'Nobody teases good girls:' A qualitative study on perceptions of sexual harassment among young men in a slum of Mumbai

Susannah Zietz,

Department of Health Behavior, University of North Carolina at Chapel Hill, Chapel Hill, USA

Madhumita Das

International Center for Research on Women[1]

Abstract

Young adulthood is a key period in which gender norms are solidified. As a result, young women are particularly vulnerable to gender-based violence. In Delhi, over 90 per cent of women have ever experienced sexual violence in public spaces. Sexual harassment of girls and women in public spaces is commonly named 'eve teasing' in India. Experience of sexual harassment in public spaces has been found to be associated with restricted mobility, interrupted education, and early age at marriage. Little is known about men's perspectives on eve teasing and how they believe it affects women and girls. This study fills that gap through qualitative research to explore the attitudes and perceptions of adolescent boys and young men on this topic. Ten focus group discussions were conducted in two slum communities in Mumbai. Coding and thematic analysis were performed. We identified themes of acceptance of harassment, weak sanctions, traditional gender norms supportive of harassment, and ideologies of male sexual entitlement. Many of the perceived risk and protective factors for sexual harassment in public spaces are operationalized at the community level. Community mobilization is necessary in designing interventions focused on the primary and secondary prevention of sexual harassment.

Keywords

Sexual harassment; gender-based violence; masculinity; gender norms

Introduction

Sexual harassment in public spaces

Adolescence and young adulthood are periods in which girls and young women are particularly vulnerable to experience of violence (WHO and LSHTM, 2010). Gender-based violence (GBV) is an 'umbrella concept that describes any form of violence used to establish, enforce or perpetrate gender inequalities and keep in place unequal gender-power relations.' (Fulu et al., 2013, p. 13) GBV is particularly prevalent among young women in

Corresponding author. zietz@live.unc.edu, 919-914-1466, 135 Dauer Drive, 302 Rosenau Hall, CB #7440, Chapel Hill, NC 27599-7440.
[1]Affiliation has changed during the peer review process. Current affiliation is CREA. +91-9871039068, mdas@creaworld.org, 7 Mathura Road, 2nd Floor, Jangpura B, New Delhi 110014

India. The 2005-06 National Family Health Survey (NFHS-3) estimated the prevalence of physical violence among married women age 15-19 at 20.7 per cent. The prevalence of sexual violence among married women age 15-19 was estimated at 4.5 per cent (IIPS & Macro International, 2007).

Women living in poor urban areas have been found to be at an increased risk for experiencing GBV. Settings in slum communities can 'exacerbate underlying gender-based power disparities,' subjecting young women to gender-based harassment, pressure for early sexual debut, and a pervasive threat of partner and non-partner violence (Decker et al., 2014). There has also been some evidence that the risk of GBV clusters within neighbourhoods and are associated with factors such as poverty and norms approving of violence against women (Pinchevsky & Wright, 2012).

There is no official, global definition of sexual harassment in public spaces, often referred to as street harassment. However, there are multiple forms of verbal and non-verbal sexual harassment. These include actual or attempted rape or sexual assault, unwanted pressure for sexual favours, unwanted deliberate touching, leaning over, cornering, or pinching, receiving unwanted sexual looks or gestures, unwanted letters, telephone calls, or materials of a sexual nature, unwanted sexual teasing, whistling and catcalls, sexual comments, and telling lies or spreading rumours about an individual's personal sex life (Basile, Smith, Breiding, Black, & Mahendra, 2014; Nahar, van Reeuwijk, & Reis, 2013)

Public spaces are not legally defined in most countries. However, they often include streets and other spaces in a neighbourhood. These are often spaces in which women carry out productive and reproductive work (e.g. markets, water taps, river beds). They also include public transportation, routes to and from schools and educational institutions, temporary public spaces (e.g. festivals), public parks and other recreational and sports facilities, school grounds, and key public facilities and infrastructure (UN Women, 2011).

Sexual harassment of women and girls in public spaces is commonplace worldwide (UN Women, 2013). A recent study from UNFPA Egypt found that 23 per cent of girls age 18-19 in Egypt reported experience of harassment in the past year at streets, markets, squares, and alike. Furthermore, 39 per cent of girls who studied at the time of the survey were victims of violence in public spaces (UNFPA Egypt, 2015). Additionally, UN scoping studies in 2011 from the Safe Cities Global Initiative found that 68 per cent of women in Quito, Ecuador experienced some form of sexual violence in the previous 12 moths. Additionally, 55 per cent of women in six markets in Port Moresby, Papua New Guinea had experienced some form of sexual violence in market spaces in the past 12 months (UN Women, 2013; UN Women Papua New Guinea, 2011).

