

Victimization and the Feminine: A Study of Female Vulnerability

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I. Introduction

1.1: AN OVERVIEW

Sex education is the instruction of issues relating to human sexuality, including emotional relations and responsibilities, human sexual anatomy, sexual activity, sexual reproduction, age of consent, reproductive health, reproductive rights, safe sex, birth control and sexual abstinence. Sex education that covers all of these aspects is known as comprehensive sex education. Common avenues for sex education are parents or caregivers, formal school programs, and public health campaigns. Traditionally; adolescents in many cultures were not given any information on sexual matters, with the discussion of these issues being considered taboo. Such instruction, as was given, was traditionally left to a child's parents, and often this was put off until just before a child's marriage.

But India had a rich past in matters of sex and sex education. It would be very astonishing for one to know that the matter which is great taboo in the country was once a quite usual and common topic of discussion in ancient India. Not only the great monuments of ancient India but also the prehistoric scriptures openly discussed about sex and related aspects. Abundant sexual knowledge was given to the adolescents and they were capable enough to decide rights and wrongs of their sexual actions.

Sadly the scenario is not such now. The importance of sex education is not realized in modern India due to the unawareness and the stigma attaches to sex. India has the largest adolescent population (243 million with more than 50% of the adolescent population living in urban areas). These figures indicate the importance of specifically addressing the healthcare needs of this considerable demographic, particularly for the developing countries such as India. Recent literature suggests that at this time they are highly likely to experiment and engage in the types of risky behaviors that have the potential to influence the quality of health and probability of survival in both short- and long-term over their lifetime. Unawareness of sex related aspects not only makes a person prone of committing crimes but also leads to easy victimization of the person. Therefore, meeting the needs of such a vulnerable group and overcoming existing shortcomings in the delivery of tailored primary preventative measures would significantly improve the survival and general health conditions, nutritional status, and sexual and reproductive health of the future Indian adult population. This encompasses issues such as early pregnancy, unsafe abortions, STIs including HIV, and sexual abuse and violence. The existence of strong stigma and controversy handicaps adolescent health programs, with them being incomprehensive and failing to fully address the main health issues adolescents are vulnerable to. These include several negative sexual and reproductive health outcomes, such as early and closely spaced pregnancy, unsafe abortions, sexually transmitted infection (STI), HIV/AIDS, and sexual violence, the rates of which are already increasing at a disturbing rate.

1.2: SEX IN LITERATURE, ART AND CULTURE (a brief history).

Sex and sex education were discussed in ancient times openly which could be known from the bygone literature. Such texts include Kamsutram or Kamshastram written by Maharishi Vatsyayan in between 400 BCE and 300 BCE as claimed by the historians. The book discusses various aspects of Dharma (Righteousness), Artha (Wealth), and Moksh (Liberation) and special focus is upon Kama (Desire). Sanskrit literature too talks about ethics of sex and its pros and cons in Suka Saptati. Sukasaptati, or Seventy tales of the parrot, is a collection of stories originally written in Sanskrit. The stories are narrated to a woman by a parrot, at the rate of one story every night, in order keep her engaged and do not let her going out to meet her paramour when her husband is away. The stories deal with illicit sexual or emotional relations, the problems created from them and the way to escape those crises using one's wits. At the end of the story, the woman's husband returns from his trip and all is absolved. Most of the stories are bawdy and unrestrained, with some related topornographic

contents also. The situations depicted in the stories are related to bounds of marriage, incest and zoophilia. The famous Sanskrit poet Kalidasa also mentioned about sex and has written about erotic content in all his literature. His famous works include Kumarsambhavam, Meghdootam etc which talks of sex in them.

Another famous creation dates back to 11th-12th century is the 'Ratirahasyam' popularly known as the 'Koka Shastra' written by Kokkoka popularly known as the Koka Pundit. It is believed that it was written to please the King Venudutt. As the Kama Sutra, was the ancient sex manual of Hindu literature, Ratirahasyam was written to deal with medieval Indian society. During the medieval age, India became more conservative compared to ancient India, freedom of women decreased, and premarital and extramarital sex escalated. A sex manual was needed that would be suitable for the medieval cultural climate, and Ratirahasya was written, quite different from the ancient text Kama Sutra. The various topics of the manual include different types of genitals, characteristics of women of various ages, hugs, kisses, sexual intercourse and sex positions, sex with a strange woman, etc. He has mentioned about Aphrodisiacs or the love drug and has discussed about nine kinds of sexual intercourse based on the size of genitals.

