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Research Article

"Sexual Assaults to Women in Remote Rural Communities"

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ABSTRACT

Background: Sexual violence (SV) is a public health problem with long-lasting impact on physical and mental health of the woman. Present community-based study was conducted to know about burden and consequences of sexual assaults (SA) suffered by rural women in remote villages.

Methodology: Community-based study included 2500 randomly selected tribal women of age ≥20 to ≤49 years residing in 140 villages**,** willing to undergo personal in-depth face-to-face interviews, lasting for 15-20 minutes for each participant. Information regarding SV suffered at home, workplaces was collected, by trained nurse midwife using written semi-structured questionnaire.

Results: Of 2500 women interviewed, majority (57.7%) belonged to 20-29 years of age, (45.3%) educated up to primary level, laborers (45.4%), and of lower economic class (48.8%). Of 2500 participants, 1690 (67.7%) women suffered from either marital rape or were sexually assaulted by close relatives and/or family friends once or sometimes or frequently. Of women interviewed, 911(36.4%) reported SV at workplaces, 336 (36.9%) by family members working at same places, 192(21.1%) by friends, 111(12.2%) by colleagues, 102(11.2%) employers, 92(10.1%) by police and 141(15.5%) by others. Only 57.0% of women who suffered SV at home sought help, compared to 100% of women who suffered SV in workplaces.

Conclusion: The number of SV sufferers is high and remains hidden. Rural, young women, with low levels of education, laborers, belonging to lower economic class were sexually assaulted by husbands, relatives at home, workplaces more often. Hence, societal changes, formulation of policies, strict laws and change in attitude are very essential.

Keywords: Sexual assaults, Women, Variables, Action taken.

BACKGROUND

Sexual violence (SV) occurs almost in every region all societies and social classes across the world. The prevalence of SV from an intimate partner in their lifetime ranges from 6-59% of women [1]. Sexual assault (SA) is a neglected aspect of public health despite the fact that it reveals the challenges in women's capacity to protect themselves against unwanted sex, pregnancy, and sexually transmitted diseases (STDs). According to the World Health Organization (WHO), SV is a major public health problem and a violation of human rights [2]. McQueen opined that it is a common crime against women all over the world with known negative effects on women's reproductive and overall health [3]. Murphy-Oikonen reported that one in four women worldwide experienced SA in their entire lifetime, but less than 5% reported it to law enforcement. Furthermore, one out of every five cases reported to the police was considered baseless by the police and was therefore called "unfounded", adding to the agony of the women. SV can lead to various health issues in women, including physical, mental, sexual, and reproductive health problems, and may even increase the risk of getting an HIV infection [4]. Kalra opined that SV against women, in a developing country like India, is often a

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result of unequal power distribution among men and women. It is also prejudiced by certain societal cultural factors and values [5]. A survey conducted by WHO in 2013 revealed that women who were physically or sexually abused were 1.5 times more likely to have a sexually transmitted infections (STI) including HIV, compared to those who never experienced violence [6]. Furthermore, SV may also lead to an increased incidence of homicide or suicide [2].

OBJECTIVES

The present community-based study was conducted to know the burden and consequences of SA suffered by women in remote villages.

MATERIAL AND METHODS

Study design

Observational cross-sectional study.

Study setting and duration

The study was conducted over a period of one year in 140 tribal villages in remote rural, forestry and hilly region.

Inclusion criteria

Randomly, women between ≥20 to ≤49 years of age residing in the villages around the village with health facility (study center) and willing to undergo a personal interview were enrolled as study participants.

Exclusion criteria

Those <20 years or >49 years, not willing to give responses, or not comfortable were excluded.

Sample size

Calculated sample size was 2500 with 95% confidence, and 2% absolute precision. The sample size was calculated using a free online statistical calculator (statulator) [7].

Sampling technique

Participants were selected randomly from each village using a random number table to attain the desired sample size of 2500 participants.

DATA COLLECTION

After Institutional ethical committee approval and informed consent from all the participants, various socio-demographic features of all the participants including age, education, occupation, socio-economic status, and parity were recorded on a pre-formed structured data collection sheet. An in-depth face-to-face interview of all the study subjects regarding the SA suffered at home and at the workplaces was conducted using a written semi-structured questionnaire with open and close-ended questions by research assistant, trained nurse midwife. Each interview was conducted for duration of 15-20 minutes, maintaining confidentiality and privacy in an area with mutual understanding.

