

Perception, Experiences, Risks, and Effects of Sexual Harassment Among Women Working in Hospitality Workplaces of Bahir Dar City, Northwest Ethiopia: A Qualitative Study

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Research article

Keywords: Reproductive health, transactional sex, perception, effects, Ethiopia

Posted Date: August 18th, 2020

DOI: <https://doi.org/10.21203/rs.3.rs-57397/v1>

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Abstract

Background: Sexual harassment is a public health problem that depends on gender, context, and perceivers ideology. Though it grasped attention worldwide, the perception, experience, risk, and effects of sexual harassment on victims are still uncertain. Mainly, in hospitality workplaces, women employees are disproportionately victims of sexual harassment. However, the issue is at an early stage in low and middle-income countries and Ethiopia in particular. Thus, this study was aimed to explore the perception, experience, perceived risks, and effects of sexual harassment against women working in the hospitality workplaces.

Methods: We conducted an exploratory qualitative study from January 1 to August 30, 2019. Data were collected from women employees, managers, cashiers, and customers. We applied a semi-structured focus group and in-depth interview discussion guides. Women employees were selected using the snowball method, and we recruited the key informants purposefully until the data theoretically saturated. Key informants who were supposed to give adequate information to study objectives were selected. The selection process of the key informants was based on their responsibility concerning women working in hospitality workplaces. Data were analyzed via the thematic analysis approach with the help of ATLAS ti version 8.4.24 software package.

Results: Forty-five women, five managers, four cashiers, and four customers were included in the study. Perceptions, experiences, perceived risk factors, and consequences of workplace sexual harassment were identified. The majority of the participants lack awareness about workplace sexual harassment. The experiences were verbal, physical, visual, and gender-related forms of sexual harassment. The perceived risk factors of sexual harassment were organization related, customer-related, and victim-related. The consequences were work-related, health-related, and financial and family undermining.

Conclusions: Sexual harassment is poorly understood but widely experienced by women working in hospitality workplaces. It was also caused by multiple factors and affected both organizations and individuals. Awareness creation campaigns, pre-service education, and in-service training, prevention, and rehabilitation of the victims are needed. Likewise, organizational policies and strategies should have to be developed and implemented.

Background

Currently, the world looks like a better place for women. It seems that there is a reduction in early marriage, an increment of women in politics and leadership, and the promotion of gender equality through reformed laws. It is also admirable to realize that women represent 39% of the workforce [1]. Despite these achievements, still, women continue to face barriers concerning their sexual and reproductive health and rights. Among these, sexual violence and sexual harassment in workplaces are serious public health problems [2]. Women are disproportionately affected by these problems due to their employment status, the type of work they carry out, or due to the conditions in the sector that they work

[2]. It is evident that 1 in 3 (35%) of the women are victims of sexual violence [3], and 75% of women aged 18 years and over have experienced sexual harassment [4]. The Sustainable Development Goals (SDGs) [1], United Nations (UN) women, and the International Labour Organization (ILO) recognize the significance of the problem and calling for real change to achieve safe, healthy, and respectful work environments for all women [2]. Since this problem deters the capacity of women, who is nearly half of the total population, it is unlikely to attain nearly all the Agendas of the SDGs.

Workplace sexual harassment (WSH) is a condition of an unwelcome sexual advance, request for sexual favors, or hostile verbal or physical conduct that affects one's work performance or employment [5, 6]. Currently, the literature provides convincing evidence for the persistence and pervasiveness of WSH [6–9]. WSH against women can have overwhelming effects on women's safety, health, well-being, and, ultimately, their participation in the work [2, 6]. Grossly, the consequences of WSH can be emotional, psychological, professional, and health-related [6, 10], which incur costs globally, and too much cost in low and middle countries (LMICs) [11]. Besides, it needs well-established social assets, including social networks and tailored reproductive health knowledge, to decrease the risk among the vulnerable [12].

One of the embodiments of WSH is in the hospitality workplace [2, 8, 9]. Given the increasing number of hospitality industries and the enrolment of more women than men, there is a growing concern that WSH may be increasing in prevalence and severity of its impacts [2]. Even though WSH could affect women everywhere in the world, those who are working in the hospitality industries of LMICs are the most vulnerable and unorganized because they are young and minor with income insecurity that emphasizes their dependency on supervisors, managers, and customers [13].

However, due to the difference in perception, experience, perceived risks, and effects based on factors such as gender, context, and perceivers ideology, the WSH is still a debatable and unsettled issue worldwide, and in LMICs in particular [6, 14]. For example, a study in China [15] revealed that traditionality was a crucial moderator, while difficulty in maintaining display rules was an essential mediator of the relationship between customer sexual harassment (SH) and service performance. Another study in China [16] also showed the relationship between abusive supervision and service performance. Additionally, employees' socio-economic status [17], workplace culture [18], unmet expectations of employees, inefficient organizational management, inappropriate professional communication, factors related to employees, factors related to customers, supervisors, and coworkers [19] were identified as predisposing factors for SH. Another recent review also summarized the causes as structural (e.g., causes that related to the structure of the tourism sector and the nature of its employment), managerial, and widespread beliefs and norms in the hospitality workplaces [13]. However, the factors related to the employee and the agent/broker were untouched in previous studies.

On the other hand, Ram offered five counter forces [5] (triangulation, interdisciplinary research, collaboration, humanism, and critical praxis) to unhide the five hidden barriers [20] (i.e., person, rules, position, ends, and ideology) of knowledge about SH. However, despite these tremendous stress on SH policy, advances in policy construction, and an extensive body of studies, SH remains a persistent

presence in the workplace. Subsequently, the extent of the problem underlines the need for research. However, due to the lack of consensus and the confusion of terminologies of SH, the study on incidence rates may fail to deliver an accurate description of reality, which only serves further to confound the definition of harassment [14]. Further, some studies stressed the mental and behavioral health effects, work-related effects, and physical health effects. However, the reproductive health effects of SH were rarely understood and lacked proper attention.

Generally, global literature depicts that [13, 21, 22], it is broadly regarded that employees in different occupation encounter SH from customers, coworkers, supervisors, and subordinates [23, 24], which in turn affects organizations and individual victims [23, 25], and considered an important and prevalent issue, especially in occupations that involve interpersonal contacts [21, 26]. However, there is no a generally accepted definition [27]; there is still a difference in perception, experience, and coping strategies based on gender, context, and ideology [14] and no validated measures that may help gain in-depth insights of hospitality WSH. Hence, to design and implement a context and locally appropriate SH reduction intervention and to value the magnitude with validated tools, it is useful to understand local perspectives, experience, factors, and consequences. Understanding and intervening in workplace sexual harassment (WSH) can, in turn, contribute to attaining the international development agendas.

In Ethiopia, despite the criminal code proclamation number 414/2004 prohibits SH and prescribes simple imprisonment for the perpetrator [28] and considered as a prohibited act of workplace under proclamation number 1156/2019 [29], until quite recently, SH in the hospitality workplace is a hidden problem. Only a few studies have reported the magnitude of workplace violence among commercial sex workers (CSW) [30, 31], health care providers [32–34], restaurant workers [35], university students [36], female faculty and staff [37] and female civil servants [38] in limited areas of Ethiopia. The studies among health care professionals reveal that female sex, little work experience, age, working area, work shift, and profession were the factors associated with SH [32, 34]. Similarly, the studies on CSW indicated that alcohol abuse, educational status, marital status, and income were significantly associated with workplace SH [30, 31]. Further, the study conducted among female university students and female faculty and staff, and female civil servants indicated that those who experienced SH were more likely to experience psychological distress, depression, and deterred psychosocial functioning [36–38].

