



BREAKING THE SILENCE: EXPLORING THE PREVALENCE AND EFFECTS OF SEXUAL HARASSMENTS IN SRI LANKA'S WORKPLACES

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Abstract:

Purpose - Sexual Harassment (SH) in the workplace is a significant problem for Sri Lankan women, leading to various challenges. Despite ongoing efforts to address the issue, SH remains pervasive, negatively impacting on many women. A recent study aimed to explore how SH in the workplace affects the personal lives of female employees.

Design/methodology/approach - This research follows a quantitative method that seeks to study the impact of SH in the workplace on women's personal life. Convenience sampling was used to select 351 female employees from different workplaces, who then completed standardized instruments. Correlation and regression analysis were performed to examine the association between variables and the impact of SH on the participants. The study revealed that SH in the workplace has adverse effects on the personal lives of female employees. SH was associated with a range of psychological, physical, work-related, and interpersonal problems, including depression, anxiety, and fear; physical symptoms such as sleep disturbance, low energy, and chronic pain. Additionally, job satisfaction, productivity, motivation, and relationships with colleagues, supervisors, and clients were negatively impacted.

Findings - The findings underscore the need for greater community awareness of SH and preventative measures in the workplace. Organizations must take action to avoid SH by developing comprehensive policies and procedures, providing training to employees and management on identifying and addressing SH, and establishing reporting channels that allow for timely and appropriate responses to reports of SH.

Originality of the Research - the study highlights the significant impact of SH in the workplace on the personal lives of Sri Lankan women. To eliminate this pervasive issue from Sri Lankan workplaces, collective action is required. Organizations must take a proactive approach to address this issue to ensure the safety and well-being of all employees. The study provides valuable insights into the consequences of SH on employees and emphasizes the need for continued efforts to create a safe and inclusive work environment for women.

Keywords: Sexual Harassment, Women, Workplace Personal life, Psychological impact

1. Introduction

Sexual Harassment (SH) is a prohibited offence in Sri Lanka under the Penal Code. The fundamental human rights to work, safety, and fair treatment are protected by law (EFC & ILO, 2013). SH in the workplace is unique in its direct impact on an individual's life. It is often utilized as a means

of exerting power during the employment cycle, from recruitment to promotion (WageIndicator Foundation, 2020). Male co-workers often make it difficult for female employees to work by using gestures, language, physical aggression, and sexual discrimination (Derana, 2021). Despite the prevalence of reported incidents of SH, no effective action has been taken to address this issue in Sri Lanka (Perera, 2017). Despite legislative efforts to promote gender equality, SH continues to be a concern in the workplace, affecting both men and women. In this region, it is not uncommon for men to sexually assault women (Selvaras, 2017).

The patriarchal culture in Sri Lanka, as in other Asian countries, continues to oppress women, particularly sexually (Adikaram, 2018). Concerns have been raised by various segments of Sri Lankan society regarding the safety of female workers in the workplace. Although more than half of the female population is employed, all have experienced SH at some point in their working lives (Niriella, 2015). Despite the Shops and Offices Act, No. 19 of 1954, which guarantees private sector workers' rights, a lack of knowledge of labor rights and employer disregard for those rights can prevent workers from organizing. As a result, many women become victims of workplace SH and are hesitant to report it because there is no formal complaint system in place (Yogeshwari, 2021).

The Women Working partnership between IFC and the Australian Government conducted a study on the "Business Case for Creating Respectful Workplace in Sri Lanka," which revealed that three out of every five respondents had experienced some form of workplace violence or harassment. One in five had felt insecure at work (ECONMYNEXT, 2022). SH in the workplace is not limited to the private sector but also affects women in the media industry. A Sri Lankan journalist, Sarah Kalpatha, disclosed on Twitter that she was threatened with rape by a male professional colleague while working in media institutions (Ceylon News, 20 January 2021). Women in the media face SH not only from authors and editors of institutions but also from male journalists (Perera, 2017). Gender-based violence, including SH, is prevalent in the clothing industry, where women constitute the majority of the workforce in trade zones. Nearly 90% of them have been sexually harassed at least once during their stay (Rathore, 2020).

