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Attitude and Myths towards Rape among Medical Students in Rajkot, India

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Abstract: Background: Violence against women takes many forms – physical, sexual, psychological and economic. Violence against women harms families and communities across generations and reinforces other violence prevalent in society. Rape myths encompass a set of (false) beliefs about rape that places the blame on the victim and not the perpetrator. Objective: to assess the prevailing attitudes on rape myths among the medical students. Methods: The study was conducted after taking informed consent among 346 undergraduate medical students of P D U Government Medical College, Rajkot, India from January to June, 2013 by using previously validated questionnaire using updated Illinois Rape Myth Acceptance Scale. Results: The age range of 346 medical students was 17 to 23 years with 172 male and 174 female students. Total 24.4% male and 23% female students had very good positive attitude. One fourth of male and one fifth of female students had a more negative attitude. No relation was observed for rape myth acceptance among medical students for residential or socio-economic status. Conclusion: The present study provides insight to the prevalence of attitude and rape myths towards rape among medical students. Introduction of education on gender violence with introduction of courses on 'sexual violence' in medical curriculum may help to decrease rape incidence and for better management of victims.

Key Words: Rape; Myth; Attitude; Gender; Residence; Medical students

Introduction:

Violence against women takes many forms – physical, sexual, psychological and economic.[1-3] These forms of violence are interrelated and affect women from before birth to old age. Women who experience violence suffer a range of health problems and their ability to participate in public life is diminished. Violence against women harms families and communities across generations and reinforces other violence prevalent in society.[3] Statistics on rape and sexual assaults are commonly available in developed countries and are becoming more common throughout the world. Inconsistent definitions of rape, different rates of reporting, recording, prosecution and conviction for rape create controversial statistical disparities, and lead to accusations that many rape statistics are unreliable or misleading.

A total of 2,44,270 incidents of crime against women (both under Indian Penal Code – IPC and Special & Local Laws – SLL) were reported in the India during the year 2012 as compared to 2,28,650 in the year 2011 recording an increase of 6.4% and by 24.7% in the year 2008 . Total 24,923 rape cases reported during year 2012 compared to 21,467 in the year 2008 recording an increase of above 9%.[4] Gujarat state reported 473 rape cases during year 2012 with 1.66% crime rate compare to 4.26% for India.[5]

Rape myths were originally defined by Burt[6] as "prejudicial, stereotype, or false beliefs about rape, rape victims, and rapists" which was further described by Lonsway and Fitzgerald[7] as "attitudes and beliefs that are generally false yet widely and persistently held and that serve to deny and justify male sexual aggression against women". Researchers have demonstrated that the acceptance of rape myths not only indicates problematic attitudes, but is also an explanatory predictor in the actual perpetration of sexual violence.[8, 9]

Rape myths encompass a set of (false) beliefs about rape that places the blame on the victim and not the perpetrator. Following are some of the commonly held myths and misconceptions[10]: (1) rape is a crime of uncontrollable male sexual drive, (2) rapists can be easily identified by their appearance and behavior, (3) some girls encourage rape just by the way they dress, (4) no one can be raped against her will, (5) most women are sexually assaulted by strangers, (6) women frequently "cry rape" falsely for reasons of revenge, pregnancy or to protect their reputation, (7) most sexual assaults occur in isolated places, and (8) a rape survivor will be battered, bruised and hysterical.

Primary care medical populations are an important locus from which crime victims could be identified and their treatment options considered.[11] Rape myths and misconceptions among health care providers if present have a negative influence on proper, acute and follow up care of victims. Most of the studies have focused on the degree to which an individual ascribes to rape myths and have mainly included college-aged participants but limited and inconsistent research exists regarding attitudes towards rape and acceptance of rape myths with respect to sex and domiciliary status of survey participants.[12] Present study was conducted considering the above facts, with objective to assess the prevailing attitudes on rape myths among the medical students of P D U Government Medical College, Rajkot, Gujarat, India.

