

Adolescence: An Age of Storm and Stress

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Abstract

This research paper gives impetus on the world's adolescents growing up in the world and focuses on the areas of evaluating existing developmental models or proposing culturally based approaches to studying adolescent development; describing successful models of interventions to improve the well-being of youth; and examining how global factors are experienced locally by adolescents. Adolescence is a time of development and a roller coaster of adjustments to adult life. Much of the time, adolescents are disregarded, stereotyped, and misjudged based on their nature and age. Girls especially undergo a distressing series of events during adolescence that while uncomfortable, will eventually lead to the formation of an identity that the adolescent will have well into their adult life. A myriad of factors affect the development of identity during the adolescent years, and many things can help and hinder this process. This study therefore aimed to explore how adolescents from the majority of world perceive and cope with stress in the domains of parents, peers, and culture.

Key Words: Adolescence, Transition, Metacognition, Peer

Introduction

The word adolescence is Latin in origin, derived from the verb *adolescere*, which means “**to grow into adulthood**”. Adolescence is a time of moving from the immaturity of childhood into the maturity of adulthood. Though there is no single event or boundary line that denotes the end of childhood or the beginning of adolescence yet experts think of the passage from childhood into and through adolescence as composed of a set of transitions. These transitions are biological, cognitive, social and emotional which can be turbulent time for them. This age sometime referred to as teenage years, youth or puberty, occurring roughly between the ages of 10 and 20 can be broadly categorized into three stages:

Early adolescents (12 to 14 years) a phase when the kid is not yet matures but he is no longer a kid. At this stage physical changes are a constant source of irritation.

Middle adolescents (14 to 17 years) this phase is mark by emotional,. Cognitive mental maturity develops in early age in girls than in male.

Late adolescents (17 to 19 years) finally come close to adulthood to have a firm identity and more stable interests. Adolescents are more wary about security, safety and independence.

In many societies, adolescence was not recognized as a phase of life. Most societies simply distinguished between childhood and adulthood. As **Stanley Hall** generally described it in his 1904 study “Adolescence” as a developmental phase. Hall attributed the new stage to social changes at the turn of the 20th century.

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Child labor laws kept individuals under 16 out of the work force, and **Universal education laws** kept them in secondary school, thus prolonging the period of dependence- a dependence that allowed them to address psychological tasks they might have ignored when they took on adult straight out of childhood.

Adolescence is a transitional stage between being a child and becoming an adult. Erik Erikson is a well-known and respected developmental psychologist, the first to coin the term “identity crisis” and who did a lot of work in the stages of human identity development. Two of Erikson’s eight stages of development pertain directly to the concept of adolescence. From the age of five until child reaches puberty, they are involved in a stage known as industry versus inferiority. During this time a child strives to gain status among their peers in order to come to terms with their personal strengths and weaknesses (Nielsen 126).

Once this stage is completed, a child becomes more involved with social systems and peer groups. This leads into Erikson’s identity versus confusion, which occurs all through puberty and into early adulthood. This is the time in adolescence when attitudes about sex, love, marriage, gender roles, and other important life issues are formed and become part of the individual’s identity (Nielsen 126). Identity versus role confusion is the most important component and event of adolescence, and is widely determined by varying cultural and social aspects.

A defining characteristic of adolescents is the participation in high-risk activities in order to “rebel” against their parents’ wishes or expectations. This is not an entirely negative characteristic. Risk-taking adolescents may be independent thinkers, have high levels of energy and confidence, and feel ultimately in control of their lives (Johnson 390). Unfortunately, a lot of the behaviors that adolescents pick up during mimesis that appear to be socially acceptable are high-risk behaviors that could become detrimental to the youth’s health and wellness. Again, this is especially true for adolescent immigrant girls who are very acculturated. High levels of pregnancy among Latinas found that a high level of acculturation was related to high sexual activity accompanied with low usage of contraceptives (Johnson 138).

Families represent one of the most important developmental contexts for adolescents all over the world. However, there are marked culturally based differences in adolescents’ family experiences (Georgas, Berry, van de Vijver, Kagitcibasi, & Poortinga, 2006). The negotiation of adolescent autonomy, a central developmental task for adolescents in Western industrialized countries, is not as critically important in other countries (Kagitcibasi, 2005a). Moreover, the importance assigned to adolescent peer culture in European and North American countries may not be paralleled in other regions of the world (Brown, Larson, & Saraswathi, 2002). Although research on adolescent coping in recent years has advanced the understanding of coping processes in close relationships (see, for a summary, Seiffge-Krenke, 2011), studies on adolescents living in non-Western developmental contexts are rare.

