

# Bio-psychosocial Effect Regarding Harassment among Secondary School Female Students in Cairo Governorate

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## Abstract

**Background:** Many female students experience harassment and victims of harassment have higher risk regarding well-being and negative impact on biopsychosocial health of secondary female students. **Research Aim:** assess the biopsychosocial effect regarding harassment among secondary school female students in Cairo governorate. **Methodology: Research design:** A cross sectional research design was utilized at August 2017 - January 2018. **Setting:** The current research was done in EL-Sanya female secondary school at El-Sayeda Zainab educational directorate, Cairo Governorate. **Subject:** purposive sample was used in the current research (260 students) who exposed to harassment and aged from 16 to 17 years. **Tools of data collection:** There were three tools; 1<sup>st</sup> tool pre designed questionnaire included demographic data, different types of harassment and physical effect of harassment, 2<sup>nd</sup> tool was Social Emotional Health Module and 3<sup>rd</sup> tool was Self-Report Depression Scale (CES-D Scale). **Results:** 67.7% of studied female students exposed to verbal harassment and 6.3% of them exposed to sexual harassment. Also, 40% of studied female students had negative belief in self, 57.3% of them had negative beliefs in others. **Conclusions:** Regarding physical effect related harassment were more than one third of female students suffered from fatigue and one third of them suffered from loss of appetite. Related to social emotional effect, more than one third of studied female students had positive social emotional health, while more than half of them had negative social emotional health. According to depression effect related harassment, one fifth of studied female students had low depression, less than one fifth had moderate depression and minority of them had severe depression. There was high significant relation between type of harassment and depression and social- emotional health with p value <0.01. **Recommendation:** Health education programs for female students regarding harassment and relevant biopsychosocial consequences in schools. Empowerment role of obstetrics and gynecological nurses regarding early biopsychosocial management of victims and further researches regarding biopsychosocial effect of harassment among female students.

**Keywords:** Harassment, Biopsychosocial, Female students, secondary school

## Introduction

The phenomenon of harassment in adolescence especially female students is a study subject that has gained prominence in recent decades, garnering the attention of academics and educators all over the world, and leading to the recognition of teenage harassment as a community health problem (Vega-Gea, Ortega-Ruiz & Sánchez, 2016). Adolescents are particularly prone to harassment, and they are victims of a wide range of health issues across the world. Adolescents are expected to attend school, private lessons, transportations, participate in community activities, and form connections outside of their family. When female students are

forced to concentrate on avoiding exposure to harassment, they are less likely to do any activity even their academic future and their health. (Alex-Hart, Okagua & Opara, 2015; Bendixen, & Kennair, E. 2017).

According to the United Nations Educational, Scientific, and Cultural Organization-UNESCO, one of the fundamental human rights is the right to be protected against negative influences, abuse, and exploitation. Harassment is a severe community health problem that obstructs the growth and development of female students to be healthy women in the future (Uduma, Samuel & Agbaje, 2015). Harassment is defined as any

unpleasant word, behavior, or gesture aimed toward an individual or group of persons that is insulting, threatening, humiliating, malicious, degrading, or offensive, and that is either repeated or of such a major magnitude that it has a negative impact on someone's performance and contribution. It is an explicit violation of female rights to behave freely and safely (Apaak, & Sarpong, 2015; Gruber, & Fineran, 2016).

Female adolescent has been intensively researched as a victim to this phenomenon and its physical, psychological and social impact (Eller, 2016). Harassment of female students is a common kind of violence that goes unacknowledged, making it harder for impacted individuals and groups to reach their full potential (Eshetu, 2015). Harassment's psychological and physical effects can both lead to poor academic performance and grades. This is especially true since the students are psychologically and emotionally disturbed; as a result, they will be unable to concentrate on their studies, and their academic performance will suffer as a result (Mohamed, 2015; Thomas, 2015).

Harassment was linked to psychological problems as a higher risk of drug abuse, poor self-esteem, and depressive symptoms three years later, and suicidal ideation. Harassment has also been associated with an increase in school absenteeism, poor academic performance, and mental stress, all of which can contribute to mental health issues. Furthermore, sexual harassment might heighten an adolescent's obsession with beauty, increasing the chance of developing an eating disorder (Khurana, Bleakley, Jordan & Romer, 2015). Physical effect of harassment includes poor physical health such as; headache, backache, stomach discomfort, sleeping problems, bed-wetting, sexual disorder and dizziness (Eom et al., 2015).

Harassment is socially characterized as aggressive, persistent conduct that involves an imbalance of power, and it can take the form of physical, verbal, or relational behaviors. Youths who are particularly prone to harassment due to their real or perceived sexual orientation, weight status, or handicap status may be seen as victims, and so their roles, experiences, and outcomes may be distorted (Eisenberg, Gower, McMorris & Bucchianeri, 2015).

Despite the fact that sexual harassment can be done by both boy and girls, the majority of

victims are girls (Apaak, & Sarpong, 2015). Harassment is defined in this research as any unwanted or undesirable conduct aimed toward a female students that is insulting, intimidating, malicious, humiliating, or offensive, and that is either recurrent or of such a character that it negatively impacts on the females' students health and their ability to learn at school. It has also been noted that harassment can take numerous forms, including physical, verbal, sexual, or emotional harassment. Understanding what harassment is, how to respond to it, and how to prevent it at educational institutions is critical for students and their parents. As a result, continual awareness development, preventive measures, participatory intervention, counseling, and awareness programs for female students are being implemented to improve the school environment.

