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Original Research

Sexual Literacy as a Protective Factor Against Sexual Harassment: Evidence from a Cross-Sectional Study

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ABSTRACT

Background: Sexual harassment among adolescents remains a critical global issue, particularly within educational settings. While sexual literacy is often promoted as a primary defense, the translation of knowledge into protective behavior remains under-researched. This study aims to analyze the correlation between sexual literacy, the incidence of sexual abuse, and prevention efforts among health science students through the lens of Social Learning Theory. **Methods:** A cross-sectional survey was conducted in November 2024 at the dr. Soepraoen Army Hospital Institute of Technology, Health, and Science, Malang, Indonesia. A total of 88 nursing and midwifery students were recruited using consecutive sampling. Data were collected via a validated online questionnaire covering sexual literacy, abuse experiences, and preventive actions. Statistical analyses included the Fisher Exact test for categorical associations and Spearman's rank correlation for behavioral trends. **Results:** The majority of respondents (92%) demonstrated high sexual literacy; however, 20.5% reported experiencing sexual abuse. Bivariate analysis revealed no significant relationship between sexual literacy levels and the incidence of sexual abuse (p = 0.337). Conversely, a statistically significant, albeit modest, positive correlation was found between sexual literacy and prevention efforts (r = 0.240; p = 0.024). Despite high literacy, 58% of respondents did not implement active preventive measures, indicating a gap between knowledge and practice. **Conclusion:** High sexual literacy significantly influences the propensity to adopt preventive measures but does not directly reduce the risk of victimization. These findings suggest that individual knowledge is insufficient without systemic support. Comprehensive strategies must integrate psychosocial empowerment, self-efficacy, and institutional policies to bridge the gap between sexual awareness and effective protective behavior.

Keywords: Sexual harassment; health literacy; adolescent; health personnel; prevention and control

1. INTRODUCTION

Sexual harassment of adolescents is a serious problem in many countries. Furthermore, numerous incidents of sexual violence have been documented within educational institutions, including schools and universities. Recent global evidence emphasizes that university students (particularly in health-related disciplines) remain highly

vulnerable to gender-based violence, highlighting the urgent need to evaluate the impact of digital and sex education frameworks in academic settings.[1] Sexual harassment is an issue that can arise at any time and in any place, and it can be experienced by individuals of any age, including both men and women. It can also occur in school environments.[2] The perpetrators of sexual violence may include individuals from a variety of interpersonal contexts, such as family members, peers at educational institutions, members of the community, and even individuals in positions of authority, such as teachers. The most prevalent forms of harassment include offensive or threatening comments, direct treatment, and sexual harassment in the virtual world (online).[3] A significant number of cases of sexual harassment go unreported due to a lack of awareness, fear, shame, and ignorance. Consequently, these adolescents frequently become the subjects of sexual harassment, yet they often do not comprehend their status as victims of sexual harassment.[4]

The Ministry of Women's Empowerment and Child Protection declared a state of emergency in Indonesia regarding sexual violence against children. According to the ministry's records, there were 9,588 cases of sexual violence against children in 2022. From January to September 27, 2023, there were 19,593 cases. The highest number of victims (7,451 cases) was in the 13-17 age group.[5]

A study conducted by Mallista et al. (2020) involving adolescents (aged 13-19 years) involving 178 respondents showed that 123 students (69%) had experienced sexual harassment. 66 students (54%) experienced verbal sexual harassment; 106 students (86%) experienced non-verbal sexual harassment; 56 students (46%) experienced physical sexual harassment. Sexual harassment that occurs in high school stems from the instability of students who are going through adolescence. Lack of information, development, and searching for fragmented information from the mass media about sexuality results in poor and narrow information. If parents are willing to discuss sex with their children, then children tend to delay premarital sexual behavior. Likewise, research explains that adolescents tend to imitate the attitudes and behaviors of their parents.[6,7]

Sexual violence causes physical and psychological harm to victims, including sexual harassment. Sexual harassment causes health problems, can damage mental, physical, and social well-being, and can even cause somatic effects, including unwanted pregnancy, sexually transmitted infections, including HIV/AIDS, depression, trauma, and even stress disorders.[8] The traumatic effects experienced by victims of sexual harassment and rape can cause stress.[9] Immediate preventive measures are essential. Various efforts to address cases of sexual violence have been made. Efforts to prevent sexual harassment are determined by various factors.[10] Although health literature increasingly advocates for sexual literacy, empirical gaps persist regarding why increased knowledge fails to directly trigger active self-protective behaviors among adolescents and young adults.[11,12] Through this study, the researcher wants to further examine efforts to prevent sexual harassment from the perspective of personal factors in the context of Social Learning Theory.

