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Awareness among undergraduate medical students about the laws on rape in India

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Abstract

The study was conducted to assess the level of knowledge among the first and second- year MBBS students with regards to sexual jurisprudence and emphasis on rape laws in India. A questionnaire-based cross-sectional survey was conducted among 274 randomly selected students of first-year MBBS (100) and second-year MBBS (174) in Tertiary care teaching hospital, India. The questionnaire comprised of 7 items of a fixed-response type (yes/no). There was a discrepancy between the levels of knowledge among students. This study also provides valuable insight into how much knowledge has been acquired by the students regarding laws in India on rape. We recommend the upcoming doctors to be competent enough to handle a case of sexual offence (rape) with the understanding of the amendments made to criminal law.

Keywords: Criminal law amendment act 2013; awareness of medical students; rape; sexual jurisprudence.

Introduction

The Criminal Law (Amendment) Act, 2013 made some changes in existing Indian laws about rape and came into force from April 2013 following a national outburst on gang rape case happened in New Delhi in December 2012. It made changes in the Indian Penal Code (IPC), Indian Evidence Act (IEA), Code of Criminal Procedure (CrPC), and laws related to punishing persons involved in the rape.¹

The Criminal Law (Amendment) Act, 2013 resulted in changing Sections 375 IPC and Section 376 IPC which defines and prescribes punishment for persons involved in rape respectively.¹

Section 375 IPC: Defines acts like penetration of the penis into the vagina, urethra, anus or mouth; or any object or any part of the body to any extent, into the vagina, urethra or anus of another woman or making another person do so; to apply mouth or touching private parts constitutes rape. The punishment prescribed will be rigorous imprisonment for a term which is not less than ten years but may extend to imprisonment for life, and also fine.

Section, 376A IPC has been added which states that if a person committing the offence of sexual assault, "inflicts an injury which causes the death of the person or causes the person to be in a persistent vegetative state, shall be punished with rigorous imprisonment for a term not less than twenty years, but may extend to imprisonment for life, or with death. The age of consent in India has been increased to 18 years, which means any

sexual activity irrespective of the presence of consent with a woman below the age of 18 will constitute statutory rape.¹

The National Crime Records Bureau (NCRB) reports that incidents of rape have risen far more sharply as compared to the rise in other crimes against women. The NCRB data has mentioned that in 2015 there was registration of 34,651 of rape cases, which is increased to 38,947 in 2016. The NCRB data for the year 2016 shows that overall crimes against women have risen by just about 3%, incidents of rape have gone up by 12%.^{2,3} The highest number of rapes have been reported from Madhya Pradesh (4882), Uttar Pradesh (4816) and Maharashtra (4189).^{2,3}

The MBBS students should be made aware of the changing legal perception and amendments made to the IPC, CrPC, and IEA regarding rape. There are only a few works of literature about the awareness of the same. Considering the above facts and the necessity to make the future doctor competent, this study was undertaken to explore the knowledge and awareness among the MBBS students with regards to rape and also to do a gender-based analysis of the same.

Materials and methods

This cross-sectional survey was conducted on the awareness of rape laws and punishment with respect to Criminal Law Amendment Act 2013 among Group I (first-year MBBS students) and Group II (second-year MBBS students) at Tertiary care teaching hospital, India during the year 2018 (September to December). These students were included in the study after obtaining valid consent. They were asked not to disclose their identities like names, or roll numbers. A variety of questions were kept to enhance their level of participation and express their knowledge about the rape laws in India. Institutional Research Committee and Ethical Committee clearance was obtained before starting the study. Self-designed, validated questionnaire proforma, involving questions about facts and hypothetical situations, relating to rape laws in India were given to all participants to test their level of knowledge and awareness.

These comprehensive questionnaires were set based on content relevance and consulting with other faculty members of the department. The questionnaire was peer-reviewed and validated. The questionnaire proforma was initially given to 20 students as a pilot survey to see whether these questions are framed in an uncomplicated way to understand and answer. After receiving the responses, individual interaction was done, and their feedbacks were noted. Taking their input into consideration, the final questionnaire was prepared.