Community health nurse has a crucial role regarding harassment followed three levels of prevention to reduce the phenomena of harassment in community and its effects. Primary prevention approaches occur to prevent harassment by dealing with female adolescents and harassers. Secondary prevention includes early detection of victims and harassers and immediate response after violation against female students and prevent the negatively impact on female student's health. Tertiary prevention involves healing and rehabilitation regarding short or long physical, psychological and social impact on female students (Ethridge, Mackellar & Branson, 2015).

Obstetrics and gynecological nurses should expand their roles regarding harassment through proper early management of female students' cases who have experienced physical and sexual harassment. they have been less active in preventing harassment. Effective prevention requires an understanding of the prevalence and seriousness of the problem, awareness of the societal forces that foster and sustain it, and application of feminist principles to counteract those forces. Preventive nursing actions derived from feminist philosophy that are applicable in clinical practice are discussed (Wilson, 2015).

### **Significance of the study:**

Harassment topic has wide interest in scientific field recently. This interest came not only as a result of the attention of different communities but also as a result of increased forms of harassment which enter strongly in the

field of people's daily life. It is considered form of violence. In fact, that violence against women is universal phenomenon penetrate all human societies and all social classes without collision with ideologies or religions or civilizations or political systems of these communities. Harassment can occur where victims can be rich, poor, educated, married, unmarried, widowed, girl, child and elderly, veiled and non-veiled alike (Lucas, Travers, Gauvin & Talvot, 2016).

A recent report by United Nation Women found that 99.3% of women in Egypt report being sexually harassed and 49.2% report that this harassment occurs on a daily basis. This harassment occurs regardless of the women's age, their attire, or whether or not they elect to wear the scarf. Despite these alarming findings, victims of sexual harassment continue to face a high degree of stigma and shame. As a result, sexual harassment in Egypt goes largely unreported (El-DEEB, 2013).

Since February 2011, the phenomenon of public harassment in Egypt has received increasing attention. As early as 2008, the Egyptian Center for Women's Rights (ECWR), one of the first advocacy non-governmental organizations to specifically campaign against public harassment, issued a report in which 83% of Egyptian and 98% of foreign women surveyed had experienced sexual harassment. ECWR's campaign, "Making Our Streets Safe for Everyone", framed sexual harassment as a largely social/cultural and psychological problem and made use of innovative community-oriented and technological techniques for raising public awareness (Abu Lughod, 2013).

Egyptian Center for Women's Rights had begun a campaign to end everyday harassment in the streets. Following the 2011 Egyptian Revolution, this activism continued with independent initiatives focused on community-based activities. Throughout this time, the connection of harassment to more violent forms of sexual assault and rape was further evident following the Revolution. This connection of harassment with more sexually violent practices aligns with prior meanings of harassment, but it has also contributed to public resistance to the idea that harassment signifies

everyday sexual harassment that anti-sexual harassment initiatives seek to establish (2009).

Currently, these campaigns operate on a monthly basis in 21 communities and 17 governorates in Egypt. HarassMap also reports that approximately 80% of the community actors approached as a result of these initiatives have become involved in making their community a "zero-tolerance zone for harassment". Through these efforts, HarassMap challenges the prevailing discourse surrounding sexual harassment in Egypt and opens up a space for the development of informal support systems for women where victims can openly share their experiences in a safe environment (Fahmy, Abdelmonem, Hamdy, Badr, Ahmed & Hassan ).

So conducting the current research will add to the body of nursing knowledge in the area of school health, obstetrics and gynecological that reflect on school, obstetrics and gynecological health nursing activities in their relevant endeavors. Furthermore, this research will provide school health, obstetrics and gynecological nurses with current knowledge pertaining to actual and potential hazards that may have a negative impact on the health of female students in school. In nursing education, harassment should be added in violence topic in curriculum.

Regarding nursing practice, school health nurse should increase awareness of female students regarding harassment and negative impact through health education sessions while obstetrics and gynecological nurse should provide early detection and management and apply coping strategies for victims.

### **Aim:**

The current study aimed to assess the biopsychosocial effect regarding harassment among secondary school female students in Cairo governorate

### **Research questions:**

- What is the physical effect of harassment among secondary school female students in Cairo governorate?

- What is the social effect of harassment among secondary school female students in Cairo governorate?
- What is the psychological effect of harassment among secondary school female students in Cairo governorate?
- Is there relationship between types of harassment and biopsychosocial effect among secondary school female students in Cairo governorate?

## Methods:

**Research design:** A cross sectional research design was utilized at August 2018 - January 2018

**Research Setting:** The study was carried out at EL-Sanya female secondary school, at EL-Sayeda Zainab educational directorate, Cairo Governorate which established at 1873 and considered the first female secondary school in Egypt and the biggest secondary school at EL-Sayeda Zainab educational directorate. School consisted of 4 buildings; main building contained administration offices with few classes and 3 buildings; two of them for students in first secondary level and one building for 2<sup>nd</sup> and 3<sup>rd</sup> secondary level. Every building contained classes, 2 laboratories for computer, 3 laboratories for science. Main building had school clinic, music room. School had large playground with facilities for physical education for students. School had 14 water-closets distributed on 2 buildings. There was a potable water in school. Density of class was appropriate with size of classes. Every class had 30-40 female students

**Subjects:** Purposive sample was used in the current study (260 students) and enthusiastic to participate at the study with age 16-17 years old.

