

**The Effect of Health Instructional Guidelines for Prevention of Sexual Harassment
on Perception of Preparatory Schools Male Students at Tanta City**

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Abstract

Background: Sexual harassment in schools is unwanted and unwelcome behavior of a sexual nature that interferes with the health and wellbeing of students, also it makes the educational environment hostile. **Aim of study:** the study aimed to evaluate the effect of health instructional guidelines for prevention of sexual harassment on perception of preparatory school male students at Tanta city. **Subjects and method: Study design:** Quasi-experimental design was used. **Study setting:** The study was conducted at two governmental preparatory schools. **Study subjects:** A convenience sample of 200 students attending the previous setting from four classes was included in the study. **Tools:** A structured questionnaire schedule was used to carry out this study which contained the following parts; part 1: Socio-demographic characteristics of the male students and their families, part 2: Assessment of sexual harassment experiences of male students by using Sexual Experience Questionnaire, part 3: Assessment of male students' knowledge about sexual harassment and its prevention, part 4: Assessment of used protective measures of male students toward sexual harassment, and part 5: Assessment of perception of male students toward sexual harassment. **Results:** The percentage of students who gained good level of total knowledge score improved from 11% to 81% pre and immediately after implementation of health instructional guidelines respectively. About 75% of them had a negative perception of sexual harassment pre health instructional guidelines and this decreased to only 17% immediately after the implementation of health instructional guidelines. **Conclusion:** The health instructional guidelines were effective and improved the level of perception, knowledge of the studied male students about sexual harassment were improved after implementation of health instructional guidelines. **Recommendations :** continuous implementation of health instruction guidelines for students and their families about sexual harassment and their role in its prevention and providing sufficient training for preparatory school male students regarding prevention of sexual harassment to enhance their perception.

Keywords: Health instructional guidelines, prevention of sexual harassment, perception of preparatory school, and male students.

Introduction

Adolescence is a time of great change for young people. It is a time when physical changes are happening at an accelerated rate. Adolescence is not just marked by physical changes. Young people are also experiencing cognitive, social/emotional and interpersonal changes as well. As they grow and develop, young people are influenced by outside factors such as: parents, peers, community, culture, religion, school, world events and the media. While it is true that each teenager is an individual with a unique personality and interests, there are also numerous developmental issues that just about every teen face during the early, middle and late adolescent years⁽¹⁾.

A wide spreading of sexual harassment among adolescence has become an issue that, generate enormous public concern and has become a focus of prevention in nursing and public health. This is because it threatens the safety and stability of society and the sanctity of institutions of learning. Sexual harassment spread in recent times and the seriousness of it lies in the leak of sexual harassment inside the walls of schools that serves as places of education and instills values, principles and morality⁽²⁾.

In Egypt, according to the United Nations Entity for Gender Equality and the Empowerment of Women (2018), 99.3% of the studied women have been sexually harassed, also the National Egyptian Council for women reported that 62% of Egyptian men admitted harassing women, and 53% of Egyptian men have blamed women for bringing it on. A medico legal study performed at Ain Shams University, Faculty of Medicine about child sexual abuse in greater Cairo, Egypt, from 2005-2011, on the age group 6-12 years, found that the higher rate of sexual harassment was in 2011 with a percentage of 49% in that year, mostly in males 71.8%, and 83% of them belonged to low social class, and 78.1% of them were out of school. All offenders were males. The unmarried offenders assaulted females more than males whereas the married assaulted males than females^(3,4). Accurate methods of predicting which individuals will engage in sexual harassment behaviors aren't available. An individual's use of sexual harassment seems to be influenced by variety of factors both external and internal. These factors include: previous aggressive or violent behavior, being the victim of physical abuse and /or sexual abuse,

exposure to violence in the home and /or community, genetic (family heredity) factors, exposure to violence in media (TV, movies, etc.), presence of firearms in home and combination of stressful family socioeconomic factors (poverty, severe deprivation, marital breakup, single parenting, unemployment, and loss of support from extended family) ⁽⁵⁾.

Regarding the consequences of sexual harassment, physical injuries are not the only consequences, but it also affects the emotional, psychological and social well-being of adolescence. Sexual harassment is positively associated with depression, anxiety, anger and dissociation, lower intelligence (IQ scores), poorer language skills, decreased in visual-motor integration skills and problems with attention and memory. Adolescent exposure to sexual harassment is also associated with a variety of aggressive and maladaptive behaviors that can disrupt children's school adaptation and academic performance ⁽⁶⁾.

Community health nurse can prevent sexual harassment through providing education to the school community in problem solving and conflict resolution skills, recognizing early warning signs that lead to sexual harassment and identifying factors outside the school setting that

might predispose adolescence to sexual harassment and threaten their safety. When sexual harassment occurs, school nurse is positioned to intervene, working collaboratively to change the dynamics of the crisis situation⁽⁷⁾.

School nurse is able to support the efforts of administration to provide and maintain security for adolescence, and to offer programs to parents that support building skills in the areas of communication, problem-solving, and monitoring of their children. School nurse is also able to serve on school safety and curriculum committees, identifying, advocating and implementing sexual harassment prevention program within the school community^(6,7).

