

Sexual harassment prevention program for Indonesian nursing aides: a mixed-methods study

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ABSTRACT

Available evidence suggests that sexual harassment is widespread among Indonesian nurse aides working overseas, however little research has been done on the topic. This study investigated the effectiveness of sexual harassment prevention program for Indonesian foreign nursing aides working in long term care in Taiwan. Average work experience was 54.8 months and 93% of participants were female. We used mixed methods followed by a focus group. Quantitative data were analyzed using Wilcoxon signed rank test. Most participants had higher post-test scores, indicating a significant positive change in their awareness about sexual harassment (effect size $r=0.84$). More work experience correlated with less sexual harassment and greater job satisfaction. Content analysis was used to analyze qualitative data. Four themes emerged from the discussion: harassment may not be intentional, perpetrators are male patients, communicating in an effective and timely manner is important, and personal safety on the job is a concern. Although sexual harassment prevention programs are important for nurse aides, these programs should also include patients, their families, and staff members at long term care facilities. Further recommend the Indonesian Economic and Trade Office in Taiwan collaborate with private agencies to provide legal protection and training programs on these issues.

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1. INTRODUCTION

The number of older adults is increasing globally, intensifying demand for services at long-term care facilities (LTCF) [1]. In response, developing countries, including Indonesia, supply foreign workers to work in LTCFs in developed countries, such as Japan, Kuwait, and Taiwan [1], [2]. Since 2015, Indonesia has contributed about 79% of migrant caregivers to Taiwan, where over 60% of all foreign nursing aides at LTCFs report psychological stress [2]. In general, foreign nursing aides (FNA) working in LTCFs face cultural, language, and work challenges related to sexual harassment and cultural differences [3]. In addition, most FNAs are female and young, raising the risk for sexual harassment at hospitals and LTCFs [4], [5]. Because nurse aides' work brings them physically and emotionally close to patients and other workers, aides working in long-term care facilities and in employers' homes are at high risk of sexual harassment [4]–[6]. Although the debate over gender equality continues, there has been no public recognition on sexual harassment

experienced by nursing aides, and little academic research on it [7]. To make health care workplaces safer for everyone, sexual harassment prevention programs are needed to raise awareness about the problem.

Sexual harassment is an occupational hazard in nursing workplaces and a widespread problem that causes considerable harm and suffering [8], [9]. Internationally, the prevalence of sexual harassment against female nurses is over 40%, and about 40% of those who experience it report psychological impact from these experiences, according to a systematic review of quantitative studies [10]. Sexual harassment affects all aspects of life-psychological, social, and physical-but it has the greatest consequences for psychological health [11]. A systematic review of qualitative research found that 62.5% of current research on sexual harassment in the workplace was related to gender equality, workplace policies, and social media, making it the most popular topic for qualitative studies from 2020 to date [12]. Despite #MeToo, an innovative campaign against sexual harassment aimed at changing the discourse and raising public awareness globally, few survivors have the courage to report cases due to fear of retaliation or stigma [12].

The growing numbers of reports of sexual harassment of female nurse aides in the workplace show the need to develop workplace policies and training programs to reduce its incidence. Sexual harassment includes a variety of behaviors that occurs at different levels with different effects. Levels can be characterized as lighthearted (i.e., a sexual joke or seductive sexual comments), moderate (i.e. unwanted caresses), or severe such as a trial or actual rape [13]. In addition, sexual harassment may reduce the quality of nursing care and causes workers to lose motivation due to anger or shame [14]. Sexual harassment can be a source of stigma for nurses in the workplace, including Indonesian foreign nurse aides at LTCFs in Taiwan [15].

This study used a mixed methods approach to assess the problem and proposed a solution, a sexual harassment prevention program for Indonesian nurse aides working as foreigners in Taiwan's longterm care facilities. There are five theoretical perspectives that can be used to understand incidents of sexual harassment, namely: the organizational approach, feminist theory, socio-cultural models, role theory, and attributional models [4]. This is important because healthcare workers in our study, both male and female, did not take sexual harassment seriously, yet also indicated they were affected by nonverbal, verbal, physical, and mental sexual harassment [5], [6]. This study combined two approaches: organizational and socio-cultural, to assess health workers' level of awareness about sexual harassment and their perspectives as individuals and employees working in long term care [7].

