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HEALTHCARE UNDER THREAT: GENDER-BASED CHALLENGES IN VIOLENCE AND PAY EQUITY IN NEPAL

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ABSTRACT

Gender-based violence (GBV) is a critical public health issue that disproportionately affects women globally, including those in healthcare professions. Despite being a significant concern, limited data exist on GBV and pay scale disputes among healthcare workers in Nepal. To investigate the prevalence of GBV and pay discrepancies among healthcare professionals in a tertiary care hospital in Nepal, focusing on gender-based differences. A cross-sectional, questionnaire-based study was conducted among 500 healthcare professionals, including lower-level workers, at a tertiary care hospital in Nepal. Data were analyzed using descriptive statistics and inferential tests to identify significant associations. Prevalence of GBV: 48% of participants experienced GBV, with females disproportionately affected (63.3% of females vs. 25% of males). Pay Scale Discrepancies: Among lower-level workers, 50% of females reported pay discrepancies compared to 25% of males, earning 15–20% less for similar roles. Younger workers (21–30 years) and nurses were most affected by GBV, while gender bias was identified as the main cause of pay inequity. This study highlights the dual challenges of GBV and pay inequity faced by female healthcare professionals in Nepal. Addressing these issues requires targeted interventions, including workplace policies, transparent salary systems, and support mechanisms.

KEYWORDS: Gender, doctors, nurses, healthcare, violence.

INTRODUCTION

The healthcare sector plays a pivotal role in ensuring the well-being of individuals and communities, yet it remains fraught with challenges, particularly for female professionals. Globally, gender-based violence (GBV) has emerged as a critical issue affecting women in the workplace, including healthcare settings. GBV in this context includes emotional,

physical, and sexual abuse perpetrated by colleagues, patients, or superiors, often compounded by hierarchical and gendered power dynamics.[1] In parallel, gender pay inequity persists as a systemic problem, with women frequently earning less than their male counterparts for similar roles. These dual challenges not only compromise the safety and dignity of healthcare professionals but also undermine the efficiency and morale of the sector.[2]

In Nepal, the issue of GBV and pay inequity in healthcare is underexplored, despite anecdotal evidence and global research pointing to its prevalence. Existing studies have predominantly focused on patient outcomes or resource limitations, neglecting the well-being of healthcare workers themselves.[3] The lack of data on how these gendered challenges intersect with professional roles, age groups, and institutional settings leaves a significant research gap. Addressing this gap is critical to understanding the unique vulnerabilities faced by female healthcare workers in Nepal and identifying effective interventions to mitigate these challenges.[4]

The rationale for this study stems from the urgent need to prioritize the safety and equity of healthcare professionals. Gender-based challenges in violence and pay inequity not only affect individual workers but also have broader implications for healthcare delivery. Unsafe and inequitable workplaces contribute to job dissatisfaction, burnout, and high turnover rates, which can exacerbate existing workforce shortages.[5] Furthermore, addressing these issues aligns with global commitments to gender equality and decent work conditions under the Sustainable Development Goals (SDGs).

To address these challenges, a multifaceted approach is required. Workplace policies must explicitly prohibit GBV and ensure robust reporting mechanisms, while transparent salary structures are needed to eliminate gender pay gaps. Additionally, gender-sensitive training and mentorship programs can empower workers and foster a culture of equality and respect.[6] This study aims to highlight the prevalence and implications of these gender-based challenges in Nepal's healthcare sector, offering evidence-based recommendations for creating safer, more equitable workplaces. Through such interventions, the healthcare sector can protect its workforce and enhance its capacity to deliver quality care to the community.

MATERIALS AND METHODS

Study design and setting

This cross-sectional study was carried out in healthcare hospitals located in the province no 1, Nepal between September and December 2023. Ethical approval for the research was obtained from the Institutional Review Board of Sunsari Technical College, Dharan, Nepal (IRC No: ST18RE180).

Sample size

Using a random selection technique, 500 registered health care professionals (doctors, nurse and pharmacist) in all were chosen at random. All the registered employed by these hospitals were part of the target population. Calculator.net (https://www.calculator.net/sample-sizecalculator.html), an internet web server, was used to calculate the sample size.

