Development Of Scale For KAP Of Women On Their Safety And Management- A Study On Women In Bangalore City

Dr S Rajalakshmi[1*,] Dorothy Anthony[2]

[1*]HOD, Department of Home Science Extension Education Avinashilingam University
[2]Research Scholar , Avinashilingam University, Asst. Professor, Mount Carmel College – Bangalore

ARTICLE INFO	ABSTRACT
Submitted: 15- January-2024 Revised: 5- February-2024 Acceptance: 23- March-2024 Published: 10- April-2024	Methods and policies that are undertaken prior to the incidence of violence in order to prevent the perpetration or victimisation of women are included in women's safety. The problem can be alleviated by improving understanding and attitudes regarding the causes of domestic or sexual violence, such as adherence to social standards that favour violence, male superiority, and male sexual entitlement. It will be more effective to raise awareness if research is undertaken to determine the women's levels of knowledge, attitude, and practise, since the programme can then be tailored more specifically to fit their needs and interests. To the best of our knowledge, there is no scale for evaluating women's KAP in terms of safety and management in the Indian community. This (WSS -KAP-69 - Women safety scale with KAP-69 questions) is a new questionnaire that assesses women's safety knowledge, attitudes, and behaviours. This scale has good internal consistency reliability, as well as content and construct validity evidence. The scale takes around 20 minutes to administer on average. The rate of missing data at the item level was low. These findings imply that the SE-26 successfully captures a newly found construct, and that it might be beneficial to researchers desiring to test KAP in women, particularly in India. All three domains, Knowledge, Attitudes, and Practices, as well as the five subdomains of Violence, Status, Safety, Law, and Role, exhibited strong Cronbach's Alpha and intra-class correlation coefficients, indicating greater test-retest reliability. In this examination, the individual questions were also moderately associated.
	Keywords: Women safety, Knowledge, Attitude and Practices

Introduction

Women's safety refers to initiatives, procedures, and policies that are designed to prevent gender-based violence (also known as violence against women), as well as women's fear of being a victim of crime.[1]
Women's safety requires the creation of safe spaces. Space does not exist in a neutral state. Area that is a source of anxiety hinders movement and, as a result, the community's ability to make use of the space. The inability to move freely and comfortably is a sort of social marginalisation. Space, on the other hand, can help to generate a sense of security and comfort, as well as to deter aggression in some situations.[2] As a result, planning and policy in the area of safety should constantly include and take into consideration women. In order for women to be safe, they must be free of poverty. Secure access to water, the presence and security of community toilet facilities in informal settlements, slum upgrading, gender-sensitive street and city design, safe car parks, retail malls, and public transit are all examples of what is considered essential in this regard.[3]

Women's safety includes financial stability as well as their ability to make decisions for themselves. The amount of money earned by a family is a significant factor in the cessation of beating. When it comes to coping with abusive relationships, resource accumulation and mobilisation are essential strategies.[4] Women's economic empowerment, on the other hand, lessens their vulnerability to circumstances of violence since they become less reliant on males and more capable of making their own decisions. Women's safety is dependent on their sense of self-worth. Women have the right to value themselves, to be empowered, to be respected, to be

independent, to have their rights cherished, to be loved, to be in solidarity with other family and community members, and to be acknowledged as equal members of society when they live in secure homes and communities.[5]

Women's safety includes methods and policies that are implemented prior to the occurrence of violence in order to avoid the perpetration or victimisation.[6] The improvement of information and attitudes about the causes of domestic or sexual violence, such as adherence to social norms supportive of violence, male superiority, and male sexual entitlement, can help to alleviate the problem. [7] It is also necessary to promote women's and girls' full participation in community life, to establish partnerships between local community organisations and local governments, and to ensure that a diverse range of women and girls are represented in local decision-making processes, among other things. Strategic, long-term, comprehensive prevention activities that target the risk and protective variables associated with perpetration, victimisation, and bystander behaviour are essential components of any successful prevention strategy. Women's safety contributes to a safer and healthier community for all members [8]. Changing community norms, patterns of social interaction, values, traditions, and institutions in ways that would greatly enhance the overall quality of life for all of the community's members is the goal of this participative process[9]. This is a natural by-product of attempts to address issues such as family dynamics, relationships, poverty, racism, and/or the eradication of sexual assault, among others. Everyone has a role to play in creating a healthy and safe community [10]

It will be more efficient to create awareness if research is conducted understand the levels of knowledge, attitude, and practise held by the women, because the programme can then be tailored more specifically to meet their needs and interests.

