

Nursing Supporting Instructions toward Sexual Harassment Related Menstrual and Psychological Problems among Female Nursing Student

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ABSTRACT

Background: Sexual harassment is unwelcome sexual behavior as unwanted and unwelcome words, actions, gestures, symbols or behaviours of a sexual nature that make the target feel uncomfortable. **Aim:** The present study was carried out with the aim to assess the effectiveness of nursing supporting instructions toward sexual harassment related menstrual and psychological problems among female nursing students. **Design:** Quasi – experimental design was used in carrying out the study. **Settings:** The study was conducted at the Faculty of Nursing-Helwan University. **Subjects:** A purposive sample was used for conduction of this study. It included 228 nursing students. **Data collection:** The data was collected by using three tools, structured interview questionnaire, student stress scale and follow-up assessment tool. **Results:** Based on the current results, the entire sample of the studied students suffering from sexual harassment related menstrual (52%) and psychological (86%) problems. It also revealed that, there was noticeable improvement of their problems after utilizing the nursing supporting instructions. **Conclusion:** The study concluded that, nursing supporting instructions were highly effective toward sexual harassment related menstrual and psychosocial problems among female students. **Recommendations:** The study recommended integration of female students counseling at all levels of their education about this critical issue.

Key words: instruction, sexual harassment, menstrual, psychological, nursing student

Introduction

Sexual harassment is defined as any type of unwelcome sexual behavior that occurs in verbal, non-verbal, physical, mental or visual forms and is accompanied by insult, humiliation or threat to the victim's health. Indeed it covers a wide range of behaviours of an offensive nature, involves unwanted and unwelcome words, deeds, actions, gestures, symbols, or behaviours of a sexual nature that make the target feel uncomfortable (Suhaila and Rampal 2012,

Dahlqvist, H. z., landstedt, E., Young, R., Gadin, K.G., 2016).

Sexual harassment victimization in adolescence is common, and the lifetime prevalence varies considerably depending on age and setting, but it has been reported to be ranged 52–96% in female students. It is major problem damage the performance of a victim. It can happen anywhere but is most common in the workplace, schools and university (Dahlqvist, H. z., landstedt, E., Young, R., Gadin, K.G., 2016, Wikipedia 2016, Laursen, P., 2013).

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Additionally, it has been an endemic problem in Egypt. In 2013 the United Nation found that 99.3% of women in Egypt experience harassment and a Thomas Reuters Foundation survey ranked Egypt as the worst country in the Arab world to be a woman.

Significant of Study

Sexual harassment leads to many psychological, physical and emotional problems. An Egyptian research revealed that the university students who exposed to sexual harassment had severe depression, severe anxiety and severe low self-esteem (58.8%), (50.3%) and (47.2%) respectively (**Shattla, S., 2012**). Similarly a Canadian study of more than 1,000 high school students suggested sexual harassment may lead to suicidal behaviors. It found that 23% of them had experienced at least one incident of unwanted sexual touching, sexual threats or remarks, or indecent exposure in the past six months. Fifteen percent of them had experienced frequent, unwanted sexual touching, reported that they had made suicidal attempts "often" in the past six months, compared with 2% of students that had not experienced it (**Rettner, R., 2017**).

As regard to the physiological problems, Rettner, R., 2017 mentioned that sexual harassment boosts the blood pressure, stress, anxiety, depression, bone ache and muscle pain. Additionally, the related stress can affect the part of the brain responsible for producing hormones; it can throw hormonal levels out of whack, which can lead to changes in the frequency and duration of the menstrual period. Reducing level of stress or finding effective coping mechanisms may help the body revert to a normal menstrual period. Talking with a counselor can lower the level of stress and help management of stress symptoms, eventually allowing the system to return to regularity (**Lee SK, Song JE, Kim S., 2011**).

Accordingly, the nurse can play an important role in the management of sexual

harassment related health problems. Counseling is highly recommended; relaxation therapy eases and relieves anxiety result from it. Exercise provides needed mental and physical relaxation. All of these measures give a better insight into the management methods which can help the students to overcome their physical, menstrual and psychological problems.

Aim of the Study

This study aimed to:

- Assess the effectiveness of nursing supporting instructions toward sexual harassment related menstrual and psychological problems among female nursing students.

Research hypothesis:

- Students' sexual harassment related problems will be improved after providing them with nursing supporting instructions.