However, none of these studies recognized the perceptions, experience, and perceived risks of SH, and they centered on communities that relatively get attention. Moreover, they did not exclusively reveal the outcomes of SH. Likewise, though these issues are essential steps towards designing effective SH prevention programs among women working in hospitality workplaces in the country, however, most projects that focus on reducing reproductive health problems such as HIV/AIDS, unsafe abortion, and unwanted pregnancy did not give attention to the WSH. Thus, this study aimed to explore the perception, experience, perceived risk factors, and effects of SH among women who have been working in hospitality workplaces of the urban city administration, northwestern Ethiopia.

Methods

Study setting

This exploratory study was conducted in Bahir Dar city, the capital of Amhara regional state, Ethiopia. Most of the hospitality workplaces are situated in the town, mainly because the recreation centers of the city are favorable for enjoyment. According to Bahir Dar Special zone report in 2018/19, the population of the Bahir Dar is 356,757 (296, 532 urban, and 60,225 rural), of which 187, 918 are female. It is amongst the tourist destinations in the state. Due to this, rural to urban migration is on the increase, and the number of people eating, drinking, and enjoying outside their homes expected to increase, which in turn demanded more hotels, restaurants, and cafeterias in the city. The estimated number of women working across these different facilities ranges between 12 and 40. We chose all hospitality workplaces as the setting for this research. We did not know each workplace conditions at the selected hospitality workplaces. They were screened based on their compliance conditions imposed by the Ministry of labour service authority and the willingness of hospitality workplace management to participate in this study.

Study Design

We conducted an exploratory qualitative design.

Study participants

All women hospitality workplace employees who had at least 6-months working experience in the hospitality industry and experienced workplace sexual harassment while serving in the workplace within the last six months were included in this study. The participants were currently working in the hospitality workplaces in the study area. After the purposeful identification of the first women, women who work in hospitality workplaces were identified and contacted using a snowball method. Non-governmental organization's community workers living in the city where the study participants live, help us in reaching the females. Further, Key informants (managers/supervisors, cashiers, and customers) were recruited purposefully to gather evidence that supplements women employees' ideas. The enrolment of study participants was continued until the data was theoretically saturated. Those customer key-informants who had a physical and mental illness that deters their ability of communication were excluded from the study.

Sample size and sampling techniques

Ten in-depth interviews (IDIs) and six focus group discussions (FGDs) were conducted with women hospitality workplace workers to understand their experience. Thirty-five female hospitality workplace workers participated in the FGDs. Five participants were in two FGDs, 7 participants were in one FGD, and 6 participants were in the other three FGDs. The additional sampling progression was stopped based on the saturation of the coming ideas. Based on a criteria-based purposeful sampling, a total of 13 Key-informant (KIs) (5 managers, four cashiers, and four customers) were selected and interviewed. Five hospitality workplaces were visited to conduct interviews with the supervisors. Initially, the willingness to be questioned by the managers/supervisors was denied. Nevertheless, finally, with the help of personal networks and by convincing management that the researcher was a Ph.D. student with ethics approval

from the University, permission was granted. The hospitality workplace managers welcomed an interview after knowing the identity of the researcher.

Data collection

Data were collected using different methods and sources, including in-depth interviews, focus group discussions, and key informant interviews. Multiple data collection methods were applied to reduce biases that may appear for using a single method [39, 40]. It also enables us to avoid the limitations of using any single method. FGDs were first directed to place issues in a group setting where adult females who were comfortable with each other could share their experiences and their ideas. Following the FGDs, the IDIs were conducted with separate female workers where they were able to squeeze out more in-depth their workplace experiences. Both IDIs and FGDs were done to realize the individual and group perspectives of their experiences of SH during work. In contrast, KIIs were undertaken to understand better workplace relations and power dynamics related to the issue of SH at work from the perspective of hospitality workplace supervisors/managers, cashiers, and customers.

Data were collected between January and August 2019. The expanded data collection period was primarily due to difficulties in accessing women due to their very long working hours. Similarly, it was due to problems in accessing KIIs due to competing priorities for their time.

Interview guides were intended to elicit discussion with study participants. The guides for IDIs and FGDs were similar, but a distinct interview guide was developed for KIIs. The issues covered were women employees, managers, coworkers, and customers' perceptions of SH. Similarly, it included experiences of employees and managers to those experiences. Furthermore, the perceived impact of SH was included. For the insurance of consistency and correctness of the interview questions, all guides were first prepared in English, translated into Amharic (the local language), then back-translated and rechecked by a third person. All guides were pre-tested with five people who have comparable demographic profiles. The pre-test was planned to assure their suitability to improve the guidelines and interview techniques for the local setting. These masses were not included as study participants. All discussions were conducted in Amharic, the local language. In-depth Interviews and FGDs with women were conducted in a location convenient to the study participants. The IDIs and FGDs were held in a hotel where female workers feel comfortable and secure. The study participants wanted to ward off their work surroundings to have free discussions about their perception, work experience, and impact. The researchers also wanted to evade the formality of the hospitality workplace environment. The researchers conducted the FGDs in a way that was hired to do the treatment safely and competently. The researchers also tried to make the location in the average place where all participants can get access to transport.

KIIs were conducted in a private office that was voluntarily provided by the hospitality workplace Managers/supervisors. Assignments were made over the phone for each participant. Four researchers (first author (male) and three female qualitative experts) conducted the FGDs and the IDIs (two for each): one facilitated the discussions. At the same time, the other assisted with the logistics of getting together the women and taking notes as required. All interviews were audio-recorded with consent from

participants. Each interview and FGD lasted approximately 60 to 105 minutes, with an average interview time of 80 minutes. FGD participants were offered tea, coffee, water, and soft drink to express appreciation for their time and covered their transportation costs. IDI participants were also provided tea, chocolate, water, and soft drink to show appreciation for their time and covered their transportation costs. Both FGDs and IDIs were conducted during the daytime and in the evening (until 8:00 PM).

Data analysis

All recorded interviews, FGDs, and field notes were transcribed verbatim to Amharic (the local language), then translated into English. The texts were cross-checked with audio files for accuracy and consistency before coding. The copies were prepared by a research assistant who is a university graduate with experience in conducting qualitative research and preparation for information aggregation. The first Author (MD) reads a sub-sample of transcripts to check the consistency of the transcripts. Data were analyzed by following a thematic analysis approach [41, 42]. To take the thematic analysis, we study and re-read the descriptive information to become intimate with the data to get codes for thematic analysis. The analysis approach combined priori codes based on the research question with data-driven codes. Information-driven codes were performed through an open coding method, which included categorizing small codes. Subsequently, the small codes were grouped to produce key themes where emerging issues become the categories for analysis [43]. To ensure the reliability of coding, the principal investigator, and the research assistant, autonomously coded a sample of transcripts from each category of interviews. They had discussions to reach a consensus to make a final code list. After reliability testing, the codes were added in subsequent transcripts using computer software Atlas-ti, version 8.4. Key themes (i.e., Perceptions, experience, perceived risk factors for sexual harassment, and, perceived outcomes/impacts) were identified. These key themes provided a basis for the thematic framework. These ideas were produced throughout the analytic thinking as new ideas were identified inductively from the information.

