

Knowledge, Attitude, Preparedness and Perception of PocsO Act Among Third Year Medical Undergraduate Students at Tertiary Care Teaching Hospital, North Karnataka

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Abstract

Background: The tragedy of child sexual abuse is a worldwide problem that exists among both developed and developing countries. The most vulnerable groups in society for sexual abuse are children. Though the child is the most important asset of society, the child sexual abuse has become an emerging issue and national sensation day by day. In regards to this problem, a special law has been enacted named as Protection of Children from Sexual Offences Act (POCSO), 2012. This law amended in order to protect the rights of children.

Objectives: 1. To assess the knowledge, attitude and preparedness/perception among undergraduates about the POCSO Act 2012.

Materials and Methods: This was an observational, cross-sectional, and questionnaire-based study. Data was collected from willing participants among the undergraduates of Bidar Institute of Medical Sciences, Bidar using google forms. Data was entered into the Microsoft Excel sheet. The statistical analysis was carried out using Microsoft Excel 2021. Categorical data was presented as numbers and percentages, while continuous data was presented as mean \pm standard deviation.

Results: In this study 130 undergraduate students have participated. The questionnaire consisted of 17 questions about the POCSO. In the knowledge aspect 42 have scored <80% and 88 have scored > 80% about POCSO. 94.6% participants think that medical students need to be trained to handle a POCSO case. 63.8 % believes that fear of social stigma is the biggest barrier preventing people from reporting CSA.

Conclusion: From this study we observe that the upcoming young doctors had adequate knowledge and positive attitude towards the POCSO cases. Although teaching young children about appropriate and inappropriate touch

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starts in the primary grades, CSA can be reduced by increasing the awareness among the local community to make the healthier environment for the children.

Key words: POCSO Act, Child abuse, sexual offence, knowledge, attitude, preparedness

Introduction

Child sexual abuse (CSA) has been recognized as a major public health problem impairing the health and welfare of children worldwide.¹ The tragedy of child sexual abuse problem that exists among both developed as well as developing countries. Though the child is the most important asset of society and the future of tomorrow, the child sexual abuse has become an emerging issue and national sensation day by day. In regards to this problem, a special law has been enacted named as Protection of Children from Sexual Offences Act (POCSO), 2012. This law amended in order to protect the rights of children. Passing this Act has been a major step in securing children's right.

The World Health Organization (WHO) defines Child Sexual Abuse as "the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared and cannot give consent, or that violates the laws or social taboos of society."²

According to the NCRB report of 2022, there are a total of 1,62,449 cases of crime against children registered during 2022, showing an increase of 8.7% over 2021(1,49,404 cases).Major crime heads under 'Crime Against Children' during 2021were Kidnapping & Abduction (45.6%) and Protection of Children from Sexual Offences Act, 2012(39.7%) including child rape. The crime rate registered per lakh children population was 36.6 in 2022 in comparison with 33.6 in 2021.³

The basic need for the study was to assess the knowledge about the POCSO Act and creating an awareness among young doctors and their approach towards the cases in the future.

Methods and Materials

This was an observational, cross-sectional, questionnaire-based study conducted in Department of Forensic Medicine & Toxicology in a Bidar Institute of Medical Sciences, Bidar. The study was conducted

for three months from August 2024 to October 2024. The study was initiated after getting approval from Institutional Ethics committee.280/BRIMS/IEC/2024, Dated: 22.02.2024.

Participation in the study were from 3rd year M.B.B.S students from BRIMS, Bidar. The participants were voluntary. The study participants were briefed about the rationale of the study and participants were assured of the privacy and confidentiality of data. The informed consent to take part in the study was also taken before enrolling them in the study. Out of 152 students 130 students have participated in the study.

Inclusion criteria: consented 3rd year students.

Exclusion criteria: Students who didn't give consent and other year students. Other health care workers were excluded from the study.