Subjects and Methods

I. Research Design:

A quasi-experimental design was used to conduct this study.

Study setting

The study was conducted at the Faculty of Nursing- Helwan University

Sampling

The sample used in the study was purposive sample. It was collected from third year students - maternal and newborn health nursing department. Eligible students being recruited in the study sample if fulfilled the following criteria:-

Inclusion criteria: -

Female student who had sexual harassment during last 3months.

Exclusion criteria:

- Male student -Married student.

Sample size & technique:

The study sample comprised of 228 students. Filed-work was done five times per week outside the academic schedule. Student who misses the interview could contact the researcher through telephone to replace it. The study takes place from first of October 2015 to the end of May 2016

Data collection tools

Tool I: Structured interview questionnaire:

This questionnaire was consists of the following parts:-

Part 1: it was developed to collect socio-demographic data as age and residence.

Part 2: it was used to collect data about exposure to sexual harassment and its physical, menstrual and psychological consequences as reported by the students.

Tool II: Student stress scale

This form was modified by the researcher based on literature from a book reference (Girdano, D.A., Everly, G. S. Jr., & Dusek, D. E., 1990): (Controlling stress and tension).

It consisted of (20) item, each has different score, the lowest score is 11 score and the highest one is 50 score. It administer to the sample three times during the study. It used first time at the start of the study, in order to assess their base level of stress. Second time after one month while, the third

time was after three months. It applied to determine the level of stress among students through the following scoring system:-

- Less than 100 points: No stress

- Less than 150 points: relatively low stress level in relation to life events

- 150 to 300 points: borderline range

- Greater than 300 points: high stress in relation to life events.

Tool III: Follow up assessment tool

It formulated to collect the following data:

Part one: it was formulated to collect data as utilization of nursing supporting instructions regarding menstrual & psychological problems, exercises, balanced nutrition, rest and sleep.

Scoring system was related to nursing instructions and coded as follows:

Yes = 1: if the nursing instructions were followed.

No = 0: if the nursing instructions weren't followed.

Scoring system of this part classified as "Done" and "Not done". The respond "Done" take "1" score for each item and "0" for each respond "Not done". The score was ranged from 0-30 point, the total percentage categorized as: 50% and more considered satisfactory and less than 50% was considered unsatisfactory.

Part two: it was formulated to assess the effect of nursing supporting instructions on the sexual harassment related problems as menstrual pain, muscles ache, GIT disturbance, anxiety and nightmares.

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Scoring system was related to the effect of nursing instructions on the students' problems and coded as follows:

Yes = 2: if the nursing instructions had a noticeable effect on the previously mentioned problems as perceived by the students.

No =1: if the nursing instructions hadn't any effect as perceived by the students.

Scoring system of this part classified as "Yes" and "No". The respond "Yes" take "1" scores for each item and "0" for each respond "No". Then calculated as 50% and more was satisfactory effect while, less than 50% was unsatisfactory effect.

Supporting material: (Nursing Supporting instructions)

It ensured through preparatory phase, planning phase, implementation phase and evaluation phase.

Preparatory phase: The current study was preceded by a preparatory phase in which the following activities were performed; the researchers did a computer search about the study topic. Then reviewing past and current literature covering the various aspects of the problem was done using books, articles, magazines and studies related to the research study.

Planning phase: it concerned by the development of the nursing supporting instructions; during this phase the researcher analyze the data revealed from the study tools (interview questionnaire and student stress scale) then tailored the nursing supporting instructions according to the students' needs. There was commonality among the students' complains and needs. Where there was lack of knowledge in almost all items and need for change and improvement of their health habits.

Implementation phase: during this phase the researchers perform the following:-

-Individualized meeting was established. The researcher discussed in details signs and symptoms of student's complains, determine the problems and discuss the appropriate methods of dealing with them.

- At the next meeting, an illustrated hand book and a power point presentation with very simple Arabic languages were administered for each student. They contain instructions as:-

- Proper use of menstrual calendar.
- Nursing instructions for dealing with premenstrual discomfort.
- Non-pharmacological methods to relieve menstrual pain.
- Benefits of certain food, vegetables and drinks during menstruation.
- Elements of balanced nutrition according to food pyramid especially diet rich with iron and minerals.
- Methods of anxiety and stress management include spiritual, physical, and mental activities. Spiritual activities cover issues as pray and meditation, physical activities for example relaxation and exercises, while mental activities as count 1 to 10, control thoughts and talk to a counselor.