Review of Literature

The relational aspect of empowerment vis-à-vis the knowledge of their self is highlighted while examining the shifts in power relations between men and women [11], [12], Women's roles are shifting in the fastest-growing economies, such as India. Women's participation in the workforce and education has increased in recent decades, resulting in a rise in their outdoor activities. In cosmopolitan cities like Bangalore, where the majority of the female population uses public transportation on a regular basis, essential safety precautions should be introduced. This study aims to look into potential service gaps and provide answers to research topics such as what sorts of difficulties women experience on public transportation and how safe they feel. The purpose of this study is to examine several service gaps linked to safety concerns and women's expectations of transportation providers.

Women's attitude strength is a key factor in the attitude-behavior link. Strong attitudes are founded on prior information and can be recalled, but weak attitudes are frequently formed on the fly. Strong attitudes have a greater influence on action, are less prone to self-perception effects, and are more consistent across time [13] Wasim Akram & Mohit Jain,[14] pointed out that women's safety has always been a concern, especially in current times with so much technological progress. Women are not safe anywhere, but they are more vulnerable while driving alone on lonely roads or in isolated areas. After recognising a risk, existing portable safety devices for women require human involvement to activate the gadget, such as pushing a button or shaking the device. We offer a method that aims to address the shortcomings of current systems while simultaneously providing women with false proof protection. The proposed project seeks to create an IoT-based safety gadget that protects women by using a fingerprint-based way of device connectivity and notifying local individuals and police when a woman is in danger. Furthermore, a shockwave generator has been created for first-hand safety so that ladies may fight the attacker. The suggested design also includes additional capabilities such as sending group messages and audio recordings. Safe areas from the victim's present position will be shown on the map so that women may reach the safe place from their current location, according to a smartphone app intended for women's protection.

[15] Intimate partner violence (IPV) is estimated to affect one out of every twenty pregnant women, making it a significant source of physical harm, mental illness, and poor pregnancy outcomes. Although a broad prenatal screening programme has been proposed, compliance with such guidelines is often low. As a result, the researchers sought to identify possible hurdles to IPV screening in an environment where no standards have yet been established. The questionnaire-based Knowledge, Attitude, and Practice survey among obstetrician-gynecologists in Flanders, Belgium, was used by the researchers.

The Roelens and et al,. (2006) [15] theoretical framework is as follows:

**Figure 1 - Roelens and et al,. (2006) theoretical framework**
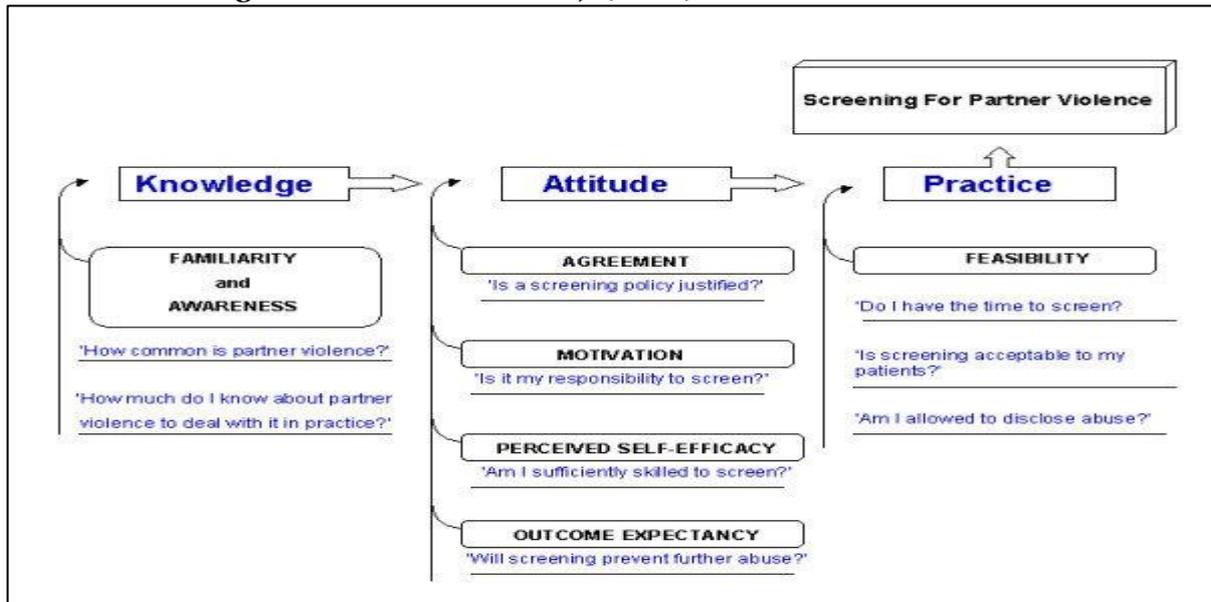
Source: Roelens and et al,. (2006)