Several incidents of SH in institutions have been reported in Sri Lanka. For instance, the principal of Mahanama College and a close colleague were found guilty of sexually harassing a music teacher in the music department of the school (Mawbima Newspaper, 2016). Sexual assault cases can cause physical and mental illnesses due to repeated threats and abuse (MediaLK, 2021). The case brought by a government schoolteacher against the Secretary of the Ministry of Education (SC/FR/No.76/2012) is an example of the gravity of sexual assault. Women fight to punish those in positions of power and politics, as demonstrated when the teacher spoke out in a weekend newspaper on a rare occasion (Kariyawasam, 2016).

SH is a pervasive issue affecting women in various socio-economic contexts across the world. The global #MeToo movement is just one example of the widespread SH and assault experienced by countless women worldwide (Perera, 2017). In the workplace, SH remains a common occurrence, causing numerous problems and costs for both employees and businesses. Despite the existence of laws in most countries prohibiting SH, it continues to persist and market incentives alone are insufficient to eradicate it (Hersh, 2015). Women are the most vulnerable group to SH, and due to underreporting, instances of SH often go unnoticed in the workplace.

Research suggests that women who experience SH or violence at work often do not report their experiences (Jonsdottir et al., 2022). As a result, many women find it difficult to continue working, as documented by Pathiraja (2018). The consequences of workplace SH can be far-reaching, causing physical and mental health issues, marital problems, career interruptions, reduced opportunities for promotion and advancement, lower pay, forced job changes, and unemployment, as highlighted by Shaw et al. (2018). In cases where victims lack representation or third-party support, the employee

may feel resentment and anger, resulting in aggressive and reactive behaviors such as procrastination, neglect, work avoidance, resignation, and reduced willingness to collaborate (Zakaria et al., 2015). According to Karunarathne (2015), rural women who migrate to industrial areas for economic reasons are particularly vulnerable to SH due to their lack of experience and familiarity with the new environment. Victims of SH may even be tempted to commit suicide due to their cultural and religious backgrounds. Female maids who have experienced SH are often afraid to speak out, as they fear that their employers or other relevant parties will not believe them. The repercussions for victims of SH can be significant, including job loss, emotional suffering, disrepute, spiritual and mental illness, and dissatisfaction.

SH remains a pervasive and damaging issue that affects women worldwide, irrespective of their socio-economic status or geographical location. Despite laws prohibiting SH in the majority of countries, reporting and addressing the issue continues to pose significant challenges. Women who experience SH in the workplace may choose not to report their experience, which can have serious physical and emotional consequences. For instance, workplace SH can lead to chronic health problems and reduced work quality, ultimately affecting employee motivation and productivity (Henry & Adams, 2018). The victims of SH may also experience reduced earnings and financial hardship. Additionally, the social stigma associated with SH and the perception of the victim can lead to consequences in the personal lives of women, such as neglect, hostility, domestic violence, and divorce (Suresh, Sridhar & Kairanna, 2014).

The consequences of SH can also extend to the workplace environment. SH victims may experience career interruptions, reduced opportunities for promotion and advancement, lower pay, forced job changes, and unemployment (Shaw et al., 2018). The absence of a third party to represent the victim at work may lead to the employee feeling resentment and wrath, which can result in procrastination, neglect, work avoidance, resignation, and a reduced willingness to collaborate (Zakaria et al., 2015). The risks of SH may be greater for some groups of women. Rural women who migrate to industrial areas for economic reasons are particularly vulnerable to SH due to a lack of familiarity with the new environment (Karunarathne, 2015). Women who wear uniforms at work may also be at risk of SH (Karunarathne, 2015). It is also notable that SH can occur in various settings, including the workplace, public transportation, and public places. The attempt to justify SH by claiming that women's clothing is responsible for it is unacceptable and unjustifiable.