Material and Methods:

The present study was conducted among medical students of 1st, 2nd and 3rd year of MBBS studying at P D U Government Medical College, Rajkot, India. All medical students were invited to participate in the study. About 380 medical students currently studying in MBBS in P D U Medical College, Rajkot and 346 has participated in the study with 91.1% response rate. The students were assured about confidentiality of information and informed consent was taken for participation following a brief about the nature and potential value of the study. Modified Prasad`s socio-economic classification was used to determine the different socio-economic classes of the study participants.[13] Despite the convenience sampling procedure employed, attempt was made to secure a sampling procedure as unbiased as possible and to have in the data as much variability of the variable "place of permanent residence" as possible.[14] Therefore, details regarding student`s place of permanent residence was collected, asking for their family`s permanent residence. This was done in an effort to clarify that the student`s place of study should not be confused with their place of permanent residence. Ethical clearance was taken from the Institutional Ethical Committee to conduct the present study. The data was collected from January, 2013 to June, 2013.

The Updated Illinois Rape Myth Acceptance Scale (IRMA)[10, 15-17] is arguably the most reliable and psychometrically demonstrated rape myth scale to date. A previously validated 21 item self administered anonymous questionnaire with addition of one extra question, was used to collect data. The questionnaire was in English and also included basic demographic data like age, sex, residential and socio-economic status. The responses to the questions were on a five point Likert scale, from 'strongly agree' to 'strongly disagree' interposed with an 'uncertain' column. The validity of questionnaire used in current study was discussed with a forensic expert and it was agreed upon to retain all the items. The reliability was subjected to Cronbach`s alpha coefficient test which gave a score of 0.834.

The appropriate response for a positive attitude would be, strongly agree=1, agree=2, disagree=4, strongly disagree=5 and uncertain=0 (except for items 1, 9, 19, and 21 which consisted of strongly agree=5, agree=4, disagree=2, strongly disagree=1 and uncertain=0). A score of < 49 was considered as possessing, more negative attitude, > 50 to 64 as a satisfactory positive attitude, while > 65 as more positive attitude towards rape, respectively. Theoretically a score of 110 was the maximum possible, since there were 22 items. The 'uncertain' response was deliberately awarded a score of zero instead of 3, since otherwise any person simply making 'uncertain' for all the items would theoretically score a total of 63, which would otherwise suggest that, they have a better attitude.[10]

All data were carefully cleaned and double-spot checked for accuracy. The data was then entered and analyzed in Epi Info version 3.5.1 (CDC, Atlanta) software.[18] The descriptive statistics and the difference between the two given groups were analyzed by using chi square test and Fisher`s exact test, whichever applicable.

Results

Table 1: Demographic details of medical students participated in the rape myth acceptance study

Category	Age in years Mean + SD	Number of participants		
		Urban*	Rural	Total
Male	19.68 + 1.47	145 (84.3)	27 (15.7)	172 (49.7)
Female	19.08 + 1.36	160 (92.0)	14 (8.0)	174 (50.3)
Total	19.38 + 1.45	305 (88.15)	41 (11.85)	346 (100.0)
* p=0.02				

Total 346 students participated in the present study. The age range of medical students was 17 to 23 years. The mean + SD for male was 19.68 + 1.47 and for female 19.08 + 1.36, and for total study population 19.38 + 1.45 (Table 1). There was no significant difference between male and female with regard to age but significant numbers of participants were from urban area (p=0.02).

Table 2: Rape attitude score of medical student`s for demographic variables

Variable	Rape attitude score (%)			Total (n=346)
	< 49 (negative)	50 – 64 (satisfactory)	> 65 (positive)	
Score wise students	79 (22.8)	185 (53.5)	82 (23.7)	346
Gender				
Male	43 (25.0)	87 (50.6)	42 (24.4)	172
Female	36 (20.7)	98 (56.3)	40 (23.0)	174
Residential status				
Urban	68 (22.3)	163 (53.4)	74 (24.3)	305
Rural	11 (26.8)	22 (53.6)	8 (19.5)	41
Socio-economic class				
Upper	55 (23.0)	125 (52.3)	59 (24.5)	239
Middle & Lower	24 (22.4)	60 (56.1)	23 (21.5)	107

Scoring system about rape attitude score showed 50.6% of male and 56.3% of female had a satisfactory positive attitude (score of 50 to 64) towards rape (Table 2). Similarly, 53.4% of urban resident students and 53.6% of rural resident students had a satisfactory positive attitude towards rape. Nearly one fourth of men (24.4%) and female (23.0%); 24.3% urban resident students and 19.5% rural resident students had very good positive attitude score. More negative attitude was reported among 1/4th male and 1/5th female; 22.3% urban resident students and 26.8% rural resident students. There was no significant association found for sex or residential status and attitude score.