2. METHODS

2.1 Study Design

A survey research design with a correctional approach was applied in this study. Analysis of the cause-and-effect variables was conducted at one time. The research measurement tool used a questionnaire developed by the researcher.

2.2 Setting

The study was conducted in November 2024 at ITSK RS dr Soepraoen Kesdam V Brawijaya Malang. The study involved 88 respondents who voluntarily participated and completed the questionnaire. The questionnaire was completed online using Google Forms.

2.3 Research Subject

The population of this study consisted of all first-year midwifery and nursing students at ITSK RS dr. Soepraoen for the 2023/2024 academic year. Inclusion criteria included active students from both study programs who voluntarily agreed to participate and complete the research questionnaire online. Meanwhile, although the manuscript does not list formal exclusion criteria separately, subject selection was based on sequential sampling criteria. Consecutive sampling was used for the sample. Data was collected from November 29 to December 4, 2024. This technique was chosen because it is easy to apply, saves time and money, and enables continuous collection of a large number of samples until the criteria are met.

2.4 Instruments

The instrument employed in this study was a questionnaire developed by the researcher. The questionnaire employed in this study had previously undergone a validity and reliability assessment. The following text is intended to provide a comprehensive overview of the subject matter.

2.5 Data Analysis

The analysis will be conducted in stages using SPSS. This encompasses both univariate analysis and bivariate analysis, provided that the necessary criteria are met. The bivariate test involves the non-parametric Fisher exact test method for the variables of sexual literacy and the incidence of sexual abuse. Concurrently, the Spearman approach is employed to examine the correlation between sexual literacy and the prevention efforts reported by respondents. The following text is intended to provide a comprehensive overview of the subject matter.

2.6 Ethical Consideration

This study protocol received ethical clearance from the Institutional Ethics Committee of ITSK RS dr. Soepraoen under approval number 50/I/KEPE/EXM/2026 on January 2, 2026. The research was conducted in full compliance with the guidelines of the Declaration of Helsinki. Written informed consent was secured from each participant prior to data collection, following full disclosure of the study scope. Voluntary participation was emphasized, granting subjects the freedom to discontinue their involvement at any time without penalty. Participant privacy was safeguarded through complete data anonymization and restricted access limited solely to authorized research personnel.

3. RESULTS

The majority of respondents were female (93.2%), while only 6.8% were male (Table 1). Most respondents had siblings (86.4%) and both parents (95.3%) (see Table 1). Regarding place of residence/settlement, most respondents lived with their parents (84.1%), while a small percentage lived in boarding houses or alone (10.2%), with their grandparents (3.4%), or were married (2.3%). Respondents' sources of information varied; 42% obtained information from several sources, while 26.1% had no source of information. Twenty percent of respondents obtained information from social media, followed by parents (5.7%), teachers (4.5%), and friends (1.1%).

Table 1. Demographic characteristics of sexual literacy as a protective factor against sexual harassment in Malang City, East Java, from November to December 2024 (N=88)

Variable	n	Frequency (%)
Gender		
Male	6	6.8
Female	82	93.2
Sibling		
Yes	76	86.4
No	12	13.6
Parents status		
Complete	83	95.3
Single parent	5	5.7
Living companion		
Parent	74	84.1
Boarding house	9	10.2
Wife/husband	2	2.3
Grand parent	3	3.4
Source of information		
None	23	26.1
Social media	18	20.5
Friends	1	1.1
Parents	5	5.7
Teacher	4	4.5
Combination	37	42.0
Sexual literation		
Good	81	92.0
Fair	7	8.0
Poor	0	0
Sexual harassment prevention		
None	51	58.0
Active search information	10	11.4
Talking to friends	5	5.7
Talking to parents	4	4.5
Combination	18	20.5
Sexual harassment experience		
Yes	18	20.5
No	70	79.5
Total	88	100

Regarding sexual literacy, most respondents were literate (92%), while the rest were sufficiently literate (8%), and none were illiterate. Regarding efforts to prevent sexual abuse, 58% of respondents did not take any preventive measures. Of those, 11.4% actively sought information, 5.7% talked to friends, 4.5% talked to parents, and 20.5% combined several prevention efforts.

Regarding experiences with sexual abuse, 20.5% of respondents reported experiencing abuse, while 79.5% reported not experiencing abuse.