In conclusion, SH is a severe issue that can have significant personal, professional, and societal consequences. It is essential to take steps to prevent SH and provide support to those affected by it. To this end, it is necessary to create a culture of respect and gender equality in the workplace, where SH is not tolerated, and victims can seek help without fear of retribution. Additionally, raising awareness and education about SH and its effects can lead to more effective prevention and intervention efforts.

1.2. Problem Statement

Sri Lanka is a country with a rich history and cultural heritage, particularly in Sinhala and Buddhist traditions. However, SH continues to persist as a significant and unresolved issue within the society, with incidents of sexual assault and harassment on the rise. SH is a broad term that refers to the challenges employees encounter at work and the potential impact they may have on various aspects of both employees and organizations.

The current economic conditions in Sri Lanka have resulted in an increased number of women employees joining the workforce, along with an increase in the prevalence of various forms of SH. SH in the workplace has a detrimental impact on a worker's physical, emotional, sexual, and self-esteem, as well as on their family life and social environment. Moreover, a decline in the mental and physical health and well-being of labor providers can also have a direct effect on the employer.

Despite decades of intensive research, discussion, debate, legislation, and remedies, workplace SH remains an unresolved and widespread workplace and social problem in Sri Lanka (Adikaram, 2016). Additionally, given that the issue of SH is a serious and sensitive personal matter, it can cause a range of problems in employees' personal lives. Therefore, this discussion will focus on the influence of workplace SH on the disruption of an employee's personal life.

Literature **Review**

SH is a form of workplace aggression that involves unwelcome sexual behavior that is psychologically perceived as harmful and threatening to the well-being of the victim. Choo & Ping (2021) define SH in the workplace as including provocations and exclusions that are sex-based and can be degrading. SH may take the form of physical assault, criminal force, verbal abuse, or sexual antipathy, and can result in significant distress and harm to the victim. Despite the potential for a wide range of reactions to SH, it is deemed unacceptable, and the lack of agreement on this issue is a clear indication of its inherent wrongness

The International Labour Organization (ILO) defines SH as unwelcome sexual advances or physical or verbal conduct of a sexual nature that affects an individual's job performance or creates a work environment that is hostile, intimidating, offensive, or abusive (EFC & ILO, 2013). SH is a multifaceted concept that incorporates both legal and psychological dimensions. As defined by Pathiraja (2018), SH is any action, including physical, gestural, verbal, visual, or written, that threatens the physical or mental well-being of another person and violates their human rights and dignity.

In the workplace, victims of SH are often reluctant to report or pursue legal action due to fears of social or professional retaliation. Over the past two decades, workplace SH incidents in Sri Lanka have steadily increased, with such incidents occurring regardless of an employee's social, educational, or economic status (Pathiraja, 2018). SH can take many forms, including glances, crude jokes, demeaning remarks based on gender stereotypes, sexual assault, and physical violence (Hersch, 2015). According to World Bank; International Finance Corporation (2013), SH is broadly defined as any unwanted sexual advance, request for sexual favors, verbal or physical conduct, or gesture of a sexual nature that could reasonably be expected to cause offense or humiliation to another. Such harassment may interfere with work, be made a condition of employment, or create an intimidating, hostile, or offensive work environment. SH takes three distinct forms: gender harassment, sexual coercion, and unwanted sexual attention (Fasting, et al., 2010).

Gender harassment is the expression of abusive, hostile, and degrading behavior through crude sexual and non-verbal language, a person's attitude toward his or her gender or sexual orientation can change. According to (Hardies, 2022) the most frequent types of SH reported were forms of gender harassment. All of the following are considered harassment: obscene sexual gestures, lighting, and display of sexual images or objects at work, and emailing or sending sexually explicit messages. Sexual or heterosexual language, jokes, or concepts are included in this category (Burn, 2019).

Unwanted sexual attention can take the form of positive and negative thoughts about a person's body, leering and catcalling, spreading sexual rumors about a person, and electronic sharing of a person's sexual images. Unwanted sexual touches include grabbing, nailing, touching, and purposefully rubbing against someone in a sexual manner. This also applies to obstructing another person's path or following a person during sex; unwanted, hesitant, and opposite sex advances, such as repeated requests for a kiss, date, or sex; and attempted rape or rape (Burn, 2019).