Table 3: Sex wise distribution of medical student`s attitude towards rape myth acceptance

Sr. no.	Question	Agree		Disagree		P value	CI
		Male	Female	Male	Female		
1	A woman can be raped against her will	48.8	64.4	45.9	35.1	*0.01*	1.11-2.67
2	A woman should be responsible for preventing her own rape	43	43.7	36	37.9	0.88	0.64-1.66
3	A raped women is a less desirable woman	18.6	26.4	61.6	57.5	0.11	0.38-1.11
4	Most women secretly desire to be raped	11.6	6.9	75.6	85.1	0.09	0.89-4.03
5	Most charges of rape are unfounded	62.8	67.9	22.1	17.2	0.31	0.43-1.30
6	In order to protect men it should be difficult for a woman to prove rape has occurred	46.5	52.9	39	32.2	0.17	0.45-1.15
7	Rape is a male exercise in power over women	29.7	57.5	58.1	33.3	*0.00*	0.18-0.47
8	During a rape a woman should do everything she can to resist	85.5	89.1	9.9	8.6	0.63	0.40-1.73
9	Men raping a female child should be punished to death	88.4	91.4	8.1	6.9	0.62	0.54-2.72
10	The reason most rapists commit rape is for sex	71.5	60.9	13.4	15.1	0.26	0.76-2.59
11	A woman should feel guilty following a rape	33.7	27	54.7	62.6	0.13	0.89-2.29
12	A woman cannot be raped by someone she previously knew or had sex with	15.7	14.4	68.6	64.4	0.93	0.56-1.87
13	A woman cannot be raped by her husband	30.8	29.9	57.6	59.8	0.77	0.66-1.71
14	Most rapes are carried out by strangers	39	45.4	40.7	34.5	0.18	0.45-1.16
15	Most rapes involves violence and physical injury	80.2	83.3	11	9.8	0.64	0.42-1.70
16	When a woman says 'no' she really means 'yes'	11	8.6	65.1	74.1	0.30	0.70-3.00
17	Rape happens when women go out alone at night or in unsafe places	65.1	59.8	21.5	25.9	0.29	0.78-2.18
18	A rape victim will be hysterical, shaky and distraught	44.2	43.1	19.2	21.3	0.65	0.64-2.00
19	Men cannot be raped	18.6	31	65.1	43.7	*0.00*	1.47-4.20
20	Rapists are emotionally disturbed and not responsible for their actions	20.3	14.9	67.4	70.1	0.22	0.80-2.49
21	Majority of rape cases are not reported to police because of family pride	89	90.2	5.8	6.3	0.87	0.38-2.26
22	Current punishment '7 year imprisonment' is enough for criminal of rape	13.4	8	83.7	86.8	0.12	0.85-3.47

The responses 'strongly agree' were clubbed with 'agree' while 'strongly disagree' with that of 'disagree' (Table 3, 4, 5) for statistical analysis. The data of 'uncertain' are not included in the table and in analysis. The responses of male differed significantly from female towards rape attitude with respect to following three questions out of 22 questions (Table 3); question no. (1) a woman can be raped against her will (p=0.01), (7) rape is a male exercise in power over women (p=0.00), (19) men cannot be raped (p=0.00).