RESULTS

Of the total of 2500 women interviewed majority (57.7%) belonged to the 20-29 years of age, educated up to primary level (45.3%), laborer by occupation (45.4%), and belonged to lower economic class (48.8%). Most of them had one to two children (57.8%). Of the total of 2500 participants, 1690 (67.7%) women suffered either marital rape by their husbands or were sexually assaulted by their close relatives and/or family friends. Of the 1690 women, who reported SA, 1190 (70.4%) suffered from marital rape by their husbands at night and 500 (29.6%) during the day time. Of the total 1690 women who suffered SV, 1213(48.5%) women in addition to marital rape also suffered rape at the hands of relatives, 1018 by their father-in-law or brother-in-law, 160(13.2%) by other relatives, and 35(2.9%) by non-relatives. The details of relationship of marital rape and rape by relatives and other persons with the socio-demographic features of the participants are shown in [Table 1]. Of the total of 2500 women, 911 (36.4%) reported SV at workplaces. Of these 911women, 336 (36.9%) women suffered SV at the hands of their family members working at the same places, 192 (21.1%) by their friends, 111 (12.2%) by colleagues, 102 (11.2%) workplace superiors, 92 (10.1%) by police and remaining, 141 (15.5%) by others. The relationship of SV at the workplaces with the age, education, occupation, socio-economic status, and parity of the women are depicted in [Table 2]. Of the total 2500 participants who suffered SV at home, 1425 (57.0%) informed about the SV to their family members (58.5%), police officials (32.0%), or some other person (9.4%). Of these 1425 women, 1370(96.1%) had to seek help from healthcare facilities including primary health centers (PHC) (63.1%), sub-district hospitals (SDH) / District hospitals (DH) (28.6%), and other health facilities (8.3%). The socio-demographic features-wise distribution of participants who had to seek healthcare is shown in [Table 3]. Of 911 participants who suffered SV at the workplaces, 100% sought help either from a PHC (43.6%), SDH/DH (14.5%), or from others (16.7%) including family members, neighbors, friends, etc. Depicts the correlation of socio-demographic features with the action taken by women against SV at their workplace. It was revealed that of 2500 women interviewed, 1690 (67.7%) suffered SA at home and 911 (36.4%) suffered at their workplaces also. A significant correlation was found between, young age, lower education, being laborer and low economic class of women with SA suffered at home and

Table 1: Correlation of socio-demographic features with the sexual violence at home.

Variables		Marital Rape						Other Person							
				Timing						Yes					
Age In Years	Total	Yes	%	Sleep Time	%	Any Time	%	Yes	%	Father-In-Law / Brother-in-Law	%	Relative	%	Others	%
20 To 29	1442	1170	81.1	810	69.2	360	30.8	885	76	780	88.1	85	9.6	20	2.3
30 To 39	605	430	71.1	305	70.9	125	29.1	268	62	190	70.9	65	24	13	4.9
40 To 49	453	90	19.9	75	83.3	15	16.7	60	67	48	80	10	17	2	3.3
Total	**2500**	**1690**	**68**	**1190**	**70**	**500**	**30**	**1213**	**72**	**1018**	**84**	**160**	**13**	**35**	**3**