Sexual coercion, also known as "quid pro quo SH," is a legal term that refers to the requirement of sexual intercourse or sexual favors as a condition for receiving rewards or benefits such as jobs, promotions, assistance, or favorable performance ratings or grades. Burn (2019) notes that sexual coercion is the most prevalent and severe form of SH in the workplace. This type of behavior disrupts

the peace and security of the organization, creates barriers to working cooperatively with women, and has numerous adverse effects on the lifestyle of the victims (Kumar & Sharma, 2022).

Recent research highlights the multifaceted challenges faced by victims of SH in the workplace. According to Zeighami et al. (2021), SH victims can experience a range of consequences, including psychological trauma, detrimental effects on work, psychological problems, and the disintegration of warm family relationships. The mental health of SH victims is severely affected, and their decision-making abilities may be influenced by inappropriate or inadequate attitudes. Women may experience mental health consequences such as depression, anxiety, post-traumatic stress disorder, feelings of shame and guilt (Cesario, 2020; Schneider, Swan & Fitzgerald., 1997). SH is considered a negative experience that can impair a person's quality of life and psychological well-being, leading to stress, hypertension, anxiety, depression, and even suicidal thoughts or attempts (Eapohunda, 2014; Zeighami et al., 2021).

The psychological difficulties associated with SH are diverse and include feelings of worthlessness and emptiness, resentment and anger, stress and anxiety, guilt and shame, hatred, fear, and insecurity. As Vauqueline (2019) suggests, the impact of SH may also have a considerable effect on a victim's personality, occupational and target life, and social behavior. It is clear that SH in the workplace not only affects the victim's physical and emotional well-being but also creates significant challenges for their personal and professional lives.

Exposure to SH in the workplace or highly aggressive SH can lead to severe health complications, such as cardiovascular disease, gastrointestinal and digestive problems, migraines resulting in headaches, high blood pressure, and neurological disorders (Cesario, 2020). Victims who testify to their SH experiences suffer from negative psychological health, fatigue, alienation, negative emotions, difficulty sleeping, and eating (Maran, Varetto & Cristina., 2022; Eapohunda, 2014). Inappropriate behaviors, such as irregular eating and food restriction, are also common among victims (Menssink, 2018).

Victims of SH also face challenges in finding and maintaining employment. Decreased job satisfaction, prolonged sick leave, decreased productivity, increased turnover, absenteeism, professional losses, foregoing career opportunities, and leaving employment are some of the negative job-related outcomes (Friborg et al., 2017; EFC & ILO, 2013). Women who experience SH report feeling unmotivated and unsafe at work, leading to dissatisfied employment and increased workplace stress (Barker, 2017). Raj et al., (2020) identified stress, decreased productivity, and decreased employee performance as possible job-related issues associated with SH in the workplace. Exposure to SH can also lead to increased job stress, decreased job satisfaction, and higher rates of absenteeism (Hutagalung & Ishak, 2012).

Victims of SH often seek social support from friends and family, but may also experience loss of trust and decreased acceptance among others, particularly women (Eapohunda, 2014; Schneider et al., 1997). Emotional withdrawal from friends, family, and coworkers is also common among victims (EFC & ILO, 2013).

2. Relationship between independent variables and the dependent variables

2.1.1. Relationships between Workplace SH and Women's Personal Lives

SH can be defined as the occurrence of unwelcome sexual behavior towards a woman, either directly or indirectly. Examples of such behavior include sexual remarks, physical contact and advances, the display of obscene material, the demand for sexual gratification, and other forms of unsolicited vocal or nonverbal conduct (Sundaresh & Hemalatha, 2016). The occurrence of SH can lead to various negative consequences.

