cannot withstand have often changed academic plans by dropping courses, changing majors or neglecting academic commitments or responsibilities to avoid an offending person, and finally dropping out (Fitzgerald et al, 1997). Schools in many developing countries turn a deaf ear to the female student's complaints, some have good policies on sexual harassment but these policies has never been implemented. There are fewer than expected females in the Health Profession and the reasons for such are not clear. The roles of sexual harassment with possible consequences of dropout of girls from medical training

are not known hence the study to determine prevalence and promoting factors of sexual harassment in medical schools in Uganda which would enable policy makers create or improve policies that protect the rights of students undergoing medical training.

METHODOLOGY

A descriptive study was carried out in the investigation of prevalence and predisposing factors of sexual harassment in medical schools in Uganda, Mbarara University of Science and Technology and Kampala International University School of Health Sciences were selected out four medicals in Uganda basing on the operational status of the institution, student population size, population gender mix and operational status was considered important. 1003 medical students aged 18- 65 years were selected randomly from all levels and consented to participate. Data was collected by focused group discussion and self-administered questionnaires which contained both closed and open ended questions. The data was analyzed basing on the study objectives using SPSS 16.

RESULTS AND DISCUSSIONS

Demographic Data

1003 medical students age 18- 65 years were selected randomly from all classes and consented to participate, their gender were; female (76%) and 24% male students, marital Status; Single (94%) and 6% married, Religious affiliations were; Catholic (31%), Protestants (36%) and Born Again Christian (20%), and 94% were heterosexuals, the majority were in the were in the age group of 20 – 25 years (87%) and 53% were in the upper classes as seen in Figure 1.

Sexual harassment is experienced by both sexes, 49% of students in medicals reported having experienced sexual harassment, and majority of those who reported were females with 59%, as indicated in the graph.2 below, The prevalence of sexual harassment was equally distributed within different religious sects Muslim (55%), Catholic (50%), Protestant (46%) and least in Seventh Day Adventist (43%), however the prevalence of sexual harassment was seen to be high among the born again Christian with 76%. Figure 2

Although there is no general agreement about which behaviors may constitute sexual harassment, the individual experience of sexual harassment is subjective. Ware Balogh et al (2003) found out that it's highly subjective for one to consider a certain behavior directed towards her to be sexual harassment, therefore what one may consider to be sexual harassment, may be under