The role of the nurse is performed through variety of health promotion mechanisms as periodical examination, guidance and education. School nurse role should follow the three levels of prevention which includes primary, secondary, and tertiary levels. This is done by collaboration of educational personnel and health care providers in the community. School health nurse should use all community facilities and resources to achieve the three levels of prevention effectively. Community health nurse has an active role in responding to sexual harassment among school students.

In fact, this role may be enacted in services to individual level and families, community health nurse may also be involved in planning and implementing intervention to control the problem of sexual harassment at the community or population level ⁽⁸⁾.

Significance of the study:

Sexual harassment has been viewed as a social and health problem all over the world, requiring the efforts of social and health care professionals. Public health is increasingly taking a stand against accepting sexual harassment and is taking serious efforts to prevent it ⁽⁹⁾.

There is a great concern about the incidence of sexual harassment behavior among children and adolescents. Adolescents who witness sexual harassment behavior are more likely to experience depression, anxiety, nightmares, teen dating violence and disruptions with school work. Exposure to sexual harassment impacts on the development, safety and well-being of children and young people. The effects of sexual harassment on children may include physical injuries that may even result in death feelings of fear, anxiety, shame, depression, anger, confusion, distrust, low self-esteem, sleeping difficulties (such as bedwetting and nightmares), aggressive

and withdrawn behavior, slow developmental capacities like poor school performance, missing drugs, alcohol and using violence to resolve problems. The result of the current study will add to the nursing body of knowledge and will be of great benefits to school nurse to initiate programs that aims at preventing sexual harassment and its negative consequences. It also will increase parent's awareness regarding how to avoid sexual harassment and its negative effect on their children ^(9, 10). So, the aim of the current study was to evaluate the effect of health instructional guidelines for prevention of sexual harassment on perceptions of preparatory schools' male students at Tanta City.

The aim of this study was to:

Evaluate the effect of health instructional guidelines for prevention of sexual harassment on perception of preparatory school male students at Tanta city.

Research hypothesis:

Perception of preparatory school male students at Tanta city expects to be improved after implementation of the health instructional guidelines.

Subjects and Method

Study design:

Quasi-experimental study design had been utilized in this study.

Study settings:

Tanta city includes two educational districts (west and east) which include 24 preparatory schools. Two governmental preparatory schools had been selected randomly from each district to be included in the study. These schools were Said-Elarian and Saad -Zaglool from east educational district and Khaled -Ebn El-walid and Ali -Mubarak from west educational district.

Study subjects:

One class was chosen by stratified random sample from first and second grades from each of the selected governmental preparatory schools ,36 male students from the first grade and 29 male student from second grade in Said –Elarian and 27 from the first grade and 12 from the second grade in Saad-Zaglool preparatory schools for male students in east educational district at Tanta city, and 28 male students from the first grade and 27 male students from the second grade in KhaledEbn El-Walid and 24students from the first grade and 17students from the second grade in Ali- Mubarak preparatory schools for male students from the west educational district at Tanta city. The total number of students attending the previous setting was 200.

Tools of data collection:

In order to collect the necessary data in this study a structured questionnaire schedule was used which included the following parts:

Part (1) Socio-demographic characteristics of the male students and their families:

(A) Socio-demographic characteristics of the male students which included data about age, academic year, number of siblings, student order among his siblings and place of residence.

B) Family socioeconomic status was measured by using scale for measuring family socioeconomic status (SES) for health research in Egypt which was developed by Fahmy and El-Shrbini(1983)⁽¹¹⁾which was updated by Fahmy et al. (2015)⁽¹²⁾. The scale included ten variables with a total score of 48, with a higher score indicating better SES which included data about mothers and fathers' educational level, mothers and fathers' professions, family use of computer, family income level, number of family members, number of rooms in house, domestic sanitation and safe disposal of wastes.

The total score of family socioeconomic status (SES) was categorized as follows:

- High: - $\geq 70\%$ (33.5-48)
- Middle: - 40 to $<70\%$ (19.2 to < 33.6)

- Low: - < 40% (< 19.2)

Part (2): Assessment of sexual harassment experiences of male students by using Sexual Experience Questionnaire

Sexual Experience questionnaire was developed by Fitzgerald, Gelland and Drasgow(1995)⁽¹³⁾. The questionnaire was adapted by the researcher to assess sexual harassment experience of the male adolescent students in the current study. The sexual experience questionnaire was 20- item, self- report measure that assessed experiences with various types of gender harassment, unwanted sexual attention, and sexual coercion. This part included questions about telling pornographic jokes, unwanted attempts to discuss sexual materials, treated differently as a male, offered him sexual materials, anyone make sexual hints about his gender, touching him in uncomfortable way, anyone had tried to have sex attempt with the student or anyone forced him to accept sexual or social invitation with him in order to be treated well or any one sexually harassed him. Items were rated as either one for (yes) or zero for (no). The higher score indicated a greater exposure to and more experience with various types of sexual harassment.