Data quality management and assurance

In addition to the techniques performed under each activity, different techniques were considered to ensure the study's credibility, dependability, transferability, and conformability. First, after we conducted a pre-test among participants with the same geographical profile but a different area, we edited and modified the interview and FGD guides by experts of qualitative research. Second, facilitators of the FGDs and IDIs, and two key informants (supervisors) were invited to evaluate the correct representation of the findings and ideas of the study. Third, to increase the credibility of the finding, we triangulated the data collected from women hospitality employees, supervisors, cashiers, and customers. Then, to check the consistency between the analyzed data and the final textual findings, we invited different public health experts who had the experience of conducting qualitative studies. Moreover, respondent bias and the risk of reactivity were ensured through holding back researchers' predetermined ideas about the issue under study.

Results

Sociodemographic Characteristics

Fifty-eight participants (45 women, five managers, four cashiers, and four customers) have participated in the FGDs, IDIs, and KIs. The women's age ranged from 18 to 37 years. The key informants involved managers, cashiers, and customers that work as a merchant, tour guide, and driver (Table 1 and Table 2).

The identified themes and sub-themes

We covered four themes and fifteen sub-themes in this article. The identified themes include (1) the perception of WSH, (2) the experience of WSH, (3) perceived risk factors for WSH victimization, and (4) consequences of WSH victimization. The subthemes under the perception of WSH were pressuring, threatening, touching, and abducting for sexual advances. The subthemes under the experience of WSH were verbal, non-verbal, physical, and type of perpetrators. The subthemes under the perceived risk factors for WSH were customer-related, victim-related, organization-related, and society, peer, and policy-related. Finally, the subthemes under the consequences of WSH victimization were work-related, health-related (mental and behavioral, physical, and reproductive healths), and financial and family-related.

Perception of Sexual Harassment

All the participants perceived that sexual harassment is a widespread issue in their workplaces. Even though they did not classify into distinct categories (verbal, physical, or non-verbal), they perceive different incidents as sexual harassment in the hospitality workplaces. They spoke a combination of incidents (physical, verbal, and non-verbal).

Pressuring for Sexual advances

Most of the participants perceived that sexual harassment is being pressured to do unwanted sexual activities through tricks, including exaggerated tips and inappropriate promises of rewards in exchange for sexual favors:

"I think sexual harassment is a condition in which women working in hospitality workplaces are pressured to do sexual activities without their will. Mostly, they may be tricked through tips, another unnecessary gift, or inappropriate promise of rewards in exchange for sexual favors." (25 years, IDI, four years experience in a cafeteria)

Other incidents that the participants perceived as sexual harassment were activities conducted by the supervisors or the owner. These activities include promoting and offering a new job and giving money in exchange for sexual favors:

"I think sexual harassment is the supervisors' or owners' action that can be explained by providing of money, and promising of rewards, and promoting for a better job position with better salary scale in

exchange for advanced sexual favors." (FGD, two years experience in a restaurant)

Threatening for a sexual advance

The participants' also perceived that sexual harassments were activities of the sexual perpetrator that were expressed through threatening to hurt women's relatives, firing from a job, complaining or falsely accusing about the provided service to the immediate supervisors in exchange for sexual favors:

"I think sexual harassment is the identification of the weak side of the women that makes her difficult to overcome the sexual requests. The soft parts could be her financial problem, her relative, or her beloved one. So, I think sexual harassment is expressed through threatening to hurt her relative or beloved one, complaining about her service provision performance to her immediate boss, threatening to fire from a job, and not to pay for the services unless we accept sex requests." (IDI, four years experience in a cafeteria)

Touching sensitive parts of the body

Furthermore, participants perceived that sexual harassments were acts that were expressed through touching sexually sensitive parts of women, random sexual jokes, verbal sexual requests, repeated requests to sexual mating, sexual solicitation, sexual intimidation, sexual prodding, and requesting telephone number:

"I think, sexual harassment are activities that can be reflected through hugging, touching breasts and touching hips while the women are at work" (IDI, two years experience in a restaurant)

Another participant added:

"I think, touching the breasts, hips, and genitalia, slapping the hips and the face, requesting sexual intercourse, commenting physical attributes, and inviting dining and requesting for sex are some of the things at which sexual harassment can be explained." (IDI, 1-year experience in a cafeteria)

Similarly, participants perceived that showing pornographic movies/pictures, writing sexual messages on the pay bill, unfair treatment of women, and undermining the women were the parts of sexual harassment:

"I believe sexual harassment is explained by [...], winking, and undermining me considering my gender." (FGD, two years experience in a restaurant)

Abducting for sexual intercourse

Lastly, participants perceived that sexual harassments were expressed through abducting, raping, slapping, kicking, pinching, and verbal insult of the women:

"Oh! I think sexual harassment is rape or abduction." (FGD, four years experience in a cafeteria)

Another participant added:

"I think sexual harassment could be explained by spitting of drinks, slapping, pinching, caressing, talking unnecessary sexual talks, and talking and distributing false things about me to the manager." (FGD, five years experience in a cafeteria)

Experiences of Sexual Harassment

Besides their perception, women recognized a variety of incidents in their workplaces. The participants noted that the perpetrators were agents, colleagues, customers, supervisors, and owners. Though they did not categorize the incidents, we classify their experiences as verbal, non-verbal, and physical types of sexual harassment.

Experiences of Verbal sexual harassment

Participants reported that women were harassed frequently in hotels, restaurants, cafeterias, and groceries and feel uncomfortable. They also reported that women workers experienced the threats of firing from a job, hating relatives/beloved, accuse her of improper service provision in exchange for sexual favors. Their female coworkers were reported to accept perpetrators sexual requests out of fear of retaliation if they turned away their unwanted sexual overtures:

"When we refuse to give our phone number to them, they will call the manager and falsely accuse us of not serving them properly. If we explain ourselves as we had a husband, children, and family, they will put the bill bag upside down." (FGD, two years experience in a cafeteria)

Other participant added:

"When I was in a bar unwanted sexual act such as fondling, undermining, pushing us towards undesirable sexual act using money and intimidating. The perpetrators did not realize that we are work for survival. [...] As per their understanding, we all are doing transactional sex to get money from them." (IDI, 1-year experience in a bar)

Another participant added:

"I am working in hospitality workplaces for the last four years. I experienced lots of things regarding sexual harassment. Some customers spit on me, fondles me, kicked my hip, touched my breasts, and try to kiss me forcefully. Some also wait for me after I finished my job and threatened me to spend the night with them and perform sexual intercourse with them. Generally, it is the workplace where we join when we unable to get another option." (IDI, four years experience in a restaurant)