Other studies have described comprehensive sexuality education programs that create a welcoming environment for sexual health promotion [16], but talking about sexual harassment may be an even more delicate issue. Previous studies have shown that the incidence of sexual harassment in the workplace among female nursing assistants ranges from 10% to 87.5%; reporting is higher where the topic is becoming less taboo or shameful [17]. Documented reports of sexual harassment represent only the tip of an iceberg, due to fear [17], [18]. Many cases of sexual harassment continue to go unreported due to nurses' personal or professional conflicts and pressures associated with reporting, such as fear of retaliation, termination of employment, disclosure of sexual history, and public shame [19]. Even in workplaces using a zero-tolerance policy to prevent sexual harassment, women fear losing their jobs and may be afraid to speak out [20], [21]. These studies show that sexual harassment affects women and girls all over the world and creates a range of dilemmas in daily work.

A prevention program is a collection of activities designed such as survey, one day workshop, and focus group discussion to lower the risk of developing a potentially sexual harassment at workplace while also increasing protective factors. One of the aims of the sexual harassment prevention program evaluated in this study is to educate International Federation of Nurse Anesthetists (IFNAs) working at LTCFs in Taiwan so that they can respond more effectively. The prevention program consisted of a single workshop. It started with an online questionnaire to assess participants' understanding of sexual harassment. The questionnaire asked nursing aides to identify whether or not specific behaviors are examples of sexual harassment, such as "sexual messaging online" or unwanted touching. After completing the pre-test questionnaire, participants attended a presentation by a professional nurse that covered sexual harassment prevention. The presentation was followed by a focus group discussion about who are most likely to experience sexual harassment while providing care in the workplace? What counts as sexual harassment? What their rights are? How to communicate with patients in a sexual harassment situation? What reasons for not reporting sexual harassment? How to report a situation to management? The prevention program can help Indonesian nursing aides working abroad better understand their rights and responsibilities within their role, giving them a clearer sense of "who I am" and "what I should do". One limitation of our program was that it did not teach specific skills for saying no in virtual and in-person work-related sexual harassment situations.

Our primary hypothesis was that participating in the program would be positively related to greater knowledge about sexual harassment and ways of dealing with it among the Indonesian foreign nurse aides. The secondary hypothesis was that the longer someone works as a foreign nursing aide, the more experiences of sexual harassment they will have.

2. RESEARCH METHOD

2.1. Design

This study used a convergent mixed-methods design to combine qualitative and quantitative data about a group intervention. Comparing quantitative and qualitative data sources has advantages and can better represent participants' points of view [22]. Our conceptual framework of sexual harassment prevention program as presented in Figure 1.

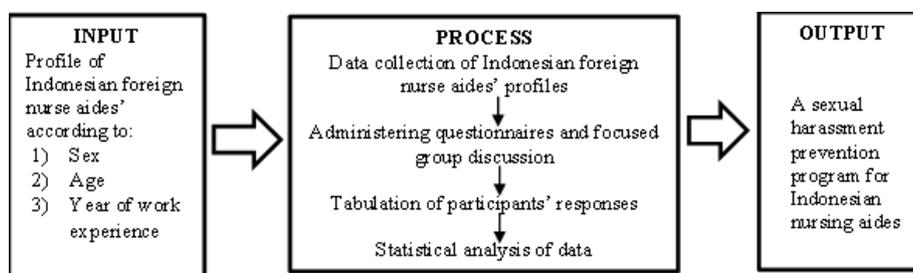


Figure 1. A conceptual framework of sexual harassment prevention program

2.2. Sample and setting

Purposive sampling was conducted to recruit participants. The respondents were Indonesian foreign nurse aides (n=19) working for long term care facilities in Taipei, Taiwan, whose ages ranged from 25 to 43 years (mean of 33.14, SD=5.88). To qualify for the study, nurse aides had to have at least 12 months of experience working at LTCFs. Those who were unwilling to participate were excluded from this study.

2.3. Procedures and ethical considerations

All participants who signed the informed consent were allowed to take the questionnaire online and joined in one of four small group discussions. A 16-item questionnaire gathered data on gender, age, and years of work experience, as well as 13 questions that covered the topics including job satisfaction, personal safety, and forms of sexual harassment. Five questions tested participants' knowledge about preventing sexual harassment. Four small focus groups consisting of five people each responded to structured questions relating to experiences of sexual harassment at work. Each group responded to one of the following questions as presented in Table 1 (see in Appendix).

2.4. Data analysis

Descriptive statistics summarized the participants' characteristics. Pre- and post-test survey results were examined using the Wilcoxon sign rank test. Pearson's analysis was used to identify correlations between continuous variables. Qualitative feedback was analyzed using the four stages of contextualization: decontextualisation, recontextualisation, categorization, and compilation [23].

