

Indian adolescents

Adolescents

Adolescence (10-19 years) is a phase of life which has recently gained recognition as a distinct phase of life with its own special needs. This phase is characterized by acceleration of physical growth and, psychological and behavioural changes thus bringing about transformation from childhood to adulthood.

Adolescence has been described as the transition period in life when an individual is no longer a child, but not yet an adult. It is a period in which an individual undergoes enormous physical and psychological changes. In addition, the adolescent experiences changes in social expectations and perceptions. Physical growth and development are accompanied by sexual maturation, often leading to intimate relationships. The individual's capacity for abstract and critical thought also develops, along with a sense of self-awareness when social expectations require emotional maturity.

Age Groups

Adolescents are defined as individuals in the 10–19 year age group, “youth” as the 15-24 year age group. The Government of India, however, in the National Youth Policy defines youth as the 15-35 age group and adolescents as 13-19 years.

“Adolescence” is recognised as a phase rather than a fixed time period in an individual's life. It is important to note that adolescents are not a homogenous group. Their needs vary with their sex, stage of development, life circumstances and the socio-economic conditions of their environment.

Developmental Characteristics of Adolescents

Adolescence, the transition between childhood and adulthood, is a stressful period of life characterised by discernible physical, mental, emotional, social and behavioural changes.

Physical development

Rapid and dramatic physical development and growth mark adolescence, including development of sexual characteristics. Marked morphological changes in almost all organs and systems of the body are responsible for the accelerated growth and the changes in contours and sexual organs. In case of boys, active acceleration in growth of coarse pubic hair and facial hair

usually precede other signs of puberty such as voice changes. In girls, development of breasts, broadening of hips and rapid growth in height usually begins about two and a half years before menarche.

Emotional development

Adolescents must cope, not only with changes in their physical appearance, but also with associated emotional changes and emerging and compelling sex urges. Bodily changes cause emotional stress and strain as well as abrupt and rapid mood swings. Getting emotionally disturbed by seemingly small and inconsequential matters is a common characteristic of this age group.

Hormonal changes are likely to result in thoughts pertaining to sex, irritability, restlessness, anger and tension. Attraction to the opposite sex leads to a desire to mix freely and interact with each other. However, this may not always be possible, partly due to societal restraints on pre-marital sexual expressions and because of other priority needs in this period, viz. education, employment, etc. Hence, it becomes almost necessary for adolescents to learn how to face and deal patiently with the turbulence they face. It requires development of a sense of balance and self-imposition of limits on expression of one's needs and desires. An inability to express their needs often leads adolescents to fantasize and daydream that helps them to at least partially fulfil their desires.

Adolescence is also marked by development of the faculty of abstract thinking that enables them to think and evaluate systematically and detect and question inconsistencies between rules and behaviour. Parents as well as service providers often overlook this development, one of the basic reasons for the popularly known 'generation gap'.

Socially, adolescence consists in shifts from dependency to autonomy, social responses to physical maturity, the management of sexuality, the acquisition of skills and changes in peer groupings. The need to be a part of a gang or a large group is replaced by a preference for maintaining fewer, more steady and binding relationships.

Social development: -

- Searching for identity, influenced by gender, peer group, cultural background and family expectations.
- Seeking more independence.
- Seeking more responsibility, both at home and at school

- Looking for new experiences. May engage in more risk-taking behaviour.
- Thinking more about 'right' and 'wrong'.
- Influenced more by friends' behaviour- sense of self and self-esteem
- Starting to develop and explore a sexual identity
- Communicating in different ways. Communication with peers through internet, mobile phones and social media

Problems during adolescence

Adolescents today are more vulnerable to health implications due to their nature of experimenting and exposure to limited information regarding issues affecting their health and development. Problems in this age are related to their physical and emotional development and search for identity and risky behaviour.