Period of Transition

Adolescence is sometime viewed as a transitional state, during which youths begin to separate themselves from their parents but still lack a clearly defined role in society. Adolescents face a range of developmental issues. He experiences a variety of biological changes, cognitive changes social changes and encounters a number of emotions. Lord Byron quotes this age in his words as **“So much alarmed that they are quite alarming. All giggle Blush, half pertness and half Pout.”**

Physical Transition

The biological transition of adolescence, or Puberty, is perhaps the most observable sign that adolescence has begun, more broadly speaking puberty is used as a collective term to refer to all the physical changes that occur in the growing girl or boy as the individual passes for childhood into adulthood.

The timing of physical maturation varies widely. In the United States, menarche typically occurs around age 12, although some youngsters start puberty when they are only 8 or 9 others when they are well into their teens. The duration of puberty also varies greatly 18 months to 6 years in girls and two five years in boys.

The physical changes of puberty are triggered by hormones, chemical substances in the body that act on specific organs and tissues. In boys a major change incurred during puberty is the increased production of testosterone, a male sex hormone, while girls experience increased production of the female hormone estrogen. Both in boys and girls a rise in growth hormone produces the adolescent growth spurt, the pronounced increase in height and weight that marks the first half of puberty.

Cognitive Transition

A second element of the passage through adolescence is a cognitive transition. Compared to children, adolescents think in ways that are more advanced, more efficient and generally more complex. This is evident distinct areas of cognition.

First, during adolescence individuals become better able than children to think about what is possible, instead of limiting their thought to what is real.

Second, during the passage into adolescence, individuals become better able to think about abstract ideas. For example, adolescents find it easier than children to comprehend the sorts of higher order, abstract logic inherent in puns, proverbs, metaphors and analogies. This is clearly seen in the adolescent's increased facility and interest in thinking about interpersonal relationship, politics, philosophy, religion and morality- topics that involve such abstract concepts as friendship, faith, democracy, fairness and honesty.

Third, during adolescence individuals begin thinking more often about the process of thinking itself or metacognition. As a result, adolescents may display increased introspection and self-consciousness. Although Improvements in metacognitive abilities provide important intellectual advantages, one potentially negative by product of these advances is the tendency for adolescents to develop a sort of egocentrism, or intense preoccupation with the self. Psychologists refer to this as the imaginary audience.

A fourth change in cognition is that thinking tends to become multidimensional, rather than limited to a single issue. Being able to understand that people's personalities are not one- side, or that social situations can have different interpretations, depending o one's point of view, permits the adolescents to have far more sophisticated and complicated relationship with other people.

Finally, adolescents are more likely than children to see things as relative, rather than absolute. They are more likely to question other's assertion and less likely to accept "facts" as absolute truths. This increase in relativism can be particularly exasperating to parents, who may feel that their adolescent's children question everything just for the sake of argument.

Emotional Transition

Adolescence is also a period of emotional transition, marked by changes in the way individuals view themselves and in their capacity to function independently. As individuals' self-conceptions become more abstract and as they become more able to see themselves in psychological terms, they become more interested in understanding their own personalities and why they behave the way they do.

For most adolescents, establishing sense of autonomy, or independence, is as important a part of the emotional transition out of childhood as is establishing a sense identity. During adolescence, there is a movement away from the dependency typical of childhood toward the autonomy typical of adulthood. For example, older adolescents do not generally rush to their parents whenever they are upset, worried or in need of assistance. They do not see their parents as all-knowing or all all-powerfull, and often have a great deal of emotional energy wrapped up in relationships outside the family. In addition, older adolescents are able to see and interact with their parents as people, not just as their parents.

Being independent, however, means more than merely feeling independent. It is also means being able to make decisions and to select a sensible course of action. In general, researchers find that decision- making abilities improve over the course of the adolescents' years, with gains continuing well into the later years of high school.

Many parents wonder about the susceptibility of adolescents to peer pressure. Specifically, adolescents are more likely to conform to their peer's opinions when it comes to short- term, day-to-day, and social matters- styles of dress, tastes in music and the early years of high school. When it comes too long term questions concerning educational or occupational plans, however, or values, religious belief, and ethical issues, teenagers are influenced in a major way by their parents.

In general, during childhood, boys and girls are highly oriented toward their parents and less so toward their peers; peer pressure during the early elementary school years is not especially strong. During early adolescence, conformity to parents continues to decline and conformity to peers and peer pressure continues to rise. It is not until middle adolescence that genuine behavioral independence emerges, when conformity to parents as well as peers declines.

Social Transition

Accompanying the biological, cognitive and emotional transitions of adolescence are important changes in the adolescent's social relationships. Develop mentalists have spent considerable time charting the changes that take place with friends and with family members as the individual moves through the adolescents years. One of the most noteworthy aspects of the social transition into adolescence is the increase in the amount of time individuals spend with their peers.

Although relations with age-mates exist well before adolescence, during the teenage years they change in significance and structure. For example, there is a sharp increase during adolescence in the sheer amount of time individuals spends with their peers and in the relative time they spend in the company of peers versus adults. Second during adolescence, peer group function much more often without adult supervision than they do during childhood, and more often involve friends of the opposite sex.