3. RESULTS AND DISCUSSION

3.1. Characteristics of participants

The distribution of the nine characteristics of Indonesian foreign nurse aides who completed the online questionnaire (n=14) are shown in Table 2. Roughly 9 out of 10 participants were female (92.9%), and most were younger adults (age 33.14±5.88 years) with average work experience of four years and five months (54.79±31.30 months). Most participants reported that they were healthy and experienced job satisfaction, but were concerned about personal safety on the job.

Our results indicate that both male and female nurse aides were exposed to sexual harassment, either physically or virtually, in their workplaces. Female nurse aides who were younger were more at risk than males of becoming victims of sexual harassment, physically and virtually, in part because they assumed it was normal, just part of the job. Such lack of awareness about sexual harassment increases the risk of experiencing sexual harassment in the workplace.

The mean score on awareness of physical sexual harassment in the workplace was 1.71 (±1.33), while the score on virtual harassment was 2.14 (±1.46). The results showed that although 21.3% of participants did not know that unwanted touching qualifies as physical sexual harassment, a larger share, 35.7%, did not recognize virtual sexual harassment as a problem. Without this knowledge they are at greater risk of physical and virtual harassment.

More work experience correlated with greater job satisfaction among the nursing aides in this study ($r=0.651$; $p<0.05$). This could be because they had more experience dealing with and preventing sexual harassment on the job, and their acquired competence led to a greater sense of personal safety. Moreover, our results confirmed a positive and strong relationship between personal safety on the job and job satisfaction ($r=0.816$; $p<0.001$). We also observed a negative and moderate relationship between years of work experience and number of sexual harassment incidents reported ($r=-0.626$; $p<0.001$). Specifically, nursing aides with five or more years of work experience reported fewer incidents of sexual harassment. This data seemed to disprove our secondary hypothesis-that more years of work meant more incidents of sexual harassment-leading us instead to the conclusion that longer experience working as a foreign nurse aide in long term care facilities actually reduces the risk of sexual harassment. We therefore recommend that sexual harassment prevention programs for health workers pay special attention to those who are younger and have fewer years of experience, since our study shows that they are at greatest risk of sexual harassment.

Table 2. Characteristics of participants (n=14)

No	Item	%	Mean	SD
1	Gender:			
	Male	7.1		
	Female	92.9		
2	Age		33.14	5.88
3	Work experience (in months)		54.79	31.30
4	Self-reported health		4.86	.36
5	Job satisfaction		4.43	.65
6	Personal safety on the job		4.43	.65
7	Physical sexual harassment awareness		1.71	1.33
8	Virtual sexual harassment awareness		2.14	1.46
9	Total sexual harassment awareness score		1.93	1.07

3.2. Effectiveness of the sexual harassment prevention program

The effectiveness of the prevention program for increasing knowledge about sexual harassment among Indonesian foreign nurse aides working at long term care facilities in Taiwan is presented in Table 3. This study investigated the effectiveness of a one-day sexual harassment prevention program for Indonesian foreign nursing aides working in long term care in Taiwan. Although the prevention program in was brief, results showed that it was effective for raising awareness among the Indonesian nurse aides in Taiwan, whose scores were lower before the workshop than after. Nine out of (how many?) participants scored higher on sexual harassment knowledge after the intervention than they did before it. However, changes in sexual harassment knowledge were statistically significant ($z=-3.648$, $p=.001$), with a large effect size ($r=0.84$). The focus group discussion explored ways of avoiding sexual harassment and responding to it when it happens. The results were statistically significant $p=0.001$, so the primary hypothesis was confirmed that participating in the sexual harassment program is associated with more knowledge about sexual harassment and ways of dealing with it.

Table 3. Effect of sexual harassment (SH) prevention program on knowledge (n=14)

Variable	Pre-test		Post-test		z	p
	M	SD	M	SD		
Knowledge of SH prevention	40.00	20.00	83.16	13.77	-3.648	.001

Our results are consistent with a prior study that showed that anti-sexual harassment programs can be effective for improving knowledge and attitudes among nurse aides in long term care facilities [24]. That study noted that fear of speaking up and not knowing how to respond were associated with less personal safety [19], [24], [25]. Another study found a significant positive correlation between personal safety and the fear of sexual harassment and demonstrated that a culturally sensitive and institutionally-based approach was not only useful at the individual level, it positively affected workplace culture for women at the institutional level [26]. The correlation coefficients show variables positively and negatively correlated with number of reported incidents of sexual harassment. There was a strong negative correlation between work experience and reported incidents of sexual harassment ($r=-.626$, $p=.017$) as seen in Table 4.