Participants reported that they experienced inappropriate promises and too many tips to accept sexual requests. They also mentioned that they experienced comments about their physical attributes, request for dates, request of telephone number, request of sexual advances, and verbal insults while they are at their job:

"ha..ha...ha ... (starts to laugh)... Then, he asked me to eat dinner with him, requested me to spend the night with him, and asked me to have sexual intercourse with him." (IDI, three years of experience in a lodge cafe)

Another participant added:

"On one occasion, a famous and rich man approached me. He has been my customer, and mostly he gave an exaggerated tip for me. He has a marriage ring on his finger. Mostly he had been with his friends. Only later some time, he started to come lonely. I served him as usual. [...] One day, he requested my telephone number, called for me, and requested me to accompany my dwelling house. I did not hesitate; I handed him my telephone number. He called me later at night. I talked to him in detail. He informed me that he is not happy with his spousal relationship. He told me that he could change my life. He also promised to open a business center and invited me to be willing to have sex with him. Merely, I turned down his request. Also, I told him to keep confidential what he requested." (IDI, two years of service in a cafeteria)

Other participants added:

"Surprisingly, most of the customers allocate a cost for each part of our body in terms of sexual intercourse." (FGD, five years of experience in a cafeteria)

"Commenting about my physical attributes and requesting my telephone number are the most frequent incidents that I experienced." (IDI, two years of service in bars)

Nonverbal Experience of Sexual Harassment

Nonverbal sexual harassment was prominent in participants' discussion. Accounts of nonverbal sexual harassment experiences were overt sexual pressure, tips in exchange for sexual favors, undermining the women, promotion for a better job position, and job in exchange for sexual favors:

"..., customers have their strategies to influence us. They will try to talk about sexual issues, they may request us to go to their bedroom, or they may wait outside with a car to escort. I faced such types of challenges. A customer waited outside the hotel and asked me to go with him. Thus, he attempted to pressure me to have sex with him." (FGD, five years experience in a cafeteria)

Likewise, participants mentioned that prodding, unfair treatment, sexual solicitation, showing pornographic movies/videos, and composing messages on the bill were the nonverbal experiences of sexual molestation:

"The person who needs to harass me sexually could either produce a smooth relationship or non. Some ask my telephone number to be friends. Then they call frequently, invite to dinner, and request for sexual intercourse." (IDI, two years of experience in a grocery)

Another participant added:

"Most of the incidents I experienced in the hospitality workplaces are [...] showing pornography movies, writing a message on the bill, winking, [...], and a request to have sexual intercourse." (IDI, two years of service in bars)

Physical experiences of Sexual Harassment

Other types of sexual harassment experiences participants reported were abduction, fighting to kiss, fondling, forcing to do sex without willing, kicking, pinching, slapping, rape, and touching the sensitive areas.

"Most of the activities I experienced in the hospitality workplaces are [...], pinching, fondling, touching the buttocks and the breast. There are also winking, [...], and other gestural signals of erotic request." (IDI, two years of service in bars)

Another participant added:

"... Some came to the organization for the first time, touched my breast, touched my hips, slapped my hips, fondle me, forced me to kiss, and touched my sensitive sexual parts, [...]." (21 years, IDI, two years of experience in a cafeteria)

Who is responsible for the perpetration?

Participants sought categories for the responsibility of sexual harassment perpetration. These categories include customers, supervisors/managers/owners, male coworkers, agents (brokers), and transactional sex workers. Under the customers' category, they mentioned different people with diverse professions. However, they emphasize that the incident was worse among wealthy elderly adult customers:

"The local old and wealthy guys are a more challenging group. [...]. They tried to take us to very unusual places ..., which is far from the populated area." (FGD, three years experience in a cafeteria)

Another participant added:

"Mostly married and older adults are the perpetrators. These people mostly came to restaurants for the sake of recruiting girls for sexual harassment. They came to order something and did not use what they ordered. Instead, they harass us and request us for sexual intercourse. We know them, but they removed their marriage ring and coming to us, simulating that they did not marry." (FGD, three years experience in a cafeteria)

Another participant added:

"Old men like me just shaved their beard, have brokers whom they will bring girls from hospitality workplaces and universities. Brokers are doing stupid work. The low-income family sends their daughters to work and universities, but brokers bribing women and girls and sell them to elderly people whom they want to have sex with." (customer, KII, Merchant)

The managers/supervisors/owner's category was the second of the mentioned categories:

"When we apply for the job as waitresses, the first question which is going to be asked by the manager or supervisor is not educational status, and it is not the work experience; it is a willingness to have sex with him." (FGD, six years of experience in a restaurant)

Another participant added:

"The head waitresses also harass us, and receptions/cashiers are the sources of our address for the perpetrators. The receptions and cashiers are giving our address to get money and other incentives." (FGD, three years experience in a bar)

Conversely, the presence of transactional sex workers and their way of attracting customers also leads to the perception that all employees are engaged in such activities. Besides as per their description, some women were working as an agent to create a relationship:

"There are two types of waitresses. The first group is women who have family, marriage, and children. This group needs their job and help their family. The second group is young women who have no family. This group mostly does transactional sex to cover their expenses for home rent, food, cosmetics & cloth and sometimes create a link between the perpetrators and the victims. By the way, this is because of the lower salary paid by the hospitality workplaces. Perpetrators considered all waitresses like the second group." (IDI, two years of experience in a cafeteria)

Perceived risk factors of sexual harassment

Women, customers, cashiers, and managers noted a variety of factors that place women working in the hospitality workplace at risk for SH, including factors related to customers, victims (women), organization, and others.

Customer-related Factors

Participants mentioned that the customers' perceptions, such as considering women as a transactional sex worker, commercial sex worker, ordinary object, interested in related sexual matters, and an easy target for sex:

"The customers perceive that all waitresses are transactional sex workers or commercial sex workers, and they request us to have sex with them using their money." (IDI, two years experience in a restaurant)

Another person added:

"One of the driving factors is that most of the waitresses engaged in commercial sex work, and customers perceive that all are interested in this work." (FGD, five years experience as a waitress)

It was mentioned that customers' behaviors such as being alcoholic, being sex addicted, and failing to establish successful spousal relationships were also among the risk factors for sexual harassment:

"Sometimes, I think that they are addicted to having sex. Since they are married, they can get sex with their wives. However, they came to us to do the same thing with their money. Most of the married perpetrators try to convince me that cheating is healthy and has no problem." (IDI, two years experience as a waitress)

Similarly, some respondents also mentioned that activities of the customers such as threatening to harm relatives/beloved, undermining the work or the workers, and provision of an exaggerated tip in exchange for sexual favors:

"Perpetrators approach the women and identify the weak side of the women to get an easy way for their request. The weak parts of most women are finance/money, relatives, or their darlings. As a result, the perpetrators threaten us to agree to their sexual requests, or they will harm our relatives/darlings and will not pay for the services that they used." (FGD, three years experience in a cafeteria)

Other participants added:

"After all, in a big hotel or small catering, waitressing is considered as a less important work by the customers. Some waitresses are also considered as non-civilized. Rarely some customers only understand the job and the workers. However, some classified us as commercial sex workers. (FGD, three years experience in a bar)

"Customers showed us a tremendous amount of money. They also tried to give a very exaggerated tip. In this case, the intention is to attract women and request sexual advances." (FGD, four years experience in a restaurant)