Anangranga(stage of love) or Kamaledhipallava(boat in the sea of love) written by Kalyan Malla in honor of Lad Khan, son of Ahmad Khan Lodi of the Lodi dynasty during the 15th-16th century, the Nagarasarvasva, the Kandarpachudmani, the Panchasayaka etc are other sex manual that could be traced in the history.

Monuments containing sexual and erotic sculptures include the Khajuraho group of monuments, Konark Sun Temple, Caves of Ajanta and Ellora and many more. Khajuraho group of monuments are located in Chattarpur, Madhya Pradesh and is included in one of the World Heritage Site. The construction of these temples started during the period of rule of Chandela dynasty. They include temples dedicated to different Gods and Goddesses of Hindu and Jain religion. Khandariya Mahadev temple dedicated to the Hindu God Shiva is one of the most prominent one among them. Konark Temple in Bhubaneswar is dedicated to Lord Surya and is as well listed under the World Heritage site. This ruined temple which has been attacked by many invaders is popularly known for its astounding architecture with reference to Sun God and moreover known for its erotic rock cuts describing diversities of sexualities. Similar to them are the caves of Ajanta and Ellora portraying assorted representations on sex and sexuality.

A big question rises here is why these temples did bear sexual content as rock carvings upon them. Several possible explanations are given by the historians and experts to answer the question. Out of the many reasons one tells that sex is a symbol of lust and desire and to meet God one must keep the desire of sex out of the temple. Thus, the sexual and erotic carving were outside the temples and inside the sanctum sanctorum the deity was placed signifying that men and women willing to meet God leaves their sexual desire outside and only enters the temple with a pure heart to worship the deity and develop a spiritual contact with the Almighty. Another plausible explanation given is that these temples were made during that era when Buddhism and Buddhist ideologies were on the surge which stated- "Any kind of desire in humans is sole reason for their suffering and agony. One must leave all the desires to attain ultimate felicity."

Following these principles people started to give up their sexual lives and became celibate in order to hunt for truth. This movement led in the sudden decline of Hinduism which made the Hindu priests and acolytes worry about the religion and decline of the population of humankind. As a result temples were made in such a fashion that contained erotic content to allure people for sexual activities. Temples were chosen to serve the purpose because it was the most visited place. Along with such advancements in sex related matters, several myths were also widespread in the society. Bestiality and zoophilia were very common in the society.

But late in history, sex became a taboo in the Indian society. Historians and experts give variety of reasons for this incompatibility to talk about sex openly. Reasons given to this is that after the Vedic period the liberalism in the culture began to get strict involving multiple complex rituals. It was believed that sex and intercourse could deviate people from the path of the divine so it was then kept within the boundaries and open discussions could have possibly stopped. One of the most accepted reasons could be the Islamic invasions in India at the end of 11th century and the beginning of 12th century leading to great damage in the culture of India. Molestations and sexual abuses became normal due to the invasions. Thus, the open talks and discussions in the society slowed down and finally reached to a phase when it began to be considered as taboo in the society.

1.3: DIVERSITIES IN SEXUALITY

There has been a lot of controversy in modern times related to homosexuality. Homosexuality or act of sexual intercourse between the same sexes whether be consensual or non consensual was listed as a crime under Section 377 of the Indian Penal Code prior to September 6, 2018. After the ruling given by the Supreme Court which stated, "Consensual sex between two adults cannot be a crime" and opined the prior law irrational, arbitrary and incomprehensible.

There have been a lot of discussions and debate over the morality of such sexual relationship in Indian society and it was opined to be a western concept not originating from India. Contrarily, the concept of homosexuality and the queer gender has been discussed very openly in the ancient India.