The total score was categorized as follows:

- More experience:>50% of the total score.
- Low experience: ≤ 50% of total score.

Part (3): Assessment of male students' knowledge about sexual harassment and its prevention:

This part was developed by El-Gunidi et al.(2018)⁽¹⁴⁾, and was adopted by the researcher in the current study it included:

1-Basic knowledge regarding sexual harassment which included definition, types, and causes of sexual harassment, hearing about sexual harassment before, attending of educational program, lectures or seminars regarding sexual harassment before, the sources of information about sexual harassment, the family role regarding education about sexual harassment and laws and penalties in Egypt regarding sexual harassment.

2- Risks of exposure to sexual harassment, which included physical and psycho-social consequences that the student would be exposed to as a result of harassment.

3- Preventing sexual harassment among male students, which included knowledge about protective measures from harassment for the student himself, his role toward his colleagues and in preventing sexual harassment and in the society as well as the

role of religion and moral values in preventing sexual harassment.

Scoring system:

The responses of students scored as complete correct answers (2 points), incomplete correct answers (one point) and incorrect or do not know answers (zero point). The responses of students were summed up, converted to percentage, and categorized as follow:

Total knowledge score would be classified as following:

- Good knowledge → 65% of total knowledge score.
- Fair knowledge → 50% - 65% of total knowledge score.
- Poor knowledge → < 50% of total knowledge score

Method

1-Obtained approval: An official approval to conduct the study was obtained from the Dean of Faculty of Nursing to the Educational Administration at Tanta City in order to obtain their permission to collect the data from the selected settings.

2-Ethical considerations:

- The consent from the faculty's ethical committee was obtained.
- Informed consent was obtained from the study subjects to participate in the study after explanation of the purpose of the study.

-Each student would be informed that he has the right to withdraw from the study any time he wants

-Confidentiality and privacy were put into consideration regarding the data collected.

-Nature of the study wasn't led to any harm or pain for the entire students.

3-Developing tool: The questionnaire was developed based on literature review. Part 2 was adapted according to Egyptian culture, also part 2 and part 5 were translated into Arabic language by the researcher.

4-Study tools were tested for its face and content validity by a jury of five professors' expertise in the field of community health nursing before conducting the study. Then necessary modifications were done.

5-Study tools were tested for its reliability by using Cronbach's alpha test, and found to be (0.862) for all the study tools, (0.832) for part 1, (0.901) for part 2, (0.889) for part3, (0.796) for part 4, and (0.802) for part 5.

6- A pilot study was carried out on 10% of the total sample after taking their approval to test the tool for its clarity, organization, determine length of time needed to collect this data. The necessary modifications were done and those students were excluded from the actual study subjects.

7-The researcher met with students in their schools in Tanta city according to the suitable selected date and time with schools' manger.

8-The duration for collecting the data was started from March2020 until May and then from September until October 2020

9-Steps of health instructional guidelines:

The health instructional guidelines were carried out according to the following phases:

A) Assessment phase:

Data was collected by the previously mentioned tools through meeting students in their classrooms to collect the baseline data as a pre-intervention assessment.

B) Planning phase:

The health instructional guidelines were planned according to the students' needs and the literature review. The goal of the instructional guidelines was to improve male students' knowledge and promote positive perceptions regarding prevention of sexual harassment.

Objectives of the program:

At the end of the health instructional guidelines, the male students were able to:

1. Define sexual harassment.
2. List causes of sexual harassment.

3. Mention types of sexual harassment.
4. Discuss consequences of sexual harassment.
5. Illustrate preventive measures of sexual harassment.
6. Recognize their role in prevention of sexual harassment.
7. Appreciate of efforts for prevention of sexual harassment.

C) Implementation phase:

-The health instructional guidelines were presented to the students by the researcher. Three sessions were provided for the students at their classes according to their actual needs about sexual harassment.

The sessions were as follow:

Session (1): The aim of this session was to establish relationship with the student and orient them about the importance of the health instructional guidelines, its sessions and expectations of each session as well as definition of sexual harassment and its types, and to increase awareness of students about causes of sexual harassment.

Session (2): The aim of this session was to increase awareness of students about risks of sexual harassment, prevention and management of its complications, and promote positive perceptions of male students toward sexual harassment.

Session (3): The aim of this session was to enable male students to identify their role toward themselves, their peers and their community in prevention of sexual harassment.

Time of each session ranged between 30-45 minutes.

-The following methods and materials were used for implementation of the instructional guidelines: Lecture and group discussions. Handouts, videos, and power point presentation was used as teaching aids.

D) Evaluation phase: Evaluation phase of the health instructional guidelines was done two times:

First time (pretest): To test their baseline data, and perceptions about sexual harassment. (Parts 1-5).

Second time (immediate posttest): Immediately after implementation of the health instructional guidelines. (Parts 3- 5).