Education															
Illiterate	717	474	66.1	239	50.4	235	49.6	329	69	257	78.1	60	18	12	3.6
Primary	1133	935	82.5	711	76	224	24	680	73	585	86	80	12	15	2.2
Secondary	430	273	63.5	233	85.3	40	14.7	200	73	172	86	20	10	8	4
Higher Secondary	150	8	5.3	7	87.5	1	12.5	5	63	5	100	0	0	0	0
Graduate	55	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Post Graduate/ Professional	15	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	**2500**	**1690**	**68**	**1190**	**70**	**500**	**30**	**1213**	**72**	**1018**	**84**	**160**	**13**	**35**	**3**
Profession															
Home Maker	720	460	63.9	380	82.6	80	17.4	300	65	238	79.3	50	17	12	4
Farm Labourer	1136	905	79.7	605	66.9	300	33.1	695	77	599	86.2	80	12	16	2.3
Other Work Labourer	564	320	56.7	200	62.5	120	37.5	214	67	178	83.2	30	14	6	2.8
Shop Keeper	80	5	6.3	5	100	0	0	4	80	3	75	0	0	1	25
Total	**2500**	**1690**	**68**	**1190**	**70**	**500**	**30**	**1213**	**72**	**1018**	**84**	**160**	**13**	**35**	**3**
Economic Status															
Upper Class	75	1	1.3	1	100	0	0	0	0	0	0	0	0	0	0
Upper Middle Class	105	2	1.9	2	100	0	0	0	0	0	0	0	0	0	0
Middle Class	405	150	37	145	96.7	5	3.3	105	70	96	91.4	8	7.6	1	1
Lower Middle Class	695	487	70.1	342	70.2	145	29.8	330	68	277	83.9	40	12	13	3.9
Lower Class	1220	1050	86.1	700	66.7	350	33.3	785	75	652	83.1	112	14	21	2.7
Total	**2500**	**1690**	**68**	**1190**	**70**	**500**	**30**	**1213**	**72**	**1018**	**84**	**160**	**13**	**35**	**3**
Parity															
P 0	205	25	12.2	22	88	3	12	15	60	13	86.7	1	6.7	1	6.7
P 1- P 2	1445	1205	83.4	788	65.4	417	34.6	898	75	745	83	129	14	24	2.7
≥P 3	850	460	54.1	380	82.6	80	17.4	300	65	260	86.7	30	10	10	3.3
Total	**2500**	**1690**	**68**	**1190**	**70**	**500**	**30**	**1213**	**72**	**1018**	**84**	**160**	**13**	**35**	**3**

Small Scale, (Food, Shoes making, Bamboo items) Industry, Welding Workshop, Brick furnace

Table 2: Correlation of socio-demographic features with the sexual violence at workplaces.

Variables	**Total**	**Sexual Violence at Workplaces**													
Age In Years		Yes	%	Person											
				Family Member	%	Friends	%	Colleague	%	Workplace Superior	%	Police	%	Others	%
20 To 29	1442	647	44.9	249	38.5	158	24.4	73	11.3	74	11.4	19	2.9	74	11.4
30 To 39	605	218	36.0	79	36.2	28	12.8	38	17.4	24	11.0	10	4.6	39	17.9
40 To 49	453	46	10.2	8	17.4	6	13.0	0	0.0	4	8.7	0	0.0	28	60.9
Total	**2500**	**911**	**36.4**	**336**	**36.9**	**192**	**21.1**	**111**	**12.2**	**102**	**11.2**	**29**	**3.2**	**141**	**15.5**
Education															
Illiterate	717	332	46.3	166	50.0	89	26.8	23	6.9	20	6.0	13	3.9	21	6.3
Primary	1133	365	32.2	128	35.1	53	14.5	67	18.4	50	13.7	7	1.9	60	16.4
Secondary	430	200	46.5	37	18.5	48	24.0	21	10.5	28	14.0	9	4.5	57	28.5
Higher Secondary	150	11	7.3	4	36.4	0	0.0	0	0.0	4	36.4	0	0.0	3	27.3
Graduate	55	2	3.6	0	0.0	2	100.0	0	0.0		0.0	0	0.0		0.0
Post Graduate/ Professional	15	1	6.7	1	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	**2500**	**911**	**36.4**	**336**	**36.9**	**192**	**21.1**	**111**	**12.2**	**102**	**11.2**	**29**	**3.2**	**141**	**15.5**