Positive correlations between job experience and job satisfaction ($r=.651$, $p<0.05$) and between job satisfaction and personal safety ($r=.816$, $p<0.001$) are shown in Table 4. In other words, the more work experiences an aide had, the fewer incidents of sexual harassment she reported during the study. This may

appear counterintuitive. It is possible that FNAs with more experience no longer regarded earlier experiences of sexual harassment as important once they knew how to handle it better. Table 4 also shows that duration of work experience and job satisfaction ($r=.651$, $p=.012$) were significantly correlated and strongly positive. Specifically, those who had more than four years of work experience had greater job satisfaction and reported fewer incidents of sexual harassment. These findings contradicted our second hypothesis.

Table 4. Correlation coefficients between variables of interest (n=14)

	1	2	3	4	5	6	7
1. Job experience	1						
2. Self-reported health	.275	1					
3. Job satisfaction	.651**	.281	1				
4. Personal safety on the job	.469	.281	.816***	1			
5. Types of SH*	-.626*	-.251	-.115	.064	1		
6. Incidents of SH	.002	.041	.256	.256	.499	1	
7. Total harm from SH score	.227	-.028	.048	.048	-.394	.105	1

Notes: * SH = sexual harassment, ** $p<.05$ (2-tailed); *** $p<.01$ (2-tailed)

3.3. Content analysis of focus group discussion on sexual harassment

Content analysis identified 18 meaning units, nine categories, and four themes related to sexual harassment. Four themes emerged from the discussion: harassment may not be intentional, perpetrators are male patients, communicating in an effective and timely manner is important, and personal safety on the job is a concern. The theme, “behavior that is not consensual is harassment,” refers to unwanted and inappropriate behaviors that no one should have to tolerate in the workplace. It is enough to be considered sexual harassment if a person feels violated by unwanted touching of a body part, even just once, in a workplace situation. Results of content analysis revealed by the focus group discussion are shown in Table 1.

More work experience correlated with greater job satisfaction among the nursing aides in this study ($r=0.651$; $p<0.05$). This could be because they had more experience dealing with and preventing sexual harassment on the job, and their acquired competence led to a greater sense of personal safety. Moreover, our results confirmed a positive and strong relationship between personal safety on the job and job satisfaction ($r=0.816$; $p<0.001$). We also observed a negative and moderate relationship between years of work experience and number of sexual harassment incidents reported ($r=-0.626$; $p<0.001$). Specifically, nursing aides with five or more years of work experience reported fewer incidents of sexual harassment. This data seemed to disprove our secondary hypothesis—that more years of work meant more incidents of sexual harassment—leading us instead to the conclusion that longer experience working as a foreign nurse aide in long term care facilities actually reduces the risk of sexual harassment. We therefore recommend that sexual harassment prevention programs for health workers pay special attention to those who are younger and have fewer years of experience, since our study shows that they are at greatest risk of sexual harassment.

Based on the focus group discussion, the participants described sexual harassment as “not consensual,” and as unwanted and inappropriate behaviors that they felt should not be tolerated in the workplace. The program lecture that explained forms of sexual harassment emphasized that if someone feels violated by unwanted touching even once in a workplace situation, it is enough to be considered sexual harassment. Young female FNAs are more vulnerable than males when engaged in caring work for two reasons: first, because patients are more likely to harass them, and second, they have more difficulty saying no to a perpetrator because they are perceived as having less authority than other health workers [21]. If sexual harassment is an ongoing situation or a perpetrator’s habitual behavior, it causes nursing aides mental stress in their day-to-day work activities [25].

Our focus group revealed that management of agencies that recruit migrant workers often respond to reports of sexual harassment by accusing the victim of making up stories. Moreover, institutions frequently ignore or even cover up such events because they do not want the situation disclosed to the public. However, management of LTCFs stands to benefit in several ways from taking reports of sexual harassment seriously. Showing cultural sensitivity not only helps maintain professionalism in the work environment, taking sexual harassment seriously can improve the quality of care and reduce employee turnover. Therefore, the prevention program can help Indonesian nursing aides working abroad better understand their rights and responsibilities within their role, giving them a clearer sense of “who I am” and “what I should do”.