The Kama sutra includes verses describing homosexual relations such as oral sex between two men, as well as between two women. The text states that there are two sorts of "third nature"; one where a man behaves like a woman, and other, a woman. Gays and lesbians have been vaguely described as 'kliba' and 'svarini' in the text. There is also emphasis laid upon bisexual relationship, group sex and the concept of sadomasochism has also been discussed.

Not only the homosexuals but the transgender are discussed in abundance in all ancient literature including Mahabharata, Puranas and other important texts. Ramayana mentions about the story of King Dilip who had two wives but he died without leaving any heir. This was matter of great concern at that time but the story says that Lord Shiva appeared in their dream and asked the widow queens to make love. Shiva's instructions were followed resulting in the birth of Bhagiratha, the great king known for bringing Ganges down to earth from heaven. Mahabharata too mentions about Shikhandini, the daughter of Drupada, who lived like a hermaphrodite. Although there has been no clear line of distinction between homosexuals and transgender and at several places they have been considered as one but reflection of both the concepts could be traced.

Sushruta Samhita, subscribe to the Tantric belief that when a man and woman have sex, the gender and sexuality depends upon the proportion of the male seed and female seed. If the male seed is stronger than heterosexual men are born; when the female seed is stronger, then heterosexual females are born. When both seeds are equally strong, the child becomes queer (kliba, napunsaka, kinnara). Sanskrit texts on astrology, architecture and music all refer to three genders: male, female and queer making the condition as physiological and not pathological. Thus India had a very diverse, generally liberal, range of attitudes towards all kinds of sex, including homosexuality, with warnings about addiction, attachment and obsession.

The American Psychiatric Association listed homosexuality in the DSM-I in 1952, but almost immediately that classification came under scrutiny in research as a result of the which, the American Psychiatric Association removed homosexuality from the DSM-II in 1973. In 1993, the National Association of Social Workers adopted the same position as the American Psychiatric Association and the American Psychological Association, in recognition of scientific evidence. The World Health Organization, which listed homosexuality in the ICD-9 in 1977, removed homosexuality from the ICD-10 which was endorsed by the 43rd World Health Assembly on May 17, 1990.

Despite of having such rich and liberal history of homosexuality today the modern India sees the homosexuals as criminals and homosexuality as an act of crime. In 2009 when homosexuality was decriminalized many gathered courage to come out with their sexuality but after its decriminalization again in 2013 rates of sexual crime against the queers increased blackmailing them for forced sexual intercourse. The verdict of September 2018 although has been capable of restoring the fundamental rights of LGBT citizens of India but yet the lack of sex education and correct knowledge of homosexuality makes it a taboo in India society and unacceptable among many communities of India.

1.4: SEXUAL HEALTH

Health is a very important aspect of sex education. Sexual health include topics such as sexual hygiene, spread and source of diseases, safe sex, menstrual hygiene, pregnancy, abortion and other secondary sexual practices including masturbation. At the time of adolescence, teenagers do not have appropriate knowledge regarding these things and out curiosity they attempt various unsafe and unhygienic practices leading to diseases and various other health related problems.

If we talk of diseases, AIDS being one of the most common sexually transmitted disease. Of the many theories and myths about the origin of HIV, the most likely explanation is that HIV was introduced to humans from monkeys. The researchers claim that the virus crossed over from monkeys to humans when hunters were exposed to infected blood. Monkeys carry a virus similar to HIV, known as SIV (Simian Immunodeficiency Virus), and there is strong evidence that HIV and SIV are closely related. HIV is spread mainly by unprotected sex, contaminated blood transfusions, hypodermic needles, and from mother to child during pregnancy, delivery, or breastfeeding. Some bodily fluids, such as saliva and tears, do not transmit HIV. There are various methods for the prevention which include safe sex, needle exchange programs, treating those who are infected, pre- and post-exposure prophylaxis, and male circumcision. Disease in a baby can often be prevented by giving both the mother and child antiretroviral medication.

Other health issues include unsafe sex leading to unwanted pregnancy or spread of STDs. Teenage pregnancy is also observed due to lack of proper knowledge of contraceptives. Such pregnancies among teenagers are a result of curiosity. Many suicide cases have been seen because of unwanted teenage pregnancy. Apart from that, during teenage the female body is not fully prepared to have children and such cases may lead to complications and even death of the mother.