Experience of GBV in childhood and adolescence can result in health inequalities throughout the life course. There are numerous high-risk behaviours and outcomes associated with a girl's experience of GBV during adolescence. The experience of GBV during childhood and/or adolescence is a risk factor for both GBV victimization and perpetration in adulthood (Abramsky et al., 2011; Fulu et al., 2013; World Health Organization, 2005). Additionally, sexual violence victimization during adolescence has

been found to be a risk factor for depression, alcohol and drug use, concurrent sexual partnerships, HIV and other sexually transmitted infections, unwanted pregnancy, and pregnancy complications or miscarriage (Abramsky et al., 2011).

Qualitative studies have found that sexual harassment in public spaces has a considerable impact on the health and wellbeing of adolescent girls. A parent's fear of sexual harassment often has an effect on whether their daughter is allowed to visit certain locales within or outside their community, including school (Verma, Sinha, & Khanna, 2013). Additionally, sexual harassment is a potential risk factor for early marriage due to concerns about protecting the reputation of a girl once she matures (Verma, Sinha, & Khanna, 2013). Parents often try to marry off their girls early to avoid the potential stigma/shame of their girls receiving sexual attention in public (Nahar, Van Reeuwijk, & Reis, 2013; Verma, Sinha, & Khanna, 2013).

Sexual Harassment in Public Spaces in India

Though this phenomenon is not unique to India, the discourse on sexual harassment in public spaces has been heightened since the gang rape and murder in Delhi in December 2012 and subsequent highly publicized public assaults against women (ICRW & UN Women, 2012). Sexual harassment in public spaces commonly referred to in India as 'eve teasing,' is a form of sexual GBV that is associated with inequitable gender norms, perpetration of intimate partner violence, and adverse physical and mental health outcomes (Alam, Roy, & Ahmed, 2010; Fernandes, Hayes, & Patel, 2013; Nahar, Van Reeuwijk, & Reis, 2013; Verma, Sinha, & Khanna, 2013).

The Government of India Criminal Law (Amendment) Act of 2013 identifies any man who commits one the following acts as guilty of sexual harassment: physical contact and advances involving unwelcome or explicit sexual overtures, demand or request for sexual favours, showing pornography to a woman against her will, or making sexual coloured remarks (Government of India, 2013).

Baseline findings from a study by the UN Women Safe Cities Free from Violence Against Women and Girls found that 92 per cent of girls and women age 16-49 years in Delhi reported ever experiencing any form of sexual violence in public spaces, most commonly verbal (ICRW & UN Women, 2012). Additionally, in the past six months, 62 per cent of girls and women age 16-49 years reported experiencing comments/sexual jokes/whistling/ leering/sexual gestures. In the past 12 months, 21 per cent reported having experiencing touching/brushing/groping of the breast or buttocks, 10 per cent reported experiencing stalking, and 8 per cent reported witnessing flashing of genitalia (ICRW & UN Women, 2012).

While there were high rates of sexual harassment experienced in public places by women and girls, 58 per cent of women who reported experiencing comments/sexual jokes/ whistling/leering/obscene gestures in the past 6 months did nothing, while 40 per cent reported confronting the perpetrator, 11 per cent reported telling family/friends, and less than one per cent reported asking people around to take action and reported an incident to the police respectively. While 61 per cent of these women reported that the sexual

harassment they experienced was minor, other reasons given for not reporting sexual harassment included not wanting to attract attention, fear of retaliation from the perpetrator, shame, fear that others would blame her, fear that her mobility would be restricted, and fear of hurting her family's reputation (ICRW & UN Women, 2012).

There are very few cases of sexual harassment prosecuted in India and the offence as it is legally defined is not gender-neutral. According to the law, only a man can commit sexual harassment against a woman (Government of India, 2013). Baseline findings from the Safe City Delhi Programme (2012) found that 26 per cent of women and 14 per cent of men are aware of the law against sexual harassment. Men and boys saw the police as ineffective at best and threatening at worst to girls, women, and families that report sexual harassment in public spaces (ICRW & UN Women, 2012).

Sexual harassment and masculinities

Sexual harassment in public spaces is a manifestation of gender inequalities. Young men in India develop in a male-dominated context with little contact with female peers, little or no sex education, and limited modelling of male-female relationships. Gender norms are often solidified in young adulthood (Verma & Mahendra, 2004, p. 71). During this period, boys experience increased autonomy, mobility, opportunity and power in comparison to adolescent girls (Verma & Mahendra, 2004). In India, boys are socialized in the context of the construct of an 'asli mard' (Real man), who should be 'daring, courageous, confident, and command respect… should be responsible towards family… and be able to prove is manliness or masculinity' (Verma & Mahendra, 2004, p. 73).

