

# A study of abuse including physical, substance, and sexual abuse among urban adolescent children

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## Abstract

**Background:** Adolescents are the future citizens of a country, and it is imperative to systematically address their needs. The prevalence of abuse including physical and sexual, by these adolescents as well as against them, have been increased. **Objective:** The study was undertaken to estimate the prevalence of abuse including physical, substance, and sexual abuse in adolescents of Bengaluru urban. **Materials and Methods:** This was a cross-sectional survey conducted among the adolescents aged 10-19 years in Bengaluru. A pretested self-designed semi-structured questionnaire which included demographic profile and details of the substance abuse (physical and sexual abuse), juvenile delinquency was used. Data were analyzed using SPSS software. **Results:** A total of 303 adolescents were enrolled during the study period, out of which 167 adolescents were from school and 136 adolescents from the slum. Most children (54.1%) belonged to the age group of 14-16 years. Smoking (48.5%) was the most common form of abuse among the parents. The most common substance abuse seen among children was smoking (30%). Majority were involved in violence with other adolescents (71%). Sexual abuse was seen more in slum children as compared to school children. Substance abuse among children was mostly influenced by friends in 70 (40.7%) cases. **Conclusion:** Substance abuse was common in male slum adolescents for which peer pressure and curiosity were the main influences. More than one-quarter of slum adolescents reported physical abuse while sexual abuse was more commonly reported in female slum adolescents.

**Key words:** *Adolescents, Delinquency, Prevalence, Slum, Substance abuse*

Adolescence is the time for the change and time of metamorphosis. The word “adolescence” comes from the Latin verb “adolescere” which means “grow to maturity.” Adolescence is generally characterized by rapid growth and development. Many mental and emotional adjustments occur due to physiological and psychological changes, and adolescents are liable to both risks and opportunities. Thus, adolescence is a period of physical change but also of crucial psychological needs. This is an important period for laying the foundation for adulthood through socialization.

The onset of puberty and reaching responsible sexual behavior usually occurs in this phase. Correct information is required to avoid diseases and risk-taking behavior, which influence not only the growth and development of adolescents but also has intergenerational effects. Adolescent groups are likely to be tempted to emulate their role model character in mass media due to various psychological changes and mood swings.

Nearly, 20% (236 million) of the India’s population is in the age group of 10-19 years [1]. Adolescents are the future

citizens of a country, and it is imperative to systematically address their needs [2]. In India, the current “high-tech” age and industrial growth have led to innumerable social changes and to a need for more education and training before placement for a job or entry into any profession. The prolonged period of adolescence in an ever-increasing adolescent population seems to have led to a new range of psychopathology. The prevalence of abuse including physical and sexual by these adolescents as well as against them have been increased recently. Drug abuse, alcoholism, violence, and delinquency are the social problems, which are surfacing more frequently [3].

There is a paucity of data from India regarding the abuse faced by these adolescents, and a study of the prevalence of socio-behavioral problems becomes imperative. Hence, the present study was undertaken with the objective of studying the prevalence of abuse including physical, substance, and sexual abuse in adolescents of Bengaluru urban.

## MATERIALS AND METHODS

This was a cross-sectional survey conducted among the adolescents of Bengaluru during September 2011 until

October 2012. Children between 10 and 19 years of age from one government school catering to lower middle and lower socio-economic classes and one slum was chosen by purposive sampling. Stratified cluster sampling was applied considering the type of school as strata and sections of each standard as clusters. Students were taken from Classes VIII to X. One section of each class from each school was selected randomly. A pretested self-designed semi-structured questionnaire which included demographic profile and details of the substance, physical, sexual abuse, and juvenile delinquency behavior was used. The questionnaire in English was translated in Kannada also.

The students were told about the questionnaire, its contents and the method to fill the questionnaire. The questionnaire was used so that there would be no discussion among the students. The students were asked to answer every question in the questionnaire individually, without any hesitation and without consulting each other and give their fair responses. Confidentiality was ensured, and supervision by the teachers was avoided to enable the students to answer the questions freely. The study was conducted during the school days and working hours of the school. All the students in the class present on the day of the interview were enrolled for the study.

Enumeration of children between 10 and 19 years was done in the slums by the door-to-door visit. The adolescents were brought to the nearby Primary Health Centre or Youth Information Centre in the slum after taking informed oral consent from their parents or guardian for interview and were interviewed by semi-structured and pre-tested preformed, if literate or by personal interviews if illiterate on one to one basis after explaining the questions and choices in their vernacular language.

The adolescents were divided into early (10-13 years), mid (14-16 years), and late (17-19 years) adolescents depending on their age. As we chose only high school students from the school, we had only early and mid-adolescents in the school while we had all the three groups in the slum. After calculating the per-capita income of the adolescents based on the family income as per the school records or information from their parents and information about education and occupation from their parents, the socio-economic status was assigned using modified Kuppuswamy's socio-economic scale [4].