Due to the myths involved in usage of condoms that they may reduce the sexual pleasure, people do not use them and rely upon withdrawal at the time of ejaculation which may again have chances of such unwanted pregnancies. Such myths are not only among illiterate people but these are also the thinking of well educated ones specially the teenagers with curiosity.

Menstrual cycle is another issue in a religious country like India where women due to their menstruation are barred from several places and ceremonies. But it was not the same in the past when the menstruation (menarche) was a matter of celebration. Such customs are yet seen in some parts of India called as the Ritu Kala Samskaram. Because of the misbeliefs involved in menstruation and lack of proper knowledge on menstrual hygiene, many infections and deaths are even reported. Such cases have reduced due to continuous awareness programs on menstrual hygiene and usage of sanitary pads, yet girls and women of many parts of India are yet unaware of such knowledge and lack such resources.

Masturbation is one of the most controversial topics of discussion again involving fabrication in it. Many people believe that it is an unhealthy practice and should not be done while others practice it on a regular basis but people especially teenagers are rarely aware of correct knowledge on it. It becomes an unhealthy practice only when a person gets addicted to it and does it even without requirement.

1.5: SEX AND SEXUAL CRIMES

The sexual offences are classified into various categories-

1. Sexual crime of natural order

- **Rape-** It is defined in section 375 of the Indian Penal Code. It states-
“A man is said to commit "rape" if he—
 - a. penetrates his penis, to any extent, into the vagina, mouth, urethra or anus of a woman or makes her to do so with him or any other person; or
 - b. inserts, to any extent, any object or a part of the body, not being the penis, into the vagina, the urethra or anus of a woman or makes her to do so with him or any other person; or
 - c. manipulates any part of the body of a woman so as to cause penetration into the vagina, urethra, anus or any ~ of body of such woman or makes her to do so with him or any other person; or
 - d. applies his mouth to the vagina, anus, urethra of a woman or makes her to do so with him or any other person, under the circumstances falling under any of the following seven descriptions:— First.—Against her will. Secondly.—without her consent
- **Adultery-** It is defined in SECTION 497 of Indian Penal Code. It states- “Whoever has sexual intercourse with a person who is and whom he knows or has reason to believe to be the wife of another man, without the consent or connivance of that man, such sexual intercourse not amounting to the offence of rape, is guilty of the offence of **adultery.**”
- **Incest-** Sexual relation with close relatives.

2. Sexual crimes of unnatural order

- **Sodomy-** anal sex
- **Bestiality-** sexual relation with animals

Both are mentioned in the SECTION 377 of Indian Penal Code. It states- “Whoever voluntarily has carnal intercourse against the order of nature with any man, woman or animal, shall be punished with 1[imprisonment for life], or with imprisonment of either description for a term which may extend to ten years, and shall also be liable to fine.”

3. Sexual perversions

- **Sadism-** Sexual pleasure is derived from inflicting pain to the partner.
- **Masochism-** Sexual pleasure derived from taking pain.
- **Exhibitionism-** Exposing sexual parts in public.
- **Frotteurism-** Compulsion to rub genitalia against other.
- **Fetishism-** Sexual gratification associated with contact or sight of female part, clothing or articles.
- **Transvestism-** desire to be identified with the opposite sex.

- **Pyromania**- pleasure derived from seeing fire.
- **Uranism**- Sexual gratification by fingering, fondling, fellatio, cunnilingus etc.
- **Voyeurism**- Mentioned in IPC-345-C; act of watching people engaged in sex.
- **Uralagnia**- Sexual excitement by sight or odour of urine.
- **Pedophilia**- sexual abuse of a child.
- **Masturbation** - Self excitation of genetilia.
- **Necrophilia** - Sexual intercourse with dead bodies.

These perversions may not necessarily be crime.

1.6: PROBLEM

Research of similar nature was done by many people but there could be no such research/ study traced for Ranchi moreover no such research is known where awareness of sex could be related victimization or proneness towards sexuality. It could be seen in the society that the adolescents are unaware of the correct and genuine facts regarding sex. Thus, this study is done to reveal the fact regarding the awareness regarding sex education, proneness towards victimization and proneness towards criminality among the students of Ranchi (age group-16-18 years).