As illustrated in Table 2, the findings of the investigation into the association between sexual literacy and incidents of sexual abuse, along with the efficacy of prevention strategies, are presented. Fisher's exact test was conducted to assess the relationship between sexual literacy and experiences of sexual abuse. The analysis yielded a ϱ-value of 0.337, indicating that there is no statistically significant relationship between the level of sexual literacy and the incidence of sexual abuse. In other words, a higher level of sexual literacy does not directly correlate with the likelihood of experiencing sexual abuse in this group of respondents. The following text is intended to provide a comprehensive overview of the subject matter.

Table 2. Statistical analysis

Variable 1	**N**	***p* value**	**r**	**Variable 2**
Sexual Literation	88	0.337	-	Sexual harassment experience
		Fisher exact test		
Variable 1	**N**	***p*-value**	**r**	**Variable 2**
Sexual Literation	88	0.024*	0.240	Sexual harassment prevention
		Spearman		

*Significant

Spearman's correlation test was utilized to assess the relationship between sexual literacy and initiatives aimed at preventing sexual abuse. The analysis yielded a ϱ-value of 0.024 and a correlation coefficient (r) of 0.240, indicating a medium-strength relationship between the variables. A statistically significant *p*-value ($p < 0.05$) indicates a meaningful relationship between sexual literacy and prevention efforts. Concurrently, the low positive correlation value (r = 0.240) signifies that an individual's elevated sexual literacy is associated with a heightened propensity to adopt preventive measures against sexual harassment, although this association is modest in its strength. The findings of this study demonstrate that enhancing sexual literacy can foster heightened awareness and the adoption of preventive measures against sexual harassment. However, it is important to note that this phenomenon is not directly associated with the likelihood of personally experiencing harassment.

4. DISCUSSION

As shown in Table 1, 20.5% of respondents have experienced sexual harassment, while 79.5% have not. The observed prevalence of sexual harassment (20.5%) among nursing and midwifery students aligns with recent studies showing that health science students are particularly exposed to interpersonal hazards due to clinical power dynamics and workplace cultures.[13] Table 2 shows that sexual literacy is not significantly related to incidents of sexual harassment ($p = 0.337$). Therefore, having good sexual literacy does not guarantee one will be spared from sexual harassment. Other factors, such as social environment, exposure to risk, and the courage to report abuse, likely play a greater role in the occurrence of sexual abuse than the level of sexual literacy alone. These findings suggest the importance of strengthening awareness of prevention and protection strategies against sexual abuse in addition to improving sexual literacy.

The findings from this study suggest that, although sexual literacy is an important aspect of sexual health education, it is not significantly correlated with the prevalence of sexual abuse ($p = 0.337$). Therefore, improving sexual literacy alone is insufficient to prevent sexual harassment. Other factors, such as the social environment, exposure to risk, and the willingness to report incidents, seem to be more influential in determining the prevalence of sexual harassment. These findings are consistent with existing literature emphasizing the multifaceted nature of sexual harassment and the need for comprehensive prevention strategies. Research has shown that proactive prevention efforts, particularly in the workplace, can significantly reduce sexual harassment cases. For instance, Basile et al. emphasize that commitment from top management, regular mandatory training, and clear zero-tolerance policies can foster a safer environment and deter perpetrators.[14] Similarly, Tan et al. discuss the importance of organizational climate and psychosocial safety in preventing sexual harassment, demonstrating

that effective management and support systems are essential for addressing this issue.[15] These findings underscore the need for a holistic approach that goes beyond individual awareness and incorporates systemic changes within organizations and society.

Furthermore, the role of social and psychological empowerment in preventing sexual abuse cannot be disregarded. As Mohamed et al. emphasize, the instilling of values and principles, in addition to legal sanctions against perpetrators of abuse, are important preventive measures.[4] This assertion is further substantiated by Sakellari et al., who contend that enhancing awareness and comprehension of abuse can substantially contribute to prevention efforts.[7] The absence of punitive measures for perpetrators of abuse has been identified as an important factor in perpetuating abuse. This finding indicates that effective consequences for such behavior are essential to fostering a safer environment.[16] Furthermore, the findings of the present study indicate that the promotion of awareness regarding prevention and protection strategies is of equal importance to the enhancement of sexual literacy. Hardt et al. observe that the absence of adequate anti-abuse training can impede the efficacy of prevention initiatives, underscoring the necessity for meticulously designed educational programs that effectively address awareness and pragmatic responses to abuse.[17] Moreover, the experiences of nursing students in Taiwan, as reported by Chang et al., illustrate the necessity for targeted education on abuse prevention, particularly for vulnerable populations.[17]

Sexual literacy is a valuable component of sexual health education, but it alone is insufficient to prevent sexual abuse. An effective approach must include raising awareness of prevention strategies, fostering a supportive environment, and implementing consequences for perpetrators. This approach can address the complex dynamics of sexual abuse and contribute to a safer society.