The focus group theme, “male patients are the perpetrators,” refers to a type of physical sexual harassment that occurs while aides are performing tasks of daily care at LTCFs. Since working at LTCFs exposes nurse aides to higher risk of the violence of sexual harassment, female FNAs must be protected against it in the workplace. Before the intervention, the participants initially described only physical

harassment, but in the focus group acts of sexual harassment mentioned included unwanted deliberate touching, as well as comments, exposing body parts, or sending materials of a sexual nature virtually. It is important also to note that such acts are not always perpetrated by male patients, but also by patients' family members, other health workers, or staff is the identified perpetrator in the workplace. Consequently, nurses, patients, and staff members should all receive education about sexual harassment in the context of providing basic nursing care such as feeding and bathing.

Personal safety for women is not automatically derived from institutional or enforcement factors but must be actively produced by women in everyday basis. Safety production takes place with implicit understanding that the responsibility for negotiating "danger" rests with women [27]. Unfortunately, an organization for providing education and resources about sexual harassment and spreading awareness does not yet exist for health workers in Indonesia. Three antecedents, namely stimulus factors, individual factors, and contextual factors, contribute to sexual harassment incidents which are stressful, provoking a diverse array of emotional reactions [23]. Safety programs often make the implicit assumption that the responsibility for negotiating "danger" rests with women [27]. But FNAs need support on three levels, including i) a peaceful workplace environment that presents fewer psychological demands, ii) regular supervision and training from higher authorities on topics such as autonomy, responsibility, skills, and training, and iii) social support, which includes teamwork, a supportive atmosphere at work, and management style.

The theme "ability to respond in an effective manner" refers to an important aspect of problem solving, contrasting active behavior with a more conservative, deferential attitude. Problem solving is a universally valued job skill, so understanding the critical components of problem solving can help to demonstrate healthy behavior and logical thinking [19]. Attitudes can predict behaviors, such as specific actions to take when encountering and dealing with sexual harassment at work, and can be influenced by practical training for FNAs [19]. Higher education level has been significantly and positively linked to problem solving performance, along with other factors such as ethics, intellectual honesty, prudence, and clinical practice experience. Moreover, problem solving ability is higher among nurses who have job satisfaction in the workplace [24]. Possible responses to sexual harassment range from withdrawal and avoidance, to actions aimed at distracting the perpetrator, for example, changing the subject of conversation, using humor, removing patients' hands from their body, leaving the room, not wearing revealing clothes, and avoiding bending down or turning their back to patients who pose a high risk. All foreign nurse aides should get training enabling them to step in to help if they see someone in danger of sexual assault in the workplace, for example, by creating a distraction, asking directly, referring to an authority, and enlisting others' help [19], [28].

The theme "personal safety and fear" refers to both the physical and psychosocial work environment. Female victims of harassment suffer in ways that affect their work performance, yet threats to personal safety from sexual harassment remain common among health workers. In one study from Bangladesh, female FNAs never felt safe going to work due to their fear of sexual harassment [24]. This kind of situation produces moral dilemmas and has serious consequences for female workers in particular. Promoting personal safety in the workplace is important for ending the risk of sexual harassment at work. Moreover, fear and worry occur when the victim is not able to escape, and female workers who do not know how to respond in a professional manner experience powerlessness and insecurity as emotional reactions [21]. Addressing personal safety and fear in the workplace is not only the responsibility of workers themselves, but also the organizations that employ them, which should recognize the risks and develop and apply measures to ensure personal safety of health workers [25]. Better understanding of the range of emotional responses to sexual harassment is important, as sexual harassment victims should have an effective reaction over time, rather than becoming angry or afraid.

Sexual harassment has a negative bio-psycho-social-spiritual impact on FNAs and other health care professionals [29]. But programs that teach effective communication skills for dealing with sexual harassment at work can prevent negative psychological consequences, such as depression and post-traumatic stress disorder, which arise as a result of emotions like feelings of humiliation or loss of self-respect [30]. Importantly, teaching such communication skills to nurse aides could improve the quality of care, because nurse aides sometimes avoid sexual harassment by work withdrawal (e.g., neglecting duties), rather than quit the job [19]. Empowering nursing aides to communicate about sexual harassment at work not only reduces incidence of sexual harassment, it also enables more constructive responses when incidents occur. A sexual harassment prevention program like this one is thus important for FNAs working at LTCFs in Taiwan. However, responsibility for preventing sexual harassment cannot fall on Indonesian nurse aides alone; other foreign nurse aides, staff, and management must support the process of preventing incidents of sexual harassment in long-term care facilities. Deep leadership commitment and collaboration at all levels of the organization are needed to address these acts at both the individual and organizational level [19]. Finally, we

hope that the prevalence of sexual harassment among FNAs will decrease not only in Taipei, but also in other developed countries.

