Gender, sexual abuse and risk behaviours in adolescents: a cross-sectional survey in schools in Goa, India

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Background

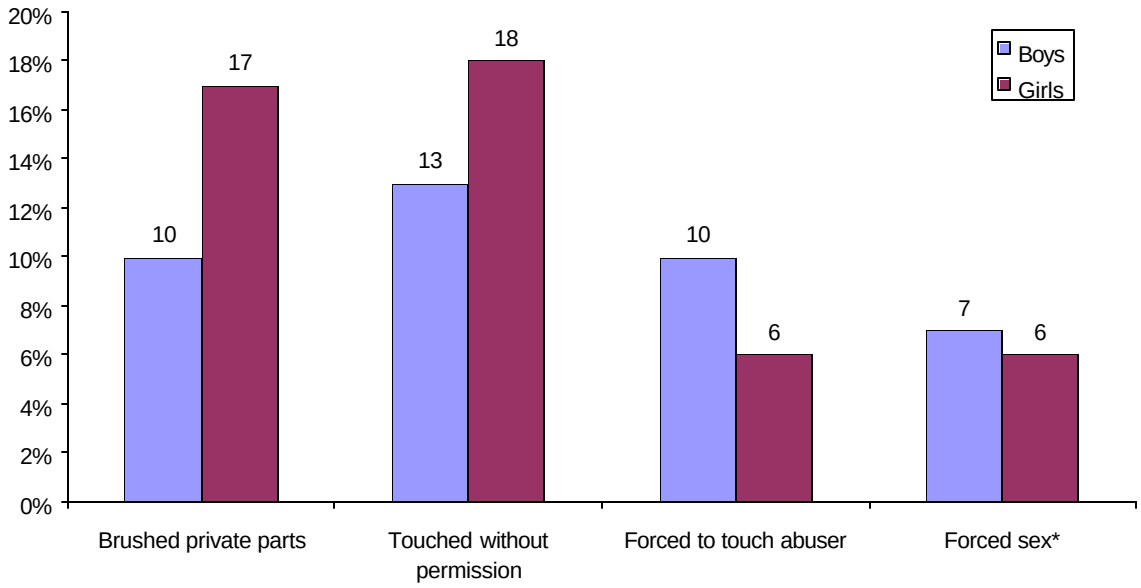
There is growing evidence that the broader context of reproductive health pertaining to adolescence needs attention. For example, in developing countries, mental disorders such as depression and substance abuse are among the most important causes of morbidity and disability in adolescents. Attempted suicide is the single most important cause of death and hospitalization among adolescents in South Asia (Eddleston et al., 1998). Girls are more likely to attempt suicide than boys, and this seems to be linked with their lack of control over reproductive decision-making. Studies show that violence against women is a serious social and public health issue in India (Jejeebhoy, 1998). Sexual abuse of adolescents may also be a widespread problem with serious implications for their mental health. This paper describes findings from a survey focusing on the prevalence and correlates of abuse among school-going adolescents in Goa, India. The researchers examined numerous issues related to abuse, drawn from the broader context of adolescent development, including sexual behaviour, mental health, parental relationships and educational achievements.

Methods

The project had two stages. The first stage gathered qualitative data on adolescents' needs among adolescents and adult key informants. The second stage involved a cross-sectional survey conducted in eight Goan schools. All students in the survey sample were in their first year of higher secondary school (i.e. their 11th year of schooling). Researchers collected data through self-administered questionnaires in classroom settings. The questionnaire was developed using qualitative data from the first phase of the project and existing instruments, such as the 12-item General Health Questionnaire (used to measure mental health).

The study defined sexual abuse as being any verbal or physical sexual experience in the previous 12 months that was forced or against the wishes of the individual. Five key aspects of abuse were measured using the following questions: Have you experienced any of these in the past 12 months: Someone talking to you about sex in a manner that made you uncomfortable? Someone purposely brushing their private parts against you? Someone forcing you to touch their body parts against your wishes? Someone touching you in a sexual manner without your permission? Someone forcing you to have sex with them?

Figure 1. Per cent of adolescents who reported sexual abuse during prior 12 months, by type of abuse



* Forced sex refers to forced intercourse, including vaginal, oral or anal.

Key findings

On the day of the study, 811 eligible students were present in the eight schools, and none refused to participate. The average age was 16 years, and just over half the sample (53%) were boys. About half were Catholic (49%), and most of the remainder (46%) were Hindu.