10- Statistical Design:

The statistical analysis of data was done by using the computer software of Microsoft Excel Program and Statistical Package for Social Science (SPSS) version 22. Statistical methods were applied including descriptive statistics such as (frequency, percentage, mean (X) and standard deviation (SD). Baseline differences between the group at pre and immediate

post were assessed using an independent t-test for continuous variables. P-values were considered statistically significant when:

- P-value > 0.05 Not significant (NS)

- P-value ≤ 0.05 Significant (S)

- P-value ≤ 0.01 Highly Significant (HS).

Results

Table (I): shows the distribution of the studied male students according to their socio-demographic characteristics. The table illustrates that male students' age ranged from 12-14 year with Mean ±SD 13.01±0.17 year. As regards to student grade, the table shows that more than half of the studied male students (58%) were at first grade and 56% had 3-5 siblings. Regarding the birth order, 37.5% were the second child. More than half of them (57%) residing in rural areas and only 6% of them residing in slums.

Table (II): shows the distribution of the studied male students according to the socio-economic status of their families. The table illustrates that more than half (59%) of the mothers of studied male students were diploma or secondary school graduates and 76% of them were housewives. On the other hand, 52.5% of the fathers of the studied students were secondary education or diploma graduates and 32.5% of them were not working.

Moreover, 51% of the student's families had enough income and small loan and 37% of their families consist of 5 members and 56% of them had < 3 rooms in their house. Related to crowding index, 45% of the students' families were > 2. Nearly one-third (32%) of the studied students didn't have sewage disposal and 64% of them didn't have refuse disposal while, more than half (53%) of their families didn't use the computer.

Table (III): shows the distribution of the studied male students according to their levels of experiences of exposure sexual harassment. The table demonstrates that the majority (95%) of the studied male students had low experience of sexual harassment. While, only (5%) of them had more experience.

Figure (1): reveals the distribution of the studied male students according to their level of total knowledge about preventing sexual harassment at pre and post implementation of health instructional guidelines. The figure shows that, more than two-thirds (67%) of the studied students had a poor level of total knowledge and only 11% had good knowledge about sexual harassment pre health instructional guidelines whereas, only 14% of them had poor knowledge and 81% of them had good level of total knowledge immediately post implementation of health instructional guidelines.

Table (IV): presents the distribution of the studied male students regarding to their levels of total perception score of sexual harassment pre and post implementation of health instructional guidelines. The table illustrates that three-quarters (75%) of the studied students had negative perception of sexual harassment at pre-health instructional guidelines, compared with 17% immediately after health instructional guidelines. The table also reveals that most (83%) of the studied students had a positive perception of sexual harassment immediately after health instructional guidelines. It was obvious that there was a marked improvement in total score of students' perceptions of sexual harassment post applying health instructional guidelines with a highly statistically significant difference between pre and immediate health instructional guidelines ($P = < 0.01$). **Table (V):** shows the correlation between the levels of students' family socio-economic status, sexual harassment experiences, knowledge about sexual harassment and perception towards sexual harassment. The table demonstrates that there was a highly significant positive correlation between total score of knowledge about sexual harassment of the studied students and their total score of family socioeconomic status, total score of knowledge about sexual harassment of the studied students and their total score of perception about sexual harassment, also total sexual harassment experiences and total

perception towards sexual harassment and also total score of perception of the students about sexual harassment and their total score of knowledge about SH. The table also shows that there was a significant negative correlation between the total score of experience of the studied students about sexual harassment

and their total score of family socioeconomic status ($P = < 0.01$). There was a highly significant negative correlation between levels of family socioeconomic status of the studied students and their total perception of sexual harassment.

Table I: Distribution of the studied male students according to their socio-demographic characteristics

Socio-demographic characteristics of the studied male Students	The studied male students (n=200)	
	No	%
Age		
12	30	15
13	104	52
14	66	33
Mean \pmSD	13.01\pm0.17	
Range	12-14	
Student grade		
First grade	116	58
Second grade	84	42
Number of their brothers/sisters		
<3	68	34
3-5	112	56
>5	20	10
Birth order		
First	45	22.5
Second	75	37.5
Third	40	20
More than third	40	20
Place of residence		
Rural	114	57
Urban	74	37
Slum	12	6

Table II: Distribution of the studied male students according to the socio-economic status of their families

Socio- economic status of the families of the studied male students	The studied male student (n=200)	
	No	%
Mother's educational level		
Illiteracy / reads and writes	8	4
Primary education	22	11
Preparatory education	35	17.5
Secondary education or diploma	118	59
University education	15	7.5
Postgraduate studies	2	1
Father's educational level		
Illiteracy / reads and writes	10	5
Primary education	18	9
Preparatory education	41	20.5
Secondary education or diploma	105	52.5
University education	22	11
Postgraduate studies	4	2
Mother's work		
Working	48	24
Housewives	152	76
Father's work		
Working	135	67.5
Not working	65	32.5
Family income		
Not enough and not repaid loan	18	9
Enough and big loan	32	16
Enough and small loan	102	51
Enough only	28	14
Enough and saving	20	10
Number of family members		
7 or more members	28	14
6 members	30	15
5 members	74	37
Less than 5 members	68	34
Number of rooms in the house		
< 3	112	56
≥ 3	88	44
Crowding index		
< 1	48	24
1-2	62	31
>2	90	45
Sewage disposal		
Yes	136	68
No	64	32
Refuse disposal		
Yes	72	36
No	128	64
Family use of the computer		
Never	106	53
Sometimes	64	32
Most of time	30	15

