## **Original Article**

# Analysis of Socio-demographic condition of Rape cases in a Rural District of Bangladesh \*Islam F<sup>1</sup>, Khan NT<sup>2</sup>, Liza JM<sup>3</sup>, Saify ME<sup>4</sup>, Naiem J<sup>5</sup>, Begum RA<sup>6</sup>

#### Abstract

**Background**: Rape is an unlawful sexual offence carried out forcibly or under threat of injury against a person's will. Rape is a global problem. Sexual violence shatters lives, wounds communities and perpetuates injustice.

**Objective**: The objective of the study is to find out the frequency of reported rape cases in a rural district of Bangladesh and also to compare the age category of victims, level of education and socio-demographic characteristics.

Materials and Methods: This cross-sectional study carried out in the department of Forensic Medicine & Toxicology, Comilla Medical College January 2020 to December 2020) with the support of the department faculties in reviewing the records using checklist. A total of 282 sexually assaulted victims, from different police station of Comilla district were sent for medico- legal examination in Forensic Medicine department during the mentioned period. Informed written consent was taken from the victims before examination in the department of Forensic Medicine, considering ethical issues.

**Results:** This study shows that 18.09% of rape cases was reported in the month of October 2020, 10.64% cases in September & December 2020. A total of 9.93 % of rape cases were filed from Debidwar upazila, 8.87 % cases from Adarsha sadar upazila, 8.16 % cases from Sadar dakshin upazila, 7.45 % cases from Chandina upazila, 7.10 % cases from Burichang and Titas upazila. It was revealed from the findings that among 282 sexually assaulted victims 77 (27.30%) are in 16-20 years age group and 68(24.11%) in 10-15 years of age group.236 (83.68%) of the victims are Muslims. Marital status reveals that 158 (56.03%) of the rape victims are unmarried. Level of education is poor. 112 (39.71%) of rape victims are completely illiterate, 80 (28.36%) of victims have the knowledge of primary education, 70 (24.82%) have knowledge of secondary education and remaining 20 (7.09%) are students of higher secondary level. Majority of the victims, 185 (65.60%) are from low socio-economic status.

**Conclusion:** Government should recognize sexual violence as major public health problem and create appropriate laws to protect the rights of children and women of Bangladesh.

Key-words: Rape, unlawful, sexual offence. Received on: 10.09.2022; Accepted on: 12.11.2022 Introduction:

Sexual violence is any sexual act or attempt to obtain a sexual act by violence or coercion, act to traffic a person, or act directed against a person's sexuality, regardless of the relationship to the victim<sup>1</sup>. Under section 375 of Bangladesh Penal Code (B.P.C), Rape is defined as "unlawful sexual intercourse by a man with any woman against her will, without her consent, or with her consent when it has been obtained by unlawful means i.e fraud, putting her in

fear of death or hurt, drugging or impersonation." Rape is an allegation or an accusation easily made, hard to prove and harder to disprove or harder to be defended by the party accused<sup>2</sup>. Rape can be committed by the slightest penetration of the penis within the vulva such as the minimal passage of glans penis between the labia or just into the anal margin. Neither full penetration nor ejaculation is necessary and in terms of vaginal rape, the rupture of the hymen is irrelevant<sup>3</sup>. Rape is a serious offence and

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it should be seriously dealt with and law should permit vigorous punishment. For this reason, an extensive and careful examination should be carried out as soon as possible. Otherwise there will be chances of disappearance of the positive signs<sup>4</sup>. There is no age limit either for the victims or for the accused<sup>5</sup>. Younger women are more likely to sustain extra genital trauma, while post-menopausal women are more likely to have genital trauma. Children are more frequently raped than adults as they cannot offer much resistance<sup>6</sup>. Consequences of sexual violence includes rape trauma syndrome, provocative suicides, unwanted pregnancy, increased risk of sexually transmitted diseases, sexual dysfunction and low self esteem<sup>7</sup>.

#### **Materials and Method:**

The study was conducted in the department of Forensic Medicine & Toxicology at Comilla Medical College during the study period from January 2020 to December 2020. A total of 282 sexually assaulted victims from different upazila's of Comilla district were reported to the Forensic Medicine department of Comilla Medical College for medico-legal examinations. Examination of all victims was carried out by doctors of Forensic Medicine department. Detailed information regarding age, literacy, socio-economic status was noted. Data was collected in a structured sheet with the support of the department faculties in reviewing the records using checklist. Informed written consent was taken from the victims before medico legal examination of the victims considering ethical issues.

## Results:

Figure -1 shows that 18.09% of rape cases was reported in the month of October 2020, 10.64% cases in September & December 2020.