OBJECTIVE/PURPOSE OF THE RESEARCH-

- ❖ To prepare a statistical data upon awareness of sex education in adolescents of Ranchi.
- ❖ There is no sexual awareness through and educational institute.
- ❖ To study the pattern of victimization and proneness towards sexual crimes among different category of students.

HYPOTHESIS-

- ❖ Girls are more prone towards victimization compared to boys.

II. REVIEW OF LITERATURE

1. Research conducted by Daschel, Rebecca, L of University of Wisconsin-Stout, Graduate School upon 'Effectiveness of Sex Education Programs in the Schools' had relevant findings. They concluded, "This paper examined the research of sexual education programs in the schools. It also allowed for a better understanding of what students are being taught and what has shown to be effective. However, there are numerous matters that revolve around the topic. Currently, teenage pregnancies and sexually transmitted diseases are high; however, it is important to understand the education that each teenager receives to better understand the statistics. Abstinence-only and comprehensive sexual education programs are the two main curriculums taught in the schools. There are specific reasons regarding why each program is taught in each school. Furthermore, there are a variety of different programs besides the main two that have shown to be effective for those involved. Each school has a different outlook and direction on the subject of sexual education programs; therefore, it is crucial to understand what, where, and why it is being offered."

2. Another similar research was conducted by Niharika Tripathi, T. V. Sekher upon 'Are Youth in India Ready for Sex Education?' which concluded, "We found substantial gap between the proportion of youth who perceived sex education to be important and those who actually received it, revealing considerable unmet need for FLE. Youth who received FLE were relatively more aware about reproductive health issues than their counterparts. Majority among Indian youth, irrespective of their age and sex, favoured introduction of FLE at school level, preferably from standard 8th onwards. The challenge now is to develop culturally-sensitive FLE curriculum acceptable to all sections of society."

3. In a journal published by the Indian Journal of Psychiatry authored by Shajahan Ismail, Ashika Shajahan, Kevan Wylie and others upon the current perspective on 'Adolescent sex education in India' states, "The sexual and reproductive health needs of adolescents in India are currently overlooked or are not understood by the Indian healthcare system. This could be owing to the lack of knowledge of scientific evidence along with the gross unpreparedness of the public health system. Healthcare professionals often lack the knowledge themselves that impacts upon imparting information to the adolescent population who seek it. Often comprehensive sexual histories are not taken, and sexual health is not openly discussed due to cultural and traditional norms in society. Incorrect information has the potential to create misunderstanding in the youth making them less likely to adopt healthy practices and attitudes toward sex enabling them to maintain lifelong sexual health."

It also states the poor condition of sexual awareness in India and objections of various groups regarding sex education.

"Sex education at school level has attracted strong objections and apprehension from all areas of the society, including parents, teachers, and politicians, with its provision banned in six states which include Maharashtra, Gujarat, Rajasthan, Madhya Pradesh, Chhattisgarh, and Karnataka. Some opponents argue that sex education has no place in a country such as India with its rich cultural traditions and ethos. These views lie at the heart of the traditional Indian psyche and will need to be approached tentatively with psychological insight when challenged.

With studies showing that the majority of parents do not accept the responsibility for providing sex education, with 88% of the male and 58% of the female students in colleges in Mumbai reporting that they had received no sex education from parents. They were left to resort to information they gather from books, magazines, youth counselors, and through pornography, with its increasing accessibility in recent times. Those exposed to sexually implicit content on the television and internet is more likely to initiate study of the All India Educational and Vocation Guidance Institute found that among 42% to 52% of young students in India feel that they do not have adequate knowledge about sex. In a recent survey conducted by India Today, a leading news magazine, in 11 Indian cities revealed that almost half of all young people interviewed didn't know enough to protect themselves from HIV/AIDS. Early/premarital sex, which comes with a host of negative implications which they often find themselves unequipped to deal with. This applies to a quarter of India's young people who indulge in premarital sex."