- In subsequent meetings free discussion was established and the researchers provided instructions according to the situation and which suitable to the student's needs.

Evaluation phase: After three months of the study, the researchers evaluate its effect. It done by analyzing the results of third time administration of student stress

scale and the data collected by follow up sheet to assess the improvement among the studied students.

Procedure

Preparatory Phase

- Detailed review of literature regarding sexual harassment and its related physical, menstrual and psychological problems and as well as the related nursing supporting instructions was done.

-Development of the tools and applying validity and reliability of them. The original questions were revised and expanded to improve clarity, precision and to develop comprehensive questions set about it. The revised items were sent to a panel of nursing (3) and psychological experts (2) to assess face validity, readability, accuracy and completeness

- Reliability analysis was used to determine the extent to which the items in the questionnaire are related to each other (test-retest reliability).

Pilot study

A pilot study was conducted to test the feasibility, applicability, maneuvers of the interventions and to estimate the time needed of the tools. It was carried out for 10% of the sample (23 students). The results of pilot study helped in refining the interview questionnaire form and to set the final schedule of the study. The sample of the pilot study was excluded from the main study sample.

Administrative Design

The researcher had the approval from of Faculty of Nursing - Helwan University to conduct the research. After the agreement was obtained the study was started.

Ethical consideration

The agreements for participation were taken after the purpose of the study was explained. Before data collection, the students were informed about the aim of the study. They were given an opportunity to refuse to participate and they were notified that they could withdraw at any stage of research. Also, they were assured that, the information would remain confidential and used for the research purpose only.

Field work:

- Selecting a study subject:

A scientific seminar for female students only regarding sexual harassment was carried out at lecture hall of maternal and newborn health nursing department - Faculty of Nursing – Helwan University.

Before starting the seminar the researcher distributed a copy of the questionnaire to all the attendance in order to determine who had sexual harassment among them. Then a copy of the student stress scale also distributed to determine the base level of anxiety for each student. Immediately selection of the study subjects was done. The researcher prepared a list of them in form of students in groups, 12 groups were established, 20 students in each group except the last one was had only 8 students. It was done in order to organize the next step which was the interviews.

- **Interviewing:** the interviews were done at the researcher office at maternal and newborn health nursing department. Individualized interview was carried out for each student participated in the study. Every one informed about the confidentiality and the importance of the collected data in simple way. Five to six students interviewed daily for 5 days per week. Each interview lasted about 20 minutes for each one.

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- Nursing Supporting instructions:
An illustrated booklet to help students to deal with their problems in a simple manner.

- Follow up activities: Subsequent meetings were arranged. Open free discussion ensured, student's activities and performances were precisely followed. The researcher gave the student chance to ask for more explanation, rationalization and to repeat instructions as a feedback. The time taken for each one was about 20 minutes.

After one month and after three months the researcher contact with them to determine the improvement and to get feedback through follow up assessment sheet and student stress scale.

Limitation of the study:

Three students quit the study because they were a shamed to discuss in details their experience of sexual harassment.

Statistical Design:-

The data collected were tabulated and analyzed by SPSS statistical package ple & experience of harassment

version 20. Quantitative data were expressed as mean and standard deviations ($X \pm SD$). Qualitative data were expressed as number and percentage, analyzed by applying chi-square test, all these tests were used as tests of significance at p-value < 0.05 .

Results

The purpose of this part is to report the findings of the present study and present as follows:

- General characteristics of the studied sample and their experience of harassment (Tables 1-2).
- Harassment related problems among the studied sample as general, menstrual and psychological problems (Tables 3,4,5 & figure 1&2).
- Effect of nursing instructions on harassment related problems among the studied sample (table 6).

I- General characteristics of studied sam

Table (1): Characteristics of the Studied Sample (n=228)

Characteristics	No	%
Age (Mean + SD)	20.57+ 1.3	
Residence distance		
• Short distance	154	67.5
• Long distance	74	32.4

Table (1) shows mean age and $S \pm D$ of the studied sample (20.57 ± 1.3). As regard to their residence (67.5%) of them have a short distance between their homes and the faculty. The rest of them (32.4%) have a long distance.