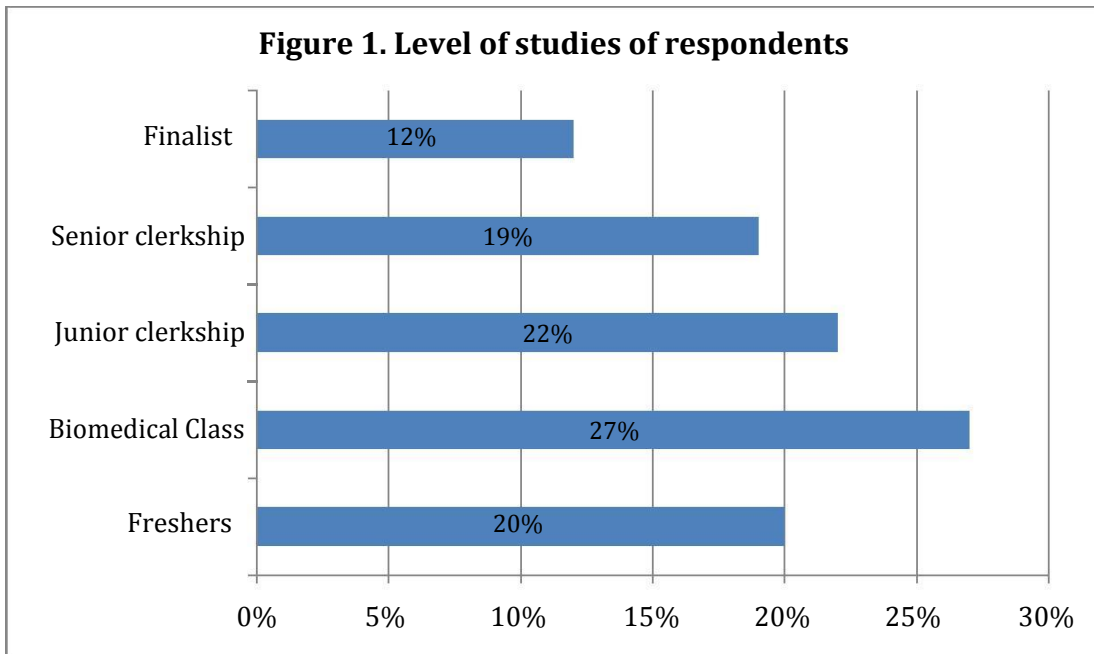


Figure 1. Level of studies of respondents

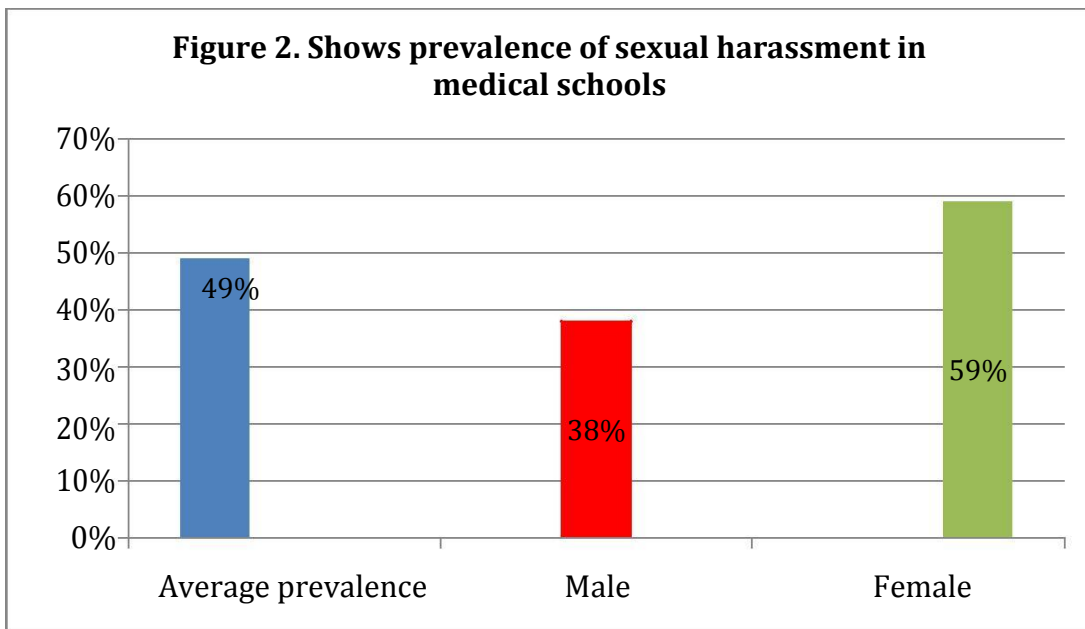


Figure 2. Shows prevalence of sexual harassment in medical schools

looked as less significant by the other person.

In the questionnaire, there were behaviors which were generally categorized as sexual harassment, and students were required to select what forms they experience commonly, the results are as indicated in the Figure 3.

Sexual harassment has been thought to be perpetrated by only male lecturers on female students, however this study has found out there are several people who play a role as indicated in graph 4 below. Male lecturers and students have an upper hand in sexual harassment of medical students, a survey carried out by John V

