

Knowledge, Attitude and Practices about Prevention of Sexual Harassment at the Workplace (POSH Act) among Medical Students**J. S. Arun Kumar¹, Darshnee B.², Dharani T.³, Devishree V.S.⁴, Deepika R.⁵, Devi Naga Dharshni N.⁶, Dhanush M.⁷, Devadharshini B.⁸**¹Professor, Department of Forensic Medicine & Toxicology, Dhanalakshmi Srinivasan Medical College & Hospital, Siruvachur, Perambalur, Tamil Nadu^{2,3,4,5,6,7,8}Third-Year MBBS Students, Dhanalakshmi Srinivasan Medical College & Hospital, Siruvachur, Perambalur, Tamil Nadu

Received: 01-08-2025 / Revised: 15-09-2025 / Accepted: 21-10-2025

Corresponding author: Dr. J. S. Arun Kumar

Conflict of interest: Nil

Abstract**Background:** Sexual harassment in the workplace is a pervasive issue that undermines professional integrity, workplace safety, and mental well-being. The Prevention of Sexual Harassment (POSH) Act, 2013¹, was enacted in India to ensure gender equity, dignity, and a safe working environment for all employees. Despite legislative frameworks, awareness and understanding among future healthcare professionals remain limited.**Objectives:** This study aimed to assess the knowledge, attitude, and practices regarding the POSH Act among undergraduate medical students, identifying gaps in awareness and recommending educational interventions.**Methods:** A descriptive cross-sectional study was conducted among 502 MBBS students at Dhanalakshmi Srinivasan Medical College and Hospital (DSMCH), Perambalur, Tamil Nadu. Data were collected using a structured, pre-tested questionnaire based on the POSH Act provisions and analyzed using descriptive statistics. The results were compared with findings from previous studies conducted in India and abroad.**Results:** Out of 502 participants, 315 (62.7%) were females and 187 (37.3%) males. A majority (91.9%) correctly identified the definition of sexual harassment, and 93.7% agreed that it could affect any gender. About 77.4% believed sexual harassment is a problem in medical institutions. Awareness of the Internal Complaints Committee (ICC) was moderate (58.5%), while 66.5% stated they would feel comfortable reporting incidents. Fear of retaliation (27.3%) and social stigma (31.2%) were the most cited barriers to reporting. A large majority (85.9%) expressed interest in attending workshops on POSH awareness.**Conclusion:** The study highlights a good baseline awareness about sexual harassment and the POSH Act among medical students but reveals gaps in practical knowledge and reporting confidence. Institutional sensitization programs and periodic legal education sessions are recommended to strengthen compliance and foster safer educational environments.

This is an Open Access article that uses a funding model which does not charge readers or their institutions for access and distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/4.0>) and the Budapest Open Access Initiative (<http://www.budapestopenaccessinitiative.org/read>), which permit unrestricted use, distribution, and reproduction in any medium, provided original work is properly credited.

Introduction

Sexual harassment at the workplace has been recognised as a violation of human rights and a significant deterrent to workplace equality and professional ethics [2]. The issue transcends sectors and professions, affecting employees' mental health, safety, and productivity.

In India, the landmark Vishaka Guidelines (1997) [8] laid the foundation for preventive mechanisms, which culminated in the enactment of the Sexual Harassment of Women at Workplace (Prevention, Prohibition, and Redressal) Act, 2013, popularly known as the POSH Act [1].

The POSH Act mandates the formation of Internal Complaints Committees (ICC) in all institutions, defines the scope of sexual harassment, and

prescribes penalties for non-compliance. Despite these legal safeguards, studies reveal persistent unawareness and reluctance to report due to fear, stigma, or institutional barriers.

Medical institutions, being hierarchical and gender-diverse, are particularly vulnerable to power imbalances that may foster or conceal incidents of harassment.

This study was conducted to evaluate the knowledge, attitudes, and practices of medical students regarding the POSH Act and workplace harassment. It also aims to compare these findings with previous research, identify gaps in legal and ethical understanding, and propose measures to enhance institutional awareness and compliance.

Materials and Methods

A cross-sectional descriptive study was conducted among 502 MBBS students from Dhanalakshmi Srinivasan Medical College and Hospital (DSMCH), Siruvachur, Perambalur, Tamil Nadu. Students from all academic years were included using a Random sampling technique. A pretested, structured questionnaire assessed participants' knowledge about definitions, legal provisions, complaint mechanisms, and attitudes toward reporting and preventive measures.