One-third of the students (266) had experienced at least one type of sexual abuse in the previous 12 months. Six per cent of adolescents reported that they had been forced to have sex. There was no statistical difference between boys and girls in the overall prevalence of sexual abuse or in the per cent who reported forced sexual intercourse. Notable gender differences were observed, however. Boys were more likely to report that someone had talked to them about sex or forced them to touch the perpetrator, while girls were more likely to report that the perpetrator had touched them or brushed his private parts against them (Figure 1). Of the 266 adolescents who reported abuse, nearly half (47%) had experienced abuse more than once, and those who reported sexual abuse were far more likely to have also experienced other kinds of physical and verbal violence in the previous 12 months.

The most common perpetrators (53%) were older students or friends (see Table 1). Parents or relatives accounted for 8% and teachers for 4% of perpetrators. A large proportion (27%) of the perpetrators fell into the category “miscellaneous”,

Table 1. Type of perpetrator and action taken by victim among adolescents who reported experience of sexual abuse within the past 12 months, as a per cent (*N* = 266)

	Per cent
Type of perpetrator	
Student/ friend	53
Other person (e.g. stranger, neighbour, bus passenger, priest)	27
Parent or relative	8
Teacher	4
Action taken by victim	
Nothing	35
Verbal retaliation	17
Ran away	12
Avoided perpetrator/ended friendship	10
Physical retaliation	6
Told parents/friends	7

Table 2. Mental and physical health and risk behaviours among adolescents: comparison of those who reported forced sex compared to those who did not report abuse

	Experienced forced sex	Did not experience forced sex	Adjusted P value
	(*N* = 51)	(*N* = 760)	
Measures of mental health			
General Health Questionnaire score	5.1	3.6	<0.001
"Life not worth living" (%)	46	27	0.01
Regular alcohol use (%)	19	5	0.001
Physical health and health-seeking			
Visited doctor (%)	43	25	0.005
Aches (%)	29	9	<0.001
Stomach upset (%)	14	5	0.01
Risk behaviour			
Vaginal sex (girls) (%)	23	2	0.001
Vaginal sex (boys) (%)	38	6	<0.001
Anal sex (girls) (%)	14	1	<0.00
Anal sex (boys) (%)	24	2	0.001

which included strangers, neighbours and others. The most common response to abuse was to do nothing (35%). Seventeen per cent responded to the abuse with verbal retaliation and 6% responded with physical retaliation. Seven per cent told a parent or friend. However, these findings mask the considerable gender disparity: none of the boys and only 15% of girls had told a parent or friend about the abuse.

While sexual abuse takes many forms, the researchers did an in-depth analysis of the correlates of forced sexual intercourse. The 6% of adolescents who experienced forced sexual intercourse had significantly poorer scores in their board examinations than did those who had not experienced forced sexual intercourse (53.2 versus 58.2, *P*=0.04). Their physical and mental health was significantly worse, as measured by self-reported complaints and General Health Questionnaire scores (Table 2). Parental relationships were also significantly poorer among these adolescents, especially among girls. Adolescents of both genders who had experienced forced sex were far more likely to engage in consensual sexual intercourses, both vaginal and anal (Table 2).

Conclusions

The major findings of this study indicate that sexual abuse and violence are common among this population. They also suggest that school is not necessarily a safe place for young people. Students or friends were the most common perpetrators of sexual abuse, especially for boys. Most victims suffer in silence. Many adolescents experienced multiple types of sexual abuse, and there was a strong association between experience of sexual abuse and experience of other forms of violence. Gender differences emerged in the type of abuse and the type of perpetrator. Whereas boys were typically abused by friends or older boys in their school, girls were more often abused by strangers. The study findings suggest that there is a constellation of risk behaviours and poor mental health outcomes associated with sexual abuse. Those who experienced forced sexual intercourse had poorer educational performance and physical and mental health. They also had greater levels of suicidal ideation, higher rates of substance abuse and gambling behaviour. They had poorer relationship with their parents, especially the girls, and more active consensual sexual behaviour.

The implications for policy and programmes are clear. Health workers who care for adolescents must be trained in the assessment of abuse and mental health, communication skills and psychosocial interventions. Interventions aimed at improving reproductive health must address issues such as personal safety and prevention of abuse, mental health and self-esteem, substance abuse and communication skills (e.g. with parents). Gender-sensitive programmes for boys and girls are needed, and programmes should focus on teachers and parents. Given the limitations of the cross-sectional study design, it was not possible to identify which correlates were possible causal factors and which were consequences of the abuse. Cohort studies are needed to examine causal associations and outcomes of abuse, as well as to evaluate possible interventions. These should be priorities for future research.

This summary has been adapted from the full article by Patel V and Andrew G (2001) entitled "Gender, sexual abuse and risk behaviours in adolescents: a cross-sectional survey in schools in Goa", published in *The National Medical Journal of India*, 14:263–267.

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