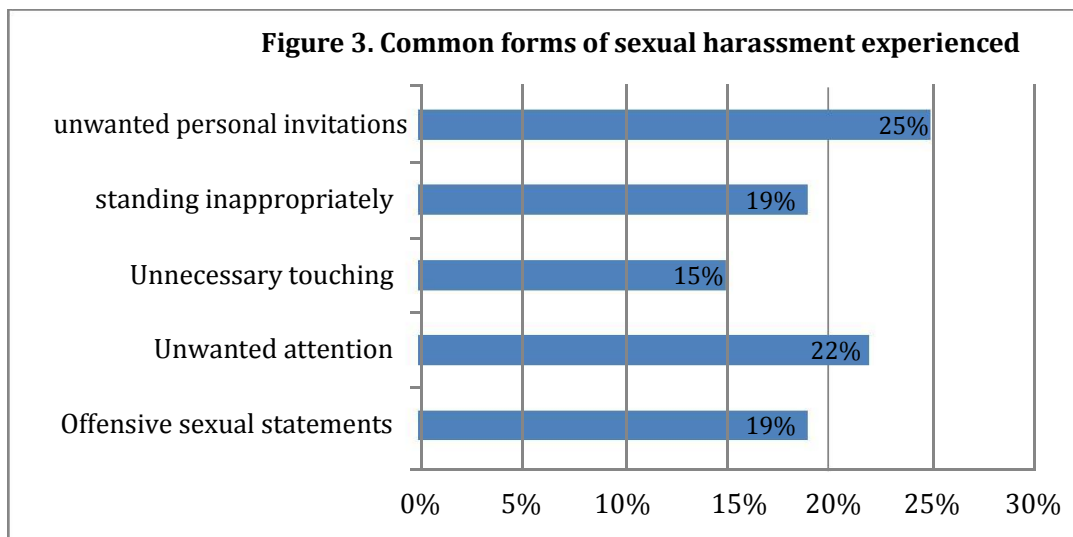


Figure 3. Common forms of sexual harassment experienced

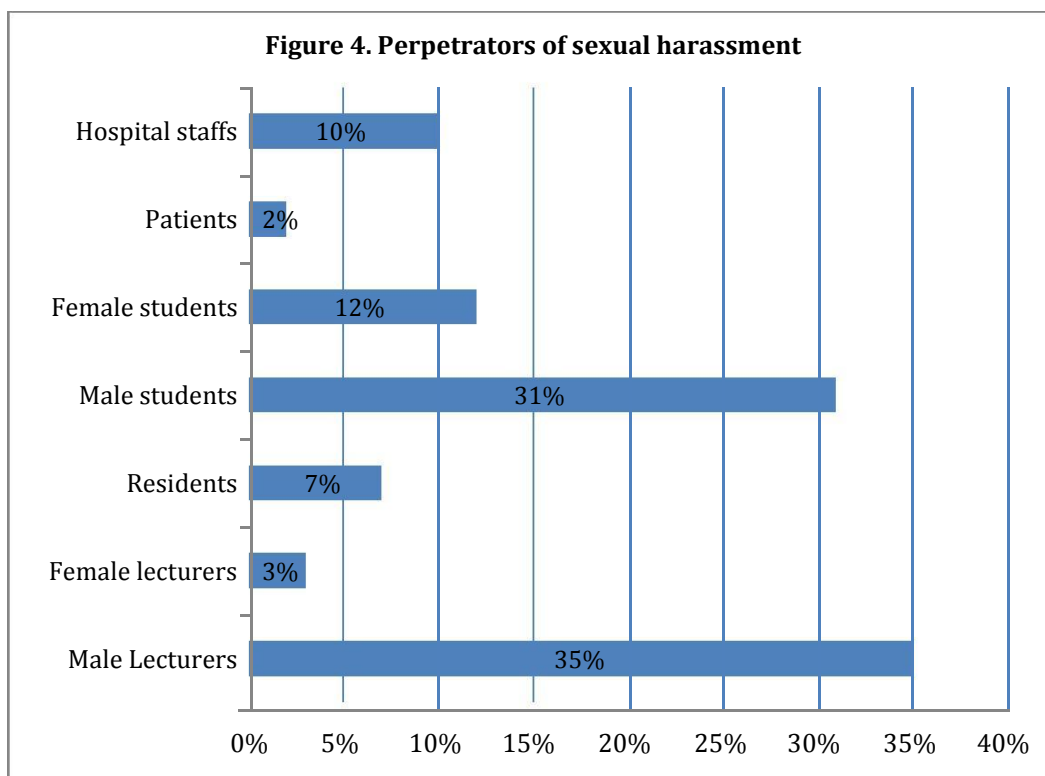


Figure 4. Perpetrators of sexual harassment

Sserwaniko & Hope Muhairwe (2012) also found out that male lecturers are the key players in sexual harassment, they lure female students into hotels and fuck them before awarding arbitrary marks, Sexual behavior within students have not been taken seriously persons in the

administration, it has been considered as a courtship behavior and yet many students have been affected by such behaviors". Figure 4

Most of these perpetrators of sexual harassment carry their act when they are in sober state of mind, though a