### The instruments:

#### Study instrument included three tools:

**Tool I:** It was designed questionnaire by researcher post reviewing literature review **Eom et al., 2015 & Thomas, 2015** and contained two sections;

**Part I:** Demographic data of the female students such as age, numbers of family members, presence of brothers, types of family, live with whom, monthly income.

**Part II:** It included types of harassment and physical effect of harassment; fatigue, loss of appetite, weight loss, nightmares, lack of sleep, headache and body pain. The response options were yes or no. It contained 10 questions with total score 10.

**Tool II:** Social Emotional Health Module of California Healthy Kids Survey (CHKS). It adopted from **Lee, You & Furlong, 2016**. It consisted of 12 subscales with three items per subscale that assess four latent traits: belief-in-self (self-awareness, persistence, self-efficacy), belief-in-others (school support, family coherence, peer support), emotional competence (empathy, self-control, emotion regulation), and engaged living (gratitude, zest, optimism). The responses options for the 12 subscales, except for gratitude and zest, are 1 = not at all true of me, 2 = a little true of me, 3 = pretty much true of me, and 4 = very much true of me. The gratitude and zest subscales use the following response options for frequency of experience: 1 = not at all, 2 = very little, 3 = somewhat, 4 = quite a lot, 5 = extremely. Positive social emotional if score more than 60% and negative if score 60% or less.

**Tool III:** CES-D Scale: A Self-Report Depression Scale: It adopted from **Radloff, 1977**. It is a short self-report scale designed to measure depressive symptomatology in the general population, included 20 items as felt sad, was happy, had crying spells and could not get...etc. score is the sum of the 20 questions. Possible range is 0-60. If more than four questions are missing answers, do not score the CES-D questionnaire. A score of 16 points or more is considered depressed. The response options for the 12 subscales, are 1=rare, 2=some or little, 3=moderate and 4=all of time for negative items and vice versa for positive items. Severe depression if score 70 to 80, moderate if score 50 to 69, low if score 30 to 49 and normal if score 20 to 29. The CES-D has exhibited a satisfactory reliability in a number of studies of the

general population, with a high Cronbach's alpha value 0.89 for women and 0.83 for men.

#### **Field work:**

A review of recent national and international related literature using journals, periodicals, textbooks, internet, and theoretical knowledge of the various aspects concerning the topic of the study. Preparation of data collection tools was carried out over a period of six months from beginning of August 2017 - January 2018. The researchers prepared the tools and translated them into Arabic form to become ready for use. The researcher took a list of classes without teachers to fill full the tools from female students. The researchers distributed the data collection tools individually after complete explanation for the nature and the aim of the research. The researcher explicit the phenomena of harassment and its prevalence and significance in Egypt. The researcher collected the tools from the students who accepted to participate in the research individually to keep confidentiality of students. The data were collected inside the classes. The time required to fill full the questionnaires sheet was from 15 to 25 minutes. The filled tools were collected and revised to check their completeness to avoid any missing data by the researcher.

#### **Limitation of the study:**

- Frequent absenteeism of the female students.
- Some female students were ashamed from the topic of harassment.

#### **Pilot Study:**

The pilot study was conducted with 26 students who represent 10% of total sample at the previously mentioned settings in order to test the applicability of the constructed tools and the clarity of the included tools. Also, to assess the reliability and validity of developing tool before using at the study. The pilot also served to estimate the time needed for each subject to fill in the questionnaire.

#### **Validity & Reliability:**

A group of experts (3) in the community nursing ascertained the content's validity; their opinions were elicited regarding the format, layout, consistency, accuracy, and relevancy of the tools. Reliability testing was carried out to test the reliability in terms of Cronbach's Alpha

for tool I was 0.799, Tool II was 0.857 and Tool III was 0.898.

#### **Statistical Analysis:**

Data collected from the studied sample was revised, coded, and entered using Personal Computer (PC). Computerized data entry and statistical analysis were fulfilled using the Statistical Package for Social Sciences (SPSS) version 24. Data were presented using descriptive statistics in the form of number and percent. The one-way analysis of variance (ANOVA) is used to determine whether there are any statistically significant differences between the means of three or more independent (unrelated) groups.

#### **Ethical consideration:**

A permission was taken from the director of Cairo educational governorate and director of El-Sayeda Zainab educational directorate and the director of the selected school. The researcher asked female students to participate in the study. The researcher explicit the nature and aim research to the students who accepted to participate. The researcher collected the tools from female students individually to keep confidentiality of students. The submission of the answer to the questionnaire was considered as consent to take part in the study. Confidentiality of the female students' data was sustained throughout the study by making the students' data nameless. Any female student had a right to withdraw from the research without any explanation.

#### **Results:**

Table (1) reveals that mean age of selected female students was  $17.39 \pm 0.87$ , 46% of them had family members from 5 to 6 members. Also, 68.3% of the selected female students had brothers and 19.3% of them lived at extended family.