Table (2): The Experience of Sexual Harassment

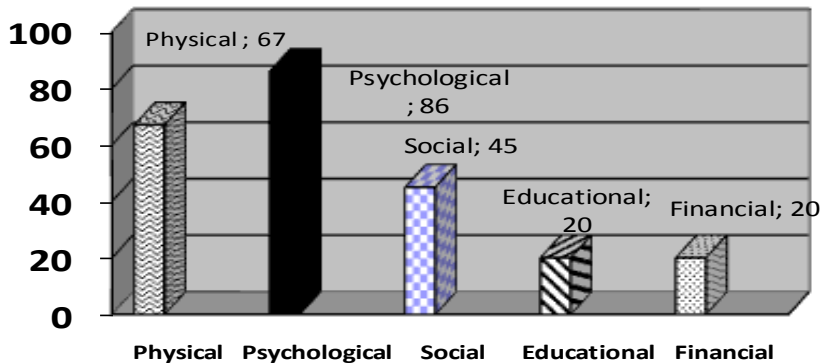
Variable	Frequency (n=228)		X ²	P-value
	No	%		
Duration of sexual harassment				
3 months	212	93%		
Last month	16	7%		
Types of it			6.6	>0.05
Verbal harassment	98	42.9		
Non-verbal harassment	31	13.5		
Written harassment	8	3.5		
Physical harassment	91	39.9		
Place of harassment			5.5	>0.05
Public Transportation	135	59.5		
Markets & Malls	69	30.2		
Street	24	10.2		
Age of the harasser			6.5	<0.001
Adolescent 12-19 years	143	62.7		
Young man 20-30 years	58	25.4		
Adult man more than 30 years	27	11.8		

As regard to their experience of sexual harassment, table (2) illustrates that the entire studied sample has sexual harassment. Most of them (93%) have it during the last three months and (7%) has it during the current month. They also expose to different types of it. Verbal harassment is the most common type (42.9%), followed by physical harassment (39.9%), non-verbal harassment (13.5%) and written harassment (3.5%).

Regarding to the place of harassment, the studied sample report that, they experience it everywhere. Approximately sixty percent occurs at public transportation, (30.2%) occurs at markets and malls and another take place at street (10.5%).

The study also shed the light on the age of the harasser; the majority of them (62.7%) are adolescents; their ages ranged from 12-19 years and are responsible mainly of physical harassment.

Figure (1): Problems among Studied Sample as a Reflection of harassment



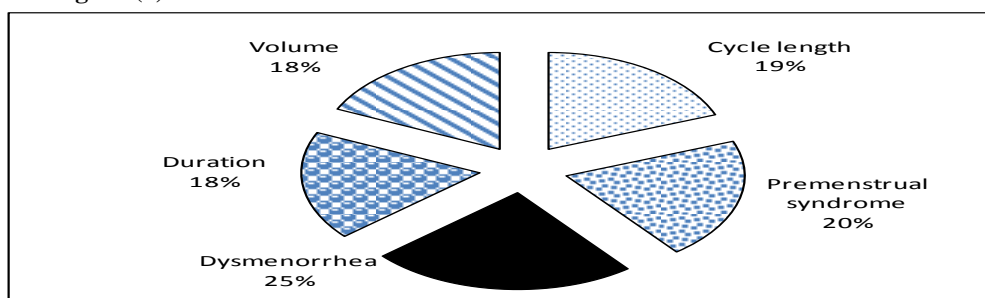
II- Harassment related problems among the studied sample.

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Figure (1) shows that the studied sample suffers from many problems especially the psychological problems (86%) followed by physical problems (67%), social problems (45%), educational and financial problems (20%) for both. The financial problems mainly related to increase the transportation fees in order to have a safe method of transportation. While, social problems mostly reveals fear from dealing with any man even their relatives, colleagues and neighbors and sometimes they adopt a hostile attitude toward men.

Corresponding to the physical problems which reported by the students, lethargy (28.2%), gastrointestinal disturbance (30.4%), dermatological reactions (3.7%) and the majority of them (52.4%) have menstrual problems.

Figure (2): Menstrual Problems related to Sexual Harassment



As regard to the abovementioned results (67%) of the study sample has physical problems and 52.4% out of them have menstrual disturbances and irregularities as amenorrhea, oligomenorrhea, or heavy menstruation. As well as cramps or painful menstruation, involves menstrual periods that are accompanied by either sharp, intermittent pain or dull, aching pain, usually in the pelvis or lower abdomen. Accordingly Figure (2) clarify that they suffer from premenstrual syndrome (20%), cycle length disorder (19%), duration disorder (18%), volume of menstrual flow disturbance (18%) and dysmenorrhea (24%).