Victim-related factors

Participants reported that women deliberately pursue a relationship established upon the male providing financial assistance. Then some males expect sexual advances in return for financial assistance. This act implies that women reliant on income from customers, poverty, and financial problems were the risk factors for SH:

"... Due to the lower salary, we sometimes engaged in sexual activity for the compensation of our economic problems through the perpetrator's money." (FGD, two years experience as a waitress)

Participants perceived that women who came from a rural area, young and inexperienced waitresses, and women with low awareness of the hospitality environment/sexual harassment are most vulnerable. It was reported that the pre-work awareness created in each organization were instructions about customer handling, wearing styles, work, salary, and organogram of the workplaces. Some women reported that they had got training related to sexually transmitted infections, including HIV. However, they mentioned that they were not aware of SH:

"Most of the time, they gave direction about customer handling and other issues that affect their business. Sexual harassment is not their business." (FGD, two years experience in a bar)

Another participant added:

"The pre-work instruction document in hospitality workplaces states all about time management, uniform, customer handling, and others that mainly to maximize their benefit. It is not mentioning anything to keep the right of the women working in these workplaces." (FGD, four years experience in a restaurant)

Customer handling style, frequent contact with customers, the beauty of the women, and gender norms are the other perceived risks of SH by the participants:

"We are expected to be very friendly and communicative for customers. However, this may lead to a casual relationship." (FGD, three years experience in a bar)

Another participant added:

"..., women's natural beauty and their welcoming approach make them more vulnerable to sexual harassment." (KII (customer), driver)

Behaviors of women working in the hospitality workplaces were also viewed as increasing their risk for SH, including transactional sex for financial support. Women and the key informants reported that some women establish relations with men in order to support themselves financially:

"... young women who have no family do transactional sex to cover their expenses for home rent, food, and cosmetics & cloths.... By the way, this is because of the lower salary paid by the hospitality workplaces. Perpetrators considered all waitresses like the second group and did sexual harassment to all waitresses." (IDI, two years experience in the cafeteria)

Some women also create relationships with customers for a specific purpose, and they tried to accept invitations, call customers with a nickname, chew gum in front of the customers, show different walking styles, and gratuity (Amharic-*gursha*). They also keep silent while the customer touches their sensitive body parts, touches customers back, laugh unnecessarily:

"Chewing gum, accepting dinner, and other invitations by the customer are an indication of desire." (FGD, four years experience in a restaurant)

Another participant added:

"The signs of the willingness of the waitresses such as willing to gratuitous, unnecessary laughing, feeling the customers back or face, and nicknaming are also the driving factors." (IDI, two years experience in a restaurant)

Organization-related factors

Participants respond that some organizations encourage women to wear uniforms or clothing that accentuate their body (breasts, buttocks), encouraged to wear sexually attractive clothing, and encouraged to wear uniforms that reveal their upper legs:

"Some of the hospitality organizations need to make the waitresses as a sexual object. They dress them short /mini-skirts/ that exposed their body. The uniform is attractive, which can display their collection for attracting customers sexually." (IDI, four years experience in a cafeteria)

Similarly, respondents noted that the nature of the job, night shifting, perceiving that "a customer is a king and always right" were the factors that expose women for different forms of sexual harassment:

"Practically, we women are victims. Whereas "customers are considered as kings and always right." I faced such a problem while I complain of sexual harassment to my manager." (FGD, five years experience in a cafeteria)

On the other hand, lack of fixed salary scale or small salary, lack of grievance management, and rules and regulations in the hospitality workplaces were also the risk factors:

"The monthly salary for women working in hospitality workplaces is not enough. They cannot afford a dorm, food...and it has a Burdon on them. To overcome this time, women will negotiate with the perpetrators to get money in exchange for sexual favors." (KII (cashier), 1-year experience in a restaurant)

Another participant added:

"So far, I did not know organizations working to address such problems and have a formal complaints procedure. There is no special rules and regulation to privilege waitresses safety of sexual harassment in their working place." (FGD, five years experience in a restaurant)

Manager's power and influence were also the other organization-related risk factors in some hospitality workplaces:

"Managers/supervisors/owners tried to use their power to harass sexually. If we are not volunteers, they will fire us from the job. If we are volunteers, they will promote to head waiter from an ordinary waitress in exchange for sexual favors." (FGD, four years experience in a cafeteria)

Society, peer, and policy-related risk factors

Society's perception, peer sexual pressure, and lack of governmental/professional association which could work on hospitality employee's sexual and reproductive issues:

"The second is when our friends expose and push us to sexual activities without our willing for the sake of getting incentives (cash and other things) from the perpetrators." (FGD, two years experience in the cafeteria)

"For those who need to submit the complaint, the statutory institutions want witnesses, and it is unlikely to get any solution for acts such as touching, winking, and fondling. Those who see this act are not willing to be a witness due to the fear not to be fired. Even in the existence of a witness, we are not ready to file a complaint. It is due to the long process of the complaint. Mostly, we thought that the legal process takes time and money. The legal bodies act if they see someone is hitting us. I do not think that there is a legal issue for sexual harassment. I think the legal process is not giving solutions." (IDI, 1-year experience in a cafeteria)

Further, the participants also noted drivers, such as agents (brokers), culture, corruption, easy accessibility of women who could work in hospitality workplaces:

"If someone raped me, I would do nothing. I am female, and cannot resist male strength. After being raped, I may find someone who can treat or support psychologically. However, it is so difficult to solve the issue with the legal ground. Most of the perpetrators can be able to stop the case with money. Therefore, it is not simple to take the issue to court. I will not go to court because no one will consider the issue." (FGD, three years experience in a restaurant)

Another participant added:

"It is known that waitresses are targeted for sexual harassment because of our culture, physical beauty, easy obtainability, and financial problems." (KII, manager)

Consequences of Sexual harassment

All participants tried to delineate categories of consequences of sexual harassment. These were work-related, health-related (mental health, reproductive health, and reproductive health), family undermining, and financial consequences.

Work-related consequences

Participants reported that job-hop including changing the locality, work withdrawal (lateness, absences), and being a coffee seller nearby the roads are the effects of frequent SH in the hospitality workplaces:

"It depends. Some may deteriorate. However, some may take the victimization as a sprinting for future life. Some may end in [...] and in coffee selling in the street. However, some change their jobs or marry a rich person and become stable in their marriage." (IDI, 1-year experience in the cafeteria)

Another participant added:

"Once I prefer not to suffer from frequent sexual harassment. I searched and got another waitressing job in another institution. However, it was the same. Then, I changed my job to the barber." (IDI, one and half year experience in a bar)

Similarly, participants noted that the organizations were failed to have productive workers, and lose their dignity due to the frequent sexual harassment occurring in them:

"... It can reduce the organization's image, dignity, and community acceptance." (IDI, 1-year experience in a cafeteria)

"It also leads to the loss of productive working group women." (FGD, four years experience in a restaurant)

Moreover, women employees in hospitality workplaces reported that sometimes faced job stress, job dissatisfaction, work disrespect, lack of promotion for a better position, and hated the job due to the frequent sexual harassment in some hospitality workplaces.