Table (2) represents that 67.7% of selected female students exposed to verbal harassment and 6.3% of them exposed to sexual harassment.

Figure (1) reveals that 40.4%, 33.1% and 27.3% of the selected female students suffered from fatigue, loss of appetite and headache

respectively while 23.1% of the selected female students suffered from lack of sleep.

Table (3) reports that 40% of selected female students had negative belief in self, 57.3% of them had negative beliefs in others, 58.5% of selected female students had negative emotional competence and 53.5% of them had negative engaged living.

Figure (2) reveals that 40.4% of selected female students had positive social emotional health, while 59.6% of them had negative social emotional health.

Figure (3) shows that 19.6% of selected female students had low depression, 14.6% had moderate depression and 6.5% had severe depression, while 59.2% of them had no depression

Table (4) detects that 63.2% of selected female students who exposed to sexual harassment had severe depression, while 68.5% of them exposed to verbal harassment had no depression. there was high significant relation between type of harassment and depression level among the selected female students with p value <0.01\*\* .

Table (5) reflects that 94.7% of selected female students who exposed to sexual harassment had negative social emotional health, while 45.3% of selected female students who exposed to verbal harassment had positive social emotional health. Finally, there was high significant relation between type of harassment and social- emotional health of the selected female students with p value <0.01\*\* .

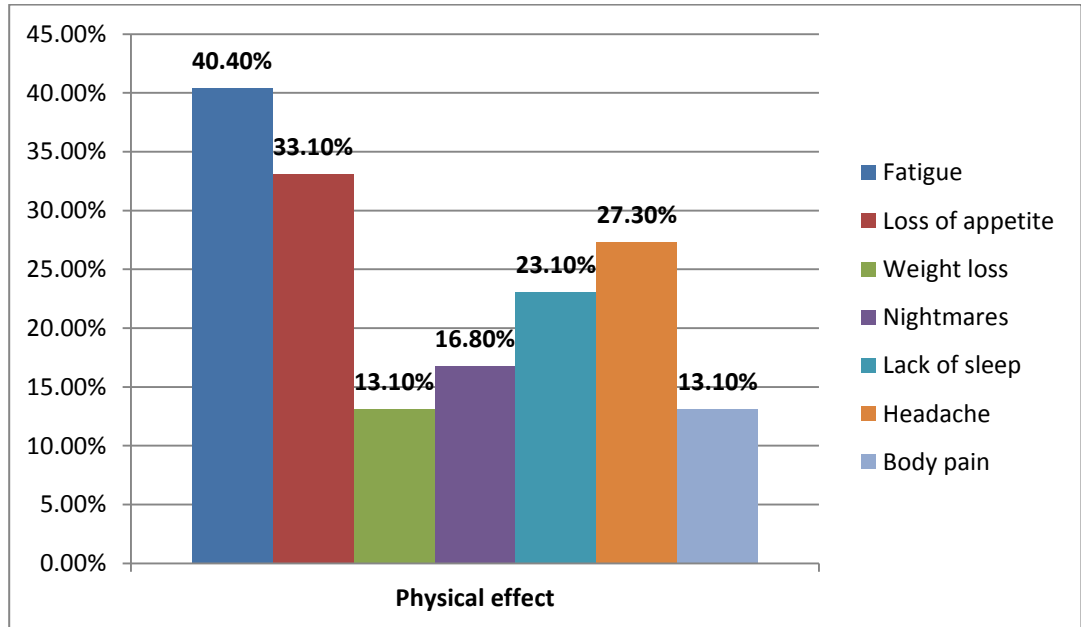
**Table (1):** Percentage distribution of selected female students according to their demographic data (n=260).

Demographic data	No.	%
<b>Age:</b>		
16 -	94	31.3
17 -	100	33.3
18 - 19	106	35.4
Mean $\pm$ SD	17.39 $\pm$ 0.87	
<b>No. of family members:</b>		
3 - 4	125	41.7
5 - 6	138	46.0
7 - 8	37	12.3
<b>Presence of brothers:</b>		
Yes	205	68.3
No	95	31.7
<b>Types of family:</b>		
Nuclear family	242	80.7
Extended family	58	19.3
<b>Monthly income:</b>		
Sufficient	65	21.7
Insufficient	235	78.3
<b>Live with:</b>		
Father only	5	1.7
Mother only	28	9.3
Father & mother	261	87
Grandfather/Grandmother	6	2

**Table (2):** Percentage distribution of selected female students according to types of harassment (n=260).

Type of harassment	No.	%
Sexual harassment	19	6.3
Harassment based on religion	2	0.7
Verbal harassment	203	67.7
Cyber bullying	29	9.7
Disability-based harassment	7	2.3
Don't exposure to harassment	40	13.3

**Figure (1):** Distribution of physical effect among the selected female students (n=260).



\*Responses not mutually exclusive

Figure (1) reveals that 40.4% of female students suffered from fatigue, 33.1% suffered from loss of appetite, 27.3% suffered from headache, 23.1% suffered from lack of sleep, 16.8% suffered from nightmares and 13.1% of them suffered from weight loss and body pain.