Finally, whereas children's peer relationships are mainly to pairs of friends and relatively small groups- three or four children at a time, for example – adolescence marks the emergence of larger groups of peers, or crowds. Crowds are large collectives of similarly stereotyped individuals who may or may not spend much time together. In contrast to cliques, crowds are not settings for adolescents' intimate interactions or friendship, but instead to serve to locate the adolescent (to himself and to others) within the social structure of the school.

As well, the crowds themselves tend to form a sort of social hierarchy or map of the school, and different crowds are seen as having different degrees of status or importance.

The importance of peers during early adolescence coincides with changes in individuals' needs for intimacy. As children begin to share secrets with their friends, loyalty and commitment develop. During adolescence, the search for intimacy intensifies, and self-disclosure between best friends becomes an important pastime. Teenagers, especially girls, spend a good deal of time discussing their innermost thoughts and feelings, trying to understand one another. The discovery that they tend to think and feel the same as someone else becomes another important basis of friendship.

Culture and Adolescence

In commerce, this generation seen as important target. Mobile phones, electronic devices such as the iPod, contemporary popular music, movies, television programs, websites, sports, video games and clothes are heavily marketed and often popular amongst adolescents.

In the past (and still in some cultures) there were ceremonies that celebrated adulthood, typically occurring during adolescence. *Sejin shiki* (literally "adult ceremony") is a Japanese example of this. Upanayanam is a coming of age ceremony for males in the Hindu world. In Judaism, 13-year-old boys and 12-year old girls become Bar or Bat Mitzvah, respectively, and often have a celebration to mark this coming of age. Among some denominations of Christianity, the rite sacrament of Confirmation is received by adolescents and may be considered the time at which adolescents become members of the church in their own right (there is also a Confirmation ceremony in some Reform Jewish temples, although the bar or bat mitzvah ceremony appears to have precedence. In modern western society, events such as getting your first driver's license, high school and later college graduation and first career related job are thought of as being more significant markers in transition to adulthood.

Rise of a Youth Peer Culture

The age of consciousness of American society that intensified in the early twentieth century sharpened the distinctiveness of adolescence. By the 1920s, especially, the age of grading and the nearly universal experience of schooling pressed children into peer groups, creating lifestyles and institutions that were not only separate from but also occasionally in opposition to adult power. Compulsory attendance laws, which kept children in school until they were fourteen or older, had a strong impact in the United States, where by 1930 nearly half of all youths aged fourteen to twenty were high school students. Enrollment of rural youths and African Americans remained relatively low (only one sixth of American blacks attended high school in the 1920s).

A high school attendance become more common (in 1928 two-thirds of white and 40 percent of non white children had completed at least one year of high school), increasing numbers of adolescents spent more time with peers than with family. This extended time away from parents, combined with new commercial entertainments such as dance halls, amusement parks and movies helped create a unique youth culture.

Adults expressed concern over the supposed problems of adolescents, particularly their awakening sexuality and penchant for getting into trouble. Indeed, in the adult mind, sexuality stood at the center of adolescents. According to psychologists and physicians in the 1920s, adolescence was a time of life that necessitated control, not only by the self but also by parents, doctors, educators, social workers and the police. Moreover they believed that peer association –sometimes in streets gangs-In combination with the stresses and rebelliousness natural to adolescence, contributed to rise of juvenile delinquency; in this conception, adolescence made every girl and a boy a potential delinquent.

Thus juvenile courts, reform school and other “child-saving” institutions were created to remedy the problems that adolescents allegedly experienced and caused.

Peer-group collectivism was also observed to moderate the associations between social and cognitive competence and self-worth. In line with expectations, collectivistic peer groups revealed stronger slopes for social competence but weaker slopes for cognitive competence. It is understandable how the link between an individual's perceived social competence and self-worth might be stronger among peer groups which report higher amounts of collectivism. On the other hand, it is reasonable to expect to see that the connection between an individualistic pursuit such as cognitive competence would be weaker in collectivistic peer groups.

Legal Issues, Rights and Privileges

Internationally, those who reach a certain age (often 18, though this varies) are legally considered to have the age of maturity and are regarded as adults and are held to be responsible for their actions. People below this age are considered minors or children. A person below the age of majority may gain adult through legal emancipation.

Those who are the age of consent or legal responsibility may be considered too young to be held accountable for criminal action. This called *doli incapax* or the defense of infancy. The age criminal responsibility varies from 7 in India to 18 in Belgium. After reaching the initial age, there may levels of responsibility dictated by age and type of offense and crimes committed by minors may be tried in a juvenile court.

The legal working age in Western countries is usually 14 to 16, depending on the number of hour and type of employment. In the United Kingdom and Canada, for example, young people between 14 and 16 can work with some restrictions to allow for schooling; while youths over 16 can work full-time (excluding night work).