Some participants reported that they were promoted to a better position, got good recommendation letters, and got married as a result of the harassment they faced and the response they gave (agreement) to the perpetrators:

"The consequences are different. [...]. However, some may take the victimization as a sprinting for their future life and maybe promoted to a better job position, get good work recommendations in exchange for sexual favors, marry a rich person, and have a stable life." (IDI, four years experience in a cafeteria)

Health-related consequences

Mental and behavioral consequences

Almost all the participants reported that women working in hospitality workplaces faced mental and behavioral, physical, and reproductive health consequences as a result of frequent sexual harassment happening to them. Participants remarked that the frequent sexual harassment in the hospitality workplaces affected their well-being (psychological, physical, and social (relationship)).

They noted that they felt depressed, not enjoying life, did not optimistic about their future, and failed to control their life. Again, they noted that they were distressed with their life, felt sad, failed to survive the way they desire, lack self-confidence, lack self-esteem, and felt hopeless about their future:

".... I considered myself as a person who has no value, lost my confidences, thought about suicide, and felt sick of the frequent acts. I hate my work myself and felt that working in hospitality workplaces is a disgrace. I asked myself, "how did the perpetrator sexually harass me without recognizing me?". Sometimes I just cried. [...]. I also thought about my boyfriend's thoughts." (IDI, 1-year experience in a bar)

"Mostly, I feel that I am useless, lose my self-confidence, self-esteem, and motivation to work. I might disbelieve and lose even the lawful request of love due to the trauma that I face in the hospitality workplaces." (IDI, four years experience in a restaurant)

They also reported that they felt unhealthy physically, saw terrible dreams at night, dissatisfied with their daily activities, lacks adequate money to live, hate what they are trifling, and lack the motivation to

function in hospitality workplaces:

"I realized that the waitresses lose their trust. They lose their interest in working and discuss their issues. They develop fear and lack of self-confidence, moral disengagement, psychological depression. Then, they withdraw the job, depression, lack of self-esteem, less motivation to work." (KII (supervisor), two years experience)

Furthermore, they reported that they felt helpless, socially isolated and ignorant, blame themselves, hate themselves, addicted to substances/smoke, careless, felt useless, felt powerless, lack trust, question themselves, and felt ashamed/shy:

"The perpetrators affected my life so badly. I felt guilty, shameful, depressed, and fear every human beings while I moved home with transport, and suffered a terrible dream at night." (IDI, four years experience in a cafeteria)

Conversely, some reported that they were engaged and built a successful career as a result of a relationship that started with sexual harassment:

"However, some change their jobs or marry a rich person and become stable in their marriage. As a consequence, they could receive a good future." (IDI, three years experience in a restaurant)

Lastly, some reported that they felt depression, anxiety, stress, had suicidal ideation, and psychological trauma as a result of sexual harassment that happened to them in the hospitality workplaces:

"All these activities make me hate the job and expose me to depression, fear, and self-hate. I feel angry, disturbed, think that I am not a person like others." (IDI, two years experience in a bar)

Physical health consequences

Some of the participants reported that they were bruised, injured, developed headache, fatigue, and other physical complication (fistula) as a result of some physical forms of sexual harassment:

"... Seven individuals have captured me at a time. Nevertheless, the police saved me though they beat me. I shed blood while he kicked me with his ring worn hand. I lost my phone, neckless, and tip. I also knew a female who faces similar situations. Eight adult individuals had violated her, and she got faint while the 9th individual had started climbing her. After then, she took the illness. Presently, in that respect is a leakage of fluid from her genital area." (IDI, six years experience in a cafeteria)

Reproductive health consequences

Participants reported that they developed menstrual disorders, engaged in transactions/commercial sex work, abortion, unwanted pregnancy, and acquired sexually transmitted infections (STIs), including HIV/AIDS:

"Since we may not receive what we wish to have, in this instance, we may face transactional sex work and other social issues. I knew one young woman who was a waitress first and then became a commercial sex worker. This involvement in commercial sex work is one problem." (FGD, six years experience in a cafeteria)

Other participants added:

"Sexual harassment is also one of the reasons for exposure to HIV/AIDS [...] and would be exposed to stigma and discrimination." (FGD, two years experience in a restaurant)

"Mostly physical and psychological impacts such as depression, menstrual disorder, tiredness, and fear happened to me." (IDI, two years experience in a bar)

Financial and family undermining consequences

Participants reported that they faced financial problems and family-undermining after they were victimized by sexual harassment in the hospitality workplaces:

"The anger that happened in my workplace due to the unwanted sexual acts made me reflect on my family and disturbed my family relationship." (IDI, two years experience in a restaurant)

"Frequent sexual harassment leads to job-hop, unwanted pregnancy, and to encounter a different financial crisis, social stigma, HIV/AIDS, and street life." (KII (customer), driver)

Discussion

In Ethiopia, the criminal code proclamation prohibits SH, prescribes simple imprisonment for the perpetrator [28], and considered it as a prohibited act of workplace [29]. However, in line with other studies conducted in the hospitality industries [8, 44], this study suggested that SH was widespread among women working in hospitality workplaces. It also reported that there was an inadequate understanding of women towards SH. All participants agreed that women working in hospitality workplaces face a variety of forms of WSH, including verbal, nonverbal, physical, and gender-related SH. The study also acknowledged multiple factors that must be addressed to bring practice change in hospitality workplaces in Ethiopia. Furthermore, it identified the related effects of SH, reproductive health effects in particular.

Consistent with previous research [45], some participants in this study had a fair idea and concept of sexual harassment. However, the majority of the respondents were unaware of SH and failed to differentiate SH, harmless flirting, and general friendliness. They also expressed their confusion about how to differentiate SH, ambient harassment, and violence. Likewise, consistent with the Zimbabwean study [46], women in this study had inadequate awareness or training about SH before or during their employment process. It also indicates that the recruitment of women employees in hospitality workplaces was not merit-based. Women hospitality workers are required to have awareness and skills in managing SH beyond the hospitality workplaces. Besides, the lack of exposure to different sexual and reproductive

health-related training, including SH, women hospitality employees in Ethiopia often fail to differentiate SH from other forms of violence. Thus, to aware of SH in hospitality workplaces, a set of unique approaches and system reforms are required to introduce to enhance the knowledge and working capacity of women employees. These approaches must aim to introduce training for women employees that can help in increasing confidence in preventing SH at their workplaces. This training on SH prevention should be on a regular base in the form of pre-service education, in-service training, and professional development. The pre-service training should be curricula based and accredited by the Ministry of Science and Higher Education (MoSHE) of Ethiopia. The in-service and professional development training should also include induction or orientation training, foundation training, on the job training, refresher or maintenance training, and career training. Further, awareness should be created to both the victims and perpetrators using different behavioral change communication (BCC) and information, education, and communication (IEC) approaches. In the IEC/BCC approach, posters that can create awareness for the service users could be useful.