Profession															
Home Maker															
Farm Labourer	1856	707	38.1	301	42.6	142	20.1	79	11.2	49	6.9	12	1.7	124	17.5
Other Work Labourer	564	198	35.1	29	14.6	50	25.3	32	16.2	53	26.8	17	8.6	17	8.6
Shop Keeper	80	6	7.5	6	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	**2500**	**911**	**36.4**	**336**	**36.9**	**192**	**21.1**	**111**	**12.2**	**102**	**11.2**	**29**	**3.2**	**141**	**15.5**
Economic Status															
Upper Class	75	2	2.7	2	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Upper Middle Class	105	7	6.7	7	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Middle Class	405	179	44.2	54	30.2	21	11.7	35	19.6	26	14.5	10	5.6	33	18.4
Lower Middle Class	695	153	22.0	37	24.2	38	24.8	28	18.3	17	11.1	7	4.6	26	17.0
Lower Class	1220	570	46.7	236	41.4	133	23.3	48	8.4	59	10.4	12	2.1	82	14.4
Total	**2500**	**911**	**36.4**	**336**	**36.9**	**192**	**21.1**	**111**	**12.2**	**102**	**11.2**	**29**	**3.2**	**141**	**15.5**
Parity															
P 0	205	6	2.9	6	100.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
P 1- P 2	1445	622	43.0	269	43.2	109	17.5	68	10.9	69	11.1	12	1.9	95	15.3
≥P 3	850	283	33.3	61	21.6	83	29.3	43	15.2	33	11.7	17	6.0	46	16.3
Total	**2500**	**911**	**36.4**	**336**	**36.9**	**192**	**21.1**	**111**	**12.2**	**102**	**11.2**	**29**	**3.2**	**141**	**15.5**

Small Scale, (Food, Shoes making, Bamboo items) Industry, Welding Workshop, Brick furnace

Table 3: Correlation of socio-demographic features with the action taken after sexual violence at home.

Variables	Total	Informed someone								Health care sought							
Age In Years		Yes	%	Person						Yes	%	Place					
				Family Member	%	Police	%	Other	%			**SC /***PHC	%	***SDH /****DH	%	Others	%
20 To 29	1442	835	58	465	55.7	282	34	88	11	850	58.9	565	66.5	215	25.3	70	8.2
30 To 39	605	345	57	186	53.9	121	35	38	11	360	59.5	208	55.3	126	35	35	9.7
40 To 49	453	245	54	183	74.7	54	22	8	3.3	160	35.3	100	62.5	51	31.9	9	5.6
Total	**2500**	**1425**	**57**	**834**	**58.5**	**457**	**32**	**134**	**9.4**	**1370**	**54.8**	**873**	**63.1**	**392**	**28.6**	**114**	**8.3**
Education																	
Illiterate	717	410	57	225	54.9	139	34	46	11	419	58.4	200	47.7	185	44.2	34	8.1
Primary	1133	608	54	330	54.3	219	36	59	9.7	618	54.5	404	65.4	154	24.9	60	9.7
Secondary	430	250	58	131	52.4	91	36	28	11	268	62.3	198	73.9	50	18.7	20	7.5
Higher Secondary	150	93	62	86	92.5	6	6.5	1	1.1	45	30	44	97.8	1	2.2	0	0
Graduate	55	50	91	48	96	2	4	0	0	15	27.3	14	93.3	1	6.7	0	0
Post Graduate/ Professional	15	14	93	14	100	0	0	0	0	14	93.3	13	92.9	1	7.1	0	0
Total	**2500**	**1425**	**57**	**834**	**58.5**	**457**	**32**	**134**	**9.4**	**1379**	**55.2**	**873**	**63.3**	**392**	**28.4**	**114**	**8.3**
Profession																	
Home Maker	720	416	58	241	57.9	151	36	24	5.8	408	56.7	199	48.8	175	42.9	34	8.3
Farm Labourer	1136	634	56	341	53.8	202	32	91	14	647	57	428	66.2	164	25.3	55	8.5
Other Work Labourer	564	305	54	184	60.3	102	33	19	6.2	303	53.7	228	75.2	50	16.5	25	8.3
Shop Keeper	80	70	88	68	97.1	2	2.9	0	0	21	26.3	18	85.7	3	14.3	0	0
Total	**2500**	**1425**	**57**	**834**	**58.5**	**457**	**32**	**134**	**9.4**	**1379**	**55.2**	**873**	**63.3**	**392**	**28.4**	**114**	**8.3**
Economic Status																	
Upper Class	75	73	97	71	97.3	2	2.7	0	0	62	82.7	57	91.9	4	6.5	1	1.6