**Table (3):** Distribution of social emotional effect among the selected female students (n=260).

Social emotional effect	Positive		Negative	
	No.	%	No.	%
Belief in self	156	60	104	40
Belief in others	111	42.7	149	57.3
Emotional competence	108	41.5	152	58.5
Engaged living	121	46.5	139	53.5

Figure (2) Distribution of total social emotional effect among the selected female students (n=260).

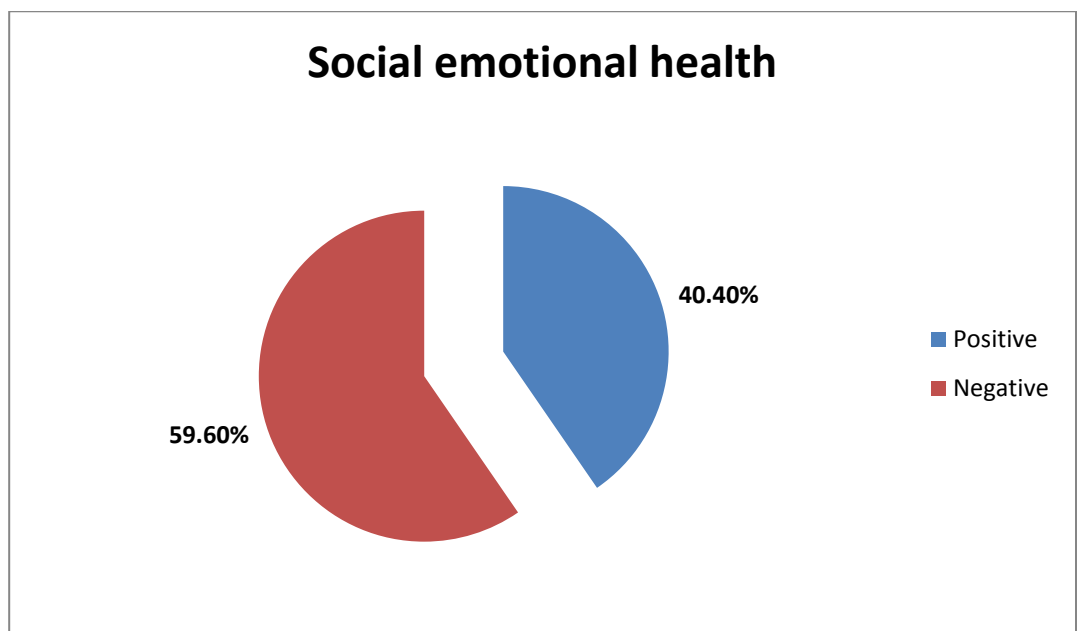
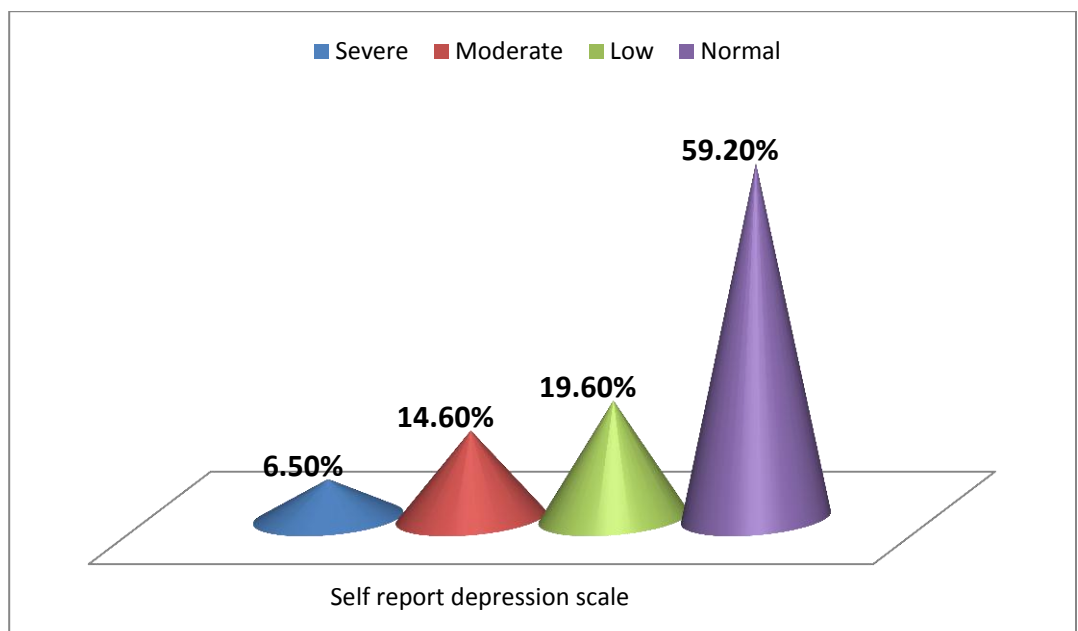


Figure (3): Distribution of selected female students and total self-report depression scale (n=260).





