



Original Research

A Cross-Sectional Study on Knowledge and Attitudes about Sexual Harassment among Nursing Students

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ARTICLE INFO

Keywords:

Female

Nursing

Sexual harassment

Students

ABSTRACT

Sexual harassment against women is a growing problem that remains unresolved globally. Sexual harassment can cause trauma and even depression in victims. It can lead to psychological trauma and even depression in victims. Based on an initial survey of 20 female nursing students, 85% reported experiencing sexual harassment through words, stares, and whistles. Nurses are one of the health workers who are vulnerable to sexual harassment. The purpose of this study is to investigate the relationship between knowledge and attitudes of nursing students toward sexual harassment. This study employs univariate and bivariate analysis, using a quantitative correlational approach with a cross-sectional design, and the statistical test used is the chi-square test. The sample in this study consists of 199 first-year nursing students selected using purposive sampling. The study was conducted from January to March 2024. The results showed that 147 (73.9%) nursing students had good knowledge and 108 (54.3%) had a positive attitude toward sexual harassment, with a p-value of 0.014, indicating a significant relationship between knowledge and attitude toward sexual harassment. Good knowledge shapes students' attitudes toward sexual harassment. Students must continue to improve their knowledge about sexual harassment. Further research is encouraged to explore factors related to attitudes toward sexual harassment.

Received 20 April 2025;

Received in revised form 06 Mei 2025;

Accepted 26 June 2025

<https://doi.org/10.19166/nc.v13i1.9713>

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INTRODUCTION

Cases of violence against women have increased each year and have become a problem in various countries. According to the World Health Organization (WHO), one in three women worldwide experiences physical or sexual violence (WHO, 2024). Data from the Online Information System for the Protection of Women and Children indicates that sexual harassment is 80% more likely to occur in women than in men (Komnas perempuan, 2021).

The National Commission on Violence against Women divides sexual violence into 15 types, one of which is sexual harassment (Tempo, 2022). Sexual harassment refers to unwelcome behavior with sexual undertones, often carried out unilaterally, and is typically unexpected and non-consensual (Dewi, 2019). In the United States, 81% of 1,182 women surveyed in 2019 reported experiencing sexual harassment, with verbal harassment being the most common (76%), followed by unwanted sexual touching (49%), cyber harassment

(40%), and physical harassment (27%) (UCSD Center, 2019). Similarly, Japan recorded a rise in indecent acts from 4,700 cases in 2022 to 6,100 cases in 2023 (McEvoy, 2024). Across Asia and the Pacific, 75% of women have experienced some form of sexual harassment, often due to limited access to justice and weak support systems (Women in News, 2021). In Denmark, 49% of women reported having experienced sexual harassment, while in Africa, the figure was 56%. Many victims in these regions choose not to report the incidents due to fear of workplace repercussions and the authorities' slow response. In Southeast Asia, 45% of women experienced verbal harassment, and 24% experienced physical harassment. In Arab countries, 52% of women reported experiencing sexual harassment (Women in News, 2021). Sexual harassment is a morally and culturally offensive act driven by uncontrolled desires (Paradiatz & Soponyono, 2022).

In Indonesia, the 2020 Annual Report from Komnas Perempuan noted that sexual harassment ranked among the top three reported forms of sexual violence, accounting for 181 out of 1,731 cases (Komnas perempuan, 2021). The number of reported cases continues to rise, including in Malang, where cases increased from 87 to 103 within a year (Redaksi, 2022). In Jakarta, 58% of 25,213 respondents reported verbal sexual harassment (Priherdityo et al., 2016). A 2021 survey found that 91.6% of women had experienced sexual harassment, with 61.5% being touched inappropriately and 37.6% being coerced into sexual activity. Victims often experience negative psychological effects such as depression, decreased appetite, becoming introverted, difficulty sleeping, and inability to focus (Novrianza & Santoso, 2022), decreased performance ability, experiencing psychological reactions such as somatic symptom disorder, and feeling hesitant to speak up to report events that have occurred (Trihastuti & Nuqul, 2020).