Sexually aggressive behaviour in youth, which stems from a sense of sexual entitlement, is associated with a higher likelihood of reporting rape in adulthood (Heilman, Hebert, & Paul-Gera, 2014). The International Men and Gender Equality Survey (IMAGES) study, a household study which collected data on men's attitudes and practices, along with women's opinions and reports of men's practices in eight countries between 2009 and 2012. IMAGES is one of the few quantitative surveys about men's attitudes of, and perpetration of GBV in India. Sexual aggression in youth was the largest risk factor for perpetration of rape in adulthood. Men who were sexually aggressive in their youth had 3.55 higher odds of reporting perpetration of rape in adulthood (Heilman & Paul-Gera, 2014).

Perpetration of sexual harassment in public spaces

There have been a number of interventions to engage men and boys in programs to promote gender equality and transform gender norms in order to reduce perpetration of GBV (Kato-Wallace, Barker, Sharafi, Mora & Lauro, 2016; Peacock & Barker, 2014). Though there is an increasing scope of studies on male perpetration of violence in India, as well as impact evaluations on studies designed to change norms of masculinity among adolescent boys and/or empower adolescent girls, there is a dearth of information on why such violence takes place and how men and boys justify such violence. The studies have not focused extensively upon the attitudes of adolescent boys and young men on perpetration of sexual harassment in public spaces and how it relates to the safety of girls in their community as they perceive in such situations. This is especially the case in urban areas, where adolescent girls and young

women have a growing presence in public spaces through higher education and/or employment (Rocca et al., 2009)

This paper fills this gap through analysing qualitative data on adolescent boys' and young men's attitudes and behaviours related to verbal or physical harassment in public spaces. We analysed 10 focus group discussions (FGDs) with men and boys in slum communities of Mumbai, in order to explore the perceptions, attitudes, and beliefs around sexual harassment in public spaces among adolescent boys and young men.

Theoretical foundation

In the context of norms of masculinity and violence among young men and adolescent boys in low-income urban residential communities (hereby referred to as slum communities) in Mumbai, this study frames the analysis in relation to Connell's notion of hegemonic masculinity (Connell, 2005; Connell, 2012). Connell (2005) defines hegemonic masculinity as 'the configuration of gender practice which embodies the currently accepted answer to the problem of the legitimacy of patriarchy, which guarantees (or is taken to guarantee) the dominant position of men and subordination of women' (p. 77).

Sexual harassment in public spaces in slum communities in Mumbai is shaped by men's relationship to hegemonic masculinity. Men and boys are socialized into gender roles within their social, cultural, and economic contexts (Levant, 2011). Dominant gender ideologies influence how parents, teachers, and peers socialize children and therefore have serious consequences on the behaviour of that child (Levant, 2011).

Our study drew from Heise's adaptation of the ecological framework, which highlights risk factors for GBV perpetration at the individual, family/relationship, community, and society-levels (Abramsky et al. 2011; Fulu et al. 2013; Heise 1998; Johnson & Das 2009). In this model, individual and peer-level factors can only be understood within the context of community-level norms and structural determinants. Social norms about gender and masculinity have been empirically linked to the risk of GBV in low- and middle-income countries. They include acceptance of violence, male right to discipline/control female behaviour, tolerance of harsh physical punishment of children, stigma for divorced or single women, norms linking male honour to female purity, and norms of family privacy. At the community-level, these norms lead to lack of legal or moral sanctions and bystander intervention (Heise, 2011).

In the context of norms of masculinity and violence among young men and adolescent boys in slum communities in Mumbai, this qualitative study using FGDs frames the analysis in relation to the individual, familial, community, and structural determinants of GBV and sexual harassment, including attitudes towards violence and norms/perceptions of masculinity and sexuality.

Methods

This study was part of formative research from the International Center for Research on Women (ICRW) on substance use, violence, and sexual risk taking behaviours among young

men in two urban slums in India. The area covers a population of more than 800,000 who are mostly migrants from other parts of the country, particularly Bihar and Uttar Pradesh (Mili, 2011). The communities are located next to a sizable dumping ground as well as a large slaughterhouse. Many community members make a living by collecting, sorting, and recycling the garbage. Men also work as tailors, domestic servants, and daily wage labourers while the majority of women do not work outside the home (Raj et al., 2011). Though there is a sizable non-Muslim population (around 20 per cent, mostly of the Dalit caste), outsiders often label this community as a 'Muslim slum' that is working class and lower-caste (Jaffrelot, C & Gayer, L, 2012). Girls' education beyond the primary level (mostly 8th Standard) is quite limited (Schensul et al., 2015).

Participants for this study were recruited from young men who had taken part in a study conducted by ICRW implemented with local partners. The Parivartan study integrated gender training into a sports-based program with the goal of transforming gender norms around masculinity and reducing the perpetration of GBV among boys and men. In the intervention, 16 men from the community were trained as mentors to coach cricket and teach 168 adolescent boys age 10-16 about controlling aggression, preventing violence, promoting respect, and enhancing gender equality (Das et al., 2012).