Table III: Distribution of the studied male students according to their levels of experiences regarding sexual harassment

Level of sexual harassment experiences of the studied male students	The studied male students (n=200)	
	No	%
More experience	10	5
Lowexperience	190	95

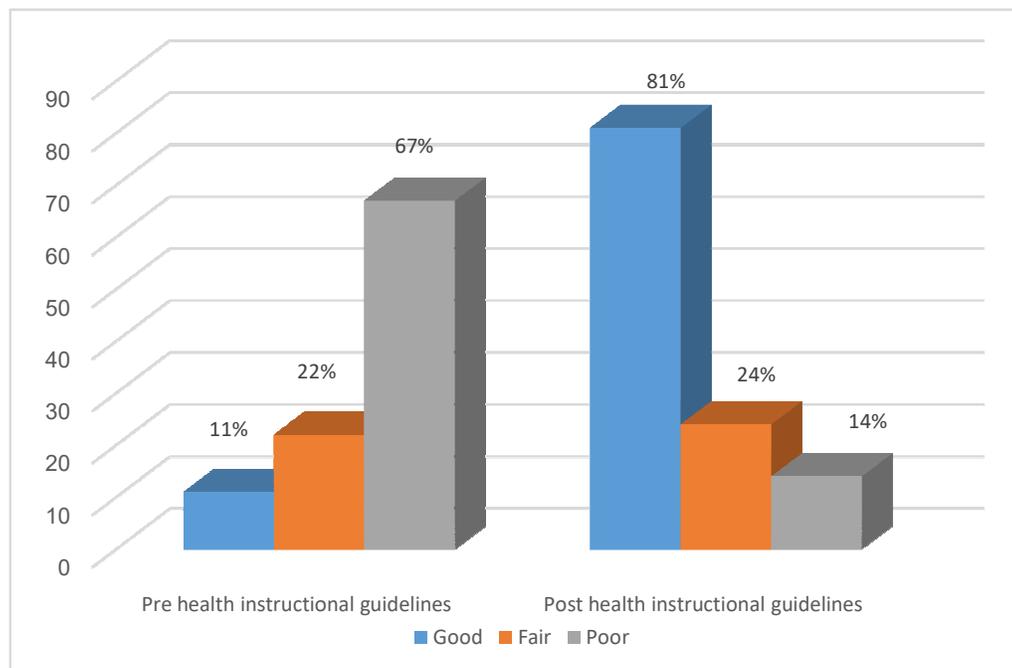


Figure 1: Distribution of the studied male students according to their level of total knowledge about preventing sexual harassment at pre and post implementation of health instructional guidelines.

Table IV: Distribution of the studied male students regarding to their levels of total perception score about sexual harassment pre and post implementation of health instructional guidelines

Levels of student's perception of sexual harassment	The studied male students (n=200)				χ^2	P-value
	Pre-health instructional guidelines		Post health instructional guidelines			
	N o	%	N o	%		
Positive	50	25	166	83	26.94	.000**
Negative	150	75	34	17		

**Significant at $P < 0.01$

Table V: Correlation between the total score of students' family socio-economic status, sexual harassment experiences, knowledge about sexual harassment and perception towards sexual harassment

Variables	Total score of family socioeconomic status	Total sexual harassment experiences	Total score knowledge about sexual harassment
	r p	r p	r p
Total score of family socioeconomic status			
Total sexual harassment experiences	-.231 .037*		
Total score of knowledge about sexual harassment	.357 .001**	.318 .005**	
Total perception towards sexual harassment	-.345 .001**	.475 .001**	.595 .000**

**Significant at $P < 0.01$.

Discussion

Adolescence is a very sensitive period, because it plays an important role in building the future of the person and his personality depending on the choices and decisions, he makes during it. It also depends on the tests he faces, which makes him confused and feels the desire to develop himself and learn new skills and experiences. The adolescent is affected either negatively or positively by the results of these tests. It is considered normal for a teenager to go through obstacles and problems, but it depends on his ability to confront and overcome them. The most important problems that adolescents suffer from are physical changes that happens due to hormonal changes, emotional and psychological problems occur also due to hormonal changes⁽¹⁷⁾.

Sexual harassment is any form of unwelcome sexual behavior that's offensive, humiliating or intimidating. Most importantly, it's against the law. Being sexually harassed affects people in different ways. Sexual harassment in schools presents its specific problems; it is including sexual coercion, demands for sexual cooperation and disciplinary and related sanctions for refusal. This type of harassment is difficult to conceptualize

when applied to peer sexual harassment in schools, which is often perpetrated without clear sexual intent in mind⁽¹⁸⁾. This study developed to find ways to promote a better school environment through the prevention of and management of sexual harassment through development of health instructional guidelines on prevention and management of sexual harassment for preparatory school students. Therefore, the aim of this study was to evaluate the effect of health instructional guidelines for prevention of sexual harassment on perception of preparatory schools' male students at Tanta city.

