

## ***Book Review***

**Sara Rizvi Jafree.** *Women, Healthcare, and Violence in Pakistan.* Karachi, Pakistan: Oxford University Press. 2017. 292 pages. Price Pak Rs 950.00.

Sara Rizvi Jafree's book titled *Women, Healthcare and Violence in Pakistan* is a detailed explanation and analysis of various forms of violence perpetuated and exercised against women professionals in the field of healthcare. The book details the quantitative and qualitative evidences of violence against women in the healthcare domain of Pakistan. For quantitative evidence, the author has cited sources from the reports published by the World Health Organisation and academic materials published in medical journals in the context of Pakistan. For the qualitative evidence, the author has included both event-based and experiential narratives of women who shared lived experiences of violence with the author while she conducted her research with the female health professionals of Punjab. The book is divided into seven chapters, each highlighting the evidence of gendered violence in a synchronic and hybridised way.

The first chapter, "The Women Healthcare Profession in a Patriarchal World", lays the foundation and sets the context for the prevalence of workplace violence and its different types, the incidence of workplace violence across the globe and the existing scholarship in Pakistan, the contextual analysis of workplace violence in the Pakistani media, and the legal status of working women who experience workplace violence. Public-sector hospitals are mostly visited by the poor and illiterate people in Pakistan. These hospitals are also inexpensive as compared to costly private hospitals. The paucity of financial resources allocated to the public-sector hospitals has deflated the quality of services provided by this sector, which leaves the public, who are at the receiving end of these services, frustrated and dissatisfied. The author claims that this dissatisfaction causes men in particular to be violent against women practitioners as they are easier to be targeted in non-punitive environments. Among the women practitioners also included are lady health workers who are more vulnerable to physical and sexual abuse due to their deliverance of services to the impoverished and illiterate communities where they interact with conservative men. These men view women functioning in open spaces (as opposed to confining within the walls of domesticity and in *pardah*) as "radical agents", hence increasing the propensity of violence against women practitioners.

The situation is not any different on the organisational front. Male physicians and administrative staff occupy powerful positions and are insensitive to issues such as the dearth of medical equipment, inadequate training of the staff, the lack of financial incentives for the working mothers, and the lack of communication between workers. In addition to these identifiable issues are the issues of verbal and physical violence, and the lack of reporting of violence by the women practitioners. The author cites that as per male practitioners, beating women is a norm within domestic spheres, which can

transcend to the public domain and that ought to be dealt with in routine. Also confirming to the existing scholarship, the media discourse recognises the prevalence of workplace violence against women and more so in Pakistan due to patriarchal organisational structure.

In the second chapter, titled “Theories of Workplace Violence”, the works of Sigmund Freud, Michele Foucault, Anne Campbell, and Emile Durkheim are reviewed. Borrowing the constructs and concepts from the works of these theorists, the author has conceptualised a theoretical framework in which the causes of violence against women healthcare providers are reasoned. The framework explains that cultural traditions, social norms, and conservative understanding of religious texts aggrandises the violence against the working women. Furthermore, the socio-religious and politico-economic statutes tend to increase the state of conflict in Pakistan. Situated within these statutes are the organisational spaces in which incapability of individuals to understand the organisational nomenclature, workplace stress, and the fear of losing control can trigger violence against women at the workplace. The structural theories, on the other hand, synthesise the fact that economic globalisation, economic modernisation, global media, and capitalism has bifurcated the gender roles and delineated the gendered spaces. Moreover, the intersection of gender violence in public spaces with gender violence in private domains is the result of early socialisation of men within homes and during early years of academic training. Having witnessed violence, abuse, and aggression against women in their families, the male members think it is legitimate to practice violence against the women and expect the women to accept and internalise it, which is viewed by the author as a serious threat to the safety of women in the healthcare organisations. The victim theories provide a layered explanation to the workplace violence against women by asserting that women usually find it difficult to report any type of violence they have been subjected to as the fear of reporting violence culminates into the fear of disclosure, losing a job, and family honour. The scenario further becomes troublesome for women to prove their victimhood because the perpetrators have powerful positions within organisational settings. For these women, discussing experiences of violence is difficult the result of which is that they turn to adaptive strategy of internalising these experiences of violence.