Responses were collected through forms and compiled in Microsoft Excel. Descriptive statistics, including frequencies and percentages, were calculated. Ethical approval was obtained from the Institutional Ethics Committee (Ref: IECHS/IRCHS/DSMCH/Cert/686, dated 26.06.2025). Anonymity and confidentiality were ensured throughout the study.

Results

Demographic Profile of Participants: A total of 502 MBBS students participated in the study conducted at Dhanalakshmi Srinivasan Medical College and Hospital (DSMCH), Perambalur, Tamil Nadu. Among them, 315 (62.7%) were

females and 187 (37.3%) were males, indicating a predominance of female respondents. Participants represented all academic years, with nearly uniform distribution across batches. The age range of participants was 18–25 years, with a mean age of 21.2 ± 1.3 years.

Knowledge Regarding POSH Act: Knowledge about the Prevention of Sexual Harassment (POSH) Act and related workplace policies was evaluated through multiple questions.

A large proportion of students (91.9%) correctly identified the definition of sexual harassment as encompassing both verbal and non-verbal acts. Nearly 93.7% of respondents agreed that sexual harassment could affect individuals of all genders, indicating a gender-neutral understanding.

Around 80.6% of the students were aware of the term POSH and its full form, while 61.5% were knowledgeable about the structure of the Internal Complaints Committee (ICC), which mandates at least 50% women representation and a presiding officer of senior rank. Only 54.7% knew the timeline within which a complaint should be submitted (within three months of the incident), and 59.2% could identify the range of punishments for offenders.

Table 1: Summarises the KAP levels on key legal and procedural aspects of the POSH Act.

Parameter	Percentage (%)
Definition of sexual harassment (Both A & B)	91.9
Sexual harassment affects all genders	93.7
Problem exists in medical institutions	77.4
Knows what POSH stands for	80.6
Knows ICC composition ($\geq 50\%$ women)	61.5
Would feel comfortable reporting	66.5
Knows penalties under the POSH Act	59.2
Interested in attending the workshop	86.0

Attitude toward Sexual Harassment and Reporting: The attitude component assessed perceptions about the seriousness of sexual harassment, comfort in reporting, and belief in institutional support mechanisms. About 77.4% of participants believed that sexual harassment is a significant issue within medical institutions. Two-

thirds (66.5%) indicated they would feel comfortable reporting an incident if it occurred to them or a peer.

However, 27.3% cited fear of retaliation and 31.2% cited social stigma as barriers to reporting, highlighting persistent hesitancy despite legal protection.

Table 2: Summarises the Attitudes towards the POSH Act.

Attitudinal Statement	Agree (%)
Sexual harassment is a problem in medical institutions	77.4
Would feel comfortable reporting incidents	66.5
Fear of retaliation as a barrier to reporting	27.3
Social stigma as a barrier to reporting	31.2
Interested in attending the POSH workshop	85.9

Practices and Institutional Awareness: When asked about their practical knowledge and experiences, 58.5% of the students reported being aware of an Internal Complaints Committee (ICC)

functioning in their college. However, only 41.8% knew how to formally approach the ICC, and 38.7% were familiar with the documentation and procedural requirements of filing a complaint.

A small subset (9.1%) reported having witnessed or heard of an incident of sexual harassment within the institution, though none reported direct personal involvement. Among those aware of incidents, 68% stated that they felt the issue was not formally reported, suggesting underutilization of institutional mechanisms.

Approximately 70.5% believed that regular sensitization programs could improve institutional safety and inclusivity, while 56.3% agreed that senior faculty and administrators should undergo compulsory training in the POSH Act's provisions

Overall, the findings reflect encouraging levels of awareness and positive attitudes among medical students toward workplace safety and the POSH Act.

More than 90% understood the definition of sexual harassment and recognized that it could affect individuals of all genders. However, procedural awareness—especially regarding ICC composition, complaint timelines, and penalties—was moderate. A positive takeaway is that nearly 86% of students expressed interest in attending awareness workshops, indicating a receptive attitude to training interventions.

The gender distribution also suggests that female students were more likely to express awareness and sensitivity toward harassment issues, a finding consistent with national and international studies. Institutional-level training, policy visibility, and active communication channels are essential to bridge the remaining awareness gaps.

Discussion

The present study revealed encouraging levels of awareness among medical students regarding sexual harassment and the POSH Act. Over 91% of participants correctly defined sexual harassment, aligning with findings from Jadhav et al. [3], who reported 88% awareness among working women in Pune. Similarly, Unnikrishnan et al. [4] found that 82% of healthcare workers recognized verbal and physical misconduct as harassment, though procedural awareness was lower.