The journal mentions about the condition regarding AIDS and other sexually transmitted diseases as follows-

"More importantly, adolescents in the age group of 15–24 years contribute to a disproportional 31% of AIDS burden in India, despite the whole demographic comprising about 25% of the country's population. According to the last UNAIDS report, there were 2300,000 people of 15 years and above, living with HIV in India, with one youth infected with HIV/AIDS almost every 15 s (Population Foundation of India, 2003). In India, 19% of girls and 35% of boys have comprehensive knowledge of both HIV and AIDS."

Mentioning about sexual violence and abuse among youth it states-

"Prevalence of sexual abuse, violence, and physical abuse are increasing among the adolescence and are increasingly co-occurring with substance abuse. A study on child abuse in India, conducted by the Ministry of Women and Child Development, reports that 53% of boys and 47% of girls surveyed faced some form of sexual abuse. Therefore, FLE (Family life/sex education) might help the vulnerable young population to be aware about their sexual rights and empower them to protect themselves from any undesired act of violence, sexual abuse, and molestation.

Adolescents find themselves at a vulnerable stage of their lives where influences of peer pressure can be conducive to socially unacceptable and perhaps even criminal group behavior. The rapidly emerging rape culture among youth needs to be addressed and stopped at the earliest possible instance."

It mentions about the need of sex education in our country by stating-

"Talking about reproductive and sexual health issues (TARSHI), a NGO in New Delhi argues after review of the material covered in this new curriculum, that it is lacking components that are essential to comprehensive sexuality education.[20] Their critique of the new curriculum stems from the 60,000 + calls they have received on the helpline they run on sexual information. People of all ages call the confidential helpline seeking information about sexual anatomy and physiology, counseling and referrals regarding sexuality and reproductive health issues.

Analysis showed that 70% of the callers were below 30 years of age, while 33% were in the age group of 15–24 years, which indicates that young people do have the need, but lack an adequate authentic source to receive appropriate and correct information in a positive manner."

4. The research on 'Knowledge, Attitude and Perception of Sex Education among School Going Adolescents in Ambala District, Haryana by Randhir Kumar, Anmol Goyal, and Sachin Singh Yadav opines the following-

"The present study was a cross-sectional study conducted in rural and urban areas of district Ambala, Haryana. A total of 743 school- going adolescents studying in classes 9th to 12th in the selected government and private schools situated in different parts of urban and rural areas were included in the study.

Out of 695 adolescents who are in favor of sex education, 600 (86.3%) said sex education can prevent the occurrence of AIDS, whereas 396 (57.0%) removes myth, 373 (53.7%) believe knowledge of sex makes future life easy, 275 (39.5%) thought that protects from other diseases and 102 (13.7%) don't give any reason for sex education.

It was found that majority 680 (91.5%) of adolescents prefers doctors should give them sex education followed by 617 (83.0%) school/teacher and least preference was parents 277 (37.3%). However, in urban adolescents most common preference for sex education was school/teacher i.e., 357(48.0%) and in rural area 347 (46.7%) doctor was the most common preference for getting sex education.

5. In a report to the United Nations Human Right council for the universal right review on the Republic of India on the Lack of Comprehensive Sexuality Education in India by Neha Sood and Prateek Suman, Youth Coalition for Sexual and Reproductive Rights (YCSRR) states, "A study of the All India Educational and Vocation Guidance Institute found that between 42% to 52% of young students in India feel that they do not have adequate knowledge about sex. In a recent survey conducted by India Today, a leading news magazine, in 11 Indian cities revealed that almost half of all young people interviewed didn't know enough to protect themselves from HIV/AIDS."

It concluded by, "It is submitted that India is obliged to provide comprehensive sexuality education in all public and private schools in India and that the denial of such education to children, adolescents and young people generally and the banning of the AEP by state governments specifically is a violation of India's commitments under international law. Arguments on culture, morality or federalism are invalid in this context. Further, the provision of age-appropriate comprehensive education on sexuality and HIV/AIDS can also have important consequences in dealing with child abuse and in reducing the spread of HIV/AIDS."

III. RESEARCH METHODOLOGY

This chapter includes sample and procedure of data collection.