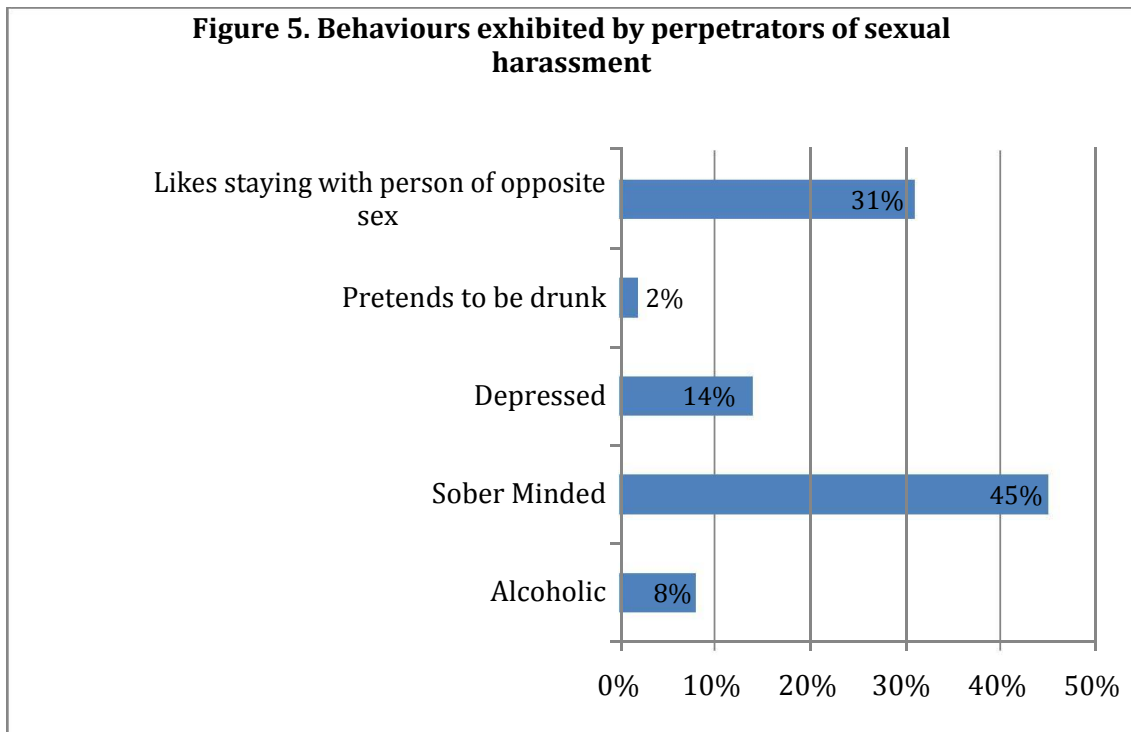


Figure 5. Behaviours exhibited by perpetrators of sexual harassment

few of them pretend to be drunk or are actually drunk as indicated in graph 5. Below, marital status of the perpetrators was not seen as a major factor to determine their behaviors. Depression was suggested by 14% in some lecturers who are known to sexually harass students; such person could be deriving personal satisfaction from their behaviors, and could be acting in revenge or payback of their childhood experiences as suggested by Silver and Rosenberg. (1984), they said that physicians who previously suffered medical student abuse could become abusers of medical students in the future, thereby perpetuating a „transgenerational legacy.“ Men who have low levels of self-control have been found to be more likely to harass sexually than men with high levels of self-control according to Done (2005). Figure 5

During focus group discussion male students showed concern in the manner the female students dress, and behave in class, they said most female dress poorly to the extent of exposing their body parts like part of their breasts; some intentionally sit poorly to the extent of exposing their panties, while other female hug unnecessarily every time and for a long time, though it could be a nice feeling but embarrassing sometimes. Sexual harassment associated with poor dressing is one of the reasons why Makerere University Guild banned certain dressing’s code in school campus in 2008 (Twinamatsiko). Male students also reported that female Students also falsely accuse their male counter parts of sexually harassing them as a means of seeking revenge,

especially when the relationship has gone sour, as reported by one of our informants. Female students also pointed out during focused discussion that a number of male lecturers especially the young ones winked at them, some deliberately brushed their bodies against them in corridors, while others tickled their palms when they greeted them, some lecturers are always appreciating their beauty, smartness and hair styles which makes them a comfortable, some make calls at weird hours like late evening and nights asking them to come over to their residences, some make statements like do the needful and leave your passing to me, they noted that there is no difference in behavior between male students and lecturers. However sexual harassment to some people is a courtship behavior of males towards their female counterparts hence nothing is wrong with it.