The age of marriage varies widely between jurisdictions, ranging from 17 to 22 years, the average age is 18, although they are sometime allowed to marry at a younger age with parental or court consent. In developing countries, the legal marriageable age does not always correspond with the age at which people actually marry; for example, the legal age for marriage in Ethiopia is 18 for both males and females, but in rural areas most girls are married by age 16.

In most democratic countries, a citizen is eligible to vote at 18. For example, in the United States, the 26th amendment decreased the voting age from 21 to 18. In a minority of countries, the voting age is 17 (for example, Indonesia) or 16 (for example, Brazil). In most countries, a person must be 18 or over to stand for elected office, but some countries such as the United States and Italy have further restrictions depending on the type of office.

Since the advent of the Convention on the Rights of the Child in 1989 (children defined as under 18) almost every country (except the U. S. & Somalia) in the world has become voluntarily legally committed to advancing an anti-discriminatory stance towards young people of all ages. This is a legally binding document which secures youth participation throughout society while acting against child labor, child soldier, child prostitution and pornography.

The Problems of Adolescence

It is often said that the teenage years are the “best years of one’s life in fact ART Linker a Canadian born US. Broadcaster in his book *A Child garden of Misinformation* highlighted the beauty of the adolescent years in this famous quote; these four stages of man are infancy, childhood, adolescence and obsolescence, in his opinion, life became useless after adolescence.

But life for many adolescents is a painful tug of war filled mixed messages and conflicting demands from parents, teachers, friends, family and oneself. Growing up- negotiating a path between independence and reliance on others- is a tough business. The question, which comes to mind, is why adolescent behave in this manner and adopt risky behaviors. The meaning of word adolescence is "to emerge". When we think deeply on the word adolescent then certain characteristics and problems emerge from the same word and these characteristics are:

Characteristics

- **A** - Aggressive, Anemic, Abortion
- **D** - Dynamic, Developing, Depressed
- **O** - Overconfident, Overindulging, Obese
- **L** - Loud but lonely and lacking information
- **E** - Enthusiastic, Explorative, and Experimenting
- **S** - Social, Sexual and Spiritual
- **C** - Courageous, Cheerful, and Concern
- **E** - Emotional, Eager, Emulating
- **N** - Nervous, never say no to Peers
- **T** - Temperamental, Teenage Pregnancy

Behavioural Problems

Adolescence is a time for developing independence. Typically, adolescents exercise their independence by questioning their parents' rules, which at times leads to rule breaking. It is common for once loyal children to begin to grumble when asked to carry out some chores at home and to respond in harsh words when been rebuked by their parents. This is often a challenging time for most parents.

Some parents and their adolescents clash over almost everything. In these situations, the core issue is really control—adolescents want to feel in control of their lives and parents want adolescents to know they still make the rules.

Children occasionally engage in physical confrontation. However, during adolescence, the frequency and severity of violent interactions increase. Although episodes of violence at school are highly publicized, adolescents are much more likely to be involved with violence (or more often the threat of violence) at home and outside of school. Many factors, including developmental issues, gang membership, access to weapons, substance use, and poverty, contribute to an increased risk of violence for adolescents. Of particular concern are adolescents who, in an altercation, cause serious injury or use a weapon.

Because adolescents are much more independent and mobile than they were as children, they are often out of the direct physical control of adults. In these circumstances, adolescents' behavior is determined by their own moral and behavioral code. The parent's guide rather than directly control the adolescents' actions. Adolescents who feel warmth and support from their parents are less likely to engage in risky behaviors. Also, parents who convey clear expectations regarding their adolescents' behavior and who demonstrate consistent limit setting and monitoring are less likely to have adolescents who engage in risky behaviors. Authoritative parenting, as opposed to harsh or permissive parenting, is most likely to promote mature behaviors.

Substance abuse is a common trigger of behavioral problems and often requires specific therapy. Behavioral problems may be the first sign of depression or other mental health disorders. Such disorders typically require treatment with drugs as well as counseling. In extreme cases, some adolescents may also need legal intervention in the form of probation which is not so common in Nigeria.

Unwanted Pregnancy And Sexually Transmitted Diseases (Stds)

This is as much a problem for the male adolescent as it is for the female but generally, the girls stand a greater risk of this. Due to the development of secondary sexual characteristics following adolescence, teens feel a great push to explore and experiment with their bodies. Early maturing girls are likely to start dating and a combination of the overwhelming urge to explore and peer pressure leads many into sex.

Teens often equate intimacy with sex. Rather than exploring a deep emotional attachment first, teens tend to assume that if they engage in the physical act, the emotional attachment will follow. Most sexually active adolescents are not fully informed about contraception, pregnancy, and sexually transmitted diseases, including human immunodeficiency virus (HIV) infection. As a result, many fall victims of unwanted pregnancies as well as STD's. This we must note has destroyed so many young promising teens even from very good homes.