1. SAMPLE

Survey method of sampling was involved to conduct the survey. Stratified sampling was chosen for the purpose. 200 students (100 boys and 100 girls) served as the sample. Their age range was from 16-18 years and their education level was intermediate (11th-12th).

2. TOOLS AND TECHNIQUES INVOLVED

A questionnaire was designed to meet the requirements of the hypothesis. The questionnaire contained total 16 questions regarding different aspects sex education including awareness of body, knowledge regarding sexually transmitted diseases, awareness on sexual health and hygiene, need for sex education and too covered topics of criminality and victimization such as voyeurism, sadism, sexual abuse etc. Their names were not asked to maintain the privacy. As the preliminary data only their age, sex and board of schooling was asked. The students were supposed to tick **yes/no** for the questions asked or were supposed to choose appropriate answer according to them from the choices given.

3. PROCEDURE OF DATA COLLECTION

The questionnaire was distributed among the students and they were supposed to fill the form as per their knowledge and wish. The students were guided not to get their answers influenced from their friends and not to show their responses to others. There was no time limit but it was seen that the students took nearly 15 minutes to complete the questionnaire. Complete privacy was maintained while the data collection. Responses were indicated by putting tick mark on Yes/No or putting tick mark on option of their choice. The questions were divided into 3 categories based upon the hypothesis i.e. General Awareness, proneness towards criminality and proneness towards victimization. All the questions had a score attached to it. Based upon the response given by the subject score from 0 to 2 were given upon each question. Higher the response in each question higher comes out to be the general awareness regarding sex education, proneness towards criminalization and chances of victimization.

IV. OBSERVATION

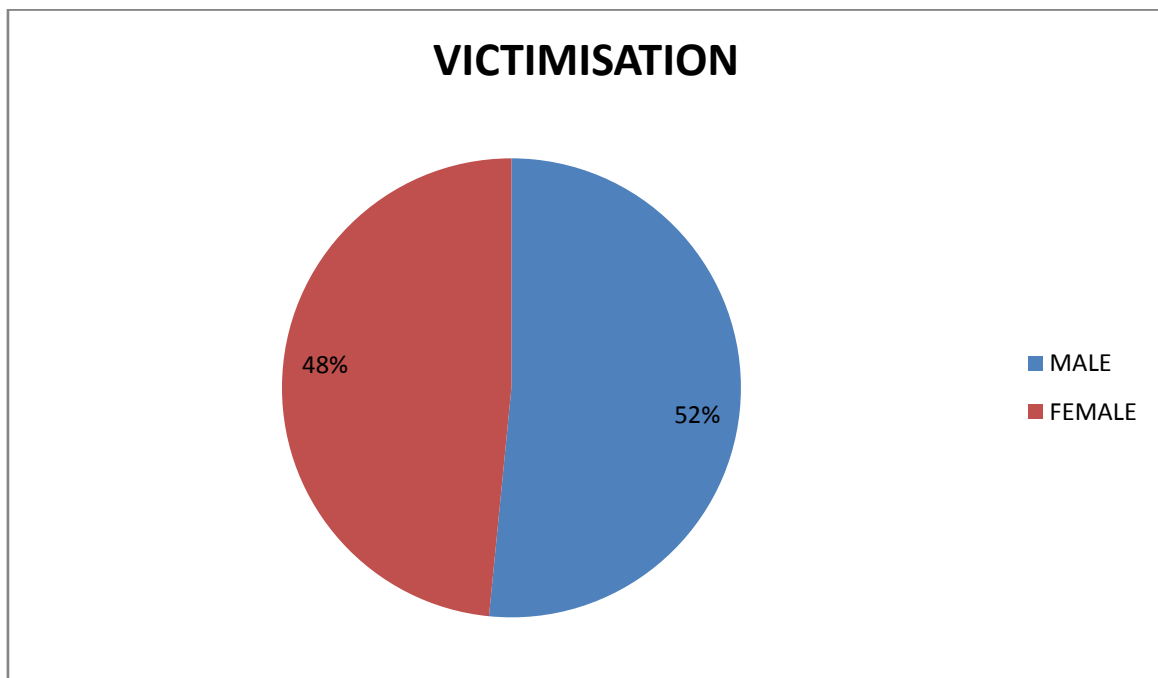


Figure 1: Victimization

V. RESULT AND DISCUSSION

❖ **HYPOTHESIS 2-** Girls are more prone towards victimization compared to boys.