Majority of cases of sexual harassment occurred in lecture rooms, hospitals and offices as indicated graph5 below, male medical students was pointed out a major perpetrators of sexual harassment, and such behaviors occurred in lecture rooms, hostels and school functions. Lecturers do harass their students sexually especially when students consults them in their offices, though some male lecturers however have blamed female students for tempting them or luring them into sexual act, as cited by the informant; female students have their strategy of dressing and sitting poorly in class and offices to attract lecturer’s attention, others do follow some lecturers in pubs and make advances towards their

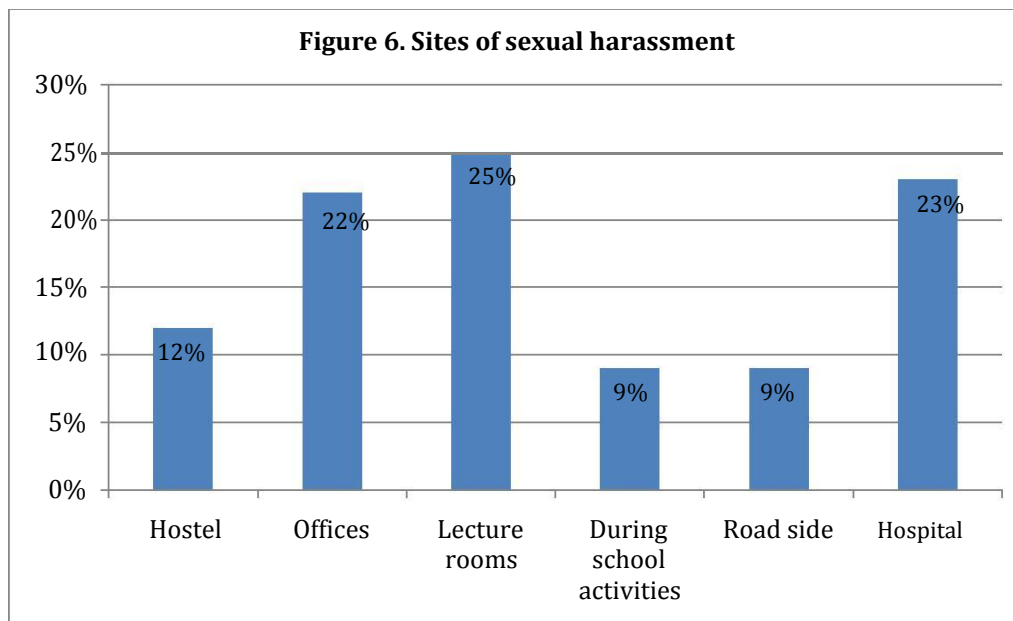


Figure 6. Sites of sexual harassment

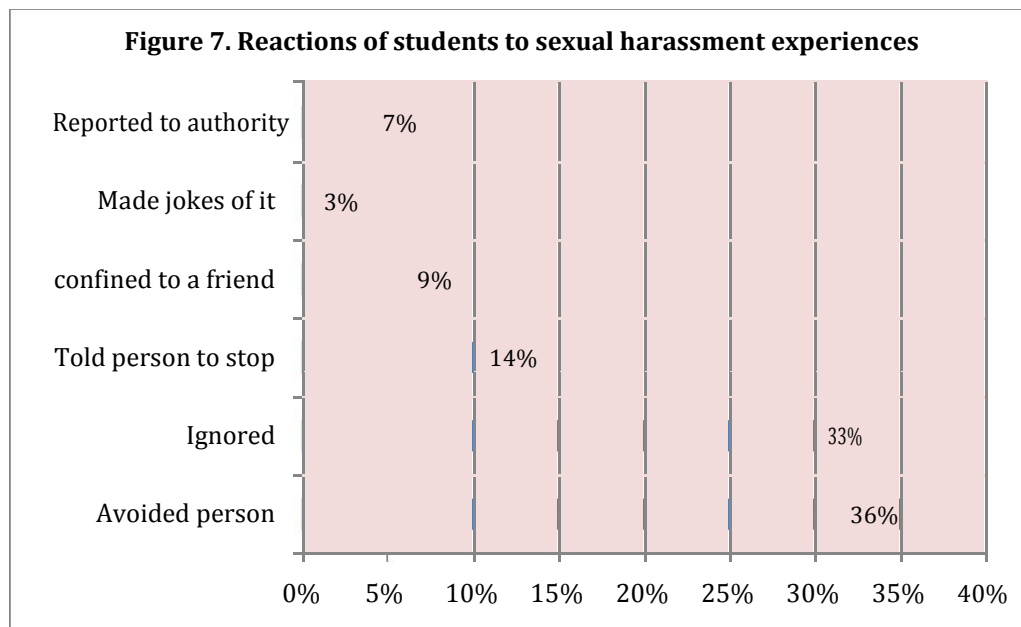


Figure 7. Reactions of students to sexual harassment experiences

teachers irrespective of their age, others made unnecessary visits to their offices, while others come openly saying „ am here for you just make me pass“ as reported by key informants in the study, they said such students are normally weak in class and they think pleasing their lecturers sexually is the only means to make them pass their exams, a similar report was seen in a survey by Carol (2006) where she found out that 42%

of lecturers aged 34 and 44, and 26.3% of lecturers aged over 45 years have experienced sexual harassment from female students in Makerere University. Figure 6