Data collection

A structured questionnaire was used to collect data on demographics, experiences of GBV, and pay scale discrepancies. Questions covered emotional, physical, and sexual abuse and salary-related concerns.

Inclusion criteria

- Healthcare workers aged 18 years and above.
- Willingness to participate and provide informed consent.

Exclusion criteria

- Those who are not currently working in tertiary healthcare settings or who are unwilling to participate.
- Provisionally employed healthcare staff and assistants were excluded.
- Intern students who were in their internship also not included in the analysis.
- Age above 61 years.

Data analysis

Descriptive statistics summarized demographics and prevalence. Chi-square tests and logistic regression assessed associations between gender and GBV/pay disputes.

RESULTS

The results of the study highlight significant gender-based disparities in the prevalence of gender-based violence (GBV) and pay discrepancies among healthcare professionals in Nepal. Here's a critical and comparative analysis.

Demographic analysis

The sample was predominantly female (60%), reflecting the gender distribution often seen in healthcare professions, particularly in nursing and caregiving roles. The largest professional group was nurses (50%), who are typically more vulnerable to workplace stress and exploitation due to their direct patient care responsibilities. This overrepresentation of females and nurses provides essential context for interpreting the results, especially regarding GBV prevalence and pay inequity.

Table 1: Demographic analysis of participants.

Gender	**Number of Participant (N= 500)**
Male	300 (60%)
Female	200 (40%)
Age (Years)	
21-30	180
31-40	180
41-50	100
51-60	40
Profession	
Doctors	200
Nurse	250
Lower-level employee	50

GBV Prevalence

We reported an overall prevalence of 48% (240 participants). The sample was predominantly female (60%), reflecting the gender distribution often seen in healthcare professions, particularly in nursing and caregiving roles. The largest professional group was nurses (50%), who are typically more vulnerable to workplace stress and exploitation due to their direct patient care responsibilities. This overrepresentation of females and nurses provides essential context for interpreting the results, especially regarding GBV prevalence and pay inequity.

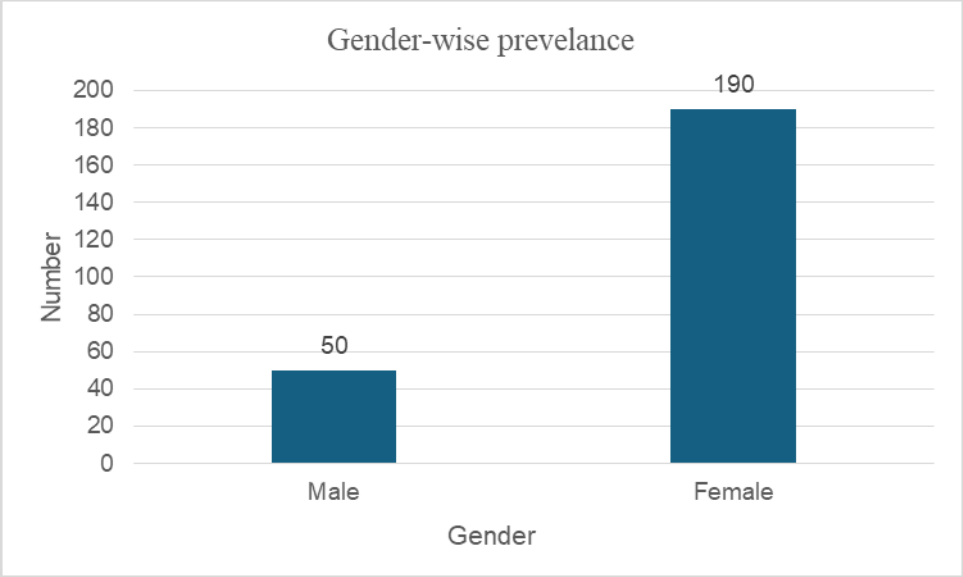

Figure 1: Gender wise prevalence of GBV.

Types of GBV

The study found an overall GBV prevalence of 48%, with females disproportionately affected (63.3% of females compared to 25% of males). This stark gender disparity aligns with global trends where women are more frequently targeted due to systemic power imbalances and cultural norms that perpetuate gender inequity.