The FGDs were conducted between April and June of 2012, one year after the conclusion of the delayed intervention in the comparison group. Mentors from each of two slum communities invited all of the those from the study (both intervention and control groups) who were at least 14 years old to participate in the FGDs. The study was focused around youth and thus the age rage covered only adolescent boys and young men. Participants were organized into two different age groups: those 14 to 17 and those 18 to 24 years of age in order to be able to examine norms of alcohol and drug use and sexuality and how they differ in adolescence versus early adulthood.

The study was reviewed and approved by the ICRW Institutional Review Board. Parental consent and youth assent were obtained for participants in the 14-17 age groups and participant consent was obtained for those in the 18-24 age groups. Focus groups were separated by age in order to have groups in similar developmental stages and with similar experiences related to risk-taking behaviours. Given the sensitive nature of the topics discussed in the FGDs, in the session introduction and throughout the discussion, the facilitators sought to foster a trusting atmosphere. The facilitators shared with participants the purpose and expectations of the session, emphasizing that the contributions of the participants will be shared with the entire group. They encouraged participants to speak in general about their peers in the community and not their own behaviour. The facilitators also emphasized the option to withdraw their participation at any time and they underscored the importance of confidentiality among the group.

Two male staff members from our local partner and a researcher from the Mumbai Project Office with extensive experience working with this population were trained by senior ICRW researcher and study investigator to facilitate the FGDs using a multi-topic guide. The violence section focused on their perceptions of interpersonal violence and gang war in the community. It also included questions on the safety of girls and women in the community

and their attitudes towards different forms of GBV in the community. The final focus group discussion guide was tested with mentors from Parivartan in order to ensure that the questions were understood and flowed well. FGDs were conducted in Marathi, transcribed by the researchers, and translated into English by a senior researcher at ICRW.

A codebook was developed based on themes in the interview guide as well as themes that came up in the initial review of the transcripts. Deductive codes were developed from the interview guide and from the theory on GBV. Inductive codes were developed based on an initial and continued examination of the data. Codes were applied using Atlas.ti version 7 (Scientific Software Development GmbH, Berlin, 2012). Memos and matrices were then developed to explore the interconnections between participant's attitudes on violence and safety.

Findings

A total of 103 adolescent boys and young men participated in the FGDs, 45 adolescent boys age 14-17 in four FGDs and 58 young men age 18-24 in six FGDs. The focus groups ranged in size from 8 to 16 participants, some larger than the standard of 8-10 participants (Ulin, Robinson, & Tolley, 2012). The majority of participants were in school or had attended school, either full time secondary school, night school, or full-time college. Two of the 14-17-year-old boys and 20 of the 18-24-year-old boys reported that they worked. They worked primarily in the informal unorganized sector collecting goods at the landfill adjacent to their community.

Context of sexual harassment in public spaces

Chamdi, a slang term in Mumbai, was mentioned in reference both to sexual harassment perpetrated by men and boys against girls and women in public spaces and also to girls who have sexual relationships with boys. *Chamdi* was also used to describe the perpetration of sexual harassment or teasing of girls and/or women in public. *Chamdi* ranged from watching girls in public, following girls and standing where you know they will be each day, whistling and calling out to girls, grabbing girls sexually, and/or propositioning girls for sex including offering money or goods in exchange for sexual favours.)

The public spaces where women and girls' presence was seen as wrong/unacceptable and where they were perceived as vulnerable to harassment included the market, near the dumping ground, near public toilets, near municipal schools, outside bars, in restaurants with private rooms, and at train stations. Additionally, male participants thought that girls and women were more likely to experience sexual harassment during festivals, due to additional crowds in the street. According to one participant,

> Now *Ramzan* [Ramadan] is coming…no girl will go out alone. She'll go with some family member to the market, like her mother, father, or brother, as there is a fear of being eve-teased (FGD 5: 18-24).

However, despite the fact that it was frequently identified as form of violence, numerous participants readily admitted to perpetrating sexual harassment.

> I teased one girl one day. She asked me if I had a mother and sister at home. I said that I have a mother and sister, but no girlfriend and asked her if she will come home with me. (FGD 10: 18-24)

In the case above, the context of thinking about the women in one's life did not prevent the participant from persisting in his behaviour.

While many of the boys referred to both girls and women at equal risk of experiencing sexual harassment, boys 14-17 admitted to mostly teasing girls who are in their early 20s. In one FGD with men age 18-24, the participants agreed that while this happened in other communities, there was no harassment of any women in their community.