Much as students complain that they are sexually harassed, majority of them do not report to persons in authority as seen in Figure 7, 93% of medical students failed to report their sexual harassment experiences to person in authority, majority of students handled the

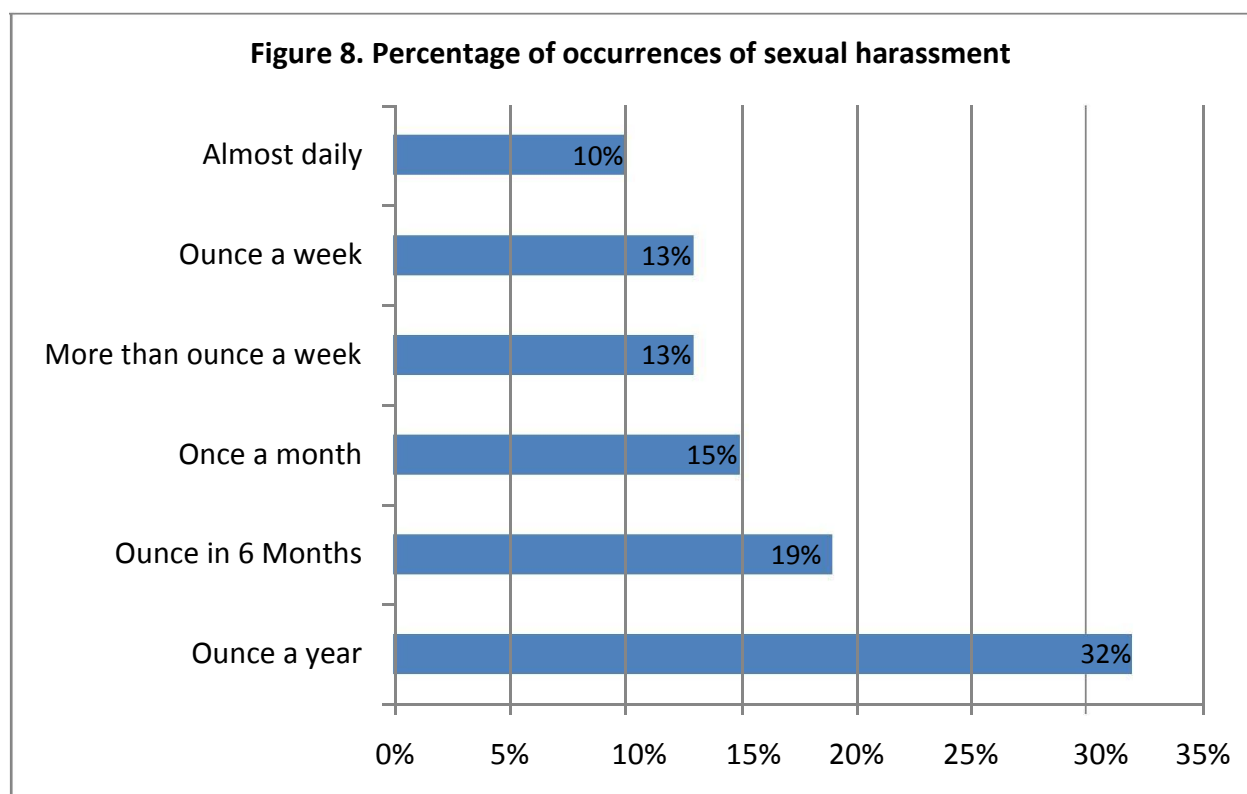


Figure 8. Percentage of occurrences of sexual harassment

stress of sexual harassment by ignoring the occurrence and or avoiding the person and situations that led to the experience. However, students have several reasons of not reporting to persons in authority, majority of students said that they feared reporting their experiences to authority would worsen their academic performances i.e failing exams or they may be made to unfairly repeat class, others said they had no tangible evidence to present to the administration, while others feared of not being believed by the administration, some said the experiences of those who reported their cases to administration scared them, hence they have resorted to handling the matter by themselves.