Limitations of this study are first, the small number of participants and disproportionate number of women compared to men. The questionnaire did not explore other determinant factors of sexual harassment. Moreover, sexual harassment is an occupational hazard for nurses, and experiences differ by gender. Although women are more frequently victims of sexual harassment, limiting a study to their experiences does not allow us to grasp the full magnitude of the problem. A second limitation is that the part of the training on recognizing risky situations and solving problems to prevent sexual harassment at workplace was very short. A program that allows participants to practice communicating with patients, families, and management about sexual harassment in various scenarios would be useful.

4. CONCLUSION

Incidents of sexual harassment can be prevented if nurse aides and nurses working on the frontlines of health facilities are aware of sexual harassment and have resources for dealing with it. Nursing professionals and professional organizations therefore bear an ethical responsibility to address sexual harassment in the workplace. Sexual harassment challenges the professional ethics of both managers and health workers in LTCFs, and highlights a need to transform social culture in the caregiving workplace. The sexual harassment prevention programs offer a tool for transforming workplace culture in health facilities. This kind of program can provide a solution to help organizations meet their obligation to prevent sexual harassment, protect employees, and implement compliance with prevention measures.

Further research on the experiences of nursing aides in Taiwan is needed. We recommend that employment agencies in Taiwan collaborate with the Indonesian Economic and Trade Office to provide legal protection and training to prevent sexual harassment as a way of ensuring personal safety for Indonesian nurse aides working at LTCFs in Taiwan. Indonesian nurses working overseas are a national resource; when they return to work in their country of birth, they bring back experiences from the international nursing market that can improve conditions for long term care health workers in Indonesia. The data from this study contributes to our knowledge of sexual harassment experienced by Indonesian nurses and nursing aides overseas. It poses a challenge for the Ministry of Health of the Republic of Indonesia and the Indonesian Nursing Council to collaborate with the Indonesian Economic and Trade Office in Taiwan to set up a new system for Indonesian nursing aides working at health care facilities in Taiwan.

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APPENDIX

Table 1. Meaning units, code, categorization, and themes of sexual harassment (n=14)

Meaning unit	Code	Categorization	Theme
Question: Based on your work experience, in what care situations are you most likely to encounter sexual harassment in the workplace?			
1.1. Physical sexual harassment often occurs when transferring a patient from wheelchair to bed	Unwelcome touching of body	Intentional harassment in the workplace	Behavior that is not consensual is harassment
1.2. FNAs experience unwanted sexual touching (e.g., breast or buttocks) while helping bathe or feed patient			
1.3. Erection during male genital care	Biological response	Unintentional harassment in work situation	
Question: What is your experience of sexual harassment at work? (who, what, when, where, why, and how)			
2.4. Who: males	Males	Patients	Male patients are the perpetrators
2.5. What: unwanted touching of aide while helping patient bathe in the morning	Unwelcome touching of body	Intentional harassment in work situation	
2.6. When: Morning	Morning	Daily care	
2.7. Where: LTCF	LTCF	LTCF	
2.8. How:	Patient trying to get close to aide	Physical contact	
Question: What should you do in the following scenario: An employer asks you to share the bedroom with an elderly hemiplegic or disabled patient or the aide has a bedroom that cannot be locked at night?			
3.9. FNA tells patient to sleep alone in his own room	FNA responds actively		FNAs need the ability to communicate in effective and timely manner
3.10. When sleeping in the same room with a paralyzed patient, FNA tells him they must sleep in separate beds	Active behavior	Problem solving skills	
3.11. When sleeping in separate rooms, FNA locks the door at night	FNA responds actively		
3.12. FNA avoids sleeping in skirt or long dress	FNA expresses conservative attitude		
Question: If you report an incident of sexual harassment, how do you think it will impact your work and life?			
Feelings about reporting			
4.13. Fear of losing job	Unemployment		Personal safety and fear of FNA
4.14. Fear of being bullied	Bullying		
4.15. Fear of being sent back home	Unemployment	Worry about lack of financial and job security	
4.16. Worry about cost and loss of property	Material loss		
4.17. Worry reporting will be a waste of time	Loss of time		
4.18. Worry someone will confiscate evidence	Confiscation of evidence		