Sanctioned sexual harassment in public spaces

There is an inconsistency between some boys' attitudes that girls should protest or they will be misunderstood, and other boys think that if they do protest, that they will be exposed to more harassment. Though many participants mentioned that some girls do not like 'pushing' or other forms of harassment, most of the participants justified the practice based on the moral designation that only 'bad girls' are harassed in public. Participants justified sexual harassment based on whether the subject was a 'good girl' or 'bad girl:'

> First, we look at the girl. If she is of good nature, then we don't do anything. If we feel that she is of loose morals, then we start teasing her. (FGD 5: 18-24)

Some of the participants identified girls as 'bad' if they smiled or did not respond to harassment with strong language and disgust. When asked if girls may smile shyly or walk away without a response because they are afraid of the consequences of responding to the harassment, many participants responded that 'good girls' would still respond if they did not like the attention, even if they were scared of the consequences. However, one participant suggested that if a girl talked back to boys who are harassing her, there would be physical consequences:

> If any girl argues with these boys, they will beat her. Girls change their walking routes because of teasing. (FGD 1:14-17)

Though what makes a 'good girl' is not explicitly explained, participants described being innately able to identify a 'bad girl,' which extends beyond the bond of family and friendship:

> If our mother and sister are bad, then we will trouble them. If they are not bad, then no one will trouble them. (FGD 6: 18-24)

However, in the quote above and for many participants, what is 'wrong' about 'bad girls' is not defined and is left as a nebulous term to be defined after the fact in order to justify the behaviour of boys and men. It is in the interest to keep the concept of a 'bad girl' as vague. One participant estimated that 40 to 60 per cent of girls and women in the community are 'bad' because they flirt with boys, run away with boys, or have affairs. He said 'here… nothing is hidden, you will get to know that soon.' (FGD 10: 18-24). There were many narratives spread amongst the boys of 'bad girls.' This includes girls who have sexual intercourse with many men at a time, girls near the dumping ground who will have sex for

money, and older women who have affairs with young men. The community accepts gossip and narratives of 'bad girls' in order to legitimise the practice sexual harassment in public spaces.

Perceived effects of sexual harassment

There were various perceptions among participants of the effect of sexual harassment on women and girls. When asked about the general safety of girls in their community, the vast majority readily admitted that girls and women are not safe in their community. Sexual harassment was the most commonly mentioned reason for this.

There was the general perception that *chamdi* (sexual harassment) had a harmful effect on girls in their community. One participant identified *chamdi* as a form of violence:

> If a girl or woman responds to the trouble I give her with bad words, then I force her to respond to me. That is one kind of violence. This is wrong but it happens over here a lot. (FGD 6: 18-24)

Among some participants, there is the overall sense that sexual harassment is wrong, but its frequency and overall level of acceptance in the community take away any accountability.

According to another participant, the majority of girls in the area are not allowed to travel from the community due to a perception that there are more dangers for girls in the form of sexual harassment and violence outside of the community as they are in the community. Most of the government secondary schools are located outside of these communities, limiting their schooling.

Perceived risk and protective factors

Numerous participants mentioned protective factors for both the experience of and perpetration of sexual harassment in their community that went beyond individual behaviours such as what clothes a girl wears or how she responds to an individual incident of harassment. This is especially true of the older participants, who were able to identify community and structural-level risk factors for sexual harassment victimization and perpetration.

Participants identified drug and alcohol use as a risk factor for perpetration of sexual harassment in public spaces. Without denying the assertion that 'all boys from our area do this [sexual harassment],' participants also singled out that 'free roamers and drinkers also do this' (FGD 6: 18-24).

Participants also mentioned gang membership, in tandem with drugs and alcohol, are risk factors for the perpetration of sexual harassment. The environment is extremely limited in providing opportunities for youth to continue their education or enter into careers. In this context, involvement in gangs, substance abuse and harassing women and girls become part of their daily lives. Participants described that men and boys who are in gangs and make money off of illegal ventures are more likely to perpetrate sexual harassment. For example, since the community has no regular access to electricity, some men and boys illegally hack

the connection from government electricity posts and charge households for providing electricity. According to one participant:

> All of this is due to electricity…Boys are earning free money and this is only creating more issues like fights. (FGD 9: 18-24)

In addition to illegal economic activities, low socioeconomic status was also mentioned as a risk factor for perpetration of sexual harassment in public spaces. According to one participant, young men who 'do not have any other work' harass women and girls. (FGD 10: 18-24).

Participants identified higher socioeconomic status as a protective factor for sexual harassment in public spaces. Additionally, participants expressed the opinion that a girl was protected from sexual harassment if she had a strong male figure in her life, especially an older brother, or a boyfriend:

> Only rich people's daughters are safe. Or girls whose brother is known well and has a good command over [the] area. Here, a common man's daughter is not safe (FGD 5: 18-24).

According to another participant:

> One whose brother is big shot and whose father is well respected and well known in this type of community where we live are still safe. But others who are orphans or poor, they are mostly targeted (FGD 9: 18-24).