Figure -1: Month wise reported rape cases in 2020 (n=282)

Figure 2 : Distribution of rape cases from various Upazila's (n=282)

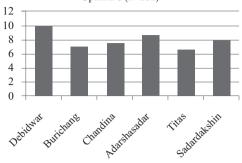


Figure No. 2: Frequency distribution of rape cases in 2020 from various Upazila's (n=282)

Figure No. 2 Shows that 9.93 % cases were filed from Debidwar upazila, 8.87 % cases from Adarsha sadar upazila, 8.16 % cases from Sadardakshin upazila, 7.45 % cases from Chandina upazila, 7.10 % cases from Burichang and Titas upazila.

Table No. 3: Distribution of rape victims by age group (n=282)

Age in years	Frequency	Percentage
4-9	24	8.51 %
10-15	68	24.11 %
16-20	77	27.30 %
21-25	61	21.63 %
26-30	28	9.93 %
31-40	14	4.96 %
41 & above	10	3.55 %
Total	282	100 %

Table No. 3 Shows that 27.30% of the victims belongs to 16-20 years of age group, 24.11% of victims belongs to 10-15 years and following 21.63% of victims belongs to 21-25yrs age group.

Table No. 4: Distribution of rape victims according to religion (n=282)

Religion	Frequency	Percentage
Muslim	236	83.68 %
Hindu	34	12.06 %
Christian	12	4.26%
Total	282	100 %

Table No. 4 shows that 83.68% rape victims are Muslims, 12.06 % are Hindu's and 4.26 % are Christians.

Table No. 5: Marital status of rape victims (n=282)

Marital status	Frequency	Percentage
Married	84	29.79 %
Unmarried	158	56.03 %
Divorced	22	7.80 %
Widow	18	6.38 %
Total	282	100 %

Table -5 shows that 56.03% of the rape victims are unmarried, 29.79% are married, 7.80% are divorced followed by 6.38% of victims are widow.

Table -6: Distribution of education status of rape victims (n=282)

Level of education	Frequency	Percentage
Illiterate	112	39.71 %
Up to class 5	80	28.36 %
Class 6 to 9	70	24.82 %
Class 10 to 12	20	7.09 %
Total	282	100 %

Table-6 shows that 39.71 % of rape victims are completely illiterate, 28.36 % of victims have the knowledge of primary education and remaining 24.82 % have knowledge of secondary education and remaining 7.09% of these victims have education of higher secondary level.

Table- 7: Distribution of socio-economic status background of victims (n=282)

Income Taka /month	Status	No. of victims	Percentage
Upto 5000 Tk	Low socio- economic class	185	65.60%
5001 – 20,000 Tk	Middle class	85	30.14%
More than 20,000 Tk	Upper class	12	4.26%
Total		282	100%

Table -7 shows that 65.60% of rape victims are from low socio-economic status. 30.14% are from middle class families and 4.26% are from upper class families.

## **Discussion:**

The magnitude of sexual harassment is high all over the world. Around 120 million girls worldwide (slightly more than 1 in 10) have experienced forced intercourse or other forceful sexual acts at some point in their lives<sup>8</sup>. According to World Population review data of 'Rape statistics by Country 2020', India recorded an average of 87% rape cases daily in 2019<sup>9</sup>. In 2002, a study conducted in New Delhi found that 92 percent of women reported having experienced some term of verbal sexual harassment (including unwelcome comments of sexual nature; whistling, leering or making obscene gesture) in

their life time<sup>10</sup>. In a study of over 24000 women, the World Health Organization found the following rates of women reporting forced sexual initiation such as 30% in a Bangladesh province, 24% in a Bangladesh city, 24% in Peru province, 7% Peru city, 17% in an Ethiopia province, 4% in a Thailand city, 3% in a Brazil city, 7% in a Serbia and Montenegro city and 4% in Japan city. In all these cities, expect Ethiopia, the younger the women was at the time of her first sexual experience; the more likely it was a forced sexual initiation 11. The magnitude of rape or sexual harassment is high all over the world. But it comes a little in front of us. In the majority of countries with available data; less than 40% of the women who experience violence seek help of any sort. Among who do, most work to family and friends and very few look to formal institutions and mechanisms, such as police and health services. Less than 10% of that woman seeking no help for experience of volume sought help by appealing to the police 12. The under reporting of cases of sexual assaults are mainly due to social stigma; prejudice with regard to the chances of marriage, publicity in press, embarrassment in court, doubt in local law enforcement, risk of losing the love and respect of society etc 13.