Physical Changes

Normal growth - anxiety and tension

Increase in height and weight-malnutrition and anaemia

Breast development –stooping of shoulders, abnormal posture and back pain

Skin becomes oily –acne

Body image –requirement for protein, energy, prevalence of malnutrition

Sexual Development

Desire to have sex -unsafe sex, unwanted pregnancy, RTI/STI, HIV/AIDS

Ejaculation-fear, guilt, myths and emotional problem

Masturbation –myths, confusion, inadequate knowledge

Menstruation–menstrual disorder, unhygienic practices leads to RTI/STI

Emotional and Psychological Changes

- Development of self-identity-confusion

- Curiosity –risk taking behaviour, eating behaviour and life style disorders such as smoking, alcohol and drugs
- Relationships –peer pressure, parental relationships and sexual relationships

Priority health problems of Adolescents and role of health workers

- Nutritional problems
- Psychosocial problems
- Acute and chronic diseases
- Substance abuse

Profile of Adolescents in India

- Adolescents comprise a sizeable population - there are 243 million adolescents comprising nearly one-fifth of the total population (21.4%).
- Composition varies by age and sex - Of the total population, 12.1% belong to 10-14 age group and 9.7 % are in the 15-19 age group. Female adolescents comprise 46.9% and male adolescents 53.1 % of the total population.
- At national level 27% of 15-19 years old girls (33% rural and 15% urban) are already married as compared to only 4% rural and 1% urban men in same age group According to NFHS-3, 47% of currently married women aged 20-24 were married before 18 years of age.
- Maternal mortality rate due to teenage pregnancy is 9% (2007-2009) – A high risk of pregnancy and childbirth results in a high level of female mortality in the reproductive age group. Maternal mortality of teenage mothers is a grave cause for concern. TFR amongst 15-19 years old is 14% in urban and 18% in rural of the total fertility (NFHS 3)
- There are marked inequalities in education among adolescents in India. 53% dropout during class 1 - 10, only 2.35% adolescent continue higher secondary education with high dropout rate for both girls and boys.
- Economic compulsions force many to work - Nearly one out of three adolescents in 15-19 years is working - 20.6 % as main workers and 11.7 % as marginal workers. Economic compulsions force adolescents to participate in the workforce. Despite adult

unemployment, employers like to engage children and adolescents because of cheap labour.

- Findings from (NFHS 3) indicate that as many as 56% of females and 30% of males in the 15 - 19 age group are anaemic. In 15 - 19 yrs. age group 47% females and 58% males are thin, and 2.4% females and 2% males suffer from obesity.
- More than 33% of the diseases burden and almost 60% of premature deaths among adults can be associated with behaviours or conditions that began or occurred during adolescence for ego Tobacco, alcohol use, poor eating habits, sexual abuse and risky sex (WHO 2002).
- Crimes against adolescents are prevalent - Sexual abuse of both boys and girls cuts across economic and social classes. According to a survey, in 84 % cases, the victims knew the offenders and 32 of the offenders were neighbours. Crimes against girls range from eve teasing to abduction, rape, prostitution and violence to sexual harassment. Unfortunately, social taboos prevent these crimes from being registered. Even when registered, prosecution rarely takes place.
- Unmet need for contraceptives - The contraceptive knowledge is quite high among adolescents but there are high gaps between knowledge and usage. Only 23% of married girls reported use of any contraceptive method.
- Trafficking and Prostitution has increased - Extreme poverty, low status of women, lax border checks and the collision of law enforcement officials has lead to increase in prostitution. Expansion of trafficking and clandestine movement of young girls has also increased across national and international borders. Misconceptions about HIV/AIDS are widespread - There is a high level of awareness about HIV among young people especially among those who are more literate. As per (NFHS 3) awareness of STIs' and HIV/AIDS was limited in 15-24 years age group. Just 19% of young men and 15% of young women reported awareness of STI.

Role of Family in Adolescent Development

Developmental theories view adolescence as a period of growth in which identity formation is addressed. This can be interpreted to mean that the role of family is lessening or that family have only a limited role in the lives of young people at this time.