As indicated by the findings presented in Table 1, the majority of respondents demonstrated proficient sexual literacy (92%), with only 8% exhibiting adequate literacy and none exhibiting deficient literacy. However, despite the high level of sexual literacy among the respondents (58%), there is a lack of adherence to preventive measures against sexual abuse. This finding suggests a discrepancy between the understanding of sexual literacy and the preventive actions that have been implemented. As illustrated in Table 2, a statistically significant relationship is evident between sexual literacy and prevention efforts (p = 0.024, r = 0.240). Despite the absence of a robust correlation, the findings suggest a potential association between respondents' sexual literacy and their propensity to engage in preventive measures. A high level of sexual literacy among respondents does not necessarily correspond with high prevention efforts, despite the existence of a significant but weak relationship between the two.

This phenomenon can be understood through the lens of extant literature that highlights the complexity of translating knowledge into action. For instance, Dehghankar et al. explore how health literacy, akin to sexual literacy, is a cognitive variable that impacts behavior.[18] However, while knowledge may facilitate understanding of the risks associated with sexual harassment, it does not guarantee behavioral change. Individuals may comprehend the potential repercussions of sexual harassment yet nevertheless fail to act due to various barriers, including social norms, fear of repercussions, or the assumption that harassment is commonplace in certain environments.[19] This finding aligns with the observations of Nguyen and Le, who underscored the significance of victims' experiences and the prevailing workplace culture in shaping their perceptions regarding preventive measures.[20] Additionally, the context in which individuals work significantly impacts their willingness to engage in preventive measures. For instance, Mumford et al. point out that college environments often promote a culture of awareness and proactive measures against sexual violence, which is not common in other settings.[21] Conversely, Mohammed et al. note that the healthcare sector often normalizes abuse, leading to reluctance among victims to report incidents or take preventive measures. These examples demonstrate that even with high sexual literacy, the social and organizational climate can significantly influence the effectiveness of prevention efforts.[19]

Furthermore, the observed weak correlation between sexual literacy and preventive actions suggests that while individuals may possess the knowledge necessary to identify and comprehend sexual abuse, they may face barriers such as a lack of confidence or support, hindering their ability to take action. Shahrahmani et al. found that sexual health literacy can increase self-efficacy, which is essential for individuals to feel empowered to take preventive actions.[22] Consequently, enhancing not only sexual literacy but also self-efficacy and support

systems may be imperative in addressing the discrepancy between knowledge and action. A high degree of sexual literacy among respondents does not inherently imply the adoption of proactive measures to prevent sexual abuse. This discrepancy underscores the necessity for a multifaceted approach that addresses not only the dissemination of knowledge but also the contextual factors that influence behavior. It is imperative to implement strategies that foster supportive environments, enhance self-efficacy, and challenge the normalization of abuse to translate sexual literacy into effective.

This study has several limitations. First, the sample size was relatively small, with only 88 respondents recruited consecutively within a one-week period, which may limit the generalizability of the findings. Second, the use of a cross-sectional design restricts the ability to establish causal relationships between sexual literacy and preventive behaviors. Finally, the reliance on self-reported data may be subject to recall or social desirability bias, potentially affecting the accuracy of responses. Future studies with larger, more diverse samples and longitudinal designs are recommended to validate and expand upon these findings.

5. CONCLUSION

In conclusion, this study highlights that sexual literacy, though an essential component of sexual health education, is insufficient on its own to prevent sexual harassment. The weak but significant association between sexual literacy and preventive measures indicates that knowledge alone does not guarantee protective behavior. These findings emphasize the need for a comprehensive approach that not only improves sexual literacy but also addresses psychosocial empowerment, social norms, and organizational climates that influence preventive actions. Creating supportive environments, enhancing self-efficacy, and ensuring clear accountability for perpetrators are critical steps in bridging the gap between awareness and action. Future research should consider longitudinal designs to examine causal relationships, explore psychosocial determinants of preventive behavior, and evaluate the effectiveness of multi-component interventions that combine education, empowerment, and systemic policy changes to foster safer communities.

Ethical Approval

Ethical clearance has been obtained from the ethics commission of the Institut Teknologi, Sains dan Kesehatan RS dr Soepraoen Kesdam V Brawijaya Malang, approval number KEPK EC/117/VII/2024 dated July 24th 2024.

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Competing Interests

All the authors declare that there are no conflicts of interest.

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Underlying Data

Derived data supporting the findings of this study are available from the corresponding author on request.

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