Perceived barriers to help-seeking and bystander intervention

While the presence of a brother or boyfriend is perceived as a protective factor, the police are not seen as effective in the primary or secondary prevention of sexual harassment. This is especially true if the perpetrator is of high socioeconomic status or social standing in the community:

> If anyone troubles a girl and she goes to the police to complain, if the man who troubled her is a big man from our area, police do not take her complaint or help her (FGD 8: 18-24).

Participants saw serious consequences of reporting harassment or other forms of violence to the police, including being talked out of reporting harassment and being out of favour with the police in the future. For instance, according to one participant:

> If we speak all this [reporting sexual harassment and violence] in front of the police then they will file a mini-case on us. If there is any murder case or any stealing case, they will involve us in it (FGD 9: 18-24).

In response to this, one participant said 'so here life is *don't see bad. Don't listen to bad things.* We have to live here in this manner only' (FGD 9: 18-24). This participant is explaining how members of the community do not respond to or intervene on any violence they witness because of implied retaliation from the police or other community members. However, participants identified that only influential men could report sexual harassment and other forms of violence to the police:

Someone big like Abu Azmi (representative of Mankhurd-Shivaji Nagar in the Maharashtra Legislative Assembly). He is a big billionaire. If he speaks to the police, then some cases can be filed (FGD 9: 18-24).

Discussion

This study highlighted some of the attitudes of young men on sexual harassment and violence and how these attitudes are connected to moral designations of girls and women as 'good' or 'bad.' Overall, this reflects a 'blame the victim' approach, which legitimizes sexual harassment. This approach reflects acceptance of harassment among men at the individual level, weak sanctions against harassment at the community level, traditional gender norms supportive of harassment, and ideologies of male sexual entitlement at the society level. The 'blame the victim' approach is also fuelled by lack of institutions and governmental sanctions against harassment, such as perceived retributions from the police for reporting sexual harassment in public spaces

In this study, norms around sexual harassment and the sexual dynamics between boys and girls, boys and women, men and women, and boys and men were complex and fluid. For instance, this group of adolescent boys and young men were aware of the adverse effects of sexual harassment, but created elaborate systems of justification, which were related to the behaviour of the girl but also her social status in terms of her economic status and the protection of her brothers.

Additionally, many community- and structural-level perceived risk and protective factors for both the perpetration and victimization of sexual harassment in public spaces. For perpetration this included norms of drug and alcohol use and gang involvement. For victimization, this included socioeconomic status and being affiliated with an influential man such as a father, brother, or boyfriend.

Strengths of this study include in-depth information collected in order to garner an understanding on the attitudes and behaviours among this population on topics that have previously not been explored, especially on attitudes of sexual harassment in public spaces in slum communities.

However, there are limitations of this study. This study was a secondary analysis of data original collected to understand drug and alcohol use and the pathways of HIV risk among this population. Ideally, the study would have probed more on the peer and community-level norms that affect perpetration of sexual harassment among young men in the community and also any protective factors that they perceive keeping boys and men from perpetrating sexual harassment. Additionally, the interviews were translated from Marathi, meaning that follow-up questions were often not asked in response to participant's attitudes towards sexual harassment, making it difficult to make the research process iterative.

Areas for future research and programs

Research on how sexual violence in public spaces effects adolescent girls and gender norms among adolescent girls in India needs to be conducted. This study tells a one-sided story that

reflects a 'blame the victim' approach to sexual harassment. It is important to conduct research to understand the dynamics of sexual harassment from the point of view of adolescent girls and young women in India, especially on how adolescent girls in India respond to sexual harassment in public spaces and attitudes towards bystander intervention.

According to Peacock and Barker (2014), interventions to engage men and boys in the prevention of GBV should be guided by five interrelated commitments including 'enhance boy's and men's lives,' 'be inclusive of and responsive to diversities among men' and 'address the social and structural determinants of gender inequalities and health inequalities' (Peacock & Barker, 2014, p. 582).

In India, there are a number of initiatives that are working to engage men and boys in order to prevent GBV. Jagori, a non-governmental organization based in Delhi has been working alongside UN Women and the City of Delhi in the Safe City Free from Violence Against Women and Girls Initiative (Suri, 2010). In this process, they have included men and boys in spreading awareness on sexual harassment in public spaces. The findings of this study could be helpful to organizations such as Jagori in fulfilling the commitments to working with men and boys framed by Peacock and Barker (2014). For instance, the results on perceived risk factors for perpetration of sexual harassment can provide some context to the lives of boys and men in the community and structural factors such as poverty and youth unemployment contribute to the perpetration of sexual harassment in public spaces.