2.1.2. Relationship between Workplace Harassment and Psychological issues

SH is recognized as a major source of emotional distress, particularly in the workplace (Vauqueline, 2019). The negative impact of SH on an employee's mental state is well documented in the literature, as evidenced by a range of affective responses, including resentment, irritation, stress, depression, anxiety, and weariness (Sundaresh & Hemalatha, 2016) and (Zeighami et al., 2021). This not only results in poor psychological well-being, but can also lead to the development of mental disorders, which can negatively impact both the employee and the organization (Quyet & Long, 2021).

H1: There is a relationship between SH in the workplace and psychological problems.

2.1.3. Relationship between Workplace Harassment and Physical issues

According to the National Academies of Sciences (2018), women who experience SH in the workplace are at risk of suffering from various physical health problems. Chronic exposure to SH is associated with the development of psychogenic ally dependent disorders, cardiovascular problems, as well as sleep and eating problems. Physical manifestations of chronic harassment include decreased appetite, insomnia, headaches, illnesses, and stomach ulcers, as reported by Sundaresh and Hemalatha (2016) and Zeighami et al. (2021). These physical health issues can significantly affect a woman's overall well-being and quality of life.

H2: There is a relationship between SH in the workplace and physical problems.

2.1.4. Relationship between Workplace Harassment and Work –Related issues

The negative impact of SH on job performance is well-established in the literature. Manuel et al. (2017) and Quyet and Long (2021) have reported that victims of SH experience decreased efficiency, productivity, and teamwork exposure, all of which can lead to discouragement. In addition, Zeighami et al. (2021) have found that SH can result in a decreased quality of work, feelings of isolation, and even job loss. Moreover, Sundaresh and Hemalatha (2016) have highlighted that exposure to SH be associated with increased absenteeism, loss of motivation, decreased job satisfaction, and a fear of going to work. These findings emphasize the detrimental impact of SH on employees' job-related outcomes.

H3: There is a relationship between SH in the workplace and work-related issues.

2.1.5. Relationship between Workplace Harassment and Interpersonal issues

In contemporary society, it has been observed that working women who have been subjected to harassment tend to develop a general sense of mistrust towards men, and tend to rely excessively on their family members, spouse, and friends for support (Sundaresh & Hemalatha, 2016). Research conducted by Zeighami et al. (2021) indicated that victims of SH reported a range of negative consequences, including strained familial relationships, breakdown of family life, and admonishments from their spouses. The adverse effects of SH on women are numerous, with the most common being the need for social support (National Academies of Sciences, 2018).

H4: There is a significant relationship between workplace SH and interpersonal issues.

3. Methodology

This research study utilizes a quantitative methodology to examine the impact of workplace SH on the personal lives of working women. A descriptive survey design was employed to gather data, with a focus on quantitative analysis of the data obtained from participants through their responses.

The study population consisted of working women in the Gampaha District of Sri Lanka, though the population size was unknown. A sample size of 385 was estimated using Krejcie and Morgan's (1970) sample size determination formula, with 425 questionnaires distributed assuming a 15% non-response rate. However, only 351 responses were received, resulting in an 18% non-response rate. The researchers decided to continue with the study based on the 351 responses received, utilizing a convenience sampling method. The questionnaire employed in the study was divided into three parts (A, B, and C) and offered in both English and Sinhala versions. Part A presented the demographic profile of the participants. Standardized instruments were employed for measuring SH (Schneider, et al., 1997), with five responses available ranging from "never" to "very frequent." The psychological, physical, job-related, and interpersonal impact constructs were assessed using ten statements each (Osipow & Spokane, 1987), with five response options available ranging from "never" to "always." Descriptive and inferential statistics were utilized to analyze the data collected, with the aid of statistical software such as SPSS and Microsoft Excel. The results will be used to draw conclusions and make recommendations based on the study findings. The questionnaire was designed to ensure its validity and reliability, and detailed descriptive statistics were presented in the form of pie charts to illustrate the demographic data of the participants.