A structured self-administered Google form-based questionnaire in the English language was prepared to collect the relevant data of the study variables. The questionnaire contained a total of 17 questions related to Knowledge, Attitude, Preparedness/ perception aspects of the POCSO in three sections. The questionnaire was validated with content validity index (17). For this, a panel of four peer experts (Head of the Department, Associate professor and two assistant professor of Department of Forensic Medicine) reviewed each question individually and CVI was calculated, which obtained a score of 0.83. The questionnaire was then distributed to the study participants through a digital web link using Google forms.

Link was provided to the participants and responses received within 30 minutes was considered for analysis. For logistics reasons, if the participant is not equipped to fill in the digital form, a physical form containing the same set of questions was given to the participants and the written response was collected within 30 minutes. There was a total of six multiple-choice questions related to the knowledge aspect of POCSO. Knowledge of the study participants was assessed using a scoring system, where we gave a score of "1" for each correct

answer and a score of "0" for each incorrect answer. Moreover, there was a total of 11 questions related to attitude, and Preparedness/ perception aspect of POCSO (six questions on attitude and five questions on Preparedness/ perception domain).

Dataanalysis:

Data was entered into the Microsoft Excel sheet. The statistical analysis was carried out using Microsoft Excel 2021. Categorical data were presented as numbers and percentages, while continuous data were presented as mean \pm standard deviation.

Results

We got a total of 130 responses during the study period. The majority of participants belonged to the age group of 21-22 years ($n=87$, 66.9%) and >22 years ($n= 35$, 26.9%). Out of 130 participants 68(52.3%) participants were male, 58 (44.6%) participants were female and 4(3.07%) preferred not to reveal their gender.[Table no. 1, Figure no. 1 & 2]

Table 1: Demographic characteristics of study participants (n=130)

Demographic characteristics	Categories	Frequency
Age	18-20 years	8(6.1%)
	21-22 years	35(26.9%)
	>22 years	87(66.9%)
Gender	Male	68 (52.3%)
	Female	58 (44.6%)
	Prefer not to say	4 (3.1%)

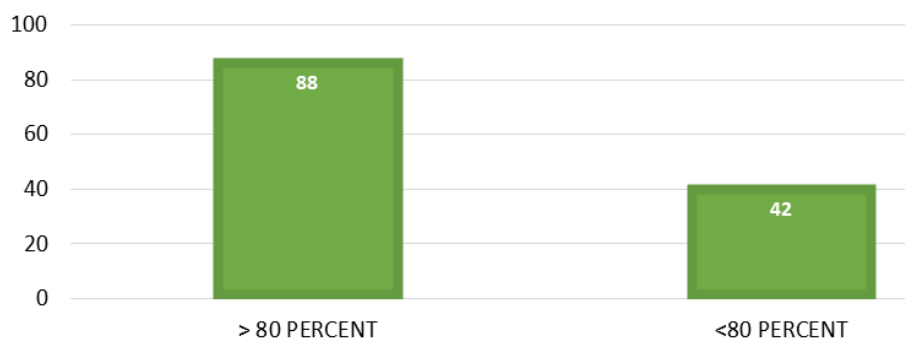


Figure 3: knowledge scores

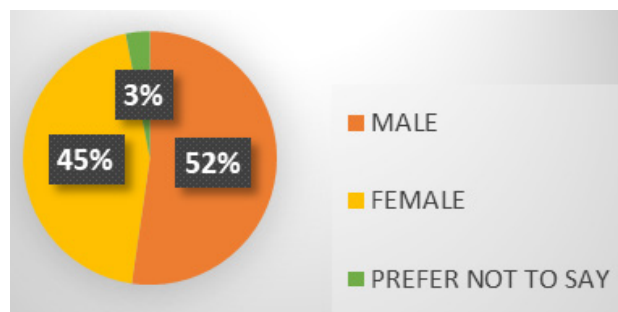


Fig. 1: Gender Distribution

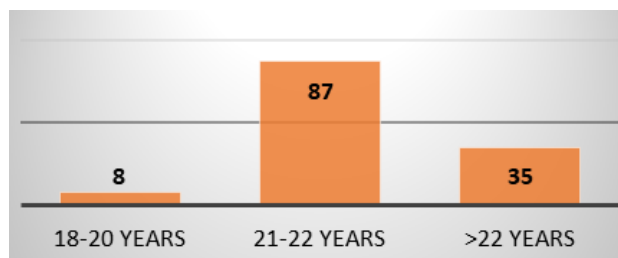


Fig 2:Age Distribution

Assessment of Knowledge:

There were total of seven questions in the questionnaire to assess the knowledge aspect of POCSO. The mean score of each participant is 4.8 ± 1.42 . Out of 130 participants, 88 have scored >80% and 42 have scored < 80% (Fig no. 3). It was observed that 75.4% (98) of the participants knew the acronym POCSO. The age of child under POCSO Act was known to 79.2% (103). 71.5% (93) participants were aware that POCSO Act is gender neutral act. 82.3% (107) of participants was aware about the child helpline number in India. 93.1% (121) participants were responded correctly about the punishment awarded under POCSO Act. Only 67.7% (88) of the participants were aware about the punishment if the doctor fails to report the POCSO case. (Fig No. 4)

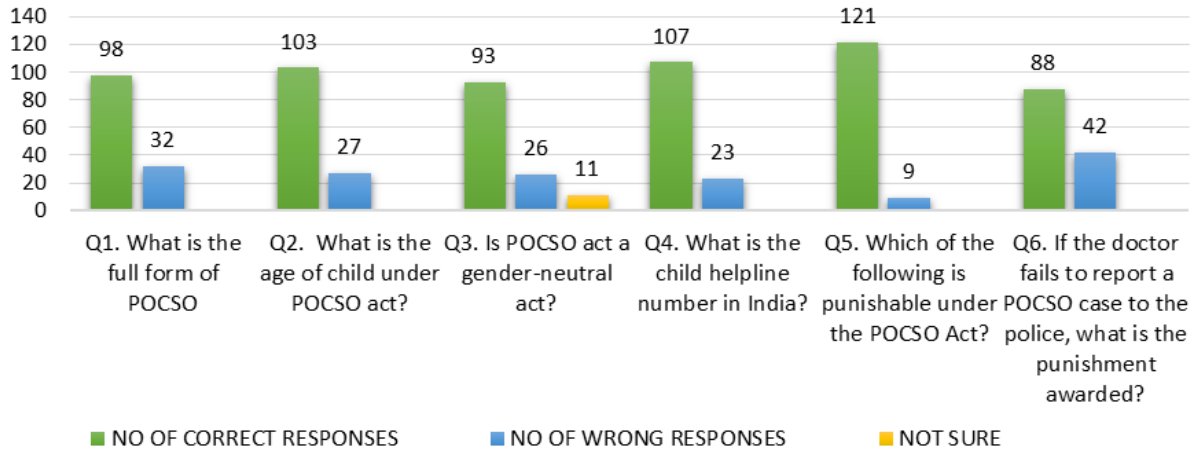


Figure 4: Knowledge Assessment

Assessment of Attitude:

There were six questions to assess attitude of participants towards POCSO Act. Only 63.8% (83) of the participants were aware about that male accused can be examined by the female doctor. Among the 130 participants 76.2% (99) knew that the duty of the doctor is to rule out the life-threatening condition is their first responsibility when the POCSO case approaches for medical care. 56.2% (73) of them believes that when it comes to the legal trail child’s

testimony alone serves as the evidence in the court of law and 24.6% (32) thinks that it depends on the circumstances and 11.5% (15) believes that more evidence is required to take sufficient action under the POCSO Act. 37.7% (49) thinks that POCSO Act is moderately enforced in the community and 33.1% (43) thinks it is poorly enforced. 84.6% (110) responded that POCSO Act training programs should be mandatory in schools and colleges for the better understanding and awareness. (Figure No. 5)