Research shows, however, that ongoing positive family connections are protective factors

against a range of health risk behaviours. Although the nature of relationships is changing, the continuity of family connections and a secure emotional base is crucial for the positive development of young people. Family is still important. It is normal for young people to begin to think for themselves and question aspects of their lives and of family relationships. These changes may mean times of anger and frustration that is levelled at the family, but in most circumstances these feelings are likely to be temporary or circumstantial. Parents will benefit from being supported to understand the role of rebellion in young people's development. Limit setting still needs to occur for poor or unacceptable behaviour. Many young people who display difficult behaviour are doing so to have someone set some boundaries and limits. A great deal of emphasis is placed on the importance of peer groups, and how they become more influential than parents at this age. Whilst peers do become significant, the quality of the relationship is different, with peers providing intimacy based on equality, and parents providing a relationship still based on a power imbalance. Peer relationships, therefore, have a purpose, but do not usually become more important to young people.

The need for a secure-base: - Adolescents are moving towards becoming independent physically, emotionally and cognitively, and yet they are still growing.

Young people still require stability in a home environment, and a secure emotional base from which to explore and experience the world. This also provides them with somewhere to come back to for reassurance, support and unconditional love in tough times.

A young person benefits from expectations of respect, consideration and reciprocity in family relationships. They still benefit from 'trying out' thoughts, feelings and behaviours within the family environment, and from observing and experiencing relationships within families. There will still be times when they fall and will benefit from understanding and support to pick themselves back up.

Changing role of parents:- A parent's relationship and caring role with a young person continues to be important, although the relationship will need to be flexible to adapt to the teenager's changing needs. At this time, there will need to be a gradual change from a more authoritative approach to a more collaborative approach.

Parents must face the (sometimes hard) reality that their child is no longer a child, is becoming independent and is no longer within their control. They may feel distressed as they perceive that the young person won't listen to them, or does the opposite of what they may suggest.

They may have to watch their young person disregard the things they thought they taught them were important, such as ways to look after their health, or their future goals (as the parent envisaged it).

Parents have to learn to 'let go', not of the relationship, but of their dreams for the young person, and their authority over the young people, so that they may allow a young person to develop their own dreams and greater self-responsibility.

Guidance and boundaries:- Guidance and boundaries are still important, however the quality of the relationship, and collaboration rather than 'obedience', becomes increasingly important if a relationship is to survive and be maintained. Joint discussions about rules/options, compromise and flexibility for win/win solutions are important. Warmth and understanding are important, rather than judgmental comments or telling a young person what to do. Consequences need to be age-appropriate, and not punitive. Monitoring of a young person's whereabouts is still important to the extent possible, especially when adolescents are still young. Parental supervision, and access to a parent for support and assistance, are crucial protective factors in young people's health. It can be helpful for caregivers to consider the age at which they think their young person will be an adult, and to think about and look forward to, how they would like their relationship with their child to be then. This may lead them to think about and nurture the relationship shift needed between now and then

Role modelling:- A family and its members continue to provide valuable role models for a range of behaviours, including effective communication, relationship skills, and socially acceptable behaviours. The ways in which conflict and disagreements are negotiated within the family are important blueprints for dealing with issues in other arenas. Appropriate boundary setting also gives young people clear guidelines as to what is acceptable and what is not; skills which can be generalised to a wider context. Young people benefit from

modelling about how to have constructive disagreements while maintaining a continuing positive relationship. They still benefit from experiencing an effective model for relating to others and negotiating life and the world. When there is no family contact, efforts need to be made to reconnect young people with appropriate family members. Alternatively, other significant adults are needed who may provide the elements and safety net for emotional development. The developmental needs of a young person, as outlined in this help sheet, must be met somehow to optimise health outcomes. Some families seem to work against a young person developing their own sense of self-worth, self-identity and their capacity for independent decision-making and emotion-regulation. Understanding and working with the family dynamics may assist the family's capacity to provide a young person with a secure base on which to continue to develop. Caregivers and other family members and particularly the young person will benefit from being told more about how the family may be operating in a way which is detrimental to a young person's development. It can be useful to try to build a more positive picture of the young person in the family. Encourage carers to gain support in dealing with issues relating to their adolescent, either through family and friends or other support groups. The help sheets in the Parent section of this website may be useful. There are times when contact with some or all family members is detrimental and alternative 'families' need to be engaged.