Most times, pregnant teens attempt abortion, but this does not remove the psychological problems of an unwanted pregnancy—either for the adolescent girl or her partner. Really, it leads to more psychological and medical problems and the church has very strong words against abortion.

Parents may have different reactions when their daughter says she is pregnant or their son says his girlfriend is pregnant. Emotions may range from apathy to disappointment and anger. It is important for parents to express their support and willingness to help the adolescent sort through his or her choices. Parents and adolescents need to communicate openly about sex, contraception, abortion, adoption, and parenthood which are all tough options for the adolescent to struggle with alone.

Drug And Substance Abuse

Substance use among adolescents occurs on a spectrum; from experimentation to dependence. Experimentation with alcohol and drugs during adolescence is common. Unfortunately, teenagers often don't see the link between their actions today and the consequences tomorrow. They also have a tendency to feel indestructible and immune to the problems that others experience.

Alcohol is the biggest culprit in this regard. Teens have access to it at parties, can obtain it from older friends who are of legal age to buy it, or may simply raid their parents' liquor cabinets. Moreover, unlike drug use, the moderate use of alcohol is considered perfectly acceptable in most adult social circles. Teens see their parents enjoying a cocktail after work or having a glass of wine at dinner. Using alcohol and tobacco at a young age has negative health effects. While some teens will experiment and stop, or continue to use occasionally, without significant problems. Others will develop a dependency, moving on to more dangerous drugs and causing significant harm to themselves and possibly others.

The majority of adults who smoke cigarettes begin smoking during adolescence. If an adolescent reaches the age of 18 to 19 years without becoming a smoker, it is highly unlikely that he will become a smoker as an adult. For example, an estimated 20 million adults in the United States abuse alcohol. More than half of these alcoholics started drinking heavily when they were teenagers. Drug use is associated with a variety of negative consequences, including increased risk of serious drug use later in life, school failure, and poor judgment which may put teens at risk for accidents, violence, unplanned and unsafe sex, crime and suicide. Parents can prevent their children from using drugs by talking to them about drugs, open communication, role modeling, responsible behavior, and recognizing if problems are developing.

Stress and Depression

Stress and depression are serious problems for many teenagers. Stress is characterized by feelings of tension, frustration, worry, sadness and withdrawal that commonly last from a few hours to a few days. Depression is both more severe and longer lasting. Depression is characterized by more extreme feelings of hopelessness, sadness, isolation, worry, withdrawal and worthlessness that last for two weeks or more.

Young people become stressed for many reasons. The most common of these are: Break up with boy/girl friend, increased arguments with parents, Trouble with brother or sister, increased arguments between parents, Change in parents' financial status, Serious illness or injury of family member, and Trouble with classmates. In addition, Children from single parents or broken homes are subjected to a near harrowing experience which brings about Stress and Depression.

These stress inducing events are centered in the two most important domains of a teenager's life: home and school. They relate to issues of conflict and loss. Loss can reflect the real or perceived loss of something concrete such as a friend or money, and it can mean the loss of such intrinsic things as self-worth, respect, friendship or love.

Young people respond to stress and depression by exhibiting much more anger and ventilation; being passive and aggressive. They yell, fight and complain just about everything. Drinking, smoking and crying more often- especially the girls- are other popular signs. They are also less inclined to do things with their family or to go along with parents' rules and requests.

Ultimately, most young people will develop and assume the responsibility for their own protection and peace of mind. But during the years of learning and practice, parents, teachers and helping adults need to be aware of the signs and patterns that signal danger. Awareness of adolescent stress and depression opens the door for adults to begin constructive interventions and stimulate emotional development.

Bullying

Bullying in school and this is a huge problem that exists among adolescents though it is often neglected in this part of the world. Bullying is the act of intentionally causing harm to others, through verbal harassment, physical assault, or other more subtle methods of coercion such as manipulation. Workplace is also referred to as peer abuse. Bullying is a problem that affects millions of students of all races and classes. Bullying has everyone worried, not just the kids on its receiving end. Yet because parents, teachers, and other adults don't always see it, they may not understand how extreme bullying can get.

Studies show that people who are abused by their peers are at risk for mental health problems, such as low self-esteem, stress, depression, or anxiety. They may also think about suicide more. Bullies are at risk for problems, too. Bullying is violence, and it often leads to more violent behavior as the bully grows up. It's estimated that 1 out of 4 elementary-school bullies will have a criminal record by the time they are 30. Some teen bullies end up being rejected by their peers and lose friendships as they grow older.

Bullies may also fail in school and not have the career or relationship success that other people enjoy. Some bullies actually have personality disorders that don't allow them to understand normal social emotions like guilt, empathy, compassion, or remorse. Such teens need help from a mental health professional like a psychiatrist or psychologist.

