EXECUTIVE SUMMARY

#HEALTHTOO

HER STORIES: ENDING SEXUAL EXPLOITATION, ABUSE AND HARASSMENT OF WOMEN HEALTH WORKERS

December 2022

Women in Global Health Series: Gender Equity and the Health and Care Workforce

WGH | WOMEN IN GLOBAL HEALTH

DEDICATION

This report is dedicated by the Women in Global Health movement to the millions of women in the health sector who work every day to keep us healthy and safe. We acknowledge their expertise, dedication, the value of their work and their right to work with dignity free from violence, sexual exploitation, abuse and harassment.

As a movement, Women in Global Health advocates for a new social contract for all women health workers based on safe, decent and equal work, including equality in leadership and decision-making and fair pay. We call for an immediate end to work-related sexual exploitation, abuse and harassment and all forms of violence against women working in the health sector. We thank the women health workers from all over the world who shared their stories with us for this policy report. This is their story.

ABBREVIATIONS

ARSF: Action pour la réinsertion sociale de la femme

CSO: Civil society organization

DRC: Democratic Republic of the Congo

FEMNET: African Women's Development and Communication Network

GEH: WHO Gender Equity Hub of the Global Health Workforce Network

ICN: International Council of Nurses

ILO: International Labour Organization

ILO190: International Labour Organization Convention 190

NGO: Non governmental organization

PSEAH: Prevention of Sexual Exploitation, Abuse and Harassment

PSI: Population Services International

SEAH: Sexual Exploitation Abuse and Harassment

SDG: Sustainable Development Goals

UHC: Universal Health Coverage

UN: United Nations

WGH: Women in Global Health

WHO: World Health Organization

WRVH: Work-related violence and harassment

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Women's testimony as data

Women, as 70% of health workers globally,[1] were widely applauded for the exceptional contribution they made to health service delivery and saving lives during the pandemic. Yet behind the apparent respect paid to the women who deliver health services to around [5] billion people globally, is a dark story that often remains untold – significant numbers of women health workers experience violence and harassment in the course of their work. Health workers of all genders can face violence related to their work but women disproportionately face sexual exploitation, abuse and harassment (SEAH), perpetrated primarily by male colleagues, male patients and men in the community. This has to stop.

> *"Stories have a transformative power to allow us to see the world in a different way than we do if we just encounter it on our own. Stories are an entry point to understanding a different experience of the world."*
>
> - Clare Patey, Director of the Empathy Museum[2]

Too often the SEAH experienced by women in the health sector is unreported, unrecorded and therefore not sanctioned. Where data is collected it is often not comprehensive or comparable. Despite anecdotal reports from women in the health sector that such abuse is significant and widespread, the safety and well-being of women health workers is not given sufficient priority to drive routine collection of sex-disaggregated data on SEAH. As more countries ratify ILO Convention 190[4] which, launched in 2021, and is the first global convention to address work-related violence and harassment specifically, we hope this will change. SEAH occurs in all sectors of the economy. However, since women are the majority of workers in the health sector, there is both an urgent imperative to end SEAH, as well as an opportunity for health to be an exemplar sector generating wider good practice. In the absence of comprehensive data, Women in Global Health launched the #HealthToo Platform in 2022 for women in the health sector to lodge their stories of SEAH anonymously, shine a light on this largely invisible abuse and drive accountability. In this report we analyze 235 stories from women in the health sector and draw upon existing research, information and data from partner organizations, and perspectives gained from global and regional multi-stakeholder dialogues on SEAH convened by WGH in 2022. Launched during the 16 Days of Activism against Gender-Based Violence, women's stories of SEAH in the health sector, in their own words, are the subject of this policy report.

> *"...the bottom line is that harassment is more about upholding gendered status and identity than it is about expressing sexual desire or sexuality. Harassment provides a way for some men to monopolize prized work roles and to maintain a superior masculine position and sense of self."*
>
> - Vicki Schultz et al, Open Statement on Sexual Harassment from Employment Discrimination Law Scholars, 2018[3]

KEY FINDINGS

Sexual exploitation, abuse and harassment of women health workers is serious, widespread and preventable

The stories of the women health workers under #HealthToo, many harrowing to read, confirm earlier studies that SEAH is widespread in the health sector and the victims mainly women.