According to the World Health Organization (WHO), one woman dies every eight minutes in underdeveloped nations as a result of unsafe abortions (WHO, 2003). These illegal abortions are one of the top five causes of maternal death (WHO, 2003).[16]

Adolescents are more likely than older women to resort to unsafe abortion due to the scarcity and high expense of excellent medical abortion procedures, as well as the fact that they have more unwanted pregnancies (UNFPA, 2003)

The following individual and household level factors were utilised to explain Haramaya university female students' knowledge, attitudes, and practises about EC.

Figure Error! No text of specified style in document.**. - Desta, Berhanu & Geda, Nigatu. (2021) Theoretical Framework**
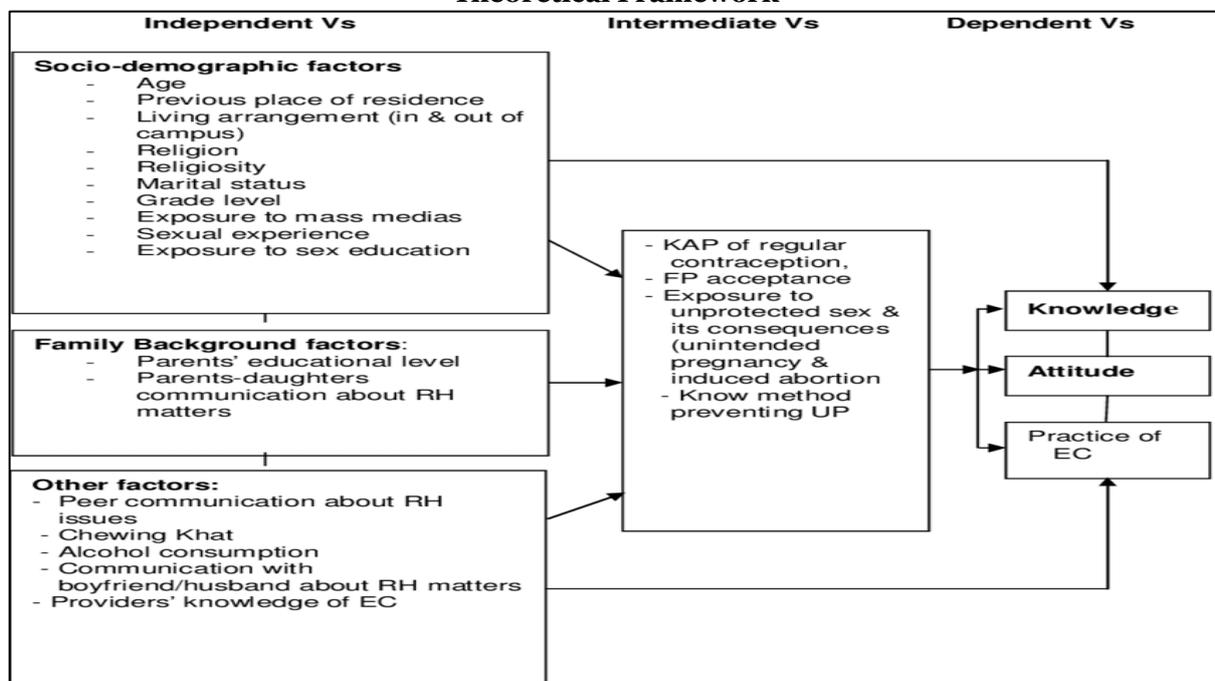
Source: Desta, Berhanu & Geda, Nigatu. (2021)

) Every year, around 6 million women become pregnant, with 5 million of these pregnancies ending in a child's birth. Improved maternal and newborn health is linked to sufficient utilisation of prenatal health care. Pregnancy care is expected to have an impact on both the foetus and the baby's development, as well as the mother's. The study's goal is to examine pregnant women's knowledge, attitudes, and practises about prenatal care in the Hussain Abad neighbourhood of Lahore. The following framework was used:

Figure 3 - S. Akhtar et al. (2018) Theoretical Framework
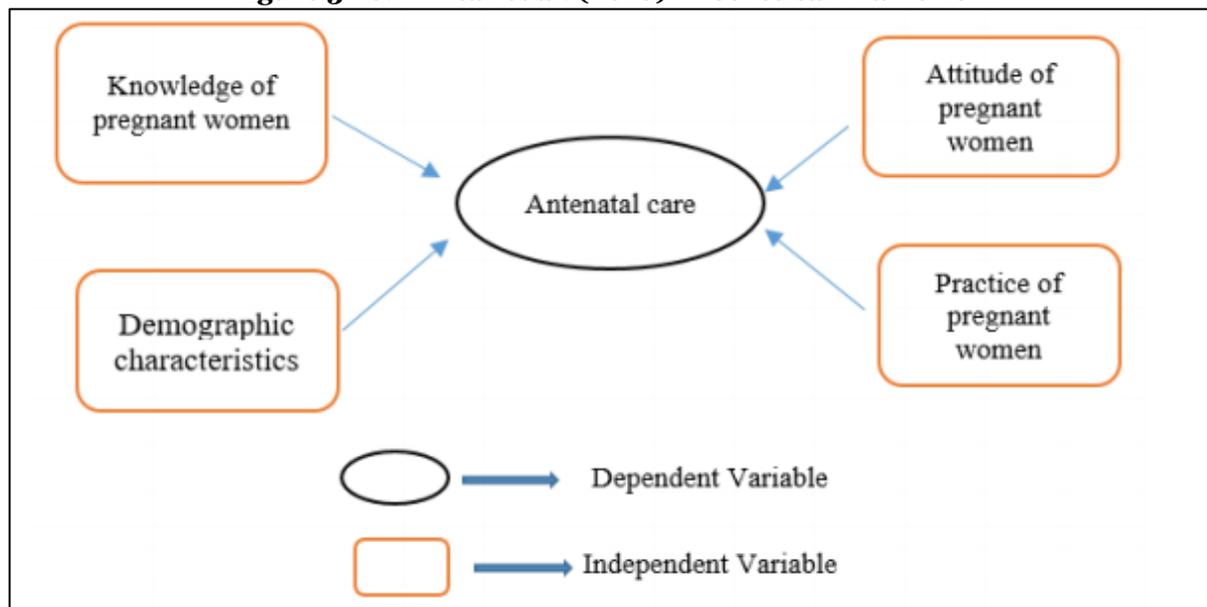
Source: S. Akhtar et al. (2018)

KAP in the current study
The "KAP" research assesses a community's knowledge, attitudes, and practises. It acts as a community educational diagnosis. The primary goal of this KAP project is to investigate changes in women's knowledge, attitudes, and practises regarding their safety and management of women's concerns. This research will be used to determine the value of the educational intervention programme. It indicates a rise in knowledge, a shift in attitudes toward women's safety management, and a shift in the types of methods used in women's safety management.
It is important to analyse the context in which consciousness will be created before commencing the process of developing awareness in any particular society. Is the best way to achieve this to conduct a KAP study? The KAP Study reveals what individuals know, how they feel, and how they act in particular situations. Knowledge, Attitude, and Practice are the three subjects that a KAP study assesses. A community's knowledge relates to its grasp of any given issue, such as women's safety and management in this situation. The term "attitude" relates to how people feel about the issue as well as any previous notions they may have about it. The manner in which individuals exhibit their knowledge and attitude via their activities are referred to as practise. Understanding the levels of knowledge, attitude, and practise will allow for a more efficient process of creating awareness since the programme can be customised more specifically to the requirements of the women.

Objectives

To develop a KAP Questionnaire assess the knowledge, Attitude and Practices of women for their safety in Bengaluru City

Research methods

The study is based on exploratory research, which explores the understanding of women on Knowledge, Practices and Attitudes. The Women population in Bengaluru city is more than 1,00,000 and using the Cochran formula at 95% confidence and 5% Margin of error the sample size is determined at 385 respondents. A total of 400 questionnaire were distributed and 386 valid responses were received. The current is based on the responses of 386 respondents randomly chosen from 4 zones of Bengaluru city using the random numbers methods. The study covers all type of women, working, non - working and students. The study is confined only to urban women and rural women are excluded. The study involves women of all age group from 18- 60 years. The analysis and Interpretation for the study is carried out with the help of SPSS software.

Results and Discussion

STEPS IN DEVELOPING THE QUESTIONNAIRE
(A) Formation of Domains
For formulating the instrument at initial stage, 78 Journal Articles, 29 Newspaper Articles, 4 Thesis and 12 online blogs were referred.

The author listed 110 statements related to women safety and Management, the Subject expert (Guide) insisted to classify the items into 3 main domains – Knowledge, Attitude and Practices and Awareness and Measures taken in case of encountering issues.