Table (3) Psychological Problems related to Sexual Harassment

Psychological problems	Total n=196	
	No	%
Frustration /sadness	38	19.3
Sleeplessness and/or nightmares	48	24.4
Feeling guilty and shame	60	30.6
Insecurity and embarrassment	58	29.5
Withdrawal and isolation	25	12.7
Loss of confidence & low self-esteem	56	28.5
Feeling angry towards the harasser	69	35.2
Difficult concentration with poor problem solving	52	26.5
Feeling powerless, helpless or out of control	28	14.2

*The sample has more than one problem

Regarding psychological problems, Table (3) illustrates that the studied sample suffers from feeling angry towards the harasser, feeling guilty and shame, have loss of confidence and low self-esteem, have difficult concentration with poor problem solving and complain from sleeplessness and nightmares, 35.2, 30.6, 29.5, 28.5, 26.5, 24.4 respectively.

Table (4) Career-Related Problems as a Reflection of Sexual Harassment

Career-Related problems	Total (n=45)	
	No	%
Increased absenteeism	28	62.2
Decreased career satisfaction	24	53.3
Decreased performance evaluations	18	40

*The sample has more than one problem

Table (4), shows that more than half of the studied sample (62.2%) have decrease in their career satisfaction and increase their absenteeism (53.3%), which have a negative reflection on of their performance evaluation (40%). They usually neglect first lecture or practical training that usually take place early in the morning at 8 am or 9 am. It means that they must leave their homes very early before or at sun rise. This time is very critical for females; beside as mentioned before that 32.4% of them have long distance between their homes and the faculty. Therefore, they exposed to sexual harassment mainly physical and verbal one which is hard, painful and aggressive.

Table (5) Relation between Level of Stress and Anxiety Characteristics

Characteristics of anxiety	Level of stress (n=228)						P-value
	Relatively stress		Border line		High stress		
	no	%	no	%	no	%	
Intensity	25	27.7	12	34.2	28	27.1	<0.001 (HS)
Duration	19	21.1	9	25.7	15	14.5	
Think over about it	11	12.2	4	11.4	10	9.7	
Quality of experience	25	27.7	7	20.0	26	25.4	
Effect on function	10	11.1	3	8.5	24	23.3	
Total	90		35		103		

According to the data collected by student stress scale; Table (5) reveals that the entire studied sample have different level of stress before conducting the study. Approximately 45% of them have high stress level, 39.4% have relatively low stress level and 15.3% have borderline range. The table also demonstrate that there is a highly statistically significance difference observed between different level of stress and anxiety characteristics. The data also clarify that the entire sample have anxiety, the mainstream of them have pathological anxiety which characterized by high intensity, long duration, recurrent, the victim usually worry and think over about it, quality of harassment experience is sad and painful, its effect on behaviour and functioning is permanent effect and lead to change in performance.

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Table (6): Effect of Nursing Supporting Instructions on the Study Sample Problems

Problem	Before the study (n=228)		After the study (n=228)	
	No.	%	No.	%
I-Stress				
No stress	0	0	209	91.6
Relatively low stress level	90	39.4	19	8.3
Borderline range	35	15.3	0	0
High stress level	103	45.1	0	0
II- Menstrual problem				
	(n=83)		(n=83)	
	No.	%	No.	%
Cycle length	16	19.2	5	6%
Duration of menstrual flow	15	18	4	4.8
Volume of menstrual flow	15	18	3	3.6
dysmenorrhea	20	24	4	4.8
Premenstrual syndrome	17	20	6	7.2

III-Effect of nursing instructions on harassment related problems among the studied sample

Regarding nursing supporting instructions to reduce sexual harassment related problems among female students. Table (6), illustrates a noticeable regression of menstrual problems and stress level among them. After implementing the study, 73.4% of them mentioned that they return to their normal menstrual pattern as before experiencing sexual harassment and most of them 91.6% have no stress, 8.3% have relatively low stress level accompanied by normal anxiety which characterized by low intensity and corresponding to the situation.

Accordingly, the studied sample also reports that, they have an improvement in their general condition and already can ride over their sexual harassment related general, menstrual and psychological problems.