School Problems

The School constitutes a large part of an adolescent's existence. Difficulties in almost any area of life often manifest as school problems. School problems during the adolescent years may be the result of rebellion and a need for independence. Less commonly, they may be caused by mental health disorders, such as anxiety or depression. Particular school problems include fear of going to school, truancy, dropping out, and academic underachievement. Problems that developed earlier in childhood, such as attention deficit/hyperactivity disorder (ADHD) and learning disorders may continue to cause school problems for adolescents. Between 1% and 5% of adolescents develop fear of going to school.

This fear may be generalized or related to a particular person (a teacher or another student) or event at school (such as physical education class or bullying). The adolescent may develop physical symptoms, such as abdominal pain, or may simply refuse to go to school. School personnel and family members should identify the reason, if any, for the fear and encourage the adolescent to attend school. Adolescents have a delicate innocence that can be easily influenced, traumatized and subsequently destroyed by what they watch on the screen. Once they have imbibed something negative, it becomes almost impossible to change them and they don't just imbibe, they often also go ahead to 'innocently' practical's, destroying their lives and those of their friends in the process.

Problems in Teenagers and Adolescents Owing To Emotional Imbalance

Reigning Negative Emotions over a period of time can badly hamper the psyche of teenagers or adolescents. Persistent emotional imbalance displays following common symptoms in them.

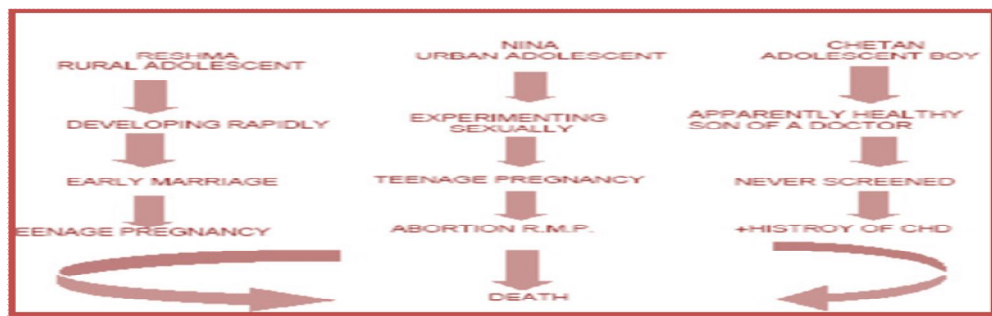
- Persistent mental tension, excessive concern of loved ones, fear or worry about a person or situation, may bring abnormal heartbeats or abnormal respiration, fluctuating body temperature, irregular working of pituitary glands etc.
- Habit of displaying abnormal body language for no apparent reason thereof, like constant blinking and winking, gesticulation, nodding, hiccups, itching, rheumatism, habit of frequent urination, may be a result of persistent 'emotional imbalance'.
- Despondency owing to guilty feeling or inferiority complex, often due to considering ourselves to be the worst person in the world. e.g. adultery happened in past may develop self-reproaching or guilty feeling approach towards life.
- Find difficulty in getting adjusted with new occupation, residence, country, religion etc.
- Excessive stress and strain on mind and eyes due to uncontrolled habit of netsurfing, chatting.
- Uncontrolled desire of chatting on net.
- Excessive concern of dearer one, lover. -think of them, at all the time.
- Lack of confidence due to anticipation of failure that may result in despondency. e.g. even after preparing thoroughly for competition examinations, live competitions or stage shows, anticipation of failure spoils the performance finally.
- Lack of interest in present circumstances, sleepy-headed, habit of building castles in air or daydreamer type of personality.
- Physical ailment or ill-health condition as a result of envy, spite, malice, jealousy, rivalry, suspicion, comparison or unhealthy competition etc. e.g. frustration may be a result of unhealthy contest, comparing results with competitors etc.
- Physical ailments may trigger owing to negative approach, bitterness towards life.
- Frustration owing to failure even after working at level best and delivering the finest service.
- Uncontrolled desire of bad habits -such as smoking, masturbating, drinking, drugs addiction, adultery, incest at adolescence in teenagers
- Avaricious tendencies.
- Flirting and dating with no. of partners at a time.

Population Profile: Ages 10-24 Years India

- Population age: 10 - 24 (Millions) - 284.2
- 10 - 24 years as % of Total Population - 30
- %Males enrolled in Secondary School - 59
- %Females enrolled in Secondary School - 38
- Average age at First Marriage - 20
- Total Fertility Rate - 3.4
- %TFR contributed by 15-19 yrs - 9
- % Using Contraceptives - 7

Adolescence Health In India

Here is a story of Reshma, who is a rural adolescent, the story of Neena, who is an urban adolescent and she is experimentally sexually and the story of Chetan who is an urban adolescent boy.