Upper Middle Class	105	100	95	86	86	11	11	3	3	72	68.6	69	95.8	2	2.8	1	1.4
Middle Class	405	245	61	125	51	111	45	9	3.7	213	52.6	141	66.2	47	22.1	25	12
Lower Middle Class	695	375	54	205	54.7	146	39	24	6.4	383	55.1	153	39.9	175	45.7	55	14
Lower Class	1220	632	52	347	54.9	187	30	98	16	649	53.2	453	69.8	164	25.3	32	4.9
Total	**2500**	**1425**	**57**	**834**	**58.5**	**457**	**32**	**134**	**9.4**	**1379**	**55.2**	**873**	**63.3**	**392**	**28.4**	**114**	**8.3**
Parity																	
P 0	205	125	61	79	63.2	36	29	10	8	96	46.8	25	26	47	49	24	25
P 1- P 2	1445	840	58	456	54.3	304	36	80	9.5	803	55.6	570	71	178	22.2	55	6.8
≥P 3	850	460	54	299	65	117	25	44	9.6	480	56.5	278	57.9	167	34.8	35	7.3
Total	**2500**	**1425**	**57**	**834**	**58.5**	**457**	**32**	**134**	**9.4**	**1379**	**55.2**	**873**	**63.3**	**392**	**28.4**	**114**	**8.3**

Small Scale, (Food, Shoes making, Bamboo items) Industry, Welding Workshop, Brick furnace

SC – Sub Centre PHC – Primary Health Care

DH – District Hospital SDH – Sub District Hospital

workplaces ($p<0.05$). Furthermore, of all the women who suffered SA at home, only 57.0% informed about the incident, and of these, 96.1% sought help from healthcare facilities including PHC, SDH, DH, and other health facilities. On the other hand, 100% of women who suffered from SA at workplaces sought help from health facilities.

DISCUSSION

SA can lead to a lot of negative health impacts including physical, reproductive, and psychological effects [8]. It is a complex and pressing social issue that needs urgent solutions. SV, especially in women, has extremely negative and long-term health impacts including vaginal discomfort, recurrent urinary tract infections, chronic pain, chronic backache, fibromyalgia, insomnia, chronic fatigue, eating disorders, social anxiety, and depression. These disorders are due to the trauma to the body, mind, and soul of women suffering from SV [9].

The present community-based study was conducted to know the burden and action taken by women after suffering SA in rural remote communities with extreme poverty. It was revealed that more of young women between 20-29 years, with less education, agricultural laborers, and those belonging to the low economic class suffered SV at home by their husbands, relatives, and others and also at the workplaces by their employers and co-workers. Furthermore, it was found that only 57.0% of women who suffered SA at home informed about the incident and sought help compared to 100% of women who suffered SV at the workplaces. Actual figures around the world are not well known due to various reasons. Ba et al., reported that the studies from six countries, five in Africa (18 studies), especially in the Democratic Republic of Congo (DRC) (12 studies), the numbers and quality of studies published did not match the significance of the problem. The findings highlighted the need for care of the survivors and also raised concerns about how they and their children get affected in the long term [10]. Jina et al., reported that women who were sexually assaulted had the highest burden of post-traumatic stress disorders. Implementing screening and intervention programs in dealing with women's health may be valuable, as reproductive health consequences are common [8]. Kohli et al., reported that many survivors of gender-based violence (GBV) in the Democratic Republic of Congo (DRC) reported barriers to access to health services like distance, cost, lack of trained providers, and fear of stigma. They also reported that in 2004 a mobile health program was started in rural South Kivu province of Eastern DRC for vulnerable women and men to know the barriers to access identified by GBV survivors and their families. The mobile health program treated 772 women of which 85% were survivors of SV. Around 45% reported that they never received health services after the last SA and the majority of the survivors reported symptoms of STI following SA. The program identified three important areas that needed further development including the provision of health services to women to reduce the possibility of future stigma, engaging male partners in health education and clinical care, and strengthening linkages for referral of survivors and their partners for psychosocial support and mental health services [11]. In the present study also, 67.7% reported SA at home and of these 911 further suffered SA at their workplaces also. Furthermore, only 57% of women who suffered from SA at home informed to their family members, relatives, friends, and police, but of these 96.1% of women sought help from various health facilities regarding SA-related injuries and 100% of women who suffered SA at workplaces sought help from health facilities. A study by Dartnall et al., revealed that the prevalence of rape ranged between 6 and 59% among women who experienced sexual abuse from their husbands or boyfriends in their lifetime. They reported that two population-based studies from South Africa revealed 28% and 37% of men, perpetrated rape and it was found that rape perpetration reported in high-income countries was significantly lower than those from low- and middle-income countries. They also reported that women and girls were more at risk of being victims and men the perpetrators and, in the majority of the cases, the perpetrator was someone known to the victim [1]. Freedman et al., reported that the research highlighted the ways in which limited understanding of sexual and GBV led to interventions with unintended and sometimes negative consequences for gender relations in the DRC.12 Research suggested that policymakers, and practitioners needed to rethink about approaches to tackling SV and GBV and to incorporate them into a more coherent approach for gender equality [12]. Garcia et al., after having multi countries studies reported that the lifetime prevalence of physical or SV, or both, varied from 15% to 71%, with two sites having a prevalence of less than 25%, seven between 25% and 50%, and six between 50% and 75%. Men who were more controlling were more likely to be violent against their partners. In all but one setting women were at far greater risk of physical or SV by a partner than by other people [13].