Table 4: Residential status wise distribution of medical student`s attitude towards rape myth acceptance

Sr. no.	Question	Agree		Disagree		P value	CI
		Urban	Rural	Urban	Rural		
1	A woman can be raped against her will	55.74	63.41	41.97	29.27	0.18	0.29-1.26
2	A woman should be responsible for preventing her own rape	42.62	48.78	37.38	34.15	0.54	0.38-1.65
3	A raped women is a less desirable woman	22.95	19.51	58.69	65.85	0.51	0.57-3.04
4	Most women secretly desire to be raped	9.18	9.76	80.98	75.61	0.94	0.28-2.57
5	Most charges of rape are unfounded	66.56	43.90	18.36	29.27	*0.02*	1.09-5.31
6	In order to protect men it should be difficult for a woman to prove rape has occurred	49.51	51.22	34.75	41.46	0.68	0.58-2.28
7	Rape is a male exercise in power over women	44.59	36.59	44.26	56.10	0.21	0.77-3.08
8	During a rape a woman should do everything she can to resist	89.18	73.17	7.54	21.95	*0.00*	1.5-8.36
9	Men raping a female child should be punished to death	91.15	95.12	7.21	9.76	0.88	0.42-3.95
10	The reason most rapists commit rape is for sex	68.20	51.22	14.10	19.51	0.16	0.76-4.43
11	A woman should feel guilty following a rape	28.20	46.34	60.66	43.90	*0.01*	0.22-0.88
12	A woman cannot be raped by someone she previously knew or had sex with	14.43	19.51	69.18	46.34	0.11	0.20-1.20
13	A woman cannot be raped by her husband	29.18	39.02	59.34	53.66	0.26	0.33-1.35
14	Most rapes are carried out by strangers	42.95	36.59	37.38	39.02	0.59	0.58-2.58
15	Most rapes involves violence and physical injury	82.62	75.61	10.16	12.20	0.60	0.47-3.62
16	When a woman says 'no' she really means 'yes'	10.16	7.32	70.16	65.85	0.90	0.37-4.55
17	Rape happens when women go out alone at night or in unsafe places	62.30	63.41	23.61	24.39	0.97	0.46-2.21
18	A rape victim will be hysterical, shaky and distraught	44.59	36.59	20.00	21.95	0.51	0.55-3.22
19	Men cannot be raped	24.59	26.83	52.79	65.85	0.72	0.53-2.42
20	Rapists are emotionally disturbed and not responsible for their actions	16.07	29.27	70.49	56.10	*0.03*	0.20-0.93
21	Majority of rape cases are not reported to police because of family pride	89.51	90.24	6.56	2.44	0.51	0.04-2.83
22	Current punishment '7 year imprisonment' is enough for criminal of rape	10.49	12.20	85.25	85.37	0.77	0.31-2.35

Residence wise responses of urban students were significantly different from rural students for following four questions (Table 4); question no. (5) most charges of rape are unfounded (p=0.02), (8) during a rape, a woman should do everything she can to resist (p=0.00), (11) a woman should feel guilty following a rape (p=0.01), (20) rapists are emotionally disturbed and not responsible for their actions (p=0.03). The response of upper social class students was significantly different from middle and lower social class

students for following two questions (Table 5); question no. (4) most women secretly desire to be raped (p=0.00), and (12) a woman cannot be raped by someone she previously knew or had sex with (p=0.04).

Table 5 Socio-economic status wise distribution of medical student's attitude towards rape myth acceptance

