

Original Research Article

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A cross-sectional study to assess medical student's opinions regarding child sexual abuse in an Eastern state of India

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ABSTRACT

Background: Child sexual abuse (CSA) is a heinous crime against growing children, which may victimize both genders. It is a pervasive issue that affects societies worldwide. Present study was conducted to gain insights into the opinion and understanding regarding CSA among undergraduate medical students at a premier institution in Bihar, an Eastern state of India. Objectives were to study the distribution of medical students according to opinions regarding CSA and to study the distribution of medical students according to information regarding CSA obtained from parents.

Methods: After obtaining institutional ethical committee (IEC) clearance, a pre-designed structured questionnaire was administered online to undergraduate medical students of the institution who gave consent for study. Collected information was entered in Microsoft excel, and categorical variables were expressed as percentages and proportions.

Results: The present study included 312 boys (62.4%) and 186 girls (37.6%). The majority (82.2%) of study participants agreed that boys are also victims of CSA, and the majority (68.3%) agreed with the statement regarding informing a caregiver following an incident. Most (64%) of the study participants had obtained information regarding CSA from parents.

Conclusions: Awareness generation is an important measure to curb the growing menace of CSA. Parental education plays a vital role in creating necessary awareness.

Keywords: CSA, Medical student, Victim, Perpetrator, Parental education

INTRODUCTION

Child sexual abuse (CSA) is a significant global problem with grave life-long effects on victims. It is a heinous crime against growing children, which may victimize both genders. It is a pervasive issue that affects societies worldwide. The world health organisation (WHO) defines CSA as “the involvement of a child in sexual activity that he or she does not fully comprehend and is unable to give informed consent to, or for which the child is not developmentally matured, or else that violate the laws or social taboos of society.¹ It is an alarming problem, almost to the extent of an epidemic in the United States of

America.² In India, it is a significant problem exacerbated by the development of technology and urbanization. Several pornographic sites are not banned in the country, making them easily accessible to people of all ages, including children, who can watch porn clips and movies.

CSA may include sexual harassment, indecent assault and sexual exploitation, child prostitution, kissing with sexual intent, and penetration sexual intercourse.³ There is a paucity of available data on CSA because the perpetrator, not the victim, narrates the reported cases under most circumstances.^{4,5} In India, 430 million youngsters, close to one in every five below eighteen, are affected by

CSA.⁶ The present study was conducted to gain insights into the opinion and understanding regarding CSA among undergraduate medical students of a premier institution in Bihar, an Eastern state of India. The institution's students belong to diverse communities, castes, religions, and states across India.

The study objectives were to study the distribution of medical students according to opinions regarding CSA and to study distribution of the medical students according to information regarding CSA obtained from the parents.

METHODS

A pre-designed, structured questionnaire was developed to obtain necessary consent for the study, collect information regarding the gender of the study participant, collect opinions regarding CSA, and obtain information from parents. The questionnaire did not include names and other details to maintain confidentiality. To assess the view of study participants regarding CSA, statements based on a previously validated questionnaire were included, with each statement having four options to select from: disagree, neutral, agree, and do not know.⁷ Questionnaire was validated by a pilot study conducted among 30 randomly selected medical students of the institution. After obtaining IEC clearance, an online Google questionnaire was distributed to medical students of the institution via WhatsApp/email for three months from April to June 2022. During study period, only undergraduate medical students from four existing batches of institution were eligible for enrolment, and consecutive sampling was used to enrol participants. Responses of students who gave consent for the study were recorded. All collected information was entered into Microsoft excel and analyzed. Participants who did not meet the inclusion criteria had their forms excluded from study. Categorical variables were expressed as percentages and proportions. Missing data was handled through mean imputation.

The sample size was calculated as follows: At AIIMS Patna, 125 medical students are enrolled per year in an undergraduate batch. For validation, in the present study, a predesigned, structured questionnaire was employed on 30 randomly selected students of the four existing Undergraduate batches during the study period. Those 30

students were excluded from the final study, leading to a study population of 570 out of 600 students from four batches. Consecutive sampling was performed, and the questionnaire was sent to the 570 students through WhatsApp/ emails. Out of this, 500 students participated in the study.

RESULTS

In total, 500 undergraduate medical students of the institution participated in the study, which included 312 boys (62.4%) and 186 girls (37.6 %). The majority (82.2%) of study participants agreed with the statement that boys are also victims of CSA. Almost equal proportions of study participants agreed (33.0%) and disagreed (33.4%) with the statement regarding the mental illness of perpetrators. The majority (68.3%) agreed with the statement regarding informing a caregiver following an incident of CSA. Most (45.7%) of the study participants agreed with the statement regarding the non-responsibility of the victims in the case of CSA (Table 1).