Then the proforma were distributed to the Group I and Group II students. The filled up ones were polled in a box, kept specifically for this purpose. Students who haven't responded to all questions were excluded from the study. The responses to each and every question were analyzed in detail.

A total of 300 proformas were distributed among both the groups, out of which 274 valid proformas were received within the fixed period.

Descriptive and analytical computation of data was done through SPSS v20. All data were examined for their allocation, and the tests of significance were engaged accordingly. The frequency and mode for each question were analysed group wise. The significance of the difference between Group I and Group II was tested by chi-square test. The null hypothesis is rejected at a p-value equal to or less than 0.05; however, analysis with statistical significance between 0.05 and 0.15 was also taken into consideration for discussion.

Results

The received responses were checked in terms of subjective (level of awareness) and objective (level of knowledge) evaluation. The results were tabulated and statistically analysed.

Discussion

We conducted this study in the quest to find out the knowledge about the laws regarding rape in India. The students from Group I and Group II are aware that changes were made in Indian laws regarding rape. But in both the groups, they were not keeping themselves updated about all aspects of rape with respect to medical jurisprudence. The response between the groups did not diverge in a statistically noteworthy manner. This indicates that the present curriculum has not addressed the recent changes with regard to sexual jurisprudence.

The information in Table 1 reflects the fact that Group II students have appreciated the newer development in sexual jurisprudence. This further infers that the department for forensic medicine in second-year MBBS is having a profound impact on the attitudinal development of students towards sexual jurisprudence.

In Table 1, response to question 1, a man manipulating the body of a woman, without her valid consent or against her will, so as to cause penetration is not considered as rape. However, most students in Group I (63%) and Group II (76%) are having an idea that it is considered as rape. But some students in both the Group I (37%) and Group II (24%) have an idea that it is not considered as rape. The statistical significance of this observation is very significant ($p=0.0239$), considering the fact that the introduction of Forensic Medicine to MBBS students has sensitised Group II about the fact that some acts are considered as rape even though penetration hasn't taken place.

In Table 1, response to question 2, a man only applies his mouth to the vagina, anus or urethra of a woman without a valid consent or against her will is not considered as rape. However, most students in both Group I (64%) and Group II (76%) are having an idea that it is considered as rape. But some students in both the Group I (36%) and Group II (24%) have an idea that it is not considered as rape. The statistical significance of this observation is very significant ($p=0.0277$), considering the fact that the introduction of Forensic Medicine to MBBS students has sensitised Group II about the fact that some acts when done by a man are considered as rape.

In Table 1, response to question 3, both the Group I (90%) and Group II (91%) have an idea that any sexual activity of a husband with his wife under a "separation by court order" without her consent is punishable.

In Table 1, responses to questions 4 and 5, both the Group I (85%) and Group II (89%) have an idea that if a male Doctor having sexual intercourse with any female patient within the hospital premises not amounting to rape shall still be punishable. But some students in both the Group I (15%) and Group II (11%) have an idea that it is not a punishable offence.

In Table 1, responses to question 5 of both the groups have an idea that a male Doctor having sexual intercourse with any female within the hospital premises not amounting to rape shall be punishable. However, in response to question 5, there is a difference between Group I and Group II regarding female patients and females in general. Group I have predominantly responded that having sexual intercourse with any female within the hospital premises is punishable (60%) whereas in Group II (62%). We can certainly infer that the introduction of forensic Medicine class to MBBS students has sensitised them towards the act of doctors in hospital premises.

In Table 1, responses to question 6, both the Group I (78%) and Group II (82%) have a common idea that there is a possibility of capital punishment for rape accused in special cases in India.

However, in response to question 7, both Group I (53%) and Group II (32%) are having an idea that a woman can be charged with a case of rape in India. However, there is a difference of idea in Group I (47%) and Group II (68%) and Group II have predominantly responded that woman can't be charged with rape in India. The statistical significance of this observation is very significant ($p=0.0007$), we can certainly infer that the introduction of forensic Medicine class to MBBS students has sensitised Group II students that rape punishment is gender-neutral.