From Figure 7, only 7% of students reported their experiences to person in authority, of those who reported, 30% of the cases were followed with disciplinary action (26% of perpetrators lost their jobs and 4% were transferred to another work station) and handled to the satisfaction of the complainant, the rest of the cases reported left the complainant in dilemma (44% of those who reported are not sure of what happened to the perpetrator while 26% said nothing was done); they don't know exactly what happened there after. Poor management of cases of sexual harassment reported to administration could be one of the reasons of high

prevalence and low level of reporting cases. There is likelihood that students are giving into the demands of perpetrators of sexual harassment when they have failed to fight their way out. 90% of the students who experienced sexual harassment said they were not aware of university policy on sexual harassment this could be the reason few students reported their experiences of sexual harassment.

Sexual harassment is a mental disease that needs to be looked upon and handled with an iron hand, to preserve the moral of the institution, this study found out that, the prevalence of sexual harassment is so high, and it has reached to a level that 10% of students experience it almost daily as indicated in Figure 8.

However, sexual harassment it's preventable and manageable, it needs the involvement of administration, students and lecturers. United State Equal Employment Opportunity Commission (2003) found out that prevention is the best tool to eliminate sexual harassment in the workplace, while Dougherty and Smythe, 2004 argued that the best way to prevent sexual harassment is by telling all employees that sexual harassment will not be tolerated and by introducing mechanisms which ensure that the organization's culture supports it.