A recent study conducted in Turkey to detect the factors affecting SV against women revealed that the women's exposure to SV was

affected by a number of factors, including region, age, educational level, employment, marital status, health condition, parity as well as exposure to physical, economic, and verbal abuse. Furthermore, it was found that education, employment, drug abuse, infidelity, and other variables related to the husband/partner also affected the women's exposure to SV. The researchers concluded that young women residing in rural and less developed regions, and with low levels of education were more likely to experience SV [14]. Another similar study conducted to assess the magnitude and nature of SV against married women in urban and rural Bangladesh by their partners and factors associated with physically forceful sex by partners revealed a significantly higher prevalence of SV against rural women (50%) compared to urban women (37%). Furthermore, a significant number of women suffered from SA by their husbands. The factors that were found to be positively associated with forced sex by husbands included a similar history of physical abuse of the mother of the husband by his father, dominating behavior of the husband, and forced first sex [15]. A National Intimate Partner and SV survey conducted on 22,590 women and 18,584 men, to know the prevalence of different types of SV at the work places by authoritative or non-authoritative employees and its impacts including safety issues, psychological effects, and missing days of work revealed that 5.6% of women (almost 7 million) and 2.5% of men (nearly 3 million) experience some kind of SV at the workplaces. Around 4% of women reported SV by non-authority figures and 2.1% by authority figures. The most commonly reported SV by the majority of the women was unwanted sexual contact. Furthermore, around 1 million women (0.8%) reported rape by a workplace-related culprit. The most common impact of SV in the workplaces was an environment of fear for both men and women [16].

Another recent study conducted to know the prevalence and predictors of help-seeking behaviors among these women on 19,125 married, separated, divorced, or widowed women in India who had experienced physical or SV by their husbands revealed that less than 1/4th (23.7%) of married, separated, divorced, or widowed women sought help after suffering physical and or SV by their partners, and only 1% sought help from formal institutions. It was observed that help-seeking was most common in women who experienced a combination of physical, sexual, and emotional abuse (48.8%) and least likely in those who suffered only SV (1.5%). Other factors associated with the help-seeking behavior of women included were age, religion, and region [17]. A recent study conducted in Ethiopia to know the help-seeking behavior and associated factors among women who experienced physical and SV reported that only 22.5% of the women sought help after physical and SV. The factors that significantly increased the help-seeking behavior of women included age ≥30 years, employed, economically sound, and experiencing severe violence [18]. A similar recent survey conducted on 1,504 Taiwanese women revealed that 5.76% of women suffered from SV, but the majority of these victims were hesitant to seek help from formal support systems [19].

CONCLUSION

In the present study, it was revealed that the rural, young women, with low levels of education, laborers and those belonging to lower socio-economic status were more at risk of suffering SV at the hands of their husbands, close and distant relatives, and at workplaces. Of all the 2500 women interviewed, 67.7% reported SA at home and of these 911 faced SA at their workplaces also. Furthermore, only 57% of women suffering from SA at home informed about the incident to their family members, relatives, friends, and police, but of these 96.1% of women sought help from various health centers regarding SA-related injuries and 100% of women suffering from SA at workplaces sought help from healthcare facilities after the incident.

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CONFLICTS OF INTEREST

Authors have no conflicts of interest to disclose

ETHICS APPROVAL

The present study was conducted after Institutional Ethical Committee approval

CONSENT TO PARTICIPATE

The study was conducted after informed consent from the participants

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