PRONENESS TOWARDS VICTIMISATION	MEAN	STANDARD DEVIATION	T- VALUE	LEVEL OF SIGNIFICANCE
GIRLS	2.42	1.66	0.39	P< 0.05
BOYS	2.54			

*Table value 0.05= 1.64, 0.01= 2.33

Table 4: Proneness towards victimization.

The above table suggests that the Hypothesis 2 is also wrong. Victimization in sexual crimes cannot be only a subject limited to females. As the survey suggests, victimization can be to both male and female irrespective of their gender. The finding could be said to be very relevant as there are multiple cases in which male victimization could be seen. Male rape and sodomy are such crimes which are continuously being neglected and ignored due to the patriarchal belief that males can never be victimized or harassed but sexual crimes are more often to boys and happen with the same ease to them as it happen to girls.

There could be many such case examples of such issues. Two of them were published by 'INDIA TODAY' on 19th August, 2014. It published, "The three inmates, who were accused in rape and loot cases, have been booked for sodomizing a 16-year-old inmate in a protection home here, Assistant Superintendent of the Protection Home AK Soni said on Tuesday. In the other incident, a teacher of a Madrasa was arrested for allegedly sodomizing a 12-year-old student at Nagla Rai village under Jhinhana police station in Shamli district here." These are just two examples but numerous of them can be cited and many of such incidents may remain even unregistered due to the stigma attached to such things and to maintain the patriarchy of the society many people fail to report them out of shame. In many of such crimes the perpetrators are even girls responsible for the sexual abuse.

In addition to that in an article written by Tanya Ranjan on 24th May, 2018 upon

'Male Child Sexual Abuse Remains Ignored in India' states, "In 2007, Ministry of Women and Child Welfare, supported by United Nations Children's Fund, Save the Children and Prayas, conducted a study to understand the magnitude of child abuse in India, they found that 53.22% children faced one or more forms of

sexual abuse; among them, the number of boys abused was 52.94%. This is an appalling statistic for a country that does not consider male rape and sexual abuse, child or otherwise, as an actual crime."

The same is supported by an article published in Scroll.in which has a census data of male victimization. It states, "In looking at child sexual abuse specifically, the Indian government did find in 2007 that, of surveyed children who reported experiencing severe sexual abuse, including rape or sodomy, 57.3% were boys and 42.7% were girls. More recently, the Delhi-based Centre for Civil Society found that approximately 18% of Indian adult men surveyed reported being coerced or forced to have sex. Of those, 16% claimed a female perpetrator and 2% claimed a male perpetrator."

It would be no wonder if we see people asking for laws in favor of protection of males from victimization including violence or sexual violence. Such laws already exist for women. It is often seen that women use the privilege of the laws which are in their favor against victimizing men. In an age, where we talk of gender equality, it becomes very necessary for us to have such laws.

Based on the survey conducted the above result was withdrawn as depicted in Figure 9. Around 52% of boys feel that they have been victimized during some phase of their life while 48% of girls feel this victimization. Near about equal victimization was found in males and females as depicted in the pie chart. It could be said that males are also victimized but those cases just do not come into light.

VI. CONCLUSION

The conducted research thus tells us that there are various things on which boys are more aware while in others girls are regardless of their board. Around 85.5% of students want that sex education should be included in their curriculum. The general thinking of people in our society is that only females/ girls can be victimized but it is completely wrong. The survey conducted tells us that nearly equal victimization is seen in both boys and girls i.e. around 52% of boys feel that they have been victimized during some phase of their life while 48% of girls feel this victimization. Similarly, the same is held true when it comes to proneness towards criminality. The general belief due to which people feel that only boys commit sexual crime is wrong. Girls also are perpetrators in sexual crimes like boys due to various reasons including equal opportunities to them in every field and access over everything.

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