Similarly, consistent with previous studies conducted in hospitality workplaces of South Africa [47] and Australia [48], participants responded that they had experienced verbal, physical, visual, and gender-related forms of SH. The verbal forms of SH include comments about physical attributes, lustful calls, threats in exchange for sexual favors, tips & promises in exchange for sexual favors, dirty sexual jokes/stories, sexual solicitations, sexual intimidations, flirting, whistling, frequent requests for dates, verbal insult by the perpetrators targeting their sexual orientation, targeted for rumors of sexual promiscuity, and offering money in exchange for sexual favors. Additionally, the physical forms of SH were touching, unwanted kissing, forceful sexual acts (rape, holding hands and clothes, hugging), staring at breasts and hips, fondling, and cornered or placed in a position that was difficult to get out. The visual forms of SH were also included seeing perpetrators watching pornographic pictures, receiving a love letter, gesture requests of sex (i.e., winking, kissing, prodding, gazing, leering, ogling, staring), and witnessing SH around the customers' bedrooms. Furthermore, gender-related demands were discouraging because of being a female, unfair treatment, forcing to provide sexual services like sitting beside the perpetrators and wear uniforms that provoke the sexual desire of the customers. Also, the perpetrators initiated the women to sexual advances in exchange for job employment, recommendations, and promotion for a better job position. As a result, like a study conducted among Mexican Indigenous Farmworker Women in Oregon [49], women in this study reported that these experiences made the hospitality workplaces feel unsafe and unfair.

Consistent with the findings of quantitative studies conducted in Zimbabwe [46] and the USA [8], the perpetrators in this study were customers, coworkers, and immediate bosses (supervisors/managers/owners). However, unlike other studies, the participants in this study emphasized that some women and agents (brokers) were also responsible for the act. This finding supports the statement that emphasizes the more considerable influence of peers than management on labor sexualization [50].

A quantitative study conducted in Cameroon [51] revealed that women bar workers were exposed to male customers and engaged in risky sexual practices, including transactional sex practice. Other studies also underline the reasons for transactional sex practice [51, 52]. These reasons were to fulfill basic needs and to improve social status. Likewise, some women in the current study practiced transactional sex because of the low wages. These women showed attention-seeking behaviors and displayed an interest in creating a relationship with service users. These attention-seeking and relationship creation practices include accepting invitations, calling customers with a nickname, chewing gum in front of the customers, different walking styles, touching customers, and eating from customers' hands. Therefore, these practices of some women created a perceptual experience that all the women working in hospitality workplaces have the desire. Thus, in line with a study conducted among university students in Ethiopia [53], transactional sex practice is considered as a risk factor for SH in hospitality workplaces. Besides, exposure to transactional sex practice and engaging in commercial sex work in this study were the reported reproductive health effects of SH. Studies also revealed that there is an association between transactional sex and HIV/STIs [54–59]. Participants in this study also mentioned STIs as the effects of SH, and it could be due to the risky nature of this practice. This finding implies that some women's practice of transactional sex was either a risk factor or an effect of SH in hospitality workplaces. It also indicates that there were indirect sex workers that did not get attention from health authorities and could be reasons for STIs, including HIV/AIDS. Thus, there is a necessity to study the magnitude and plan schemes to reject or dilute the problem.

The agents, who introduce individual employees to an employer, also request sexual advances in exchange for the introduction of the women employees to the employer. Due to its indication of the hidden perpetrators of women in the employment process, it is one of the essential and unique findings in this study. This finding needs further empirical studies on the issue in different contexts and occupations. However, organizations should consider this group of individuals while they are giving orientation to their employees. Generally, this finding indicates that the perpetrators were either intra-organizational or extra-organizational, and sometimes the women themselves provoke the perpetrators. Therefore, for the future, researches should integrate these perspectives into one study and compare the effects of each category of perpetrators.

Another critical finding is the participants' perception of the organizations, the customers, the women working in the hospitality workplaces, and other factors like society, legal bodies, agents, culture, and corruption as risk factors for SH victimization. Consistent with a study conducted among restaurant workers in Canada [60], employer hiring practices and dress codes that emphasize physical attractiveness, the customer-service orientation of hospitality workplaces, and the involvement of customers paying workers with tips create an environment that exposes women to SH. In this study, organizations hire attractive and young women, failed to aware of their employees about SH, created sexually objectifying environments [18, 61, 62], tolerated SH, accepted that SH is inevitable, and perceived customers as kings. In addition to the creation of a transactional sexual relationship or considering as a commercial sex worker, the behavior of sexual perpetrators, including sex addiction, alcohol addiction, and marital relationships, expose women employees to SH. Similarly, perpetrators threaten to hurt

relatives of the women, to fire from a job, demoted, as well as provide tips, money, and promises rewards, promotion, and work recommendations in exchange for sexual favors. These findings imply that there are multiple dimensions of risks for the occurrence of sexual harassment in the hospitality workplaces. Thus, future research should consider a multilevel study incorporating organizational perspectives such as power distance, workplace culture, job-gender context, and individual perspectives such as personal traits, personal characteristics, and socio-economic status.

Consistent with other studies [19, 63–66], the participants in this study experienced work-related effects, health-related effects (i.e., mental and behavioral health, physical health, and reproductive health) [67], economic effects [68], and family undermining [21, 69]. Previous studies of SH in hospitality workplaces revealed the peculiarities of the industry such as customer power [10, 50, 70], the sexualization of the workplaces [18, 62], workplace culture [71], and sociodemographic characteristics [72] of women as risk factors of SH. Other studies also uncover that the peculiarities mentioned above might end in different work-related consequences [6, 73]. Thus, in line with the findings mentioned above, in this study, the frequently stated work-related consequences include work withdrawal, job withdrawal, lack of motivation, job stress, and job dissatisfaction.

Furthermore, consistent with studies in hospitality workplaces [19, 43, 47], participants reported that SH affects their general well-being. The findings of depressive symptoms, anxiety, stress, and post-traumatic stress symptoms in this study are also in line with studies conducted among female university students [36] and female faculty and staff [37] in Ethiopia. Furthermore, in line with the finding of a meta-analytic review report [65], participants in this study reported that they had faced physical injury, headache, stomachache, and other physical complications.

However, unlike most of the others' study findings of the consequences of SH in the hospitality workplaces, the reproductive health-related effects other than transactional sex practice and engagement in commercial sex work, menstrual disorders, and acquiring STIs, including HIV/AIDS, was reported in this study. The issue of the menstrual disorder as an effect of SH is consistent with a quantitative study finding among female Italian university students [74]. This finding is unique and not well addresses in workplace sexual harassment literature. The Italian study confirms that these links were not affected by age, place of birth, or being in a couple of relationships or under hormone therapy, and sexual violence over the lifetime, depression, or having a specific gynecological diagnosis did not modify these associations. However, we support the argument that those mechanisms could include changes in ovarian hormone levels and neurotransmitters, activation of the hypothalamic-pituitary-adrenal axis, or increased sensitivity to its function. We also support the hypothesis mentioned in combination with the hypothesis that underlines the stress impact on the neurotransmitters (epinephrine, norepinephrine, and serotonin) affected by menstrual disorders. Also, stress may lead to increased sensitivity in the perception of menstrual symptoms [75], and the leading effect of stress in increasing the sensitivity of menstrual symptom perception. Therefore, future research should consider these links.