**Table (4):** Relation between types of harassment and depression levels among selected female students who exposed to harassment (n=260)

Type of harassment	Depression Scale								
	Severe		Moderate		Low		Normal		
	No.	%	No.	%	No.	%	No.	%	
Sexual Harassment	12	63.2	6	31.6	1	5.2	0	0.0	
Harassment Based on Religion	0	0.0	0	0.0	1	50	1	50	
Verbal Harassment	1	0.5	25	12.3	38	18.7	139	68.5	
Cyber Bullying	3	10.3	5	17.2	9	31.1	12	41.4	
Disability-based Harassment	1	14.2	2	28.6	2	28.6	2	28.6	
ANOVA test 13.745									
P value <0.01**									

**Table (5):** Relation between types of harassment and social emotional health among selected female students who exposed to harassment (n=260)

Type of harassment	Social Emotional Health			
	Positive		Negative	
	No.	%	No.	%
Sexual Harassment	1	5.3	18	94.7
Harassment Based on Religion	0	0.0	2	100
Verbal Harassment	92	45.3	111	54.7
Cyber Bullying	10	34.5	19	65.5
Disability-based Harassment	2	28.6	5	71.4
ANOVA 11.048				
P value <0.01**				

## Discussion

Harassment is phenomena throughout global systems and impact individuals, groups and entire organizations and communities in profound ways. Precarious family conditions, a normalization of gender-based violence, a culture of silence and a lack of active leadership for the age of the selected sample are all key features enabling harassment (Lucas- Molina, Williamson, Pulido & Pérez Albéniz, 2015).

The study aimed to assess the biopsychosocial effect regarding harassment among secondary school female students in Cairo governorate. After analyzing the collected data, the current study indicated that mean age of studied female students was  $17.39 \pm 0.87$  years. Also, more than two thirds of female students had brothers and only one fifth of them lived in extended family. In addition, more than three quarters of them their family had insufficient income and the majority of them live with their father and mother. The current results disagreement with the study conducted by Choi, Lee & Lee (2017) who examine sexual harassment among 100 students in South Korea and revealed that more than half of subjects

were male and aged from 12 to 16 years. Also, The current result consistent with the study by de Lijster, Felten, Kok & Kocken, 2016 on 815 students at Netherlands, aimed to examine the effects of an interactive school-based program for preventing adolescent sexual harassment: a cluster-randomized controlled evaluation study and stated that about half of studied subjects were male and mean of age was 14.14 (0.70) years. From the researcher point of view, this disagreement may be due to that the studied sample in the current research aged from 16-17 years old in secondary level in Egypt. Also, In Egypt, female students did not allow to move alone. Before secondary school, female students move with their families. In secondary level, female students go out to get their lessons in different places. Regarding type of family, female students in Egypt lived in their families with their relatives in same home and it's the nature in Egypt that the spreading of extended families among Egyptian community.

Related to type of harassment, the current research appeared that about two thirds of studied female students exposed to verbal harassment and minority of them exposed to sexuality harassment. The current results did not

congruent with Abdelmonem (2015) who assessed el-taharrush el-ginsy through arabic online forums and anti-sexual harassment activism (longitudinally study) on 233 girls over 12-year and the study showed the widespread of sexual harassment in Cairo's streets and overwhelming public concern in the region about the molestation and rape of children until 2006 then a shift occurred in Egyptian posts, tied to the sexual harassment that took place in downtown Cairo and in relation to the sexual harassment event so Egyptian Center for Women's Rights had begun a campaign to end everyday sexual harassment in the streets and the phenomena exceeded after Egyptian Revolution 2011. This incongruity may be due to the difference of data collection methods. The current research used face to face interview. This method may be associated with shame from selected female students while online method may be having more frankly and boldness answers.

According to physical effect related harassment, the current research mentioned that the highest physical effect was fatigue and loss of appetite. Also, more than one quarter suffered from headache, while the lowest physical effect was weight loss and body pain. The current result cohort with the study by **Turner, Mitchell, Jones & Shattuck, 2017** on 4,503 children and youth at USA which aimed to assess the impact of harassment by peers: Incident characteristics and outcomes in a national sample of youth and found that harassment had negative effect on physical health as fatigue and headache. In addition, the current research supported with the study performed by **Jabeen, Dur-e-Shawar, Umar, Yameen & Azhar, 2017** on 450 subjects at Pakistan that aimed to investigate the efficacy and impact of protection against harassment of women at workplace and revealed that most of females experience with harassment suffered from lack of sleeping and loss of appetite. This congruity between the current research and other studies may be refer to the nature of studied phenomena that confirms occurrence of physical effect on victims regardless their setting or age.

Regarding to social emotional effect related harassment, the current study detected that more than one third of studied female

students had negative belief in self, more than half of them had negative beliefs in others, emotional competence and engaged living. Also, more than one third of studied female students had positive social emotional health, while more than half of them had negative social emotional health. These results cohort with the study by Pereira, Spitzberg & Matos, 2016 studied prevalence of Cyber-harassment victimization, fear and help-seeking among 627 adolescents in Portugal and mentioned that about two thirds of studied adolescents fear from others and about half had low emotional social health. Also, the research agreed with the study conducted by **Emmanuel Okoie & Thompson Onah (2015)** in Nigeria on 300 adolescents in school, which aimed to effect of cyber harassment on the psychological well-being of adolescents and found that harassment has impact on in-school adolescent's self-esteem, self-concept and self-efficacy. Also, self-esteem correlate with cyber harassment of-in school adolescents,  $r(298) = .289, p < .05$ . Likewise, self-concept correlates significantly with cyber bullying of in-school adolescents,  $r(298) = .457, p < .05$ . From the researcher opinion, all females suffered from post-traumatic stress disorder after exposure to harassment especially in secondary school age (early adolescent) in Arabic countries which characterized by avoiding situations, withdrawing from others and harassment was particularly abusive and continued for an extended period of time.