Students have made several suggestion to solve

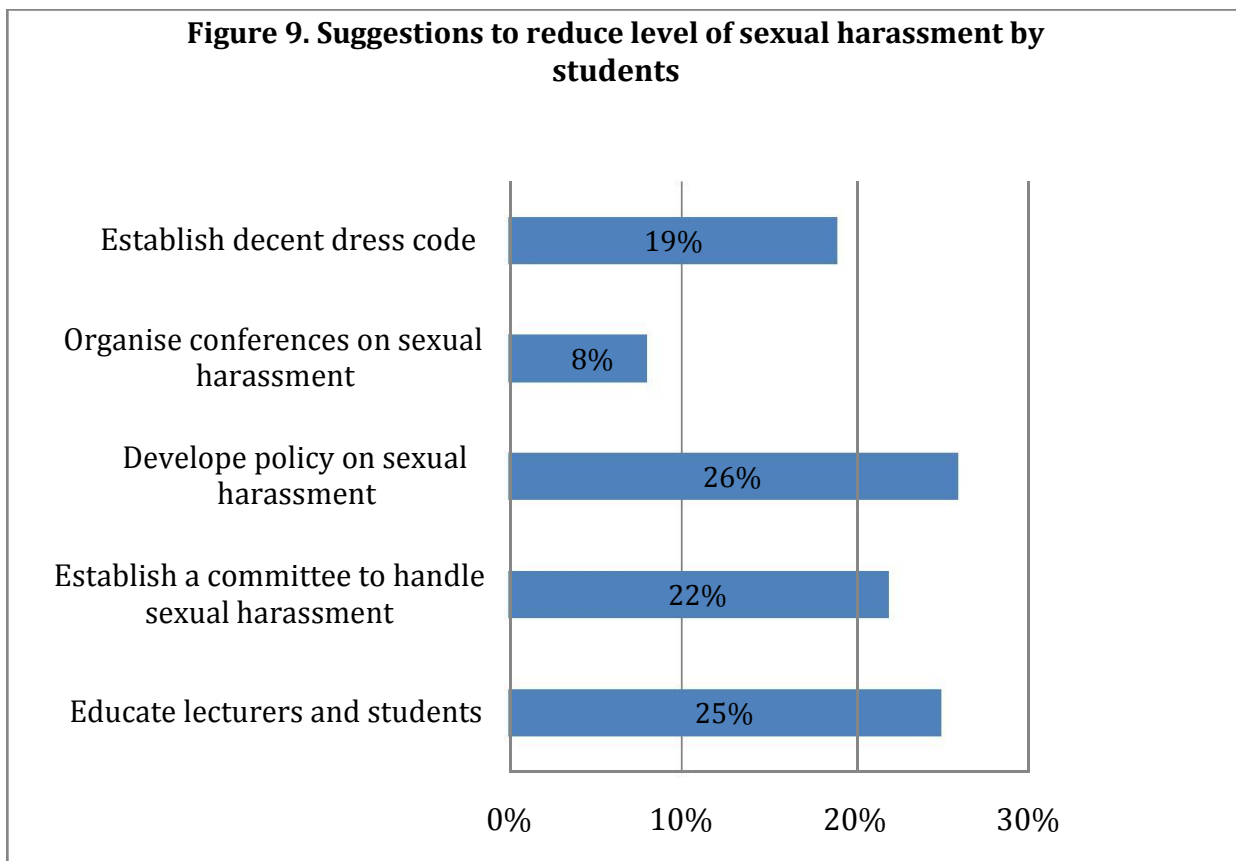


Figure 9. Suggestions to reduce level of sexual harassment by students

sexual harassment, the most prominent suggestions were; institutional management should develop and enforce sexual harassment policies, lecturers and students should be educated about sexual harassment and its policies in the university, this was in line with Curie Hunat Et al (2007), who said that the stronger the organizational policy on sexual harassment the less likely occurrence of sexual harassment behavior, those organizations with weak policies on sexual harassment have high level of prevalence of sexual harassment, absence of organizational policy on sexual harassment is one of the drivers of sexual harassment, institutions where policies are developed and kept in offices, not exercised by workers is as equal as having no policy, the two university we studied have well developed policies on sexual harassment, however majority of students expressed no knowledge about the policies, and this could be the reasons of poor reporting of cases and high prevalence of cases of sexual harassment. Figure 9.

Gender mix should be considered by administration while setting up committees to handle sexual harassment, Ladebo (2003) found that 2 out of every 5 (44.5%) women prefer not to report sexual harassment to disciplinary committee because they are

men, therefore institutions should consider gender mix when setting up committees that will investigate and solve problems of sexual harassment.

CONCLUSIONS AND RECOMMENDATION

This study generated substantive evidence of high prevalence rate of sexual harassment in medical schools in Uganda, both sexes are affected, however, male students and lectures are the major perpetrators of sexual harassment. The acts of sexual harassments take place in offices when lecturers are consulted, during lecture hours and school activities. The study has also revealed two likely areas of weaknesses in the management of sexual behaviors; Lack of effective administrative structure to handle sexual misconduct and lack of awareness of what constitutes sexual harassment and policy on sexual harassment. The results of this study are an eye opener to the administration and the policy makers in the medical institutions in Uganda to create and develop student friendly learning environment. Uganda Ministry of Education and University administrations are in a better position to implement the

outcome of this study by setting high level decision for medical institutions in Uganda. We therefore recommend that;

- All medical institutions should develop policies which will protect the rights of all students undergoing medical training and also establish bodies that will be responsible for handling such cases.
- All medical institutions should promote awareness on sexual harassment through workshops, seminars, during student orientations and public debates.
- Administrations of medical institutions should promote decent dressing of female medical students to avoid luring males into sexual feeling and behaviors; institutions should design decent uniforms for medical students where need be.

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REFERENCES

1. Carol Natukunda, (2008) Makerere lecturers say they are sexually harassed, New Vision July 26 2006
2. Done, R. S. (2005) „Just men out of control? Criminology and the likelihood to sexually harass“. In J. E. Gruber and P. Morgan (eds.) In the company of men: male dominance and sexual harassment. Northeastern University Press: Boston.
3. Dougherty, D. S. and Smythe, M. J. (2004) „Sensemaking, organizational culture, and sexual harassment“. Journal of Applied Communication Research. 32 (4): 293-317.
4. John V Sserwaniko & Hope Muhairwe (2012). Makerere sex scandals shocks MPs, Sunday Pepper, April 22,2012
5. Nagata-Kobayashi S, Sekimoto M, Koyama H. Medical student abuse during clinical clerkships in Japan. J Gen Intern Med 2006; 21:212–218
6. O. Twinamasiko Sexual harassment at university: Is dress to blame? New Vision Jun 24, 2008
7. P. Nyende Makerere University Research Journal (MURJ) ISSN 1818-7226 Vol. 001(2): pp. 125-132, 2006 © 2006 Innovations at Makerere Committee Printed in Uganda.
8. Recupero PR, Heru AM, Price M, Alves J. Sexual harassment in medical education: liability and protection. Acad Med 2004; 79:817–824
9. Shizuko Nagata-Kobayashi, Miho Sekimoto, Hiroshi Koyama, Wari Yamamoto, Eiji Goto, Osamu Fukushima, Teruo Ino, Tomoe Shimada, Takuro Shimbo, Atsushi Asai, MBioeth, Shunzo Koizumi, Tsuguya Fukui, Medical Student Abuse During Clinical Clerkships in Japan. 2005
10. Sr. Carina Maris Amaka Okeke. Impact of Sexual Harassment on Women Undergraduates' Educational Experience in Anambra State of Nigeria, 2011.
11. Wyatt, N. (2007). Information on sexual harassment. (2003, June). Retrieved May 16, 2007 from <http://www.de2.psu.edu/hasassment>