The provinces of Riau Islands, West Java, and DKI Jakarta have the highest number of reported sexual harassment cases in Indonesia. Cases of sexual harassment in Banten in the last three years have increased; in 2020 there were 472 cases, in 2021 there were 829 cases, in 2022 there were 1,131 cases, and in 2023 there were 1,980 cases (Mardiana, 2023). In Serang City, 47.9% of women reported experiencing verbal sexual harassment, such as catcalling and inappropriate flirting (BNN, 2022). In Tangerang City, there were 24 cases of sexual harassment in 2021 (Opendata Kabupaten Tangerang, 2020). These issues persist due in part to the public's limited knowledge about sexual harassment.

A study by Putri (2022) showed that 42% of respondents with good knowledge had still experienced sexual harassment, while 57.9% of those with poor knowledge were more vulnerable to it. Yusuf et al. (2023) found that 74.51% of respondents reported incidents of sexual harassment, 3.57% confronted the perpetrator, 18.8% verbally reprimanded the perpetrator, and 3.09% chose to remain silent. Sexual harassment can occur in various settings, including hospitals, health centers, clinics, and other healthcare environments. Nurses are particularly vulnerable. Based on an initial survey of 20

first-year nursing students at a private university in Tangerang, 85% reported having experienced verbal sexual harassment in the form of inappropriate comments, stares, and whistles, while 15% had not. In light of these findings, this study aims to examine the relationship between nursing students' knowledge and attitudes regarding sexual harassment.

METHOD

This study employed a quantitative research method with a cross-sectional design aimed at examining the relationship between nursing students' knowledge and attitudes toward sexual harassment. The sample consisted of 199 first-year nursing students at Pelita Harapan University. The sample size was determined using the Slovin formula, and participants were selected through purposive sampling. The inclusion criteria were students aged 18–21 years, Indonesian citizens, while the exclusion criteria included male respondents and those who did not complete the questionnaire.

The study utilized a questionnaire adapted from Minarsih (2018) originally developed to assess the relationship between knowledge and attitudes toward sexual harassment among female adolescents at SMAN 8 Aceh Barat Daya. This instrument had been previously tested for validity and reliability. The knowledge questionnaire consisted of 20 items, with an item validity coefficient of $r \geq 0.632$ and a Cronbach's alpha of 0.997. Knowledge was assessed using a Guttman scale with two response options: True and False. The attitude questionnaire also contained 20 items, with $r \geq 0.632$ and Cronbach's alpha of 0.993. Attitudes were measured using a four-point Likert scale with the options: Strongly Agree, Agree, Disagree, and Strongly Disagree.

Data analysis consisted of both univariate and bivariate analyses. Univariate analysis was used to describe the levels of knowledge and attitudes, presented in frequency and percentage. Knowledge levels were categorized as good, moderate, or poor, while attitudes were classified as either positive or negative. Bivariate analysis was conducted using the Pearson chi-square test to determine the relationship between knowledge and attitude regarding sexual harassment.

The study was conducted at the Faculty of Nursing of a private university in Tangerang, Indonesia, from February to April 2024. Data collection was carried out via an online questionnaire using Google Forms. This study received ethical approval from the Research Ethics Committee of the Faculty of Nursing and complied with ethical standards for human subject research as outlined in approval number KEP FON No. 039/KEPFON/I/2022. The ethical principles followed in this study include beneficence and non-maleficence, fidelity and responsibility, integrity, justice, and respect for participants' rights and dignity. All participants provided informed consent by selecting the statement "I accept to participate in the study" on the online consent form.

RESULT

Table 1. Characteristics of respondents (n=199)

Category	Frequency (n)	Percentage (%)
Age		
18-21	199	100
History of sexual harassment		
Yes	53	26.6
No	146	73.4
Father's education		
No formal education	3	1.5
Elementary school graduate	17	8.5
Junior high school graduate	24	12.1
High school graduate	100	50.3
College Graduate	55	27.6
Mother's education		
No formal education	2	1.0
Elementary school graduate	20	10.1
Junior high school graduate	25	12.6
High school graduate	94	47.2
College Graduate	58	29.1
Get information on sexual harassment		
Ever	183	92.0
Never	16	8.0
Previous Education		
Non-Health senior secondary school	178	89.4
Health senior secondary school	21	10.6

Out of the 199 participants, all (100%) were aged 18–21 years. A total of 178 participants (89.4%) had graduated from a non-health senior secondary school. Regarding parental education, 100 participants (50.3%) reported that their fathers and 94 participants (47.2%) reported that their mothers had graduated from senior high school. The majority, 149 participants (73.4%), reported never having experienced sexual harassment (Table 1).