Furthermore, though the mental, behavioral, physical health and organizational effect relations with SH have been examined, studies did not show the relationship between the reproductive health effects of SH, such as transactional sex practice and menstrual disorder, with other effects, risks, and SH. Therefore, future studies should empirically test these relationships. A structural equation model incorporating the direct and indirect effects of the SH on the identified consequences, which in turn helps in the understanding of moderators of the relationship between sexually harassing behaviors and the effects identified in this study, and multivariate analysis of variance incorporating all effects could be promising approaches. Exploring the SH coping strategies of women employees could also give a complete picture of the issue in the hospitality workplaces.

While this study makes a substantial contribution to the international academic literature on sexual harassment in the workplace, some limitations should be recognized. First, this study was conducted in Bahir Dar city, Amhara Region, and may not reflect the experiences of workplace sexual harassment in hospitality workplaces in Ethiopia. Second, sexual harassment is a sensitive topic to discuss with different stakeholders (owners, supervisors, customers, cashiers, and women), and therefore, they may have underreported such experiences (social desirability bias). However, the research team was made of both public health professionals, health education, and behavioral science professionals, who were trained to explore and understand this multifaceted topic.

Conclusion

This study adds essential insight into the existing body of research on hospitality workplaces' sexual harassment in Ethiopia. Beyond prevalence estimations and analyses of demographic characteristics related to risk, the themes acknowledged here signify current social dynamics functioning within the setting of the hospitality workplaces and women relationships with customers, coworkers, agents, and immediate bosses. The behaviors and perceptions discussed suggest actionable areas for improvement in hospitality workplaces' efforts to support women employees and prevent WSH through interventions. By providing female employees with practical support and security and promoting gender-equitable attitudes among employees, customers, coworkers, and immediate bosses, the hospitality workplaces can be a stepping-stone rather than a hurdle toward females' realization of their full potential. Likewise, organizational SH related policies and strategies should have to be developed and implemented. We also would like to suggest that hospitality workplaces should formulate, in consultation with Ethiopian law and labor relations experts, to improve SH policies that could change deep-rooted beliefs and norms.

Abbreviations

AIDS: Acquired Immune Deficiency Syndrome; BCC: Behavioral Change Communication; CIRHT: Center for International Reproductive Health Training; CSW: Commercial Sex Worker; FGDs: Focus Group Discussions; HIV: Human Immune Deficiency Virus; IDIs: In-depth Interviews; IEC: Information, Education, and Communication; ILO: International Labour Organization; IRB: Institutional Review Board; KIs: Key informant Interviews; LMICs: Low-income and Middle-income Countries; MoSHE: Ministry of Science and

Higher Education; Ph.D.: Doctor of Philosophy; SDGs: Sustainable Development Goals; SH: Sexual Harassment; STIs: Sexually Transmitted Infections; UN: United Nations; USA: United States of America; WSH: Workplace Sexual Harassment.

Declarations

Ethics approval and consent to participate

This study finding is part of an exploratory sequential mixed method. Ethical approval for the protocol was received from the Institutional Review Board (IRB) of Jimma University, and the formative assessment ethical approval was received from the Institutional Review Committee (IRC) of Debre Tabor University (Ref No-RP/366/10). Amhara regional state Public Health Institute (APHI), and Bahir Dar city tourism and culture offices and Zonal health office were informed about the aims of the study through a letter written from Debre Tabor University. The World Health Organization's ethical and safety recommendations for exploring sensitive topics were observed [76]. Well-versed written consent was taken from each study participant. Written permission was approved to record the conversation. To uphold the seclusion, anonymity, and confidentiality of data, we explained to each of the respondents that his or her identity and the evidence he or she would provide would be secret. It was further clarified to the participants that only the researchers who are directly involved with this study would have access to the information. This explanation helped to create an environment where women felt safe discussing personal experiences of their work. Confidentiality was maintained after the data were collected by de-identifying the field notes, transcripts, audio recordings, and any subsequent publications. In this article, the researcher used generic terms such as 'study participants' and 'female workers' instead of their names. Despite steps taken to assure that participants felt safe and comfortable sharing information with researchers, still, some participants were reluctant to reveal their experience. It was explained that in that location were no 'right' or 'wrong' answers. The study participants had the right to terminate the interview/withdraw her from the subject field at any time. The privacy and confidentiality were ensured in each interview and FGD. Moreover, by conducting FGDs and IDIs away from their work, participants were assured. So that they freely discussed the issues without fear of such conversations being monitored by their supervisors.

Consent to publish

Not applicable

Availability of data and materials

All data are kept in the manuscript.

Competing interests

The author (s) declared no potential conflicts of interest concerning the research, authorship, and publication of this article.

Funding

This study is the research work of the first Author's Ph.D. program under the department of population and family health, faculty of public health institute of health, Jimma University. He received a fund from the center for international reproductive health training (CIRHT) for Ethiopia, and Jimma University, Ethiopia, to pursue his higher study in Ethiopia. However, the sponsoring organizations had no role in study design, data collection, and analyses, the decision to publish, and preparing the manuscript.

Authors' Contributions

MD initiated the concept and developed the proposal, and involved in data collection, transcription, data coding, analysis and write up of the manuscript. MD, GT, and ZB were involved in the review of the analyzed data and final manuscript preparation. All authors read, agreed, and approved the last version of the manuscript and approved both to be personally responsible for the author's contributions and ensure that questions linked to the accuracy or truthfulness of any part of the work, even ones in which the author was not personally involved, were appropriately investigated, resolved, and the resolution documented in the literature.

Acknowledgments

The authors are grateful to all study participants who willingly participated in this study despite their busy schedules. We would like to thank CIRHT, Debre Tabor University, and Jimma University Faculty of Public Health for allowing the conduct of this study. We also would like to appreciate the cooperation of each of the hospitality workplace staff, managers, and all participants in the interviews. The authors also would like to acknowledge the data collectors for their dedication.

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Tables

Table 1.
Sociodemographic profile of women hospitality workplace employees involved in the focus group discussion and in-depth interviews in Bahir Dar, January to August 2019 (n = 45).

	IDs (n=10)	FGDs (n=35)
Mean age (SD)	24.4(±4.88)	24.83 (±3.30)
Educational status		
Primary education	1	4
Secondary education	8	28
College and above	1	3
Mean years (SD) of experience	2.8(2.15)	2.42 (±1.64)
Raised area		
Urban	3	26
Rural	7	9

Table 2.
Background information of the Key informants involving in in-depth interviews from supervisors, cashiers, and customers of hospitality workplaces in Bahir Dar, January to August 2019 (n = 13).

ID	Profession/position	Educational level	Experience (year/s)
KI1	Cashier	10 th grade	2
KI2	Cashier	10 th grade	5
KI3	Cashier	8 th grade	6
KI4	Cashier	Degree holder	1
KI5	Merchant	4 th grade	NA
KI6	Driver	10 th grade	NA
KI7	Driver	10 th grade	NA
KI8	Tour guider	10 th grade	NA
KI9	Supervisor	Diploma holder	2
KI10	Manager	Degree holder	6
KI11	Manager	Degree holder	7
KI12	Manager	Degree holder	10
KI13	Manager	Degree holder	4

Note. NA: not applicable

Supplementary Files

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- [5.CashiersIDIGuide.docx](#)
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