(B) Formation of questions

A questionnaire was prepared with 3 - Main domains with Knowledge having 46 items, Attitude having 36 items and Practices having 39 items. The questionnaire was distributed to 3 subject experts. The subject experts advised the questionnaire to be made crisp by reducing repetitive questions in each domain.

The subject experts advised to further classify the KAP based on the educational Intervention programs based on 5 Sub Domains – (1)Women status, (2)Women Violence, (3)Women safety and Management, (4)Women Law and (5) Role of other organizations.

The questionnaire was further revised and shared with the subject experts and the suggestions to include 'I have Knowledge' for Knowledge domain, 'I believe' for attitude domain and 'I practice' for Practice domain to be incorporated.

Finally, the subject experts finalised the questionnaire with 3 main domains and 5 sub domains under each domain.

- **Knowledge domain** had (5qs) Women status, (5qs)Women Violence, (5qs)Women safety and Management, (5qs)Women Law and (2qs) Role of other organizations
- **Practices domain** had (5qs) Women status, (5qs)Women Violence, (5qs)Women safety and Management, (5qs)Women Law and (3qs) Role of other organizations
- **Attitude domain** had (5qs) Women status, (5qs)Women Violence, (5qs)Women safety and Management, (5qs)Women Law and (4qs) Role of other organizations

The questionnaire is based on 5-point Likert scale (Strong disagreement being 1 and Strong Agreement being 5), No rating or ranking scale was used as the researcher wants to know the level of agreement for KAP of women.

(C) Field trail- Pilot study for 50 women in the study

The questionnaire was administered to 50 women randomly chosen respondents. The responses received from the respondents were taken for further analysis of reliability ad validity.

(D) Data Analysis

Three types of validity analysis are content validity, construct validity that covers convergent validity, discriminant validity and criterion validity that include reliability analysis.

Reliability analysis: **Cronbach's alpha coefficient** was utilized in the present study along with composite reliability values to examine the inter-item consistency of the measurement items. The Cronbach's alpha and composite reliability (CR) values should be higher than 0.70 [17] . With respect to Cronbach's Alpha and composite reliability value, he pointed out that the reliability which is higher than 0.9 is regarded as excellent, higher than 0.8 is fine, higher than 0.7 is adequate, higher than 0.6 is doubtful, and lower than 0.5 is substandard.

Convergent validity. According to Hair et al., convergent validity is to assess the degree to which two measures of the same concept are correlated. They further suggest that researchers utilize the factor loadings, **composite reliability (CR)** and **average variance extracted (AVE)** to assess convergence validity. All the items loadings should be over the recommended value of 0.70 [39].

In addition, **composite reliability** values reflect the level to which the construct indicators reveal the latent variable and they should be greater than 0.70, as recommended by prior researchers
On a final note, the **average variance extracted (AVE)** measures the variance captured by the indicators relative to measurement error and loading value higher than 0.50 was recommended to justify the use of the construct

Discriminant validity: Fornell-Larcker's criterion -In addition to ensuring the discriminant validity of the measurement model, the current study also examined the cross loading measurement as per the indicator according to **Fornell-Larcker's criterion** (1981) [18] of measurements. To determine the discriminant validity, the square root of average variance extracted (AVE) is compared against the correlations of the other constructs.

(E) Results and Discussions

1. **Knowledge Domain**

Table 1- SCALE VALIDITY AND RELIABILITY FOR KNOWLEDGE DOMAIN

SCALE VALIDITY AND RELIABILITY FOR KNOWLEDGE DOMAIN						
	λ	λ^2	ε			
know_voilence_2	0.764	0.584	0.416			
know_voilence_3	0.760	0.578	0.422			
know_voilence_1	0.740	0.547	0.453		n	5
know_voilence_5	0.676	0.457	0.543		AVE	0.505416
know_voilence_4	0.601	0.361	0.639		Composite reliability	0.835266
	3.541	2.527	2.473		Cronbach Alpha	0.78423
	λ	λ^2	ε			
know_status_5	0.899	0.808	0.192			
know_status_3	0.766	0.586	0.414			
know_status_4	0.721	0.520	0.480		n	5
know_status_2	0.701	0.491	0.509		AVE	0.578902
know_status_1	0.699	0.489	0.511		Composite reliability	0.871912
	3.786	2.895	2.105		Cronbach Alpha	0.76012
	λ	λ^2	ε			
know_law_3	0.803	0.645	0.355			
know_law_4	0.774	0.599	0.401			
know_law_2	0.776	0.602	0.398		n	5
know_law_1	0.697	0.486	0.514		AVE	0.526376
know_law_5	**0.547**	0.299	0.701		Composite reliability	0.845327
	3.598	2.632	2.368		Cronbach Alpha	0.72911
	λ	λ^2	ε			
know_safety_1	0.791	0.626	0.374			
know_safety_2	0.772	0.596	0.404			
know_safety_5	0.765	0.585	0.415		n	5
know_safety_3	0.748	0.560	0.440		AVE	0.543417
know_safety_4	0.592	0.350	0.650		Composite reliability	0.854945
	3.668	2.717	2.283		Cronbach Alpha	0.80119
	λ	λ^2	ε			
know_role_2	0.702	0.493	0.507		n	2
know_role_1	0.672	0.452	0.548		AVE	0.472194
	1.374	0.944	1.056		Composite reliability	0.841374
					Cronbach Alpha	0.61121