Table 2. Level of knowledge about sexual harassment (n=199)

Category	Frequency(n)	Percentage (%)
Good	147	73.9
Moderate	51	25.6
Poor	1	0.5

Based on Table 2, 147 respondents (73.9%) demonstrated good knowledge about sexual harassment, 51 respondents (25.6%) had moderate knowledge, and only 1 respondent (0.5%) had poor knowledge.

Table 3. Attitudes of sexual harassment (n=199)

Category	Frequency (n)	Percentage (%)
Positive	108	54.3
Negative	91	45.7

As shown in Table 3, 108 respondents (54.3%) had a positive attitude toward sexual harassment, while 91 respondents (45.7%) had a negative attitude.

Table 4. Relationship between knowledge and attitude about sexual harassment (n=199)

Knowledge	Attitudes of sexual harassment						P-value
	Positive		Negative		Total		
	f	%	f	%	f	%	
Good	85	57.8	62	42.2	147	100	0.014
Moderate	22	43.1	29	56.9	51	100	
Poor	1	100	0	0	1	100	

Table 4 showed a p-value of 0.014, indicating a statistically significant relationship between knowledge and attitudes toward sexual harassment among female nursing students.

DISCUSSION

This study found that participants aged 18–21 fall within the late adolescent category, which is generally characterized by higher

intellectual capacity, critical thinking skills, responsible behavior, and increased awareness, factors that contribute to more informed attitudes toward sexual harassment (Hulukati & Djibrin, 2018). This contrasts with the findings of Aufa (2021), who observed that victims of sexual harassment were often children and adolescent girls under the age of 18. Similarly, Kaltsum et al. (2023) noted that while age influences cognitive and behavioral responses, individuals' experiences vary widely. Adolescents under 18 often lack a comprehensive understanding of sexual behavior and therefore require greater supervision and education (Amalia et al., 2018).

The majority of respondents in this study had graduated from non-health senior secondary schools. This aligns with the findings of Delfina et al. (2021), who reported that 73.4% of their participants had a high school education. The level of education can affect the way a person behaves and affect the process of obtaining information. However, Bonsaksen et al. (2024), found that participants with lower education levels (e.g., junior high school) had a limited understanding of their experiences, often resulting in emotional distress such as depression, loneliness, and low self-esteem.

Most of the respondents' parents had completed high school, a finding consistent with Handayani & Puspita Sari (2020), who emphasized the importance of parental education in providing sex education. Educated parents tend to adopt more protective and communicative parenting styles, monitoring activities, offering guidance, and discussing social relationships. In contrast, Suhariyanti & Margowati (2018) found that lower parental education levels were associated with reduced assertiveness in children. Parents often view discussing sexual issues with children as taboo, resulting in adolescents seeking information from peers or the media, which may lead to misinformation (Mertia et al., 2022).

This study also revealed that most respondents had received information about sexual harassment, supporting Rihardini's (2016) findings that 88.06% of adolescents had accessed sex-related information appropriate to their psychological needs. Chang et al. (2020) similarly reported that 77.3% of their participants were exposed to educational content about harassment, culture, gender, and healthcare, resulting in heightened awareness. Sayani (2023) found that lack of exposure to such information increased the likelihood of experiencing sexual harassment. In this study, 93.7% of participants reported that social media was their primary source of information. Research by Pohan et al. (2023) noted a strong link between social media use and attitude formation, while Adiyanto (2020) successfully used Instagram live sessions to educate students. However, Masae et al. (2019) cautioned that social media use does not automatically lead to accurate knowledge or positive attitudes.

A total of 147 respondents (73.9%) in this study demonstrated good knowledge of sexual harassment. This research is in line with the results of research conducted by Rusyidi et al. (2019), who found that students could effectively identify various forms of sexual

harassment. Students have good knowledge due to age and education level. Knowledge levels were influenced by age and education; older and more educated students were more likely to internalize and retain such information (Bondestam & Lundqvist, 2020). Delfina et al. (2021), reported that late adolescents (aged 16–18) had better understanding compared to early adolescents. In line with research by Amalia et al. (2018) stated that individuals under 18 require targeted education and guidance. Wafa et al. (2023) emphasized the importance of schools in reinforcing respectful relationships and implementing anti-harassment policies.