Chetan died at the age of 18 due to myocardial infarction. Neena died because of the complications because she went for abortion to an RMP. Reshma, she also died because she was carrying the existing anemia, which precipitated a lot of complication and the result was death. All these events are the example of system failure, the system which is insensitive to the needs of the adolescent. They have got following disadvantages:

- They carry the burden of pre-existing diseases of the childhood.
- They are developing rapidly and having an extreme degree of pressure from peers, from parents, from society, and self. They lack knowledge and skill to cope up with pressure.

Facts That Got Important Public Health Implications

- The 70% of the mortality in adulthood is linked to habits picked up during adolescence (risk-taking behavior, substance abuse, eating habit and conflict resolution.);
- Prevailing malnutrition, anemia, stunting and lack of immunization have adverse impact on MMR, IMR, and morbidity and have intergenerational effects. The story is well known that a stunted adolescent getting married giving rise to a low birth baby, that too female, again unable to develop or develop in to a stunted female and the cycle keeps on repeating;
- Adolescent sexuality: leads to adolescent pregnancy, unsafe abortion, RTI, STI/HIV and social problems;
- Adolescent pregnancy, the risk of adverse outcome (IMR, MMR LBW babies) again is higher;

Lack of "connectedness" with parents and other adults prevents transmission of health messages and crucial skills leading to adoption of risky behavior, substance abuse, early sexual **debut** and STI, HIV etc. Evidence of Common Roots*

Risk & Protective factors for adolescents	Early Sex	Substance Use	Depression
A positive relationship with parents	○	○	○
Conflict in the family		▲	▲
A positive school environment	○	○	○
Friends who are negative role models	▲	▲	
A positive relationship with adults in the community			○
Having spiritual beliefs	○	○	○
Engaging in other risky behaviours	▲		

*"Broadening the Horizon" Evidence from 52 countries (CIRCLE - Negative Risk; TRIANGLE - Positive Risk)

The studies given below signify the health problems of the adolescents:

- In Meerut an interesting study is carried out on anemia in adolescent boys and the prevalence of anemia in adolescent boys was found to be 42%, which is quite high.
- Large number of adolescents are malnourished and anemic (56% from the Baroda study, 95% from SWACH study) or stunted, (59% boys and 37% girls - **NNBB** 2000).
- Obesity is increasing, 8% to 10% in the public schools of Meerut and Delhi.
- Adolescent pregnancy - Common (50% of women in India had a child before reaching the age of 20. (Indian Pediatrics, January 2004).
- A large number of adolescents are still unimmunized (TT, Rubella).
- One out of ten children in India is sexually abused at any given point of time.
- Sexual problems, 25% of the patient attending government STI clinics are younger than 18 years old (Ramasubban- 1995).
- Increasing vulnerability to HIV/AIDS, over 50% of all new cases in India are among 10 to 24 years of age (UNAIDS - 2002)
- Substance abuse is quite common. Number of studies have found out that tobacco, alcohol and other substances, even the injectables are commonly used.

Programmes for Adolescence in India

- Kishor Shakti Yojana - To Improve health and nutritional status of girls
- Balika Samridhi Yojana - To delay the age of marriage
- Nehru Yuva Kendra - Act as the Awareness Unit - Through active participation of youth
- Mahila Samakhya Programme - Equal access to educational facilities for adolescent girls and young women
- School AIDS education
- University Talks AIDS
- Training of Rural Youth for Self Employment

Strategies for Promotion of Adolescent Health

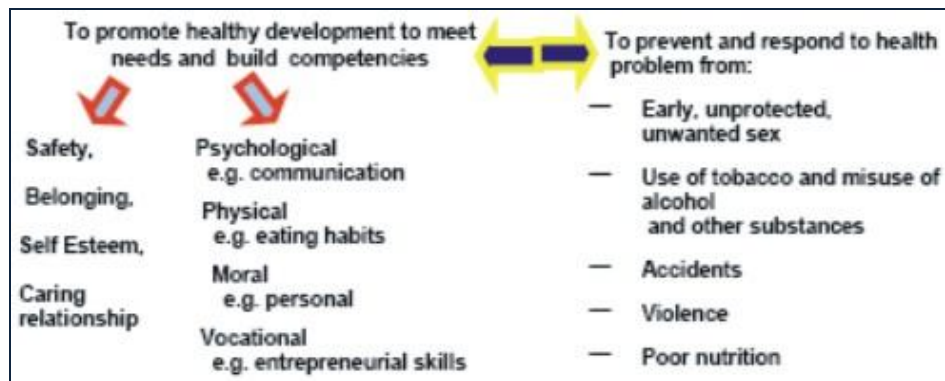
- **A** =Adoption of healthy life style
- **D**=Develop appropriate I.E.C. strategy discourage early and teenage pregnancy
- **O**=Organize adolescent/youth friendly clinic
- **L**=Life skill training, legal support, liaison with peers, and parents
- **E**=Educate about sexuality, safe sex, spirituality, responsible parenthood
- **S**=Safe, secure and supportive environment to be provided
- **C**=Counselling/curriculum in school inclusive of family life education
- **E**=Enable and empower for responsible citizenship
- **N**=Networking for experience sharing

- T=Training for income generation, teen clubs

Where Are The Boys?