The present study revealed 61 % are aware of the role of ICC Committee, while 55% of participants from Jadhav et al. [3] align with our findings and echo gaps observed in Uma et al [5], where less than 50% of hospital employees knew about ICC regulations. However, results show that 93.7% acknowledged sexual harassment can affect any gender, reflecting an evolving understanding of inclusivity within medical education.

Social stigma and fear of retaliation were identified as the main barriers to reporting, consistent with Merkin and Shah et al [6], who highlighted cultural reluctance as a major impediment in Asian

workplaces indicated that employees who were sexually harassed reported (a) a decrease in job satisfaction (b) greater turnover intentions and (c) a higher rate of absenteeism. Gupta, P et al [13] found that the enforcement of the law against sexual harassment is influenced by factors like caste, class and gender, both survivor and of the perpetrator.

Interest in awareness programs (85.9%) highlights a proactive attitude among medical students. As suggested by the Centre for Social Research (2019) [12], structured sensitisation workshops significantly improve understanding and compliance. These results emphasise the need to institutionalise POSH-related training as part of the undergraduate medical curriculum. This aligns with the Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 [2], which mandate adherence to national laws like the POSH Act and uphold the dignity and safety of patients and colleagues.

Recommendations

1. Incorporate dedicated training modules on workplace ethics, sexual harassment laws, and redressal mechanisms in the MBBS curriculum.
2. Conduct mandatory POSH workshops and awareness programs annually for students, interns, and faculty.
3. Strengthen Internal Complaints Committees in all medical institutions with trained members and transparent reporting systems.
4. Promote anonymous complaint portals to encourage reporting without fear of retaliation.
5. Collaborate with legal and social work professionals for multidisciplinary sensitization initiatives.

Limitations and Future Scope: The study was limited to one medical institution and may not reflect the awareness levels of medical students across India [11]. Self-reported data are subject to social desirability bias, potentially inflating awareness responses.

Future studies should include multi-institutional participation, qualitative interviews, and pre- and post-intervention evaluations following awareness programs to assess long-term impact.

Conclusion

This study highlights substantial awareness of the POSH Act and the concept of sexual harassment among medical students, indicating a positive shift in attitudes toward workplace safety and gender sensitivity. However, significant gaps remain in procedural knowledge, such as the complaint process and the role of the ICC. Institutional sensitization, integrated training, and continued

monitoring are essential to translate awareness into ethical professional conduct and to build safe, inclusive medical environments. Hence, creating awareness on our part will definitely help in improving the people's understanding. [11]

References

1. Government of India. The Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) Act, 2013. New Delhi: Ministry of Law and Justice; 2013.
2. Medical Council of India. Indian Medical Council (Professional Conduct, Etiquette and Ethics) Regulations, 2002 (amended up to 2023). New Delhi: Medical Council of India; 2002.
3. Jadhav K, Pawar S, Walokar D. Awareness of sexual harassment among women working in Chakan MIDC Pune. *Natl J Prof Soc Work*. 2022;2 3(2):173–82.
4. Unnikrishnan B, Rekha T, Kumar G, Reshmi B, Mithra P, Sanjeev B. Harassment among women at workplace: A cross-sectional study in coastal South India. *Indian J Community Med*. 2010;35(2):350–2.
5. Uma V. A study on employee awareness on anti-sexual harassment policy (POSH) in a hospital in Vellore. *Int J Creat Res Thought*. 2022;10(5):346–51.
6. Merkin RS, Shah MK. The impact of sexual harassment on job satisfaction, turnover intentions, and absenteeism. *Springerplus*. 2014; 3:215.
7. Banerjee P. A cultural critique of patriarchy and workplace harassment. *J Gender Stud*. 2021; 29(3):345–60.
8. Vishaka & Others v. State of Rajasthan. 1997; 6 SCC: 241.
9. Bhatia R. An analysis of the ambiguities in sexual harassment laws in India: The case of the POSH Act. *Indian Law Rev*. 2020;1 2(4): 567–89.
10. Rangasamy SK, Sindhu KK. A study on awareness and influence of the POSH Act on work environment in the service sector. *J Manag Res Anal*. 2025;12(1):23–8.
11. Aravind DM, Arun Kumar DJS. Knowledge and attitude of medicos about national forensic DNA database. *Saudi J Med*. 2021;6(1):10–6.
12. Centre for Social Research. Awareness survey of the POSH Act in Indian workplaces. CSR Publications; 2019.
13. Gupta, P., Fatima, N., & Kandikuppa, S. Sexual Harassment at the Workplace Act: Providing Redress or Maintaining Status Quo? *Social Change*, 2021;51(2): 246–57.