According to their total self-report depression related harassment, the present study reported that one fifth of studied female students had low depression, less than fifth had moderate depression and minority had severe depression, while more than half of them had no depression. These results disagreement with the study performed by **Kaltiala-Heino, Fröjd & Marttunen, 2016** at Finland on 90,953 boys and 91,746 girls aged 14–18 years, which aimed to study the associations between subjection to sexual harassment and emotional (depression) and behavioral (delinquency), who stated that all sexual harassment experiences studied were associated with both depression (adjusted odds ratios varied from 2.2 to 2.7 in girls and from 2.0 to 5.1 in boys). While, supported with the study by **Lindsay, Booth, Messing & Thaller, 2016** at United States of America on 342 students,

which aimed to assess Emotional Reactions and fear related online harassment among emerging adults and detected that about half of studied subjects suffered from depression level. From the researcher point of view, the severity of psychological effect depends on the type of harassment. These results explained that harassment is associated with increased risk of anxiety, depression, and post-traumatic stress disorder, as well as diminished self-esteem, self-confidence, and psychological well-being.

Related to relation between type of harassment and depression level and social emotional health, the current study reported that there was high significant relation between type of harassment and their depression and social- motional health with p value <0.01\*\*. These results agreement with the study performed by **Mushtaq, Sultana & Imtiaz, 2015** titled in the trauma of sexual harassment and its mental health consequences, on 200 subjects at Pakistan and found that significant positive correlation of sexual harassment with depression, anxiety, stress and combined effect of them (DASS) was found. Multiple regression analysis showed sexual harassment as significant predictor of depression ( $\beta = 0.47$ ,  $p < .001$ ), anxiety ( $\beta = 0.43$ ,  $p < .001$ ) and stress ( $\beta = 0.45$ ,  $p < .001$ ). This agreement interpreted the logic relation type of harassment and depression level and social emotional health among females especially young age.

## Conclusion

The current study conclude that the physical effect related harassment was more than one third of female students suffered from fatigue and one third of them suffered from loss of appetite. As regards social emotional effect, more than one third of studied female students had positive social emotional health, while more than half of them had negative social emotional health. In relation to depression effect related harassment, one fifth of studied female students had low depression, less than one fifth had moderate depression and minority of them had severe depression. There was high significant relation between type of harassment and their depression and social-motional health with p value <0.01.

## Recommendation:

1. Health education programs for female students regarding harassment and relevant biopsychosocial consequences in schools.
2. Empowerment role of obstetrics and gynecological nurses regarding early biopsychosocial management of victims.
3. Further researches regarding biopsychosocial effect of harassment among female students.

**Conflict of interest:** Not present any conflict

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## References

- Abu Lughod, L. (2013). *Do Muslim Women Need Saving?* Cambridge: Harvard University Press.
- Alex-Hart, B. A., Okagua, J., & Opara, P. I. (2015). Sexual behaviors of secondary school students in Port Harcourt. *Journal of Advances in Medicine and Medical Research*, 325-334.
- Apaak, D., & Sarpong, E. O. (2015). Knowledge level and incidence of sexual harassment in sports: Views of Ghanaian female university athletes. *Journal of Educational and Social Research*, 5(3), 121.
- Bendixen, M., & Kennair, L. E. O. (2017). Advances in the understanding of same-sex and opposite-sex sexual harassment. *Evolution and Human Behavior*, 38(5), 583-591.
- Choi, K. S., Lee, S. S., & Lee, J. R. (2017). Mobile phone technology and online sexual harassment among juveniles in South Korea: Effects of self-control and social learning. *International Journal of Cyber Criminology*.
- de Lijster, G. P., Felten, H., Kok, G., & Kocken, P. L. (2016). Effects of an interactive school-based program for preventing adolescent sexual harassment: a cluster-randomized controlled evaluation study. *Journal of youth and adolescence*, 45(5), 874-886.