In Table 2, acceptable answers were given more by Group II in certain questions, and Group I in certain questions. For those responses where Group I have got more factually correct responses to demand more

inquisition. After much consideration, it was found the background idea between Group I and Group II were with respect to gender neutrality of the sexual laws.

In Table 2 response to questions 1 ($p=0.0239$), 2 ($p=0.0277$) & 7 ($p=0.0007$) shows a high statistical significance between the groups. Ironically, Group II has scored fewer marks than Group I. This again reflects the fact that Group II students who were sensitised about the gender differences in the legal proceedings of our country have influenced them to choose the wrong response in this regard. Proving the fact a little knowledge is dangerous.

Conclusion

This study helps in recognizing the knowledge one has regarding rape laws in India, among medical students. Despite its limits, the study provides valuable insight into how students of the first-year and second-year MBBS have perceived rape and its punishments. There is a definite shift in the awareness and knowledge about the term rape between the first and second-year MBBS students. This justifies the need for Forensic Medicine in the MBBS curriculum. But the level of competencies achieved with regard to sexual jurisprudence has to be enhanced.

The students are to be educated that there is a gender difference between the punishments offered as per the Indian law. With the changing trend in the medico-legal scenario, it is a must that the students should be kept updated to sexual jurisprudence.

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TABLES

Table 1: Ideas of students in relation to rape

Sl.no.	Questions	Group I		Group II		Chi square	P value
		Yes (%)	No (%)	Yes (%)	No (%)		
1	It is not considered as “rape”, If a man only manipulates the body of a woman, without her valid consent or against her will, so as to cause penetration.	37 (37%)	63 (63%)	42 (24%)	132 (76%)	5.1012	0.0239
2	It is not considered as “rape”, If a man only applies his mouth to the vagina, anus or urethra of a woman without a valid consent or against her will.	36 (36%)	64 (64%)	41 (24%)	133 (76%)	4.8436	0.0277
3	Any sexual activity of a husband with his wife under a the “separation by a court order” without her consent is punishable.	90 (90%)	10 (10%)	158 (91%)	16 (9%)	0.0477	0.8271
4	A male Doctor having sexual intercourse with any female patient within the hospital premises not amounting to rape shall still be punishable	85 (85%)	15 (15%)	155 (89%)	19 (11%)	0.9693	0.3248
5	A male Doctor having sexual intercourse with any female, nor necessarily being a patient within the hospital premises, not amounting to rape, is not punishable	40 (40%)	60 (60%)	66 (38%)	108 (62%)	0.1142	0.7354
6	There is a possibility of capital punishment (i.e., hanging) for rape accused in special cases	78 (78%)	22 (22%)	142 (82%)	32 (18%)	0.5209	0.4704
7	A woman can be charged with a case of rape in India	53 (53%)	47 (47%)	56 (32%)	118 (68%)	11.4446	0.0007

Table 2: Correct responses of students in relation to rape

Sl.no.	Questions	Group I		Group II		Chi square	P value
		Yes (%)	No (%)	Yes (%)	No (%)		
1	It is not considered as “rape”, If a man only manipulates the body of a woman, without her valid consent or against her will, so as to cause penetration.	63 (63%)	37 (37%)	132 (76%)	42 (24%)	5.1012	0.0239
2	It is not considered as “rape”, If a man only applies his mouth to the vagina, anus or urethra of a woman without a valid consent or against her will.	64 (64%)	36 (36%)	133 (76%)	41 (24%)	4.8436	0.0277
3	Any sexual activity of a husband with his wife under a the “separation by a court order” without her consent is punishable.	90 (90%)	10 (10%)	158 (91%)	16 (9%)	0.0477	0.8271
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6	There is a possibility of capital punishment (i.e., hanging) for rape accused in special cases	78 (78%)	22 (22%)	142 (82%)	32 (18%)	0.5209	0.4704
7	A woman can be charged with a case of rape in India	47 (47%)	53 (53%)	118 (68%)	56 (32%)	11.4446	0.0007