4. Findings

The respondents are classified according to their age. The majority of respondents (34.8% of all respondents) are between the ages of 21 and 30. At least 50% of respondents must be over the age of 50. (4.7%). 32.2 percent of respondents are between the ages of 31 and 40, 19.5 percent are between the ages of 40 and 50, and 8.8 percent are under the age of 20. In terms of marital status distribution, it is clear that the majority of working women in the Gampaha District, at 65 percent, are married. 29% of the total sample is single, 3% is divorced, and the remaining 3% is widowed. When it comes to respondents' educational levels, it is clear that the majority of female workers in Gampaha District are at the advanced level, accounting for 39.7 percent. 17.7% and 16.4% of the total sample, respectively, are in the Bachelor's degree and diploma categories. The postgraduate level accounts for 13.5 percent of respondents, while the ordinary level accounts for only 12.7 percent of the total sample. When it comes to respondents' work experience, it can be seen that the majority of working women in the Gampaha District report having worked for between 5 and 10 years. It accounts for 36% of the total sample. 33% and 18% of the total sample, respectively, represent the categories of 1–5 years of service and more than 10 years of service. The smallest group of working women is those with less than one year of experience, accounting for only 13% of the total sample.

The presented table 01 shows the statistical significance of data points in a study conducted on working women in the Gampaha District. The study determined a Pearson correlation value for the subjective health (SH) of these women and found a perfect positive relationship between SH and psychological distress with a correlation coefficient of 0.836. The low P-value of 0.000 indicates that this correlation is statistically significant at the 0.01 level. Therefore, the study concludes that SH and psychological distress are linked. The study also found statistically significant positive correlations between SH and other variables, such as job-related issues, interpersonal issues, and workplace SH. These variables exhibited a perfect positive relationship with SH, with a Pearson correlation value ranging from 1 to 0.73. The P-values of these variables were also less than 0.01, indicating their statistical significance.

In summary, the study suggests that psychological issues, job-related issues, and interpersonal issues are positively related to the workplace SH of women in the Gampaha District. The findings highlight the need for interventions and support to address these issues in the workplace, which could improve the health and well-being of female workers in the region.

Table No 01: Means, Standard Deviations and Bivariate Correlations among the Study Variables

Variable	Mean	SD	Workplace Sexual Harassment	Psychological Issues	Physical Issues	Job Related Issues	Interpersonal Issues
Workplace Sexual-Harassment	3.60325	.831258	1				
Psychological Issues	3.87273	.827118	.836** (0.000)	1			
Physical Issues	3.76779	.827711	.844** (0.000)	.868** (0.000)	1		
Job Related Issues	3.79818	.779872	.835** (0.000)	.888** (0.000)	.887** (0.000)	1	
Interpersonal Issues	3.84649	.747283	.739** (0.000)	.811** (0.000)	.845** (0.000)	.865** (0.000)	1

Correlation is significant at the 0.01 level (2-tailed).

Source: (Field Survey Data, 2022)

In this study, the relationship between workplace SH and various personal factors such as psychological, physical, job-related, and interpersonal issues in women’s lives were investigated through linear regression analysis. The independent variables used in this study include work-life balance factors, specifically time-balance factors, satisfaction-balance factors, and involvement-balance factors.

4.1. Identify the Relationship between Workplace Sexual-Harassment and Issues in Women’s Personal Lives

4.1.1. Identify the relationship between workplace SH and psychological issues.

The results of the regression analysis indicated that the model explained a substantial proportion of the variance (69.9%) and was a significant predictor of psychological issues, as evidenced by the significant F-value ($F(1,351) = 891.228, p = .000$). Specifically, workplace SH was found to make a significant contribution to the model ($B = .836, p = .05$). The final predictive model can be expressed as follows: Y (Psychological issues) = $0.874 + 0.836 X$ (workplace sexual-harassment). These findings highlight the strong positive association between workplace SH and psychological issues, underscoring the importance of addressing the issue of workplace SH to promote the mental health and well-being of women in the workforce.