Table 1 presents the values of Cronbach's alpha and CR of all Knowledge constructs. It was evident that all reliability values were higher than the recommended value of 0.70. Hence, construct reliability was confirmed. In this study, all the composite reliability values are above 0.800, as shown in Table 1, indicating good internal consistency reliability.

In this study, the AVEs are above 0.500, which were all within the recommended range as presented in Table 1. Therefore, the entire latent variables fulfilled the threshold value and were considered to have met the standard recommended for convergent validity.

Table 2- DISCRIMINANT VALIDITY FOR KNOWLEDGE DOMAIN

	Sqrt of AVE	know_ violence	know_ status	know_ law	know_ safety	know_ role
know_voilence	0.710926	1.00				
know_status	0.760856	0.671	1.00			
know_law	0.725518	0.701	0.482	1.00		
know_safety	0.737168	0.581	0.662	0.711	1.00	
know_role	0.687164	0.672	0.557	0.544	0.667	1.00

 As depicted in Table 2, the square root of the AVE for the variable of Violence, status, law, safety and role are much larger than the corresponding latent variable correlations. Hence, the Fornell and Larker's criterion is achieved.

2. ATTITUDE DOMAIN

Table 3- SCALE VALIDITY AND RELIABILITY FOR ATTITUDE DOMAIN

SCALE VALIDITY AND RELIABILITY FOR ATTITUDE DOMAIN						
	λ	λ^2	ε			
Att_Voilence_1	0.849	0.721	0.279			
Att_Voilence_3	0.829	0.688	0.312			
Att_Voilence_2	0.699	0.489	0.511		n	5
Att_Voilence_4	0.659	0.434	0.566		AVE	0.508053
Att_Voilence_5	0.456	0.208	0.792		Composite reliability	0.832216
	3.493	2.540	2.460		Cronbach Alpha	0.772
	λ	λ^2	ε			
Att_status_3	0.836	0.698	0.302			
Att_status_5	0.763	0.582	0.418			
Att_status_1	0.715	0.511	0.489		n	5
Att_status_4	0.670	0.449	0.551		AVE	0.510631
Att_status_2	0.560	0.313	0.687		Composite reliability	0.836864
	3.543	2.553	2.447		Cronbach Alpha	0.844
	λ	λ^2	ε			
Att_Law_2	0.842	0.710	0.290			
Att_Law_1	0.799	0.638	0.362			
Att_Law_3	0.745	0.556	0.444		n	5
Att_Law_5	0.677	0.458	0.542		AVE	0.567261
Att_Law_4	0.689	0.475	0.525		Composite reliability	0.866811
	3.753	2.836	2.164		Cronbach Alpha	0.814
	λ	λ^2	ε			
Att_safety_1	0.918	0.843	0.157			
Att_safety_2	0.817	0.667	0.333			
Att_safety_3	0.808	0.653	0.347		n	5
Att_safety_5	0.756	0.572	0.428		AVE	0.596324
Att_safety_4	0.497	0.247	0.753		Composite reliability	0.877138
	3.796	2.982	2.018		Cronbach Alpha	0.739
	λ	λ^2	ε			
Att_role_1	0.900	0.809	0.191		n	3

Att_role_3	0.896	0.803	0.197		AVE	0.792391
Att_role_2	0.874	0.764	0.236		Composite reliability	0.919668
					Cronbach Alpha	0.939
	2.670	2.377	0.623			

Table 3 presents the values of Cronbach's alpha and CR of all Attitude constructs. It was evident that all reliability values were higher than the recommended value of 0.70. Hence, construct reliability was confirmed. In this study, all the composite reliability values are above 0.800, as shown in Table 3, indicating good internal consistency reliability.