Emotional abuse was the most common form of violence (66.7%), followed by sexual harassment (20.8%) and physical abuse (12.5%). Emotional abuse, often overlooked, can have long-lasting psychological effects and may contribute to burnout and job dissatisfaction among healthcare workers. The higher prevalence of sexual harassment among females underscores the pervasive risk of gendered power dynamics in healthcare settings.

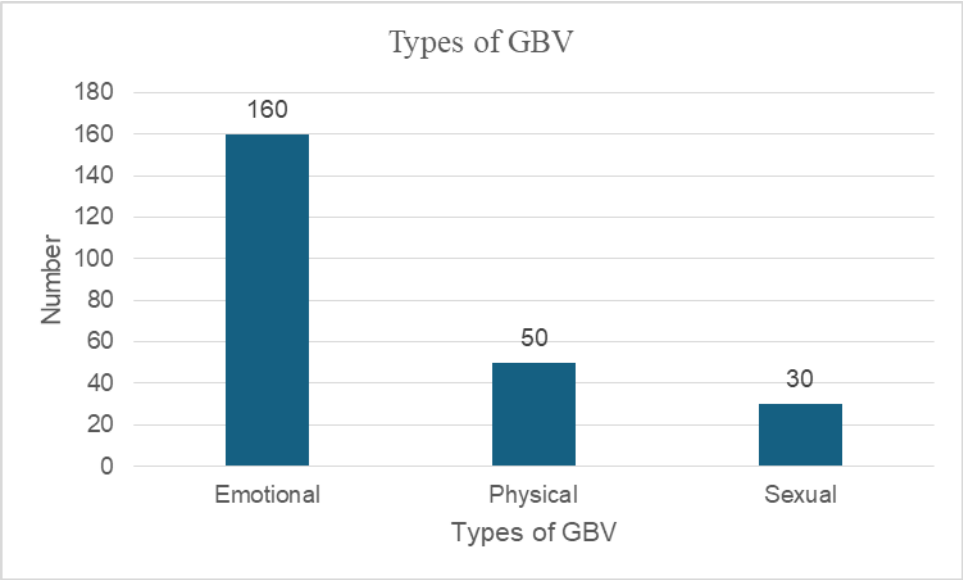

Figure 2: Types of GBV experienced by health care professionals.

Comparison by profession and age

Younger workers (21–30 years) and nurses faced higher rates of GBV. This may be attributed to their relatively lower hierarchical position, making them more vulnerable to exploitation. Nurses' frequent interactions with patients, families, and senior staff further increase their risk of encountering violence.

Pay Scale Discrepancies Among Lower-Level Workers

Pay inequity was evident, with 50% of female lower-level workers reporting pay discrepancies compared to 25% of males. This wage gap (15–20% less for females) reflects systemic gender bias in salary structures, compounded by a lack of transparency in pay determination processes.

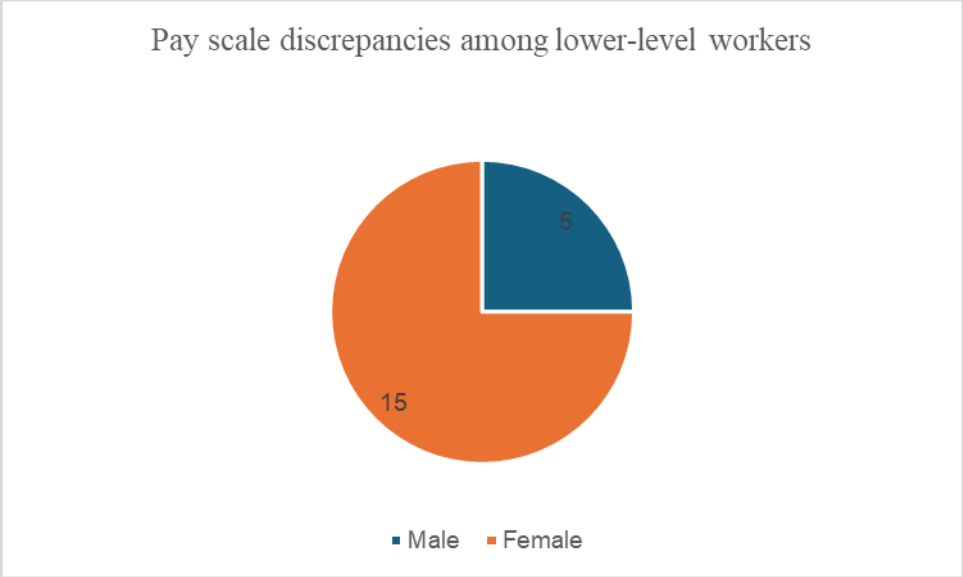

Figure 3: Pay scale discrepancies among lower-level workers.