In this study, victim's age range was 4-45 years and above. Majority of the victims (27.30%) were between 16-20 years of age. These results are in agreement with the study of Ali N et al14, Sarkar et al15 and Mont DU et al<sup>16</sup>. Saha KP et al<sup>17</sup> also reported most of the victims were young and were below 20 years of age. In our study, majority of the victims (83.68%) were Muslims. This result is similar with study of Al-Azad MAS et al<sup>18</sup> and Ali N et al<sup>14</sup>. It differs with study of Sarkar et al<sup>15</sup> where majority of the victims were Hindu's. This is consistent with the population majority of both the countries. In our study, majority (56.03%) of victims are unmarried. This finding is similar with findings of Al-Azad MAS et al<sup>18</sup> and Sarkar et al<sup>15</sup>. Al-Azad MAS et al<sup>18</sup> in his study found that majority (78.69%) of victims were unmarried In our study, 39.71% victims are completely illiterate. 28.36% of the victims has the knowledge of primary education. Similar findings are observed by Sarkar et al<sup>15</sup> (85%) victims were illiterate and Al-Azad MAS et al<sup>18</sup> (32.18%) illiterate. In our study, majority of the victims (65.60%) are from low socio economic status. Findings by Al-Azad MAS et al<sup>18</sup> and Sarkar et al<sup>15</sup> are similar to our findings.

Conclusion: Sexual violence is an unceasing major public health problem for the social, legal and medical health service .Government should recognize the scale of the problem & create stronger laws to protect the rights of our children and women of Bangladesh. Death sentence should be implemented so that accused are duly punished. Sexual violence against women and children must stop and the judiciary, law enforcing agents, parents and guardians of the victim themselves must be sensitized to the laws protecting the rights of women and children in Bangladesh.

#### References:

- 1. World Health Organization, World report on violence and health (Geneva: World Health Organization, 2002), Chapter 6,pp.149.
- Parikh CK. Natural sexual offence in Textbook of Medical Jurisprudence, Forensic Medicine and Toxicology. 6th edition;p-5.28-5.48
- 3. Shepherd Richard. Sexual offences In Simpson's Forensic Medicine,12th edition. Arnold. London, 2003;p.128-132
- Modi JP. Sexual offence in Modi Textbook of Medical jurisprudence and Toxicology, 25<sup>th</sup> edition;p-751-770.
- Reddy KSN. Sexual offence In The Essentials of Forensic Medicine and Toxicology, 34th edition. Jaypee Brothers Medical Publishers (P) Ltd, New Delhi,2014; p-384-398.
- Mason JK, Purdue BN. Sexual violence in The Pathology of Trauma.3rd edition.2000.Arnold, London;p 176-188
- 7. UNIFEM. http://www.unifem.org "violence against women" facts and figures.
- UNICEF. Hidden in plain sight: A statistical analysis of violence against children,2014.p-167. Available at: https://www.unicef.org/publications/ index 74865.html
- 9. TBS Report on Countries with the highest rape incidents. Published in The Business Standard,13 September 2021. Available in: https://www.tbsnews.net/world/countries-highest-rape-incidents-144499.
- UN WOMEN. Facts and figures: Ending violence against women,2012. Available at: www.unwomen. org/en/what-we-do/ending-violence-againstwomen/facts-and-figures. Retrieved on: January, 2017
- 11. WHO IRIS: WHO multi-country study on women's health and domestic violence against women. Available at: http://www.who.int/iris/handle/10665/43310. Retrieved on: December, 2016.
- 12. United Nations Economic and Social Affairs. The world's Women: Trends and Statistics, 2015 p. 159. Available at: www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures. Retrieved on: January 2017.
- 13. Malhotra N, Sood M. Sexual Assault, a neglected public health problem in developed world. International Journal of Obstetrics and Gynaecology 2000;71(3):257-258.
- 14. Ali N, Akhter S, Hossain N, Khan NT .Rape in Rural Bangladesh. Delta Med Col J. Jan 2015;3(1):31-35

- 15. Sarkar SC, Lalwani S, Rautji R, Bhardwaj DN, Dogra TD. A study on victims of sexual offences in South India, Dept of Forensic Medicine and Toxicology, AIMS, New Delhi, India;2010.p.1-6.
- Mont DU, Parnis JD. Sexual assault and legal resolution: Querying the medical collection of Forensic evidence. Medical law. 2000;19(4):779-92.
- Saha KP, Rahman M, Mahmud S, Monsur A, Chakrabarty PK. Medico legal aspect of Rape. TAJ Journal of Teachers Association 2009;22(1):111-114
- 18. Al-Azad MAS, Rahman Z, Ahmad M, Wahab MA, Ali M, Khalil MI. Socio-demographic characteristics of alleged sexual assault (Rape) cases in Dhaka City. JAFMC Bangladesh 2011;7(2):21-24.