Sr. no.	Question	Agree		Disagree		P value	CI
		Upper	Middle & Lower	Upper	Middle & Lower		
1	A woman can be raped against her will	55.65	58.88	41.42	38.32	0.57	0.71-1.83
2	A woman should be responsible for preventing her own rape	41.42	47.66	38.49	33.64	0.29	0.45-1.26
3	A raped women is a less desirable woman	22.18	23.36	56.90	65.42	0.75	0.62-1.90
4	Most women secretly desire to be raped	6.28	15.89	82.85	74.77	*0.00*	0.16-6.74
5	Most charges of rape are unfounded	65.27	60.75	19.25	20.56	0.64	0.63-2.05
6	In order to protect men it should be difficult for a woman to prove rape has occurred	50.21	48.60	34.73	37.38	0.67	0.67-1.83
7	Rape is a male exercise in power over women	46.44	37.38	42.26	53.27	0.07	0.96-2.54
8	During a rape a woman should do everything she can to resist	88.70	84.11	7.53	13.08	0.10	0.87-3.84
9	Men raping a female child should be punished to death	91.21	86.92	7.11	8.41	0.61	0.34-1.87
10	The reason most rapists commit rape is for sex	66.53	65.42	15.90	12.15	0.47	0.38-1.54
11	A woman should feel guilty following a rape	27.20	37.38	61.51	52.34	0.05	0.37-1.02
12	A woman cannot be raped by someone she previously knew or had sex with	12.97	19.63	71.13	56.07	*0.04*	0.27-0.97
13	A woman cannot be raped by her husband	28.45	34.58	60.67	54.21	0.23	0.44-1.21
14	Most rapes are carried out by strangers	41.84	42.99	36.82	38.32	0.88	0.62-1.72
15	Most rapes involves violence and physical injury	80.75	84.11	10.04	11.21	0.85	0.51-2.24
16	When a woman says 'no' she really means 'yes'	8.79	12.15	71.13	66.36	0.29	0.32-1.42
17	Rape happens when women go out alone at night or in unsafe places	60.67	66.36	23.01	25.23	0.99	0.58-1.72
18	A rape victim will be hysterical, shaky and distraught	44.35	42.06	20.50	19.63	0.97	0.54-1.87
19	Men cannot be raped	25.94	22.43	50.21	63.55	0.97	0.56-1.80
20	Rapists are emotionally disturbed and not responsible for their actions	15.06	23.36	71.13	63.55	0.06	0.32-1.03
21	Majority of rape cases are not reported to police because of family pride	91.21	85.98	5.86	6.54	0.72	0.32-2.15
22	Current punishment '7 year imprisonment' is enough for criminal of rape	9.62	13.08	87.03	81.31	0.29	0.33-1.39

Current punishment '7 year imprisonment' is not enough for criminal of rape and 45.9% students suggested death penalty (table 6), followed by life imprisonment (29.8%), chemical castration (19.1%) and few others (5.2%) like, hanging in public place, death penalty within seven days after proving crime, 10 year imprisonment, male should be taught to respect females, as a punishment. On asking for policy change against rapist, 81.7% students suggested strengthening of laws with more stringent punishment followed by high priority for teaching about rape and its prevention (57.6%), measures towards women empowerment (37.6%), improvements in the databases on rape incidence (26.8%), and interventions and research on aforementioned approaches (11.9%).

Table 6: Distribution of medical students as per suggested change in punishment for rape

Sr. No.	Suggested change	Those disagree with current system (%)	Those agree with current system (%)	Total (%)
1	Life Imprisonment	88 (28.5)	15 (40.6)	103 (29.8)
2	Death penalty	150 (48.5)	9 (24.3)	159 (45.9)
3	Chemical castration	57 (18.5)	9 (24.3)	66 (19.1)
4	Other	14 (4.5)	4 (10.8)	18 (5.20)
Total		309	37	346

Discussion

The present study was conducted to determine the medical college students` level of rape myths by comparing with demographic factors. Violence against women is a significant public health problem, which impacts women, men and children.[10] Rape myths are a specific set of attitudes and beliefs that may contribute to ongoing sexual violence by shifting blame for sexual assault from perpetrators to victims.[19] Rape victims may seek legal, medical, and mental health assistance, but the literature indicates that many survivors denied help, often leaving them with negative experiences, which have been appropriately termed as 'the second rape' or 'secondary victimization'.[20]

Educating young adolescents about the nature of rape and the rights and roles of women are logical points of intervention to decrease acceptance of rape myths that target the victim. As a prelude to educate our health personnel the appropriate early step would be to remove any existing myths and misconceptions about rape.[10] With this respect, the present study directed on the prevalent attitude among the medical students with focus on gender, domiciliary and socio-economic status.