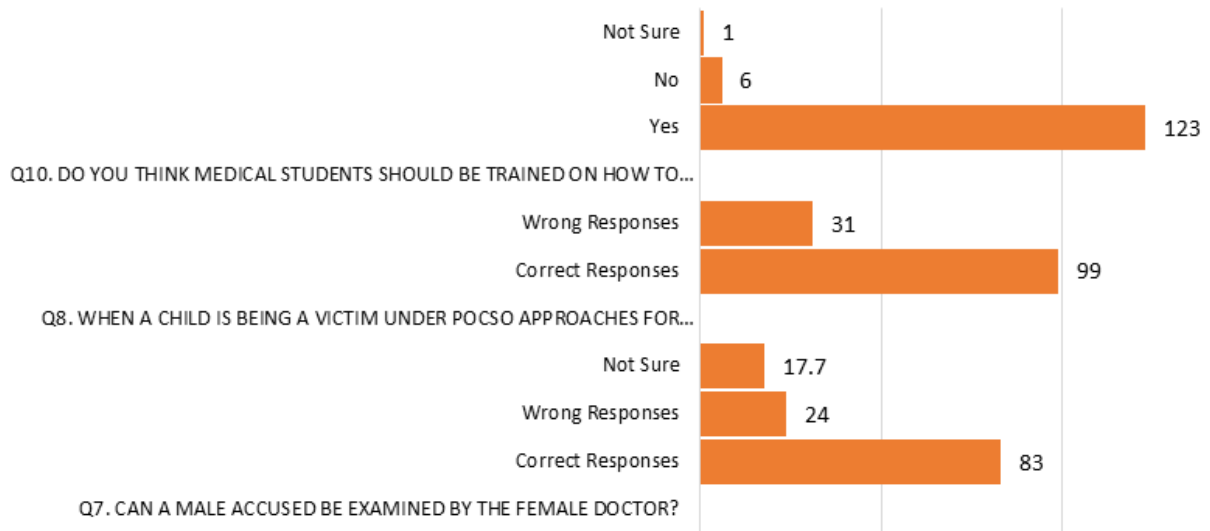


Figure 5: Attitude Assessment

Assessment of Preparedness/perception

There was a total of five questions in the questionnaire to assess the Preparedness/perception of study participants regarding POCSO Act. Among

the 130 participants only 18.5% (24) participants are fully prepared to handle situations involving child sexual offences, 32.3% (42) participants are not at all prepared to encounter the situation and 49.2% (64) participants are somewhat prepared to handle

the situation. 55.4% (72) responded that they are somewhat confident but may need more guidance when they are intervening or helping a child who may be a victim of sexual abuse, 16.9% (22) participants are very confident in knowing what steps to take, 15.4% (20) participants would like to refer the case to a professional than intervene directly, 12.3% (16) participants responded that they are not confident and wouldn't know how to respond. 86.2% (112) participants very strongly think that awareness among young children about the good touch, bad touch, awareness among local community will help to reduce these types of crimes, 7.7% (10) thinks it is important, 5.4% (7) thinks it is moderately important and 0.8% (1) thinks it is not important. When asked about what is the biggest barrier preventing people from reporting child sexual offenses, 63.8% (83) believes that fear of social stigma is the main reason, 15.4% (20) thinks that there won't be any actions taken, 11.5% (15) thinks there is a lack of awareness about the POCSO Act in the society and 9.2% (12) thinks there is a fear of the legal process aftermath. 76.2% (99) participants agree that educational institutions should play in preventing child sexual abuse and they should be actively educating students about the POCSO Act and abuse prevention, 13.1% (17) believes strict policies to handle cases of child sexual abuse, 9.2% (12) participants think they should work with law enforcement to ensure child safety.