Conclusion

This study found interrelated perspectives and attitudes of adolescent boys' and young men on GBV, particularly on sexual harassment in public spaces. These findings suggest multiple entry points for programs through local government, youth clubs, schools, and non-governmental organizations to create social sanctions against the perpetration of GBV in public spaces and to address the pressure of masculinity norms and ways of coping with stress in romantic and familial relationships. The results suggest that with the growth of slum communities due to migration from villages, and an increasing presence of girls and women in the public sphere in these communities, there is a need for substantial investment in community mobilization to prevent GBV and sexual harassment in public spaces in urban locales in India.

Acknowledgments

References

Abramsky T, Watts CH, Garcia-Moreno C, Devries K, Kiss L, Ellsberg M, … Heise L (2011). What factors are associated with recent intimate partner violence? findings from the WHO multi-country study on women's health and domestic violence. BMC Public Health, 11, 109 10.1186/1471-2458-11-109 [PubMed: 21324186]

Alam N, Roy SK, & Ahmed T (2010). Sexually harassing behavior against adolescent girls in rural Bangladesh: Implications for achieving millennium development goals. Journal of Interpersonal Violence, 25(3), 443–456. 10.1177/0886260509334281 [PubMed: 19458081]

Basile K, Smith S, Breiding M, Black M, & Mahendra R (2014). Sexual Violence Surveillance: Unifrom Definitions and Recommended Data Elements. National Center for Injury Prevention and Control, iv–123. Retrieved from http://www.cdc.gov/violenceprevention/pdf/sv_surveillance_definitionsl-2009-a.pdf

Das M, Ghosh S, Miller E, O'Conner B, & Verma R (2012). Engaging Coaches and Athletes in Fostering Gender Equity: Findings from the Parivartan Program in Mumbai, India, (May 2012), 28 Retrieved from http://www.icrw.org/files/publications/ParivartanEngagingCoachesandAthletesinFosteringGenderEquity.pdf

Decker MR, Peitzmeier S, Olumide A, Acharya R, Ojengbede O, Covarrubias L, … Brahmbhatt H (2014). Prevalence and health impact of intimate partner violence and non-partner sexual violence among female adolescents aged 15-19 years in vulnerable urban environments: A multi-country study. Journal of Adolescent Health, 55(6), S58–S67. 10.1016/j.jadohealth.2014.08.022 [PubMed: 25454004]

Duvvury N, Marcos MO, Gadallah M, Attia S, Adly N, Maged W, Haddad G (2015). The Egypt economic cost of gender-based violence survey (ECGBVS) 2015. Cairo: United Nations Population Fund (UNFPA) Retrieved from http://egypt.unfpa.org/sites/default/files/pub-pdf/Costs%20of%20the%20impact%20of%20Gender%20Based%20Violence%20%28GBV%29%20WEB.pdf

Fernandes AC, Hayes RD, & Patel V (2013). Abuse and other correlates of common mental disorders in youth: A cross-sectional study in Goa, India. Social Psychiatry and Psychiatric Epidemiology, 48(4), 515–523. 10.1007/s00127-012-0614-6 [PubMed: 23111769]

Fulu E, Warner X, Miedema S, Jewkes R, Roselli T, & Lang J (2013). Why do some men use violence against women and how can we prevent it Quantitative Findings from the United Nations Multi-Country Study on Men and Violence in Asia and the Pacific. Bankok: United Nations Development Programme, United Nations Population Fund, United Nations Women and United Nations Volunteers Retrieved from http://www.partners4prevention.org/sites/default/files/resources/p4p-report.pdf

Government of India. (2013). The Criminal Law (Amendment) Bill, 2013. Bill no. 63 of 2013.

Heilman B, Hebert L, and and Paul-Gera N. 2014 The making of sexual violence: How does a boy grow up to commit rape? Evidence from Five IMAGES Countries. Washington, DC: International Center for Research on Women and Washington, DC: Promundo Retrieved from http://menengage.org/wp-content/uploads/2014/07/The-Making-Of-Sexual-Violence-June-2014.pdf

Heise L (2011). What works to prevent partner violence? An evidence overview.

Heise LL (1998). Violence against women: An integrated, ecological framework. Violence Against Women, 4(3), 262–290. Retrieved from https://www.scopus.com/inward/record.uri?eid=2-s2.0-0032081542&partnerID=40&md5=6e21d1436aa53090f86cf4b31fbf8e6e [PubMed: 12296014]

IIPS (International Institute for Population Sciences) and Macro International. 2007 India National Family Health Survey (NFHS-3), 2005-06. Vol. 1 International Institute for Population Sciences Retrieved from http://dhsprogram.com/pubs/pdf/FRIND3/FRIND3-Vol1%5BOct-17-2008%5D.pdf

International Center for Research on Women (ICRW) and Government of India Ministry of Health and Family Welfare. 2012 Safe cities free from violence against women and girls: baseline findings from the safe city Delhi programme: UN Women and ICRW Retrieved from https://www.icrw.org/wp-content/uploads/2016/10/Baseline-Research-of-Safe-Cities-programme-(1) [smallpdf.com].pdf

Jaffrelot C, & Gayer L (2012). Muslims in Indian cities: Trajectories of marginalisation. Columbia University Press.