Most (64%) of the study participants had obtained information regarding the CSA from their parents (Figure 1).

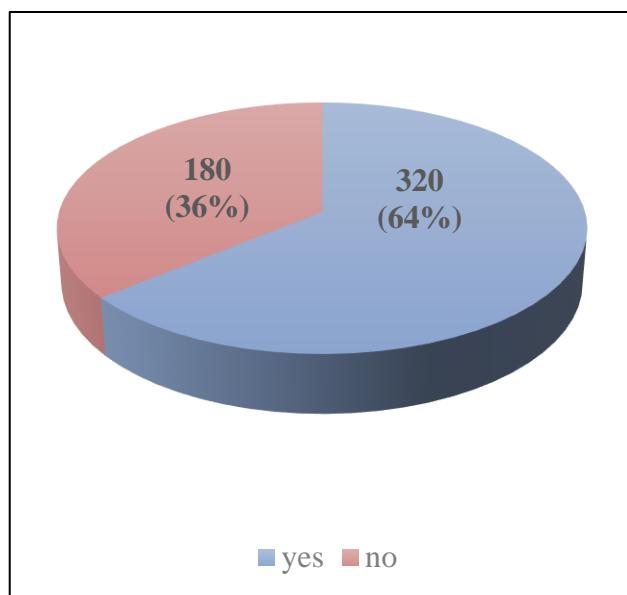


Figure 1: Distribution of medical students according to information regarding CSA obtained from parents.

Table 1: Distribution of medical students according to opinion regarding CSA, (n=500).

Statements	Disagree (%)	Neutral (%)	Agree (%)	Do not know (%)
Boys are also sexually abused	42 (8.4)	24 (4.8)	410 (82.2)	24 (4.6)
Sexual abuse perpetrators have a mental illness	167 (33.4)	108 (21.6)	165 (33.0)	60 (12.0)
If a CSA victim talks about incident to a caregiver, it is still possible to do something about it	14 (2.8)	62 (12.4)	340 (68.3)	82 (16.5)
In a case of CSA child (victim) is never responsible	63 (10.5)	103 (17.2)	274 (45.7)	59 (9.8)

DISCUSSION

Although girls are victimized more frequently in CSA, the victimization of boys is also prevalent. According to Hanson CSA girls experience 3-4 times more instances than boys.⁷ However, Felson et al have reported that boys are more vulnerable to experiencing CSA than girls.⁸ Similar finding was observed in the present study, where the majority (82.2%) of participants agreed that boys are also victimized in CSA.

In a study conducted by Mellor et al it was reported that mental status is a factor that affects 3-14% of perpetrators of CSA.⁹ In present study, 33% of participants agreed that the perpetrators suffer from some form of mental illness.

Present study reported that in most cases of CSA, victims who disclosed incident first spoke to their parents, followed by siblings, boyfriends/girlfriends, and friends. Most offenders (82.6%) were adults, and remaining 17.4% were children.¹⁰ In present study, majority (68.3%) of study participants agreed that a CSA victim needs to inform caregiver to take appropriate measures, and 79% of parents talk about CSA to their children.¹¹

In the present study, most medical students (45.7%) agreed that the victim is not responsible for the circumstances leading to sexual abuse.¹² Young individuals lack the maturity to grasp the gravity of several situations and the possible repercussions of their actions. According to Satyarthi in most cases of CSA, the victim is lured by the perpetrator for small gains. After committing the act, the perpetrator manipulates the victim, and the child may wrongly believe they are at fault, leading to shame and guilt.¹³

To prevent CSA, educate school children and families about the same.¹⁴ Education on CSA includes discussions on consent, appropriate touch, and proper names for genitals.¹⁵ A study from China reported that 59% of parents told their children that others should not touch their private parts.¹⁶ Conversely, one study indicates that 59% of parents do not educate their children about CSA.¹⁷ The present study observed that most (64%) of study participants had obtained information regarding CSA from their parents.

Limitations

The present study was conducted in a medical teaching institution among a limited study population. Similar studies must be conducted at a large scale involving several other institutions in various parts of the country to generalize findings. Some interventional measures may also be incorporated in future studies.

CONCLUSION

Most medical students in the present study had good awareness and strong opinions regarding CSA, which

might be because most had obtained some information at home from their parents. Awareness generation is an important measure to curb the growing menace of CSA. Parental education is pivotal and essential in creating necessary awareness among children. At the same time, awareness drives and discussions on CSA must be regularly conducted in schools to improve children's understanding and create a conducive and supportive environment.

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Ethical approval: The study was approved by the Institutional Ethics Committee

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