- Egyptian Center for Women's Rights. 2009. Sexual Harassment in the Arab Region: Cultural Gaps and Legal Challenges. ECWR Report, (ed.) Nehad Abul Komsan. Print.
- Eisenberg, M. E., Gower, A. L., McMorris, B. J., & Bucchianeri, M. M. (2015). Vulnerable bullies: Perpetration of peer harassment among youths across sexual orientation, weight, and disability status. *American journal of public health, 105*(9), 1784-1791.
- EL- DEEB, B. (2013). Study on Ways and Methods to Eliminate Sexual Harassment in Egypt. United Nation Women, [http://harassmap.org/en/wp-content/uploads/2014/02/287\\_Summaryreport\\_eng\\_low-1.pdf](http://harassmap.org/en/wp-content/uploads/2014/02/287_Summaryreport_eng_low-1.pdf).
- Eller, A. (2016). Transactional sex and sexual harassment between professors and students at an urban university in Benin. *Culture, health & sexuality, 18*(7), 742-755.
- Emmanuel Okoiye, O., & Thompson Onah, A. (2015). Moderating effect of cyber bullying on the psychological well-being of in-school adolescents in Benin Edo State Nigeria. *European Journal of Sustainable Development, 4*(1), 109-109.
- Eom, E., Restaino, S., Perkins, A. M., Neveln, N., & Harrington, J. W. (2015). Sexual harassment in middle and high school children and effects on physical and mental health. *Clinical Pediatrics, 54*(5), 430-438.
- Eshetu, E. (2015). Assessment of sexual harassment and associated factors among grade 9-12 female students at schools in ambo district, Oromia national regional state, Ethiopia. *Science Journal of Public Health, 3*(1), 97-100.
- Ethridge, S.B., Mackellar, D.K. & Branson, B.D. (2015). Community Health Nursing, Role of School Health Nurses, 5<sup>th</sup> edition Lippincott Company, New York pp 345-354.
- Fahmy, A., Abdelmonem, A., Hamdy, E., Badr, Ahmed & Hassan, R., (2014). "Toward a Safer City: Sexual Harassment in Greater Cairo: Effectiveness of Crowdsourced Data." HarassMap Report (full report), [http://harassmap.org/en/wp-content/uploads/2013/03/Towards-A-Safer-City\\_full-report.pdf](http://harassmap.org/en/wp-content/uploads/2013/03/Towards-A-Safer-City_full-report.pdf).
- Gruber, J., & Fineran, S. (2016). Sexual harassment, bullying, and school outcomes for high school girls and boys. *Violence Against Women, 22*(1), 112-133.
- Hassan, Shoukry, Ali & Abul Komsan, Nehad. "Clouds in Egypt's Sky: Sexual Harassment: From Verbal Harassment to Rape." ECWR Report. 1998. Last accessed 3-8-2015. [http://egypt.unfpa.org/Images/Publication/2010\\_03/6eeeb05a-3040-42d2-9e1c-2bd2e1ac8cac.pdf](http://egypt.unfpa.org/Images/Publication/2010_03/6eeeb05a-3040-42d2-9e1c-2bd2e1ac8cac.pdf)
- Jabeen, M., Dur-e-Shawar, N. Z., Umar, M., Yameen, M. A., & Azhar, S. (2017). Harassment of working women in the public health sector of Abbottabad in socio-legal perspective. *Journal of Pakistan Medical Association, 67*(1), 37-41.
- Kaltiala-Heino, R., Fröjd, S., & Marttunen, M. (2016). Sexual harassment and emotional and behavioural symptoms in adolescence: stronger associations among boys than girls. *Social psychiatry and psychiatric epidemiology, 51*(8), 1193-1201.
- Khurana, A., Bleakley, A., Jordan, A. B., & Romer, D. (2015). The protective effects of parental monitoring and internet restriction on adolescents' risk of online harassment. *Journal of youth and Adolescence, 44*(5), 1039-1047.
- Lee, S. Y., You, S., & Furlong, M. J. (2016). Validation of the social emotional health survey—secondary for Korean students. *Child Indicators Research, 9*(1), 73-92.
- Lindsay, M., Booth, J. M., Messing, J. T., & Thaller, J. (2016). Experiences of online harassment among emerging adults: Emotional reactions and the mediating role of fear. *Journal of interpersonal violence, 31*(19), 3174-3195.

- Lucas S., Travers K., Gauvin S., Talvot V., (2016), Women and the City III, A summary on baseline data on women's experience of violence in seven countries. Action Aid International. 3: 1-26
- Lucas- Molina, B., Williamson, A. A., Pulido, R., & Pérez- Albéniz, A. (2015). Effects of teacher–student relationships on peer harassment: a multilevel study. *Psychology in the Schools*, 52(3), 298-315.
- Mohamed, A. A. (2015). Sexual harassment in Malaysian educational institutions: Causes and solutions. *International E-Journal of Advances in Social Sciences*, 1(1), 17-26.
- Mushtaq, M., Sultana, S., & Imtiaz, I. (2015). The trauma of sexual harassment and its mental health consequences among nurses. *Journal of the College of Physicians and Surgeons Pakistan*, 25(9), 675-679.
- Pereira, F., Spitzberg, B. H., & Matos, M. (2016). Cyber-harassment victimization in Portugal: Prevalence, fear and help-seeking among adolescents. *Computers in Human Behavior*, 62, 136-146.
- Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied psychological measurement*, 1(3), 385-401.
- Thomas, A. (2015). Incidents of sexual harassment at educational institutions in India: Preventive measures and grievance handling. *International Journal of Recent Advances in Multidisciplinary Research*, 2(03), 0317-0322.
- Turner, H. A., Mitchell, K. J., Jones, L., & Shattuck, A. (2017). Assessing the impact of harassment by peers: Incident characteristics and outcomes in a national sample of youth. *Journal of school violence*, 16(1), 1-24.
- Vega-Gea, E., Ortega-Ruiz, R., & Sánchez, V. (2016). Peer sexual harassment in adolescence: Dimensions of the sexual harassment survey in boys and girls. *International Journal of Clinical and Health Psychology*, 16(1), 47-57.
- Wilson, N. (2015). *Women Health and Reproductive Health*, 3<sup>rd</sup> Edition, Philadelphia Company, P.p. 200-210.