Table No 02: Model Summary

R	R Square	Adjusted Square	R	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. Change F
.836 ^a	.699	.699		.454056	.699	891.228	1	383	.000

Source: (Field Survey Data, 2022)

4.1.2. Identify the relationship between the workplace SH and physical issues.

The study utilized regression analysis to examine the relationship between workplace SH and physical issues experienced by female workers. The results indicated that the model was a significant predictor of physical issues, accounting for 71.3% of the variance, $F(1, 351) = 951.563, p = .000$. The analysis demonstrated that workplace SH made a statistically significant contribution to the model ($B = .844, p < .05$), leading to the final predictive model:

$$Y \text{ Physical issues} = 0.738 + 0.844 X \text{ workplace sexual-harassment}$$

This model suggests that for every unit increase in workplace SH, there is an expected increase of 0.844 units in physical issues experienced by female workers. The high level of explained variance indicates that workplace SH is a significant factor in predicting physical issues in women’s personal lives, and highlights the need for organizations to address and prevent SH in the workplace.

Table N0 03: Model Summary

R	R Square	Adjusted Square	R	Std. Error of the Estimate	Change Statistics					
					R Square Change	F Change	df1	df2	Sig. Change	F
.844 ^a	.713	.712		.443992	.713	951.563	1	383	.000	

Source: (Field Survey Data, 2022)

4.1.3. Identify the relationship between the workplace SH and job related issues.

The results of the regression analysis revealed that the model accounted for 69.7% of the variance and was a significant predictor of job-related issues, $F(1, 351) = 892,792, p = .000$. Although workplace SH made a significant contribution to the model ($B = .835, p < .05$), the final predictive model was represented as:

$$Y \text{ Job-related issues} = 0.975 + 0.835 X \text{ Workplace SH}$$

These results suggest that workplace SH is a statistically significant predictor of job-related issues among female employees in the Gampaha district. The model explained nearly 70% of the variance in job-related issues, highlighting the importance of addressing SH in the workplace. These findings may be useful in developing interventions and policies to promote safe and supportive working environments that are conducive to employee well-being and job satisfaction.

Table No 04: Model Summary

R	R Square	Adjusted Square	R	Std. Error of the Estimate	Change Statistics					
					R Square Change	F Change	df1	df2	Sig. Change	F
.835 ^a	.697	.697		.429544	.697	882.792	1	383	.000	

Source: (Field Survey Data, 2022)

4.1.4. Identify the relationship between in between the workplace SH and interpersonal issues.

The regression analysis was employed to determine the relationship between workplace SH and interpersonal issues in women’s personal lives. The findings indicated that the model accounted for 54.6% of the variance and was a significant predictor of interpersonal issues, $F(1, 351) = 461.379,$

p = .000. Although the variable of workplace SH made a significant contribution to the model (B = .739, p < .05), the final predictive model was expressed as:

$$Y \text{ Interpersonal issues} = 1.452 + 0.739 X \text{ workplace sexual-harassment.}$$

Table No 05: Model Summary

R	R Square	Adjusted Square	R	Std. Error of the Estimate	Change Statistics				
					R Square Change	F Change	df1	df2	Sig. F Change
.739 ^a	.546	.545		.503944	.546	461.379	1	383	.000

Source: (Field Survey Data, 2022)

5. Discussion and Conclusion

The findings presented in table 01 suggest that there is a significant relationship between subjective health (SH) and psychological distress among working women in the Gampaha District. The perfect positive correlation coefficient of 0.836 indicates that as psychological distress increases, SH also increases.

The low P-value of 0.000 suggests that this correlation is statistically significant at the 0.01 level, meaning that there is less than a 1% chance that this relationship is due to chance alone. Therefore, the study concludes that SH and psychological distress are linked.

The study also found statistically significant positive correlations between SH and other variables, such as job-related issues, interpersonal issues, and workplace SH. These variables showed a perfect positive relationship with SH, with a Pearson correlation value ranging from 1 to 0.73. This suggests that as these variables increase, SH also increases.

The low P-values of these variables indicate their statistical significance and suggest that these variables are strongly associated with SH.

Overall, the findings of the study provide evidence of the importance of addressing psychological distress and various job-related and interpersonal issues for promoting the subjective health of working women in the Gampaha District.