Table 2: Knowledge, attitude, preparedness/perception about POCSO among 3rd year medical students

SECTION I- KNOWLEDGE BASED ASSESSMENT	n	%
Q1. What is the full form of POCSO?		
Correct response	98	75.4
Wrong response	32	24.6
Q2. What is the age of child under POCSO act?		
Correct response	103	79.2
Wrong response	27	20.8
Q3. Is POCSO act a gender-neutral act?		
Correct response	93	71.5
Wrong response	26	20

Not sure	11	8.5
Q4. What is the child helpline number in India?		
Correct response	107	82.3
Wrong response	23	17.7
Q5. Which of the following is punishable under the POCSO Act?		
Correct response	121	93.1
Wrong response	9	6.9
Q6. If the doctor fails to report a POCSO case to the police, what is the punishment awarded?		
Correct response	88	67.7
Wrong response	42	32.3
SECTION II- ATTITUDE BASED ASSESSMENT		
Q7. Can a male accused be examined by the female doctor?		
Correct response	83	63.8
Wrong response	24	18.5
Not sure	23	17.7
Q8. When a child is being a victim under POCSO approaches for medical care, what will be the first step to be taken, if you are on the duty?		
Correct response	99	76.2
Wrong response	31	23.8
Q9. If a child's testimony is the only evidence in a sexual abuse case, do you believe it is sufficient for legal action under the POCSO Act?		
Yes, it is sufficient	73	56.2
No, more evidence is needed	15	11.5
It depends on the circumstances	32	24.6
I don't know	10	7.47
Q10. Do you think medical students should be trained on how to handle a POCSO case?		
Correct response	123	94.6
Wrong response	6	4.6
Not sure	1	0.8
Q11. Do you believe the POCSO Act is well enforced in your community?		
Yes, very well enforced	27	20.8

Moderately enforced	49	37.7
Poorly enforced	43	33.1
Not enforced at all	11	8.5
Q12. Do you think POCSO Act training programs should be made mandatory in schools and colleges?		
Yes, it should be mandatory for students and staff.	110	84.6
Yes, but only for professionals directly working with children (e.g., teachers, counsellors).	16	12.3
No, it should be optional.	2	1.5
No, awareness about POCSO can be raised through other means.	2	1.5
SECTION III- PREPAREDNESS/ PERCEPTION BASED ASSESSMENT		
Q13. Do you feel you are adequately prepared to handle situations involving child sexual offenses?		
Yes, fully prepared	24	18.5
Somewhat prepared	64	49.2
Not prepared	42	32.3
Q14. How confident are you in intervening or helping a child who may be a victim of sexual abuse?		
I am somewhat confident but may need more guidance.	72	55.4
I am very confident in knowing what steps to take.	22	16.9
I would rather refer the case to a professional than intervene directly.	20	15.4
I am not confident and wouldn't know how to respond.	16	12.3
Q15. How important do you think awareness among young children about the good touch, bad touch, awareness among local community will help to reduce these types of crimes?		
very important	112	86.2
Important	10	7.7
moderately important	7	5.4
Not important	1	0.8
Q16. What do you think is the biggest barrier preventing people from reporting child sexual offenses?		

Fear of social stigma	83	63.8
Belief that no action will be taken	20	15.4
Lack of awareness	15	11.5
Fear of the legal process	12	9.2
Q17. What role do you believe educational institutions should play in preventing child sexual abuse?		
They should actively educate students about the POCSO Act and abuse prevention.	99	76.2
They should have strict policies to handle cases of child sexual abuse.	17	13.1
They should work with law enforcement to ensure child safety.	12	9.2
Educational institutions are not the primary place for dealing with such issues	2	1.5

Discussion

Protection of children from sexual offences Act, 2012 mainly deals with the child abuse cases. It is divided into 46 sections and was published in official gazette on 20th June 2012 but the enactment came into force on 14th November 2012. Child sexual abuse has gone largely unrecognized and unreported in India for a number of reasons, including fear of embarrassment, guilt, community denial, associated sociocultural stigma, lack of confidence in government agencies and a communication gap between parents and children about the issue.