It obvious from the current study that, more than half of the studied male students were at first grade had 3-5 siblings and more than one-third of them were the second child (**table I**). This result was in agreement with **Zaki et al., (2019)**⁽¹⁹⁾ who conducted study to assess knowledge, awareness, and attitude about sexual harassment among Saudi preparatory school students in Western Region, Kingdom of Saudi Arabia and found that the majority of male students were at first grade and had 3-5 siblings. However, this result was in disagreement with **Tolera et al., (2017)**⁽²⁰⁾ who studied " Risky sexual behaviors and associated factors among

high and preparatory school youth in East Wollega, Ethiopia " and found that more than two-third of them were the first child. Concerning socio-economic status of families of the studied male students, the current study revealed that more than half of the studied male students' mothers were diploma or secondary school and more than two-thirds of them were not working. On the other hand, more than half of the studied male students' fathers were secondary education or diploma and nearly one-third of them were not working. Moreover, more than half of the student's families had enough income and small loan (**table II**). This study is in accordance with **Elgunidi et al., (2018)** ⁽¹⁴⁾ which found that the majority of the studied female student's fathers and mothers were secondary and university educated, more than half of the studied female students' mothers were not working and the majority of their families had enough income. Conversely, this result was in disagreement with **Letourneau et al., (2017)** ⁽²¹⁾ whose study entitled "Preventing the onset of child sexual abuse by targeting young adolescents with universal prevention programming in Cannada" and found that more than half of the student's families hadn't enough income.

Experiences of behavior that might be considered sexual harassment include: unwanted sexual innuendo, propositions, sexual attention, or suggestive comments and gestures; inappropriate humor about sex or gender-specific traits; sexual slurs or derogatory language directed at another person's sexuality, gender, gender identity, sexual orientation, or gender expression; insults and threats based on sex, gender, gender identity, sexual orientation, or gender expression; and other oral, written, or electronic communications of a sexual nature that an individual communicates is unwanted and unwelcome ⁽²²⁾.

Regarding the total score of sexual harassment experiences of the studied male students, the current study demonstrated that the majority of the studied male students had low experience of sexual harassment. While, a few percent of them had more experience (**table III**). From the researcher point of view, these findings may be due to the schools of students were not a common setting for this behavior and also the students may not like to talk about this such topics due to its sensitivity.

These findings were in accordance with a study conducted by **El-Ganzory et al., (2014)** ⁽²³⁾ to evaluate the effect of educational guidelines program on internship nursing students facing sexual

harassment behavior and found that the majority of the male students had low experience of sexual harassment. Conversely, these findings were in disagreement with **Cafo et al., (2014)**⁽²⁴⁾ who studied "Assessment of sexual violence and associated factors among high school students in Harari Regional State, Harar Town, Eastern Ethiopia" and found that one quarter of the male students had high experience of sexual harassment. Sexual harassment can take many forms. Sexual harassment may include, but is not limited to sexual advances or request for sexual favors, inappropriate comments, jokes or gestures, or other unwanted verbal or physical conduct of a sexual nature, may be blatant and intentional and involve an overt action, a threat of reprisal, or may be subtle and indirect, with a coercive aspect that is unstated and it may occur in the classroom, in the workplace, in residential settings, over electronic media (including the internet, telephone, and text), or in any other setting⁽²⁵⁾.

As regard to the total knowledge of the studied male students about preventing sexual harassment at pre and post implementation of health instructional guidelines, the current study showed that there was a great improvement of in students' knowledge as a few percent of the

studied students had a poor level of total knowledge and more than three- quarters of them had a good level of total knowledge immediately post implementation of health instructional guidelines (**figure 1**). From the researcher point of view, this result may be due to the positive effect of health instructional guidelines and that the studied male students were in need to more information about sexual harassment at adolescences period.

These results were in accordance with **Fentaw et al., (2018)**⁽²⁵⁾ who found that the majority of the studied male students had a good level of total knowledge immediately post implementation of health instructional guidelines. Conversely, this result was in disagreement with **Lee et al., (2019)**⁽²⁶⁾ who found that the majority of the studied male students had a good level of total knowledge about sexual harassment pre health instructional guidelines.

As regard to the perception of the studied of sexual harassment, the current study illustrated that three-quarters of the studied students had a total negative perception of sexual harassment pre health instructional guidelines, however most of the studied students had a total positive perception of sexual harassment immediately after health

instructional guidelines. It was obvious that there was a marked improvement in total students' perception of sexual harassment post applying health instructional guidelines with highly statistically significant difference between pre and immediate health instructional guidelines (**table IV**). This result may be attributed by that the health instructional guidelines had a positive effect on information of the studied male students about sexual harassment which improve their perception.