Johnson KB, & Das MB (2009). Spousal violence in bangladesh as reported by men: Prevalence and risk factors. Journal of Interpersonal Violence, 24(6), 977–995. 10.1177/0886260508319368 [PubMed: 18523237]

Kato-Wallace J, Barker G, Sharafi L, Mora L, & Lauro G (2016). Adolescent boys and young men: Engaging them as supporters of gender equality and health and understanding their vulnerabilities.

UNFPA and Promundo Retrieved from https://www.unfpa.org/sites/default/files/pub-pdf/Adolescent_Boys_and_Young_Men-SINGLE_PAGES-web.pdf

Mili D (2011). Migration and healthcareo: access to healthcare services by migrants settled in Shivaji Nagar Slum of Mumbai, India. The Health, 2(3), 82–85.

Nahar P, van Reeuwijk M, & Reis R (2013). Contextualising sexual harassment of adolescent girls in Bangladesh. Reproductive Health Matters, 21(41), 78–86. 10.1016/S0968-8080(13)41696-8 [PubMed: 23684190]

Peacock D, & Barker G (2014). Working with men and boys to prevent gender-based violence: Principles, lessons learned, and ways forward. Men and Masculinities, 17(5), 578–599. 10.1177/1097184X14558240

Pinchevsky GM, & Wright EM (2012). The Impact of Neighborhoods on Intimate Partner Violence and Victimization. Trauma, Violence, and Abuse, 13(2), 112–132. 10.1177/1524838012445641

Raj A, Sabarwal S, Decker MR, Nair S, Jethva M, Krishnan S, … Silverman JG (2011). Abuse from in-laws during pregnancy and post-partum: Qualitative and quantitative findings from low-income mothers of infants in Mumbai, India. Maternal and Child Health Journal, 15(6), 700–712. 10.1007/s10995-010-0651-2 [PubMed: 20680670]

Rocca CH, Rathod S, Falle T, Pande RP, & Krishnan S (2009). Challenging assumptions about women's empowerment: Social and economic resources and domestic violence among young married women in urban South India. International Journal of Epidemiology, 38(2), 577–585. 10.1093/ije/dyn226 [PubMed: 18952621]

Schensul SL, Singh R, Schensul JJ, Verma RK, Burleson JA, & Nastasi BK (2015). Community Gender Norms Change as a Part of a Multilevel Approach to Sexual Health Among Married Women in Mumbai, India. American Journal of Community Psychology, 56(1-2), 57–68. 10.1007/s10464-015-9731-1 [PubMed: 26136202]

Suri SN (2010). Safe Cities Free of Violence Against Women and Girls Initiative: A Draft Strategic Framework for Women's Safety in Delhi 2010. Jagori Retrieved from http://www.jagori.org/wp-content/uploads/2006/01/Strategic_Framework.pdf

Ulin PR, Robinson ET, & Tolley EE (2012). Qualitative methods in public health: a field guide for applied research. John Wiley & Sons.

UN Women Papua New Guinea. (2011). Making Port Moresby safer for women and girls: Report on scoping study findings. UN Women Retrieved from http://www.unwomen.org/~/media/field%20office%20eseasia/docs/publications/2014/8/making%20port%20moresby%20safer%20for%20women%20and%20girls%202014.ashx?v=1&d=20141202T120316

UN Women. (2011). UN women safe cities free of violence against women and girls global programme: Glossary and definitions of key terms. Retrieved from http://www.endvawnow.org/uploads/browser/files/safe_cities_glossary_2011.pdf

UN Women. 2013 Safe Cities Global Initiative: In Brief. UN Women Retrieved from http://www2.unwomen.org/-/media/field%20office%20eseasia/docs/publications/2016/10/4un%20women%20safe%20cities%20brief-dec%202014-kbelen.pdf?vs=4948

Verma R, Sinha T, Khanna T, Pande R, Malhotra A Namy S & Abhishek G (2013). Asia child marriage initiative: Summary of research findings in Bangladesh, India and Nepal. ICRW Retrieved from https://www.icrw.org/wp-content/uploads/2016/10/PLAN-ASIA-Child-Marriage-3-Country-Study.pdf.

World Health Organization, & London School of Hygiene and Tropical Medicine. (2010). Preventing intimate partner and sexual violence against women: taking action and generating evidence. Injury Prevention, 16(5), 1–102. 10.1136/ip.2010.029629 [PubMed: 20179025]

World Health Organization. (2005). WHO multi-country study on women's health and domestic violence against women: summary report of initial results on prevalence, health outcomes and women's responses. Retrieved from http://www.who.int/gender/violence/who_multicountry_study/summary_report/summary_report_English2.pdf