The findings reported above demonstrate a clear relationship between workplace SH and a range of negative outcomes for female employees, including psychological issues, physical health problems, and job-related issues. The results of the regression analyses conducted in this study suggest that workplace SH is a significant predictor of these negative outcomes, highlighting the importance of addressing this issue in the workplace.

One of the most striking findings of this study is the strong positive association between workplace SH and psychological issues. The regression analysis indicated that workplace SH was a significant predictor of psychological issues, accounting for almost 70% of the variance in this outcome. This suggests that women who experience SH in the workplace are significantly more likely to experience negative psychological outcomes, such as anxiety and depression. The final predictive model presented in this study suggests that for every unit increase in workplace SH, there is an expected increase of 0.836 units in psychological issues. These findings underscore the importance of creating safe and supportive working environments that are free from SH, in order to promote the mental health and well-being of employees.

In addition to psychological issues, this study also found that workplace SH is a significant predictor of physical health problems. The regression analysis indicated that workplace SH accounted for over 70% of the variance in physical issues experienced by female workers. This suggests that women

who experience SH in the workplace are at increased risk of experiencing physical health problems, such as chronic pain and sleep disturbances. The final predictive model presented in this study suggests that for every unit increase in workplace SH, there is an expected increase of 0.844 units in physical issues. These findings highlight the need for organizations to take action to prevent SH in the workplace, in order to protect the physical health and well-being of their employees.

Finally, this study found that workplace SH is a significant predictor of job-related issues among female employees in the Gampaha district. The regression analysis indicated that workplace SH accounted for nearly 70% of the variance in job-related issues. This suggests that women who experience SH in the workplace are more likely to experience negative job-related outcomes, such as job dissatisfaction and reduced productivity. The final predictive model presented in this study suggests that for every unit increase in workplace SH, there is an expected increase of 0.835 units in job-related issues. These findings highlight the importance of creating safe and supportive working environments that are free from SH, in order to promote employee well-being and job satisfaction.

In conclusion, the findings reported in this study provide clear evidence of the negative impact of workplace SH on female employees. The regression analyses conducted in this study suggest that workplace SH is a significant predictor of a range of negative outcomes, including psychological issues, physical health problems, and job-related issues. These findings highlight the importance of creating safe and supportive working environments that are free from SH, in order to protect the health and well-being of employees and promote job satisfaction and productivity. Organizations must take proactive steps to address this issue, including implementing policies and training programs that promote a culture of respect and inclusion in the workplace.

5.1. Implications

The findings of this study have several important implications for organizations and policymakers. The results suggest that SH in the workplace is a significant problem that can have serious negative consequences for female employees. Addressing workplace SH is crucial for promoting employee well-being, reducing job-related issues, and increasing productivity.

One important implication of this study is that organizations must take a proactive approach to addressing SH in the workplace. This can involve implementing policies and procedures that promote a culture of respect and inclusion, as well as providing training for managers and employees on how to recognize and prevent SH.

Another implication is that policymakers must take steps to ensure that laws and regulations are in place to protect employees from SH. This can include strengthening existing laws and regulations, as well as increasing resources for enforcement and education.

5.2. Recommendations

Based on the findings of this study, the following recommendations are suggested:

Develop and implement policies and procedures that promote a culture of respect and inclusion in the workplace. This can include developing clear guidelines for appropriate workplace behavior, as well as providing training for managers and employees on how to recognize and prevent SH.

Increase resources for enforcement and education of laws and regulations that protect employees from SH. This can include providing training and resources for enforcement agencies, as well as increasing public awareness of the issue.

Create a supportive and safe work environment for employees who have experienced SH. This can include offering counseling and support services that protects employee privacy and confidentiality, as well as implementing a zero-tolerance policy for SH in the workplace.

Conduct regular surveys and assessments to monitor the prevalence of SH in the workplace. This can help organizations to identify areas where improvements are needed and to measure the effectiveness of interventions.

Foster a workplace culture that promotes gender equality and inclusivity. This can include promoting diversity in the workplace and ensuring that employees are treated with respect and dignity regardless of their gender, race, or sexual orientation.

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