In this study, the AVEs are above 0.500, which were all within the recommended range as presented in Table 3. Therefore, the entire latent variables fulfilled the threshold value and were considered to have met the standard recommended for convergent validity.

Table 4 - DISCRIMINANT VALIDITY FOR ATTITUDE DOMAIN

	Sqrt of AVE	Att_Voilence	Att_status	Att_Law	Att_safety	Att_role
Att_Voilence	0.712778	1.00				
Att_status	0.714585	0.621	1.00			
Att_Law	0.753168	0.601	0.382	1.00		
Att_safety	0.77222	0.581	0.682	0.621	1.00	
Att_role	0.687164	0.672	0.611	0.211	0.129	1.00

As depicted in Table 4, the square root of the AVE for the variable of Attitude domain- Violence, status, law, safety and role are much larger than the corresponding latent variable correlations. Hence, the Fornell and Larker's criterion is achieved.

3. PRACTICES DOMAIN
Table 5- SCALE VALIDITY AND RELIABILITY FOR PRACTICES DOMAIN

SCALE VALIDITY AND RELIABILITY FOR PRACTICES DOMAIN						
	λ	λ^2	ε			
Prac_Voilence_2	0.827	0.684	0.316			
Prac_Voilence_3	0.822	0.675	0.325			
Prac_Voilence_1	0.778	0.606	0.394		n	5
Prac_Voilence_4	0.733	0.537	0.463		AVE	0.601616
Prac_Voilence_5	0.711	0.506	0.494		Composite reliability	0.88268
	3.871	3.008	1.992		Cronbach Alpha	0.846
	λ	λ^2	ε			
Prac_status_4	0.810	0.657	0.343			
Prac_status_1	0.807	0.651	0.349			
Prac_status_3	0.804	0.646	0.354		n	5
Prac_status_2	0.787	0.619	0.381		AVE	0.541822
Prac_status_5	0.370	0.137	0.863		Composite reliability	0.848154
	3.577	2.709	2.291		Cronbach Alpha	0.849
	λ	λ^2	ε			
Prac_Safety_1	0.855	0.731	0.269			
Prac_Safety_2	0.817	0.667	0.333			
Prac_Safety_5	0.799	0.638	0.362		n	5
Prac_Safety_4	0.789	0.623	0.377		AVE	0.552403
Prac_Safety_3	0.320	0.103	0.897		Composite reliability	0.85136
	3.580	2.762	2.238		Cronbach Alpha	0.815

	λ	λ^2	ε			
Prac_Law_4	0.892	0.796	0.204			
Prac_Law_3	0.842	0.708	0.292			
Prac_Law_5	0.792	0.627	0.373	n		5
Prac_Law_1	0.766	0.587	0.413	AVE		0.589872
Prac_Law_2	0.481	0.232	0.768	Composite reliability		0.87407
	3.773	2.949	2.051	Cronbach Alpha		0.889
	λ	λ^2	ε			
Prac_role_1	0.836	0.698	0.302	n		4
Prac_role_2	0.811	0.658	0.342	AVE		0.629056
Prac_role_3	0.808	0.653	0.347	Composite reliability		0.871121
Prac_role_4	0.712	0.507	0.493	Cronbach Alpha		0.708
	3.167	2.516	1.484			

Table 5 presents the values of Cronbach's alpha and CR of all Practices constructs. It was evident that all reliability values were higher than the recommended value of 0.70. Hence, construct reliability was confirmed. In this study, all the composite reliability values are above 0.800, as shown in Table 5, indicating good internal consistency reliability.

In this study, the AVEs are above 0.500, which were all within the recommended range as presented in Table 5. Therefore, the entire latent variables fulfilled the threshold value and were considered to have met the standard recommended for convergent validity.

Table 6- DISCRIMINANT VALIDITY FOR PRACTICES DOMAIN

	Sqrt of AVE	Prac_ Voilence	Prac_ status	Prac_ Safety	Prac_ Law	Prac_ role
Prac_Voilence	0.775638934	1.00				
Prac_status	0.736085268	0.711	1.00			
Prac_Safety	0.743238154	0.721	0.611	1.00		
Prac_Law	0.768030997	0.561	0.712	0.689	1.00	
Prac_role	0.793130334	0.661	0.621	0.541	0.713	1.00

As depicted in Table 6, the square root of the AVE for the variable of Practice domain - Violence, status, law, safety and role are much larger than the corresponding latent variable correlations. Hence, the Fornell and Larker's criterion is achieved.