No Comprehensive Programme Addressing All Need of Adolescent

Kishori Shakti Yojana is to improve the health and nutritional status of the girls; Balika Samridhi Yojana is to delay the age of marriage; Nehru Yuva Kendra acts as an health awareness unit through active participation of the young; Mahila Samakhya Programme - stresses on equal access to education facility for adolescent girls and young women; school age education, university talk AIDS, training of rural youth for self-employment, and RCH. But where are the boys? If you look closely, where is the emphasis on boys? Because when you are going to develop model, you will be talking about peer educator and so on. So there is no comprehensive programme for adolescents and if one has to develop the programming, then what is to be done as recommended by WHO is to promote health development to meet needs and build competency to meet the needs of safety-belonging self-esteem and caring relationship and to build competency and physical, psychological, moral and vocational skills, as well as to prevent and respond to health problems from early unprotected and unwanted sex, use of tobacco and misuse of alcohol and other substances, accidents, violence, poor nutrition, and endemic diseases.



Parental Concerns

Many parents dread the onset of adolescence, fearing that their child will become hostile and rebellious and begin to reject his or family. Although it is incorrect to characterize adolescence as a time when the family ceases to be important, or as a time of inherent and inevitable family conflict, adolescence is a period of significant change and reorganization in family relationships. Family relationships change most around the time of puberty, with increasing conflict and decreasing closeness occurring in many parent-adolescent relationships. Changes in the ways adolescents view family rules and regulations may contribute to increased disagreement between them and their parents. Family conflict during this stage is more likely to take the form of bickering over day-to-day issues than outright fighting. Similarly, the diminished closeness is more likely to be manifested in increased privacy on the part of the adolescent and diminished physical affection between teenagers and parents, rather than any serious loss of love or respect between parents and children. Research suggests that this distancing is temporary, and that family relationships may become less conflicted and more intimate during late adolescence.

When to Call the Doctor

Although changes—biologically, cognitively, emotionally, and socially—are to be expected during adolescence, certain inappropriate behaviors, drastic changes in personality or physical appearance, or abnormal sexual development may warrant a phone call to a physician or counselor. These include:

- extreme changes in weight (loss or gain) or excessive dieting
- sleep disturbances
- social withdrawal or loss of interest in activities
- sudden personality changes
- signs of alcohol or drug use
- talk or threats of suicide
- violent or aggressive behavior
- atypical (early or late) onset of puberty; in girls, failure to menstruate by the age of 16

Adolescence in a Global Perspective (ASIA)

Currently, more than half of the world's adolescents live in Asia, a collection of 37 countries in South Asia (e.g., Bangladesh, India) and East Asia (e.g., China, Korea) (UNICEF, 2011). There have been indicators of growth over the past decades in Asia, including enhanced opportunities related to education and other markers of well-being. However, adolescents in Asia continue to face risks in terms of exploitation, abuse, and disempowerment (UNICEF, 2006; Verma, 1999). Rapid economic development in the Asian region, shifts in global patterns of production and consumption, disparities in the distribution of wealth, pandemics such as HIV/AIDS, civil wars, and unrest are some of the potential contributors reducing the chances of adolescents' successful transition to adulthood (Sharma & Verma, 2010).

There is a mixed record on adolescent development when it comes to considering the experiences of adolescents growing up in different parts of the world. On the one hand, there is a rich body of ethnographic, comparative, and cross-cultural research examining how young people growing up in different parts of the world negotiate the life stage between childhood and adulthood (Arnett, 2006a; Hurrelmann, 1994; Mead, 1928; Schlegel & Hewlett, 2011). Scholars around the globe are actively generating information about the experiences of adolescents in their regions (e.g., Brown & Larson, 2002; Jensen, 2011). There can be seen an imbalance by showcasing research on Majority World adolescents, who make up 90% of the world's youth (UNICEF, 2011).

Conclusion

This research paper provides a unique glimpse into the experiences of adolescents growing up around the globe. The articles illustrate both common and unique features of the adolescent experience and add an important dimension to existing knowledge about normative adolescent development. Research conducted around the world shows that many adolescents are thriving as they forge lives in an increasingly globalized world. At the same time, it is evident that in many parts of the world, the well-being of adolescents is challenged by marked disparities in opportunities due to inequalities based on socioeconomic status, gender, ethnicity, and other structural and social characteristics. The research paper take an important step in identifying culturally relevant factors that might enhance the well-being and life options of adolescences. Taken as a whole, this paper illustrates the complexity of the adolescent experience in global perspective and challenges scholars of adolescence to broaden and deepen their understanding of this developmental period.

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