One of the important finding reported in present study was 23.7% of the study population had a more positive attitude towards rape, higher than reported previously (20%) in Malaysia.[10] The possible explanation for such finding is, with a good educational background one can imagine about the situation among the less educated and illiterates, since there is evidence that younger and better educated people reveal less pro-violence attitudes and less rape myth acceptance.[6,10]

Present study reported 56.3% female either possessed satisfactory or more positive (23.0%) attitude than male students (50.6% satisfactory and 24.4% more positive attitude). The present study findings are in agreement with previous studies [10, 17], but many other studies have reported male having more acceptances of rape myths than female.[14,16,21-24] Study has reported that female police officers evaluated the rape victim more favorably than male officers, which is an indirect, supporting evidence for the present study, regarding the gender difference.[25] This is further supported by the finding that men were more tolerant of rape, more likely to attribute blame for rape, to the victim, and less negative in their views of rapists than women were.[22] It is presently not possible to hypothesize for the significantly more positive rape attitude carried by women. But the fact that men carry more negative attitude calls for specialized, targeted, educational interventions.[10]

It has been suggested that gender and gender attendance at a rape prevention workshop may impact rape myth acceptance, as men and individuals who have not been exposed to rape awareness information disagree less strongly with rape myth

statements than women and individuals who have been exposed to rape awareness information[19], but at present it cannot be described to what extent an approach involving education would be effective.

Medical students residing in urban area reported 53.4% - satisfactory and 24.3% - more positive attitude. Almost similar findings reported among students residing in rural area, 53.6% - satisfactory and 19.5% - more positive attitude. Present study did not reported any significant relation of rape myth with residential status like other study[10], but several other studies reported that students from rural areas were more conservative with respect to attitudes of accountability for rape, than the urban area students.[7,14,26,27] This may be because of in general people belonging to rural background are more likely to tolerate sexual violence and carry more rape myths.[10] It is interesting to note that rape is not significantly related to residents of urban or rural area[28], but the volume of myths they carry may differ as evidenced by other study.[10]

Probably for the first time, rape attitude of medical students was also assessed as per their socio-economic status of the family. Satisfactory attitude (52.3%) and more positive attitude (24.5%) towards rape myth acceptance is observed among urban resident students, compare to 56.1% - satisfactory and 21.5% - more positive attitude among rural resident students. There was no significant association reported with urban or rural residential status of medical students regarding rape myth acceptance.

Current imprisonment of 7 years for rape is not sufficient believed by majority students (75.7 %) and suggested death penalty (45.9%) and life imprisonment (29.8%) for the rapist. The students believe that the current level of punishment is not sufficient and should be increased or changed, so that the future incidence of rape can be minimized. Policy change responses includes, 81.7% students suggested strengthening of laws with more stringent punishment followed by high priority for teaching about rape and its prevention (57.6%), measures towards women empowerment (37.6%), improvements in the databases on rape incidence (26.8%), and interventions and research on aforementioned approaches (11.9%). Similar responses were reported by previous studies.[10, 29] In the current scenario, it has been rightly pointed out that education is the most favored approach to reduce sex related violence in the community, followed by increased punishment of the offender.[20]

For traumatized crime victims, physician`s plays important role to provide assistance to them.[30] The international medical advisory panel of the 'Planned Parenthood Foundation' recommends that healthcare professionals should provide advocacy, alongside increasing their awareness of sexual violence and their skills in managing victims, providing support and care for the victims, and implementing preventive actions.[31] Young adolescents educated about the nature of rape and the rights and roles of women are logical points of intervention to decrease acceptance of rape myths that target the victim.[32]

The medical curriculum should include education on gender violence with introduction of courses on 'sexual violence' to increase i) their awareness, ii) skills in managing victims, iii) in providing support and care for the victims, iv) in implementing preventive actions[17]; if they will be implemented it may lead to decrease in the incidence of rape and better management of victims.[33]

Limitations

The study has some limitations which may affect the applicability of the findings in other situations like, the study was undertaken on a convenient sample hence bias due to non-randomization effect may occur; the study participants were from one medical college only and involving students from other scientific streams and general citizens may have different rape myth acceptance; influential parameters like culture, religion, and ethnic status were not considered because of sensitiveness and potential embarrassment to the participants; findings from studies conducted in developing country may not be directly applicable to other developing countries and also to developed countries because of different ways in which rape may be viewed and punished.

Conclusion

The present study provides insight to the prevalence of rape myths attitude among medical students. Introduction of education on gender violence with introduction of courses on 'sexual violence' in medical curriculum may help to decrease rape incidence and better management of victims.

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