In this present study, 75.4% of the participants knows the acronym of POCSO and 79.2% knows the age of children under POCSO Act which is similar to the study conducted by Afzal Haroon et al.⁴ 93% of the participants knew the offence under the POCSO Act which is similar to study conducted by Kaduet al.⁵ In our study 88 respondents had > 80 % of knowledge regarding the POCSO Act which is similar to the results conducted by Singh R et al.⁶ About 71.5% disagree that girls are the only victims of sexual assault which is a correct and the study results are similar to Afzal et al.⁴ According to new UNICEF published on 9th October 2024.⁷ estimates revealed that more than 370 million girls and women alive today- or 1 in 8 experienced rape or sexual assault before the age of 18. An estimated 240 to 310 million

boys and men or around 1 in 11 have experienced rape or sexual assault during childhood.

The offences and punishments listed under POCSO Act of 2012 in August 2019 are as follows:

1. Sexual Assault: imprisonment of three to five years and fine.
2. Penetrative Sexual Assault on child below 16 years of age- minimum imprisonment of 20 years which may extend to remainder of natural life and fine.
3. Penetrative Sexual Assault on child of 16 to 18 years of age- minimum imprisonment of 10 years which may extend to imprisonment for life and fine.
4. The Aggravated Penetrative Sexual Assault- minimum rigorous imprisonment of 20 years which may extend to imprisonment for life and fine or with capital punishment.
5. Aggravated Sexual Assault- imprisonment of five to seven years and fine.
6. Sexual Harassment- imprisonment which can extend up to 3 years and fine.
7. Use of child for pornographic purposes- five years and fine and in the event of subsequent conviction, seven years and fine.

According to the POCSO Act, it is mandatory to report cases of sexual abuse against children and in India who has provided 24-hour toll-free number 1098 as emergency child helpline.⁸ In this present study 82.3% of the participants are aware of the helpline number.

Not reporting a case of child abuse case is punishable and can result in 6 months of imprisonment with or without fine and 88% of the participants are aware about the same. This was an encouraging finding from the future doctors. The knowledge regarding the POCSO Act is satisfactory among the undergraduates.

Assessment of attitude is positive regarding the POCSO Act since 63.8% of the participants are aware regarding the examination of male accused by the female doctor which is a correct response. 76.2% participants will rule out the life-threatening

complications in case of child abuse case and inform to RMO, 94.6% participants believe and welcoming the idea that medical students should be trained how to handle a POCSO case.

Assessment of Perception/ Preparedness is not adequate since only 18.5%(24) out of 130 participants are ready to handle a situations involving sexual offences, 55.4% (72) participants are not confident and need more guidance from the professionals. Choudhary V et al, conducted a qualitative study on Perspectives of Children, Caregivers and Professionals on the impact of child sexual abuse and recommended multidimensional impact assessment, culturally sensitive assessment and intervention protocols, incorporation of family focused approach and, multidisciplinary team approach to ensure the holistic wellbeing of children.¹⁰

Conclusion

Although safety begins from home, child sexual abuse can be reduced by increasing the knowledge and awareness in the local community. To handle the cases of sexual abuse for a better structural approach and improved outcome, a multidisciplinary approach involving primary health care professionals, police officers, lawyers, child welfare committee workers, paediatrician, Gynaecologists, Forensic experts, Psychiatrists and NGO is essential⁹. India had no legislation until 2012 to address the evil offences committed against male and female children. POCSO Act being a gender-neutral legislation aims to provide safety to children and punish the offenders based on gravity of offences committed against children and addresses all aspects of child abuse. More research will help in finding the barriers to the successful implementation of the POCSO Act at the grassroot level and makes us understand the challenges faced by rural or marginalised communities in accessing justice and support services.

Limitations: only the 3rd M.B.B.S students were taken into for the present study.

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Institutional Ethical Committee: 280/BRIMS/IEC/2024 Dated: 22-02-2024

Conflict of interest: None

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