The key findings from this report are:

- Women in all parts of the world in the health sector experience work-related SEAH that includes sexualized verbal abuse, sexual assault and rape. This is unwanted and unprovoked by women.
- Vertical occupational segregation (the clustering of women in lower status, lower paid roles) in the health sector by gender, with women being 70% of health workers and men holding 25% leadership roles, creates an enabling environment for SEAH.
- The risk of SEAH is increased by wider gender inequities in the health workforce where women are marginalized in leadership, earn less than men on average and are in less powerful roles.
- Women face SEAH from male colleagues, patients and men in the community. #HealthToo received only one report of a woman employee sexually harassed by a senior woman colleague.
- A pattern emerged of men in higher status positions abusing power to coerce and force female employees into unwanted sexual contact in a cycle of 'grooming', threats and retaliation.
- Many male perpetrators appear to be serial abusers, enabled by 'silent bystanders' supporting a patriarchal culture that legitimizes, downplays and perpetuates SEAH against women.
- Certain groups of women – trainees, interns, migrant women, women of marginalized races, castes and ethnicities – are at higher risk of SEAH in health due to unequal power dynamics.
- Many stories describe sexist behavior that belittles and demeans women, motivated by reinforcing power differentials and stereotypes of women's subordinate position, and less by sexual desire.
- Women's experience of SEAH and trauma is downplayed in the health sector and is even normalized.
- Women's responses vary with the type of SEAH and their personal circumstances; there is no 'right response'. No judgment is made in this report. The victim is not responsible.
- The majority of women reporting to #HealthToo did not make an official complaint or report SEAH. Some lacked a reporting mechanism, others feared disbelief, stigma or retaliation.

> *"He calmly sat behind his desk and said without looking at me 'remember that I have already succeeded in the profession and you are only a student. If you talk, you risk harming yourself,' before getting up and opening the door for me."*
>
> - Doctor, Senegal

- Without victim-centered reporting mechanisms, SEAH is unrecorded, unsanctioned, and has a cost primarily for the victim, while the perpetrator is enabled to continue the pattern of behavior.
- #HealthToo stories record the trauma of women victims in SEAH in the health sector, including PTSD and suicidal thoughts. Employers are failing in their most basic duty of care.

- SEAH hinders women's career progression and retention in the health workforce, affecting morale, mental health, sickness, absenteeism, turnover and therefore, increasing staff shortages.
- SEAH improves the career progression opportunities for men in the health sector, creating a toxic working environment and reducing competition from women who may leave the role or the workforce.
- The costs of SEAH may appear to fall largely on women victims but many stories indicate health workers' performance at work was impaired by SEAH, with serious impact on health systems.

> *"He told me that I need to show him a good nightlife in Nairobi. When I said no, he said, 'How can we work together with this attitude of yours? It means you don't want your promotion that much which I can give you in 5 minutes. I still said no. Then after a couple of days, he informed me that I didn't qualify for the role and that I had performed poorly over the past couple of months."*
>
> - Health Administer, Kenya

> *"I was afraid nobody would believe me since he is well loved by his colleagues and appreciated for his hard work by his supervisors. So I kept quiet. Even if I report, it will lead to a drama with no concrete outcome so why bother? I kept silent for 3 months and waited it out. It was the most frustrating experience of my life."*
>
> - Doctor, Ethiopia

> *"As far as I know nobody has told him anything and when I tried to raise the issue with some colleagues they laughed and said they had experienced the same but 'poor him, he can't resist."*
>
> - Health Researcher, Spain

CONCLUSION

Sexual exploitation, abuse and harassment harms women health workers, and it harms all our health

SEAH of women in the health sector is a human rights abuse and part of a much bigger global picture of violence and harassment of women at work and outside work, perpetrated by men. WHO describes violence against women as a major public health problem and rights abuse, and estimates that globally, 30% of women have been subjected to either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime.[6]

Concluding points:

- **We are working blind without comprehensive data:** We do not claim that the stories submitted to the #HealthToo Platform is a representative sample of women's experiences. Until governments and employers routinely collect such data we will not know how representative our stories are of the health sector globally or locally. It is unacceptable, however, that even one woman health worker should experience such abuse.
- **Gender inequities in the health workforce multiply risk for women:** The hierarchical nature of medicine, status differences between professions and clustering of women in lower status, lower paid and even unpaid roles, all leave women more vulnerable to abuse. Women's concentration in patient-facing roles, such as community health workers and nursing, brings them into more contact with patients and their visitors, who can be perpetrators. The nature of health care as a 24 hour profession can also enable perpetrators to take advantage of unsafe infrastructure, such as shared duty and changing rooms, not designed with women's safety in mind.
- **Gender norms and culture:** The experience of SEAH by women health workers varies with their country, cultural and institutional context. Conservative cultures that restrict women's mobility may increase SEAH of women health workers, who are perceived as breaking gender norms of 'respectability'. SEAH is legitimized by gender norms that socialize men into being sexually assertive and dominant, and women into sexual submission and passivity. Gender norms, stereotypes and cultures are formed outside the workplace but clear rules with accountability at work can change behavior.
- **Why do they do it?** Women's voices are often silenced when it comes to reporting SEAH but the truly silent voices are those of the perpetrators themselves. Only some men take advantage of power imbalances and other enablers to abuse female colleagues. We would be in a better position to design laws and policy solutions to stop SEAH if we understood more about why men abuse women health workers.
- **The toll on victims is high:** The #HealthToo stories are clear about the damage being done to women by SEAH in the health sector. SEAH and burnout are factors driving the 'Great Resignation' of health workers, especially women, currently underway in high income countries. Violence and harassment of health workers is reported to have increased in many countries during the pandemic. Workplaces where the culture of SEAH is tolerated are intimidating for women who may be driven to leave health altogether. This loss of trained health workers is adding to the projected shortfall of 10 million health workers by 2030, mostly in low- and lower-middle-income countries.

- **The cost of inaction is high:** Health workers working under unsafe work conditions, including work-related SEAH, are more likely to make medical errors, provide a lower quality of work, and avoid patients. Absenteeism and staff turnover are also common problems in organizations with a high prevalence of SEAH. In addition to staff and care quality losses, organizations may face financial and reputational loss if a sexual harassment case does go to court. In 2015, sexual harassment charges filed with the U.S. Equal Employment Opportunity Commission cost organizations and perpetrators $46 million,[8] excluding monetary damages awarded through litigation. At the country level, the cost of inaction is also measurable. In 2018, the McKinsey Global Institute estimated that India could boost its GDP by $770 billion in seven years by getting more women into the workforce.[9] SEAH is one of the risks deterring women.

- **Women's leadership is a game-changer:** Although women are the majority of health workers, they hold only 25% of senior leadership roles. The #HealthToo stories confirm that men are the majority of perpetrators of SEAH to women. Equal representation of women in health leadership would reduce SEAH against women health workers. Gender parity in health leadership is therefore an important first step. Beyond gender parity, it is critical that leaders in health of all genders are gender transformative leaders and intentionally address all forms of gender inequity in the health workforce, including SEAH.

Women health workers are trained and skilled professionals. They go to work to save lives and deliver health services, and should be able to do their jobs free from unwanted sexual advances and violence. Join Women in Global Health in working to end SEAH against women health workers. Ending SEAH is everybody's business because health services are largely delivered by women and health is everybody's business.

ABOUT WOMEN IN GLOBAL HEALTH

Women in Global Health (WGH) is the fast-growing women-led movement demanding gender equity in global health. While women represent 70% of the workforce and about 90% of front-line health workers, they hold just a quarter of leadership positions. Now with supporters in more than 90 countries and 41 official chapters predominantly in low-income countries, Women in Global Health campaigns for equal representation for women in health leadership; equitable pay and ending unpaid work for women health workers; protection and safe and decent work; and the prevention of sexual exploitation, abuse and harassment. These are the essential foundations for strong health systems, Universal Health Coverage and global health security.

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