Significant associations

Statistical analysis confirmed that females were significantly more likely to report GBV and pay discrepancies ($p < 0.01$). This finding underscores the need for targeted interventions to address gender-based inequities in healthcare settings. Younger workers' higher vulnerability to GBV suggests the importance of mentorship and protective policies during the early stages of healthcare careers.

DISCUSSION

This study reveals alarming rates of GBV and pay inequity in the healthcare sector in Nepal, disproportionately affecting female professionals. Nurses and younger workers were the most vulnerable, consistent with global trends where women in caregiving roles face greater exploitation and abuse.

The study reveals significant gender-based disparities in healthcare workplaces, particularly in the prevalence of gender-based violence (GBV) and pay inequities. Females, who constituted 60% of the sample, experienced GBV at a disproportionately higher rate (63.3%) compared to males (25%). This aligns with global trends, where systemic gender biases and power dynamics often render women more vulnerable to abuse. These findings align with global data showing higher GBV prevalence among women in healthcare, though the 48% rate in this study suggests a particularly urgent local issue.[7] Emotional abuse, reported by 66.7% of those affected, emerged as the most common form of GBV.

This highlights the subtle but pervasive nature of psychological mistreatment in professional settings, which can lead to long-term mental health consequences and reduced job satisfaction.

A striking aspect of the findings is the professional and demographic breakdown of those most affected. Nurses, who represented 50% of the sample, and younger workers (21–30 years) faced the highest rates of GBV. This can be attributed to their lower hierarchical status and frequent exposure to patients, families, and superiors, making them more susceptible to exploitation and harassment. In contrast, doctors, despite being a significant proportion of the sample, reported fewer incidents, likely due to their comparatively privileged professional standing. These patterns underscore the need for tailored interventions that address vulnerabilities specific to different roles and age groups.[8]
The issue of pay inequity further compounds the challenges faced by female healthcare workers, particularly those in lower-level roles. Female lower-level workers reported pay discrepancies at double the rate of their male counterparts (50% vs. 25%), earning 15–20% less for equivalent roles. This reflects systemic undervaluation of women's contributions in the workplace and a lack of transparency in salary structures. Male workers also reported pay disputes, albeit to a lesser extent, suggesting broader inefficiencies in the salary administration system that disproportionately affect women. Such inequities not only affect financial security but also perpetuate workplace dissatisfaction and hinder organizational growth.[9]

The intersectionality of gender, professional role, and age exacerbates the disparities. Younger female nurses and lower-level workers bear the brunt of both GBV and pay inequities, highlighting a compounded disadvantage.[10] These findings emphasize the need for systemic reforms, including the implementation of anti-violence policies, gender-sensitive training, and transparent pay systems. Addressing these issues holistically can foster safer and more equitable healthcare environments, ultimately improving worker morale and productivity. Without such measures, the dual burden of violence and inequity will continue to impede the well-being and career advancement of healthcare professionals, particularly women.

Pay discrepancies among lower-level workers reflect deeply ingrained gender biases, exacerbated by opaque salary structures. The disproportionate impact on female workers mirrors broader societal trends of undervaluing women's labor. Male lower-level workers, though less affected, still reported some level of pay disputes, indicating potential inefficiencies in salary administration for all lower-level staff. The intersection of gender and professional role (e.g., lower-level workers who are also women) creates a compounded disadvantage. Women in these positions not only face lower pay but are also more susceptible to workplace violence, amplifying their vulnerabilities. Addressing these issues requires systemic reforms, including:[11]

- Establishing anti-GBV workplace policies.
- Transparent salary systems to ensure gender equity.
- Training and sensitization programs for all employees.

CONCLUSION

This study underscores the dual challenges of GBV and pay inequity faced by female healthcare professionals in Nepal. Institutional reforms and advocacy are essential to create safe, equitable workplaces, ensuring the well-being and retention of healthcare professionals.

Conflict of interest

Author declared no conflict of interest.

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