This result was in agreement with **Lijster et al.,(2014)⁽²⁷⁾** who found that the majority of studied students had a positive perception of sexual harassment immediately after health instructional guidelines about sexual harassment. Conversely, this result was in disagreement with **Mehasb et al., (2017)⁽²⁸⁾** who studied " Perception and attitude of internship nursing student regarding sexual harassment" and who found that more than half of the internship nursing students had an average level of perception regarding sexual harassment and the minority had a good level of perception, and also found that more than half of nursing students had a negative attitude toward SH. Also, this study was in agreement with **Elgunidi et al., (2018)⁽¹⁴⁾** who found that the majority

of the studied female students had a negative perception of sexual harassment after health educational program.

Regarding correlation between the levels of students' family socio-economic status, sexual harassment experiences, knowledge about sexual harassment and perception towards sexual harassment, the current study demonstrated that there was appositive correlation between total score of knowledge about sexual harassment of the students and their total score of family socio-economic status. This may be due to families from high socio- economic status can offer different experiences to their children to gain knowledge (**table V**).

Also, a positive correlation was found between total score of knowledge and total SH experiences which reflect the importance of knowledge in formulating the perception. Furthermore, a positive correlation was also found between total score of knowledge and total score of sexual harassment experience. This may be explained by that those with more knowledge about sexual harassment are more alerts to experiences (**table V**).

In the same line; this result was in agreement with **Tolera et al., (2017)⁽²⁰⁾** who found that there was a highly significant positive correlation between attitude toward sexual harassment, family

connectedness and risky sexual behavior between secondary school students. On the other hand, this result was in disagreement with **Fentahun et al., (2012)**⁽²⁹⁾ who found that all socio-demographic variables appear to be not the predictor of teachers' attitude towards contents of school sex education at school or teachers' expectations about ideal time to start school sex education.

Consequently, with the spread of this phenomenon, the phenomenon of sexual harassment, it is necessary to have educational programs such as this one to raise the awareness of children and fathers and mothers so that they, in turn, educate their children not to allow anyone, even if they are close to them, to touch any part of their bodies, as well as the existence of programs to train teachers and activate student participation in it and the implementation of laws inside those educational facilities to reduce this problem.

Conclusion

Based on the findings of the present study, it can be concluded that the health instructional guidelines were effective in improving the level of perception, knowledge of the studied male students about prevention of sexual harassment and also their information about the protective

measures to protect themselves from SH. The majority of the studied male students had low experience of sexual harassment.

There was highly significant positive correlation between total knowledge about sexual harassment of the studied students and their total score of family socioeconomic status, total sexual harassment experiences and total perception towards sexual harassment. Furthermore, there was significant negative correlation between total score of family socioeconomic status of the studied students and their sexual harassment experiences and total perception towards sexual harassment.

Recommendations

In the light of results of this study, the following recommendations were suggested:

1. Continuous implementation of health instruction guidelines for students and their families about sexual harassment and their role in its prevention.
2. Providing sufficient training for preparatory school male students regarding prevention of sexual harassment to enhance their perception.
3. Opening outlets to absorb the energy of young people through youth centers and excursions, cultural competitions, and awareness.

4. Attempting to promote positive values among students in particular by creating role models of good youth, instead of the negative models they present to the media.
5. Putting in place strict legislation that everyone agrees on to confront the phenomenon, this legislation should tighten the penalties around the phenomenon.

References

- 1- Backes E, Bonnie R. The promise of adolescence: Realizing opportunity for all youth. Washington(DC). National Academic Press. Adolescents Development. 2016; 2(1): 3-4.
- 2- Osman M, Ragab A, Girgis H, Zaki H, Al-khorazaty N, Hamed R, et al., Population situation analysis: Egypt 2016. The Egyptian Center for Public Opinion Research. 2016;1(1):61-66.
- 3- Elshamawy A, Duamelle P. Violence against children in Egypt: Quantitative survey and qualitative study in Cairo, Alexandria and Assiut. The national council for childhood and motherhood in cooperation with UNICEF in Egypt. 2015. Available at: <https://www.unicef.org/egypt/media/1906/file/Violence%20Against%20Children%20in%20Egypt-EN.pdf>
- 4- Elgendy I, Hassan N. Medicolegal study of child sexual abuse in greater Cairo, Egypt, during a 7 years period 2005-2011. Affiliation to Faculty of Medicine, Banha University. The American Journal of Forensic Medicine and Pathology. 2013;34(4):335-41.
- 5- Mazurana D, Donnelly P. Stop the sexual assault against humanitarian and development aid workers. A report to Feinstein International Center. 2017:2-7 available at: https://www.researchgate.net/publication/327780688_STOP_the_Sexual_Assault_against_Humanitarian_and_Development_Aid_Workers_a_report
- 6- Houle J, Staff J, Mortimer J, Uggem C, Blackstone A. The impact of sexual harassment on depressive symptoms during the early occupational career. The National Library of Medicine. 2011;1(2):89-105.
- 7- Robertson E, David S, Rao S. Preventing drug use among children and adolescents: A research based guide for parents, educators and community leaders. The National Institute of Drug Abuse. 2013;2(1):6-10.
- 8- Buswell S, Echtenberg J, Hinkson E, Cowan T, Combe J, Fekaris N, et al., The role of the