CONCLUSION

In the best knowledge, there is no scale to assess the KAP of women on their safety and management in Indian population. This (WSS -KAP-69 - Women safety scale with KAP -69 items) is a new questionnaire to measure the Knowledge, attitudes and practices of women in relation to their safety. This scale has demonstrated adequate internal consistency reliability and had evidence of content and construct validity. The average time required to administer the scale is 20 minutes. The item-level missing data rates were low. These findings suggest that the SE-26 successfully captures a newly identified construct and may be useful to investigators wishing to measure KAP of women, specifically of those living in India. In the present evaluation, all 3 domains viz Knowledge, Attitude and Practices and 5 Sub domains – Violence, status, safety, law and role had good level of Cronbach's Alpha as well as intra-class correlation coefficient indicating better test-retest reliability. The individual questions had also moderately correlated in this evaluation.

References

[1] Anna Bofill Levi, Rosa Maria Dumenjo Marti & Isabel Segura Soriano, "Women and the City," Manual of Recommendations for a Conception of Inhabited Environment from the Point of View of Gender. Fundacion Mari Aurelia Company.Vol 14, 2020

[2] Alicia Yon "Safer Cities for Women are Safer for Everyone," Habitat Debate, UN-Habitat (Sept. 2007, Vol. 13, #3), 9.

[3] Mary Ellsberg & Lori Heise. "Researching Violence against Women: A Practical Guide for Researchers and Activists," World Health Organization & Program for Appropriate Technology in Health, 2005.

[4]   Morgan J. Curtis. "Engaging Communities in Sexual Violence Prevention; A Guidebook for Individuals and Organizations Engaging in Collaborative Prevention Work," Texas Association Against Sexual Assault.Vol 12, 2020

[5]   David S. Lee, Lydia Guy, Brad Perry, Chad Keoni Sniffen & Stacy Alamo Mixson. "Sexual Violence Prevention," The Prevention Researcher, Vol 14 (2), April 2007.

[6] Morgan J. Curtis. "Engaging Communities in Sexual Violence Prevention; A Guidebook for Individuals and Organizations Engaging in Collaborative Prevention Work," Texas Association Against Sexual Assault.Vol 15, 2021

[7]   Vimal Vidushy and Gagandeep Sethi, 'Domestic Violence in India- An Analysis', International Journal of Applied Research, Vol 2 Issue 8 (2016),.

[8]   Piyush Rai, UP sees 1000 cases of Domestic Violence every day, (2017)

[9]   Gill . & G Rehman, 'Empowerment through Activism: Responding to Domestic Violence in the South Asian Community in London', Gender and Development, Oxfam Journal, Vol 12 Issue 1 (2004)

[10] Dr. Priscila Sharon, 'Domestic Violence against Women in India: A Family Menace', Indian Journal of Applied Research, Vol 4 Issue 12 (2014).

[11] Ghosh, Susmita, et al. "Knowledge, Attitude, and Practice (KAP) regarding personal hygiene among primary school going children in Sadar Upazilla, Noakhali District, Bangladesh." *Indian Journal of Public Health Research & Development* 11.6 (2020).

[12] Verma, Meghna, et al. "Modeling the mechanisms by which HIV-associated immunosuppression influences HPV persistence at the oral mucosa." *PloS one* 12.1 (2017): e0168133.

[13] Holland, Tony, I. C. H. Clare, and T. Mukhopadhyay. "Prevalence of 'criminal offending'by men and women with intellectual disability and the characteristics of 'offenders': implications for research and service development." *Journal of intellectual disability research* 46 (2002): 6-20.

[14] Akram, W., Jain, M., & Hemalatha, C. S. (2019). Design of a smart safety device for women using IoT. *Procedia Computer Science*, *165*, 656-662.

[15] Roelens, Kristien, et al. "Disclosure and health-seeking behaviour following intimate partner violence before and during pregnancy in Flanders, Belgium: a survey surveillance study." *European Journal of Obstetrics & Gynecology and Reproductive Biology* 137.1 (2008): 37-42.

[16] Berhanu, Della, et al. "Coverage of antenatal, intrapartum, and newborn care in 104 districts of Ethiopia: A before and after study four years after the launch of the national Community-Based Newborn Care programme." *PloS one* 16.8 (2021): e0251706.

[17] Hair J F, Ringle C M, Sarstedt M. PLS-SEM: indeed a silver bullet. The Journal of Marketing Theory and Practice, 2011; 19(2):p.139–152. 40.

[18] Fornell C, Larcker D F. Evaluating structural equation models with unobservable variables and measurement error. Journal of Marketing Research, 1981; 18(1):p. 39–50.