Supiana et al. (2022) highlighted that reliable information sources, such as health professionals, print media, and television—contributed to higher knowledge levels. Conversely, Yusuf et al. (2023) identified that insufficient knowledge resulted from limited exposure and inadequate sex education. (Supiana et al., 2022). Chang et al. (2020) recommended comprehensive education on the causes and responses to harassment. In general, higher knowledge levels correlate with reduced risk of harassment (Person, 2021). In this study, knowledge was shaped by educational background, parental influence, and information sources.

This study also found that 57.8% of respondents held positive attitudes toward sexual harassment. This is in line with research conducted by Rismawanti (2021), where as many as 51% have a positive attitude because the information they get from various media such as the internet and magazines can strengthen a person's knowledge and attitude towards sexual harassment and the relatively young age, which makes them quick and easy to receive information. The same applies to research conducted by Wulandari et al. (2023), 58.9% of respondents have a good attitude because they have been exposed to information about sexual harassment from social media. Chang et al. (2020) found that 99.07% of women had a positive attitude towards sexual harassment because they were aware that women were more vulnerable to sexual harassment.

However, these results differ from Person (2021), who found that 60.8% of respondents had negative attitudes and were unsure how to respond to harassment. Mahmudah et al. (2016) also reported that many respondents held negative attitudes, increasing their vulnerability. Ashari (2021) emphasized the importance of assertive responses to harassment and the need for support from both families and schools (Minarsih, 2018). In this study, attitude was influenced by knowledge level, parental education, and access to information, factors that helped shape respondents' positive perspectives.

The study also showed a significant relationship between knowledge and attitude, with a p-value of 0.014. This finding is consistent with Person (2021), who stated that individuals with positive attitudes are typically those with good knowledge. Wulandari et al. (2023) also demonstrated a strong correlation ($p = 0.000$), reporting a 67.0% increase in positive attitudes after educational interventions.

However, this study contrasts with Yusuf et al. (2023), in which 74.28% of respondents had sufficient knowledge and 96.91% had a positive attitude toward sexual harassment. This sufficient knowledge was due to the respondents' lack of information and knowledge about sex education during childhood. Positive attitudes were evident in terms of reporting incidents of sexual harassment, but these positive attitudes were not always applied due to feelings of fear. Sepriyanti et al. (2022) also reported a discrepancy between knowledge and attitude: 50.0% of respondents had poor knowledge, yet 58.3% held positive attitudes. This gap was attributed to inadequate reproductive health education and weak parental relationships.

In conclusion, this study supports the notion that higher knowledge levels are generally associated with more positive attitudes among nursing students toward sexual harassment. A person's knowledge is shaped by education, cultural context, experience, and access to information (Ayu, 2022). However, knowledge alone does not guarantee a positive attitude, as personal experiences also play a role. In this study, most respondents obtained their information from the internet and social media, reinforcing the need for accurate, accessible, and age-appropriate content. Ultimately, good knowledge is a key factor in fostering positive attitudes toward preventing and addressing sexual harassment.

CONCLUSION

This study, conducted among 199 respondents, found that 73.9% of participants had good knowledge and 54.3% displayed a positive attitude toward sexual harassment. These findings suggest that good knowledge plays an important role in shaping a more informed and responsive attitude toward issues of sexual harassment. The better one's knowledge about sexual violence, the more positive their attitude towards this issue. The results highlight the need for continued efforts to improve students' knowledge, particularly among nursing students, who are expected to demonstrate sensitivity and awareness in handling such issues in their future professional roles. Further research is encouraged to explore factors related to attitudes toward sexual harassment. This study also acknowledges certain limitations. Notably, the questionnaire lacked explicit instructions encouraging respondents to complete it independently and honestly, without external assistance. This may have affected the authenticity of some responses. Future studies should address this by providing clear and detailed instructions to enhance data reliability.

ACKNOWLEDGEMENT

The authors would like to express their deepest gratitude to God for His guidance and grace throughout the completion of this research. Sincere thanks are also extended to the Faculty of Nursing, Universitas Pelita Harapan, and to all individuals who contributed to and supported this study in various ways.

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