Discussion

According to [Avina O'Donohue 2002](#), sexual harassment has become a major social, legal, and mental health problem because of its high prevalence and its adverse effects. This is in agreement with the current study which revealed that the entire studied sample has sexual harassment. Most of them 93% occurred during the last three months. This is

also in the same vein with [Zuhur Sherifa, 2014](#), who reported that sexual harassment was barely discussed in Egypt before 2006. The [Egyptian Center for Women's Rights](#) sought to draw attention to it, but the public response was that it was an American idea wrongly applied to Egyptian society.

The mean age and S±D of the studied sample was 20.57± 1.3, they exposed to different types of harassment; verbal, non-verbal, physical and written harassment. This is in accordance with Egyptian study regarding harassment among university students in Menoufiya governorate mentioned that 73.3% of the students their age are less than or equal 20 years ([Shattla, S., 2012](#)).

This is also in agreement with [Maeve D., 2014](#), who stated that with the advent of the Internet and social interactions, sexual harassment increasingly occurs online as [video games](#). The researcher added that the 2014 PEW research statistics on online harassment revealed that, 25% of women ages from 18 to 24 years have experienced sexual harassment while online.

This is supported by **El-Kady, 2014**, who investigates the parameters of sexual behaviors among adolescents in different level of secondary schools with age range from 15-18 years. The researcher mentioned that 9.2% of them are exposed to different forms of sexual harassment during their life. In which female students 11.7% were significantly more likely to expose to sexual harassment than male students 6.7%. In addition, 19.4% of them reported that they are sexually active, 31.7% males and 7.2% females.

As regard to the above mentioned results of **El-Kady, 2014**, there is agreement with the existing results about the age of the harasser. The majority of them (62.7%) are adolescents; their ages ranged from 12-19 years and are responsible mainly of physical harassment.

From the researcher point of view, by analyzing the above mentioned results, it shed the light on possible relation between physical harassment and early sexual activity especially **El-Kady, 2014**, added that one third of the male sample are sexually active in spite of they are single and still studying in the secondary school. Moreover some of them start sexual relation at age less than 11 years.

The current result also supported by **Lee SK, Song JE, Kim S., 2011**, in a Korean study revealed that; verbal abuse was the most common form of sexual harassment. In addition, **Talas MS, Kocaöz S, Akgüç S., 2011 & Fallahi, M., Tamizi. Z., Ghazanfari, N., 2013**, stated that studies show that young women and those who have less education and work experience are more likely to be the victims of sexual harassment. The most common form is verbal one as unwanted sexual jokes, stories, questions or words.

As regard to the place of harassment the studied sample report that, they experience it

everywhere. Approximately sixty percent occurs at public transportation, 30.2% occurs at markets and malls and another take place at street 10.5%. This is in accordance with **(Shattla, S., 2012)**, who mentioned that harassment occurs most frequently in the transportation 85.4% and in the street 85.1% followed by some crowded places as markets 66%. Also, another Egyptian study conducted by **Ibrahim 2015**, reported that the most common places of sexual harassment was the street and transportation while, less common place was inside the university.

Unfortunately, the studied sample suffers from educational, social and financial problems. To ensure safety; they avoid dealing with men in general and sometimes became aggressive with them. Besides they had decrease in their career satisfaction and increase absenteeism which reflect on their performance evaluations.

This is in agreement with **(Shattla, S., 2012)**, who mentioned that sexual harassment interferes with student's ability to learn study, work or participate in university activities. This also is coinciding with **Ontario Human Rights Commission, 2015**, who stated that; sexual harassment is a type of discrimination based on sex. When someone is sexually harassed, it can undermine their sense of personal dignity. It can prevent them from earning a living, doing their job effectively, or reaching their full potential. It can also poison the environment for everyone else, if left unchecked.

This result is on the same line with **Avina O'Donohue2002**,whomentioned that sexual harassment has negative consequences for victims. These consequences lead to decreased productivity, loss of job and decreased income.

In addition, some of the current sample neglects their first lecture or practical training

which takes place early in the morning to avoid sexual harassment. This is contradicted with **Ibrahim. S., 2015**, who stated that, harassment was mostly occurred at afternoon. This contradiction can be explained by the differences between urban and rural areas in their population activities and cultures.