The third chapter, titled “Quantitative Evidence of Workplace Violence”, starts with typifying the types of women healthcare practitioners in Pakistan, which are the Lady Health Workers (LHWs), nurses, and female doctors. The common belief that LHWs have been trained by the West to strengthen their agenda in Pakistan has caused to increase the rate of violence against them. Nurses, on the other hand, are no less vulnerable to violence due to insufficient resources provided to them and an unsafe working environment. Relatively better off in this regard are the women doctors but the fact that they are not elected as representatives of institutionalised health bodies in Pakistan (such as the Ministry of National Health Services and Regulations) reflects the skewed authority and hierarchy within the broader power dynamics of the healthcare setup. In addition, the author describes the poor conditions of public hospitals in Pakistan and details that women in these hospitals are discontented with minimal career development opportunities, dried up salaries, lack of organisational support for the educational infrastructure and day care centres, and the absence of structural support to

workplace benefits. Through reports, the author highlights the prevalence of forms of violence in the healthcare settings in Pakistan, which include physical, verbal, and sexual violence. The victims are women, both married and unmarried, relatively younger, mostly from Punjab, experience income inequality, reside in private accommodation, and work after hours. The author also signifies that violence is being practised to various degrees across different health care departments, and designatory classifications. The under-reporting of violence is another issue highlighted by the author. The lack of sharing experiential realities for the fear of being termed as “unprofessional”, slurring family’s name, and lacking corroboration of violence are stated as the reasons for this underreporting.

Next in discussion is “Voiced Experiences of the Workplace: Learning by Listening”, which is the title of the fourth chapter. The excerpts of interviews in this chapter are taken from the women healthcare practitioners who were approached for conducting interviews from rural and urban areas of Punjab across a four-year period. Among the reasons for violence stated by women practitioners include: unequal treatment in the households with respect to women; the culturalisation of gender violence and patriarchy; polygamy and sexual aggression; culturalised gender segregation; low professional status; negative connotations linked with women practitioners; general misperception about women nurses not being Muslims, and violence with respect to class. Among the reasons stated by women for bad governance and poor organisational structure include staff shortages, professional bullying, VIP male culture, verbal harassment, power driven male social networks, male professors as sexual predators, lack of security and monitoring, poor laws and accountability, sensational media, and religious misinterpretations. In the light of these reasons the author has provided a substantiated account of Pakistan struggling against the structural and cultural forces that perpetuate violence against women.

The fifth chapter, titled “Women Practitioners in Support of Cyclical Violence”, ideates the reasons for the lack of support to women who have lived through the experiences of workplace violence. One of the significant reasons cited by the author is the lack of support by the upper and middle-class women practitioners who are encouraged to become part of higher echelons of medical profession, leaving women from lower classes to become nurses and lady health workers. This class-based inequality is explicitly cited as the cause of disunity among these women who have been stratified along the axis of socio-economic statuses. The women, despite knowing the stories of perpetuation of violence against women practitioners, tend to maintain silence for two reasons, namely retaining the collective honour of women in a society and lacking the defence mechanism in the case of disclosure.

Chapter six titled, “The Perpetrators’ Silent Allies”, helps us to understand that men who are not actively practising violence are passively part of the institutionalised and misogynistic setups of healthcare organisations. Those who support women are shamed by the brotherhood community. Moreover, violence is being exercised to an extent that it has not just become a cultural norm but also an organisational norm. The author has also highlighted those men who acknowledge the prevalence of gender violence but also blame women for exaggerating their experiences and inciting violence against them for their inadequacy and incompetence.

The last chapter of the book, titled “Women Practitioners Matter: Contesting Patriarchy for Care-Providers”, gives holistic review of the book contents and typifies what needs to be done on the policy front. It emphasises outlining the professional rights that should be given to the women healthcare professionals in Pakistan. The politics of silence needs to be broken to encourage women in narrating their experiences. Regardless of the existing ministerial bodies, there has to be collective and unionised efforts on the part of women practitioners, donor groups, and women development groups to frame workplace violence bill for women.

The author being a woman herself has written this book with an effective tone of empathy and sensitivity. The author’s subjectivity is situational that has also efficaciously positioned her within social constructivist on ontological and interpretative on epistemological fronts. The book is also a valuable addition in highlighting violence against women within the medical professional spaces, which in any way is not a contradistinction to experiences of violence as prevalent in other spaces of Pakistan. The author, though effective in her narrative of lived experiences of violence against women, has presented a gendered conceptualization of workplace violence. The recent scholarship on the workplace violence across different professional spaces highlights that both men and women are subjected to it. The book stays silent on this domain. Moreover, one of the reasons for the workplace violence is the economic disparities between male and female medical professionals. The book has not touched upon the reasons explaining how these disparities can be one of the explanations for the workplace violence against women. In other parts of South Asia, recent literature has highlighted stories of agency and collective action on the part of women victims. This argentic dimension has not been reasoned by the author in the book.

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