The questions regarding abuse like "Have you been sexually abused?" "Have you been physically abused?" were asked and those who responded "Yes" to either of these questions were considered as having been abused. The students were not further probed as school officials did not permit additional questions about details of the abuse (as to age when abuse occurred, actual experiences, and the perpetrator) because of their own anxieties about asking such questions and potential conflicts with the identification of victims and reporting to

legal authorities. However, these students were referred to counseling services for further management.

Data thus obtained from various schools, and the slum adolescents were analyzed using SPSS software. To find the associations among the various parameters, Chi-square test was applied. Proportions were compared using Chi-square test of significance. A  $p < 0.05$  was accepted as indicating statistical significance. The proportion of cases belonging to a specific group of the parameter or having a particular problem was expressed in absolute number and percentage.

## RESULTS

A total of 303 adolescents were enrolled during the study period, out of which 167 adolescents were from school and 136 adolescents from the slum. School students belonged to the socio-economic Class III and IV, while slum adolescents belonged to Class IV and V. demographic profile of the study population have been given in Table 1.

Most adolescents (54.1%) belonged to the age group of 14-16 years and females constituted 56.4% of the study population. Smoking (48.5%) followed by alcoholism (35%) were the most common form of abuse among the parents. Paternal smoking was reported by 40.7% in school group in comparison with 58.0% in slum group. Similarly, paternal alcoholism was reported by 64.0 % and 11.4 % of slum and school adolescents, respectively.

The most common substance abuse seen among adolescents was smoking (30%). Substance abuse among slum adolescents was significantly high as compared to school adolescents ( $p=0.01$ ). The most common offence was ticketless travelling (41%) followed by traffic offences (25%). Majority were involved in violence with other adolescents (71%). Sexual abuse was more common in slum adolescents as compared to school adolescents as shown in Table 2.

Substance abuse among adolescents was mostly influenced by friends in 70 (40.7%) cases followed by curiosity in 45 (26.2%) cases. The most common reason for not having substance abuse was that 102 (77.9%) children were aware that it is harmful followed by the fear of intake in 99 (75.6%) cases (Table 3).

## DISCUSSION

The study was conducted to determine the prevalence of abuse including physical, sexual, and substance abuse in adolescents of Bengaluru urban. In the present study, smoking and alcoholism were the common paternal habits. This could be because of lack of knowledge of ill effects of these habits owing to their poor literacy. The parental habits influence the adolescents' behavior and attitude toward the substance abuse.

**Table 1: Demographic data of study cohort**

| Data                      | School adolescents<br>n=167 (%) | Slum adolescents<br>n=136 (%) | Total<br>n=303 (%) |
|---------------------------|---------------------------------|-------------------------------|--------------------|
| Age                       |                                 |                               |                    |
| 10-13                     | 63 (37.7)                       | 56 (41.2)                     | 119 (39.3)         |
| 14-16                     | 104 (62.3)                      | 60 (44.1)                     | 164 (54.1)         |
| 17-19                     | -                               | 20 (14.7)                     | 20 (6.6)           |
| Gender                    |                                 |                               |                    |
| Male                      | 77 (46)                         | 55 (40)                       | 132 (44.6)         |
| Female                    | 90 (54)                         | 81 (60)                       | 171 (56.4)         |
| Parental abuse            |                                 |                               |                    |
| Smoking                   | 68 (40.7)                       | 79 (58.0)                     | 147 (48.5)         |
| Alcoholism                | 19 (11.4)                       | 87 (64.0)                     | 106 (35.0)         |
| Tobacco chewing           | 23 (13.8)                       | 37 (27.2)                     | 60 (19.8)          |
| Physical abuse by parents | 17 (10)                         | 51 (37)                       | 68 (22)            |

**Table 2: Various forms of abuse**

| Type of abuse                        | School<br>n=167 (%) | Slum<br>n=136 (%) | Total<br>n=303 (%) | Chi-square;<br>p value |
|--------------------------------------|---------------------|-------------------|--------------------|------------------------|
| Substance abuse                      |                     |                   |                    |                        |
| Smoking                              | 30 (18)             | 60 (44)           | 90 (30)            | 10.22; 0.01            |
| Ghutka use                           | 32 (19)             | 30 (22)           | 62 (20)            |                        |
| Alcohol use                          | 3 (2)               | 17 (13)           | 20 (7)             |                        |
| Physical abuse in last 1 month       |                     |                   |                    |                        |
| Violence involving other adolescents | 88 (53)             | 127 (93)          | 215 (71)           | 0.06; 0.81             |
| Physical abuse with them             | 26 (16)             | 35 (26)           | 61 (20)            |                        |
| Sexual abuse                         |                     |                   |                    |                        |
| Male                                 | 1 (1)               | 8 (6)             | 9 (3)              | 1.28; 0.26             |
| Female                               | 5 (3)               | 11 (8)            | 16 (5)             |                        |