- 21st Century School Nurse. National Association of School Nurse.2016;28(4):27-38.
- 9- Johnson P, Widnall S, Benya F. Sexual harassment of women: Climate, culture, and consequences in Academic Sciences, Engineering, and Medicine. 2018.2(7):169.
- 10- Hoel H, Sparks k, Cooper C. The cost of violence/stress at work and the benefits of a violence/stress-free working environment. University of Manchester Institute of Science and Fahmy S, El-Sherbini AF. Determining simple parameters for social classifications for health research. Bulletin of the High Institute of Public Health. 1983; 13(1):95–108.
- 11- Fahmy S, Nofal L, Shehata S, El-Kady H, Ibrahim H. Updating indicators for scaling the socioeconomic level of families for health research. Journal of the Egyptian Public health.2015; 90(1):1-7.
- 12- Fitzgerald L, Gelland M, Drasgow F. Measuring sexual harassment: Theoretical and psychological advances. Basic and Applied Psychology.1995; 17:425- 64.
- 13- Elgunidi F, Elkhateeb R, Ragheb S. Health educational program regarding prevention of sexual harassment among young female adolescents. Journal of Community Medicine & Health Education.2018;8(5) DOI: 10.4172/2161-0711.1000630
- 14- Hayden L. Female and male athletic coaches' and female high school athletes' perception of sexual harassment and the incidence among female high school athletes. Publish Doctoral Degree of Education. Department of Social and Behavioral Sciences , Harvard School of Public Health , Boston , Massachusetts , USA.2003.
- 15- Mazer D, Percival E. Ideology or experience: The relationship among perceptions, attitudes, and experiences of sexual harassment in university students. Sex Roles.1989; 20(1): 135- 47.
- 16- Johnson P, Widnall S, Benya F. Sexual harassment of women(climate, culture, and consequences in academic sciences, engineering, and medicine). Washington, DC.:National Academies Press. 2018;978(2):212-25.
- 17- Robertson E, David S, Rao S. Preventing drug use among children and adolescents: A research based guide for parents, educators and community leaders. The National Institute of Drug Abuse.2013;2(1):6-10.
- 18- Zaki M, Kheimi R, Aljohani A, Aldadi S, Fallatah M. Knowledge, awareness, and attitude about sexual harassment

- among saudi preparatory school students in Western Region, Kingdom of Saudi Arabia. *The Saudi Journal of Forensic Medicine and Sciences*. 2019;2(1):1.
- 19- Tolera H, Girma E, Mamo A, Babure K. Risky sexual behaviors and associated factors among high and preparatory school youth, East Wollega, Ethiopia: A cross-sectional study design. *Journal of Public Health and Epidemiology*. 2017;11(1):1-2.
- 20- Letourneau E, Schaeffer C, Bradshaw C, Feder K. Preventing the onset of child sexual abuse by targeting young adolescents with universal prevention programming: Child maltreatment. *Journal of child and family sciences*. 2017;22(2):100-11.
- 21- Doshi N. Peer influences on sexual violence perpetration among early adolescents. *International journal of clinical and health psychology*. 2017;5(1):137:59.
- 22- El-Ganzory G, Nasr M, Talaat A. Effect of educational guidelines program on internship nursing students facing sexual harassment behavior. *Life Science journal*. 2014;11(2):411-20.
- 23- Cafo J, Demisie A, Abera B. Assessment of sexual violence and associated factors among high school students in Harari Regional State, Harari Town, Eastern Ethiopia. *Scientific Research Magazine*. 2014;2(5):91-7.
- 24- Yemaneh Y, Abera T, Hailu D, Chewaka L, Nigussie W. Knowledge, Attitude and Utilization towards Emergency Contraceptive among Preparatory Students of Mizan High School Students, Bench-Maji Zone, South West, Ethiopia. *J Women's Health Care*. 2017;6(400):2167-420.
- 25- Lee W, Clark L, Wortmann K, Taylor L, Pock A. Interprofessional healthcare student training in the care of sexual assault patients utilizing standardized patient methodology. *Simulation in Healthcare*. 2019;14(1):10-7.
- 26- Fentaw M, Teshome A, Alemu Y. Students' disciplinary problems in secondary and preparatory schools of waghimra zone, amhara regional state (Doctoral dissertation, Haramaya University, Department of Special Needs and Inclusive Education. 2017;2 (2): 63-80. Available at: <https://haramyajournals.org/index.php/ejsh/article/download/674/338>
- 27- Lijster G, Felten H, Kocken P, Kok G. Effects of an interactive school-based program to prevent adolescent sexual harassment. A cluster randomized

controlled evaluation study. J of European Health Psychologist. 2014;16(5):438.

28- Mehasb S, Ramadan S, Elsayed H, Abd El Salam D. Perception and attitude of internship nursing student regarding sexual harassment. Monufia Nursing Journal. 2017; 5(2):57-69.

29- Fentahun N, Assefa T, Alemseged F, Ambaw F. Parents' perception, students' and teachers' attitude towards school sex education. Ethiopian Journal of Health Sciences. 2012;22(2):99-106.