The study shows that the studied sample had many physical problems as lethargy, gastrointestinal disturbances. This is in accordance with **Rettner, R., 2017** who pointed that harassed women may experience numerous health problems as physical aches and pains. **Rettner, R., 2017** also, added that Canadian study published this year and involved nearly 4,000 women, reported that they experienced unwanted sexual attention and the findings suggest that interventions to prevent harassment may decrease bone and muscle related problems.

Regarding menstrual problems the studied sample had amenorrhea, oligomenorrhea, menorrhagia, dysmenorrhea and premenstrual syndrome **Ekpenyong, C. E., Davis, K. J., Akpan, U. P., Daniel N. E., 2011**, is in accordance with the current results and mentioned that a Nigerian study demonstrated a significant association between academic stress and menstrual disorder among undergraduate females. Menstrual history and Student's Stress Assessment Questionnaire were used for their assessment. Prevalence of menstrual disorder among them was 34.6%. Commonest menstrual disorder was menorrhagia 37.5%. Premenstrual Syndrome 33.1%, Oligomenorrhea 19.9% and amenorrhea 5.9% at ($P < 0.05$).

From the researcher point of view, most of the previously mentioned physical and menstrual problems are related to stress. So, stress management is highly recommended for all students.

The study also mentioned many psychological problems among the studied sample as stress, anxiety, sleeplessness,

nightmares, withdrawal and isolation. This is in accordance with **Philips & Chuck, 2016**, who stated that adverse effects on the target are common in the form of stress and social withdrawal, sleep and eating difficulties and overall health impairment. In the same line, **Avina O'Donohue 2002**, added that, it can lead to impaired psychological and physical well-being and cause posttraumatic stress disorder symptoms. It makes victim feel stressed and afraid after the danger is over. It affects victim's life and the people around him.

In the same line **Rettner, R., 2017** reported that a recent study of 1,000 youths, found that people sexually harassed in their teens and early 20s can experience depressive symptoms into their 30s. Many women can feel responsible for what happened. Such self-blame may have a negative effect on their mental health. Furthermore, **stress and anxiety** of the event affects their sleep habits. For instance, women may lie awake at night ruminating about the event, or the event may be the source of nightmares.

The existing data revealed that before conducting the study, the entire sample had different level of stress and there was highly statistically significance difference between levels of stress and anxiety characteristics. While, after conducting it by utilizing different nursing supporting instructions there were an improvement in their level of stress, anxiety and quality of life. This leads to reduce their physical, menstrual and psychological problems.

This is in accordance with **Ibrahim. S., 2015**, who reported that, the effect of nursing intervention protocol for university students regarding sexual harassment, indicate great improvement post intervention compared with pre intervention.

This is also in agreement with **Saad. A., Radi. S., Youssri. H., 2014**, who mentioned that **Petal, S., A. Sudduth, K. Jakopac, 2011**, recommended in a study

concerned by life stressors among nursing students that nursing faculties must develop special programs for their students to cope with their stressors in a positive manner. In addition, nursing faculties must identify as early as possible students at risk and guide them to appropriate methods of management as teaching stress management and self-care skills. Finally establish a student support system to provide them with effective coping skills, regular meetings should be conducted to raise their awareness about the coping strategies with stress, stressors and as a final point presence of psychologist are essential for them.

Finally this study shed the light on an important side of the female situation in Egypt. The Egyptian female suffer in silence from this problem and don't try to complain or talking to any persons inside or outside, they are taught from a very young age that sexual harassment is not something they can discuss.

Conclusion

The study concluded that, sexual harasser can attack female nursing students anywhere anytime; this experience causes negative effect on their menstrual pattern, physical and psychological health. Careful assessment and providing them with the appropriate nursing instructions are beneficial in helping them to overcome their problems related to sexual harassment.

Recommendations

In the light of the study results, the subsequent recommendations are proposed:-

- Integrate female student counselling at all levels of their education; female sexual rights, female sexual harassment and its effects on their health and life.

2- Establishing a nursing counselling unit at nursing faculty, to deliver the needed

instructions for the students and to overcome the resulting adverse effects. This service must extend from the individual to the family and community in order to regain healthy feelings within personal relationships.

Further research

Replication of this study in other Egyptian universities especially in upper Egypt, with more emphasis on local beliefs, misconceptions and myths regarding sexual harassment, which might hinder their utilization of supporting facilities.

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