**Table 3: Reasons for substance abuse and non-abuse among adolescents**

| Reason for substance abuse | n=172 (%) | Reason for not consuming drugs/alcohol/tobacco | n=131 (%)  |
|----------------------------|-----------|--|------------|
| Influence of friends       | 70 (40.7) | It is harmful                                  | 102 (77.9) |
| Curiosity                  | 45 (26.2) | I am afraid                                    | 99 (75.6)  |
| To adventure               | 12 (6.9)  | Parents would be hurt                          | 77 (58.8)  |
| Parents as role model      | 25 (14.5) | I will be punished                             | 42 (32.1)  |
| Others                     | 7 (4.1)   | None of my friends' take                       | 15 (11.5)  |
|                            |           | Others   | 60 (45.8)  |

In our study, we found none of the female adolescents had ever smoked which is similar to the observations made by Kushwaha et al. [5]. In our study, more than one-third of slum adolescents reported smoking which is similar to that reported by Dassi and Khan [6]. On the other hand, one-fourth of the school going adolescents also reported smoking. Most of the adolescents in the present study had begun smoking in early adolescence. Deshpande et al. [7] in their study involving school/college going adolescents, reported a prevalence of 4.11% (31.1% were regular smokers). As this study was done more than three decades ago, low prevalence of smoking could reflect the socio-cultural-economic situation at that time.

However, similar prevalence of smoking in slum adolescents (50.2%) was reported by Kushwaha et al. [5]. This slightly higher prevalence could be because of higher age of adolescents included in their study.

We found that a quarter of male adolescents were abusing Ghutka (16.9% in school and 38.2% in a slum). Tripathi et al. [8] reported Ghutka abuse in 12.36% of males and 1.09% of females in their study. The prevalence rate in mid-adolescents in the present study was 30%. Mudgal et al. reported that 40% of boys of the 10<sup>th</sup> standard in a school in coalfield area, Chandrapur district were consuming pan masala [9]. None of the female

adolescents had used ghutka in the present study. The use of ghutka among adolescents is determined by various factors including availability, local prevalence of abuse, parental use, and availability of other substances for abuse.

In our study, it was found that 7.6% males had consumed alcohol which was higher in slum adolescents. Tripathi et al. [8] reported alcohol consumption in 2.01% of males. The prevalence of alcoholism in slum male adolescents in the present study was 16.4% which is more than that reported by Awasthi and Pande [10] (13.1%), Dassi and Khan [6] (12.0%), and Kushwaha et al. [5] (12.24%). Kishore et al. [11] have found a prevalence of 32.2% in their study from Delhi urban area.

Among school going males, the prevalence of alcoholism was reported to be 1.3%, which was similar to that reported by Deshpande et al. [7] (1.6%). However, Kushwaha et al. [5] reported a higher incidence of 4.9% alcohol abuse in school/college going adolescents which could be due to their cohort which included college going adolescents also. High prevalence of alcoholism among slum adolescents could be because of the fact that most fathers (64%) of these slum adolescents were themselves using alcohol. Therefore, these adolescents were exposed to the alcohol early, had access to alcohol; it was socially acceptable along with the lack of parental supervision. None of the adolescents in the study group had consumed other drugs such as cannabis and others.

Peer influence and curiosity were the important reasons that lead to substance abuse among these adolescents. This was similar to the Kushwaha et al. who reported peer influence, risk-taking behavior, and curiosity were imported factors which lead to substance abuse [5]. Hence, educating them about the adverse effects of substance abuse and imparting the life skill education to empower them to withstand peer pressure might help in preventing substance abuse in adolescents. Furthermore, stricter legislation to prohibit selling these substances of abuse to under-aged adolescents makes the availability of these substances of abuse difficult and prevents substance abuse among adolescents.

Most of the slum adolescents were involved in the violence with other adolescents as compared to half of the school going adolescents. Kishore et al. [11] in their study reported that 66.8% of male adolescents were involved in physical fights. Dassi and Khan [6] found that in their study, 79.0% of adolescents agreed that they involved themselves in group fights. In the present study, physical abuse by others was reported by 26% of slum and 16% of school adolescents. Physical abuse was perceived more by slum adolescents. As with other studies in the areas of child abuse, we must rely on self-reports that cannot be validated. While this helps to avoid the problem of over representation of the most severe cases that are reported, the individual's perception of abuse and objective validation remains problematic. Physical abuse in this age group is often related to situational conflicts and rationalized as a discipline.

Adolescents perceive disciplinary measures in a fashion very similar to mothers [12].

In our study, 8.2% of adolescents reported having been sexually abused (6.8% males and 9.3% females). Various authors reported the variable prevalence of the sexual abuse such as 12.5% of male adolescents by Kishore et al. [11]; 1.29% in males and 0.62% in females by Tripathi et al. [8]; and 3.93% in adolescent males by Nair [13]. This varying prevalence could be because of differences in the cohort selection and methodology involved.

A major limitation of our study was the small number of late adolescents included in the study. All these late adolescents were from slum group as school going were restricted to early and mid-adolescents. This mismatch in between group would have influenced the results especially substance abuse. Another limitation of the study was most of the responses were self-reporting which could be misleading also.

## CONCLUSION

Substance abuse was common in male slum adolescents in the form of smoking and alcoholism, and peer pressure and curiosity were the main factors responsible it. Both physical and sexual abuse were common in slum adolescents; physical in males and sexual abuse female mid-adolescents.

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