Adolescence

The word adolescence is from the Latin word asdolescere, meaning to grow into maturity. In this sense, adolescence is a process of achieving the maximum growth of physical and mental abilities, skills, knowledge and attitudes and beliefs needed for effective participation in society.

Adolescence is a period of development and change. These include intra- personal changes such as cognitive development, maturation and emotional development as well as interpersonal changes such as negotiating relationships with peers or family and adapting to school changes. There is a growing importance of peer relationships as adolescence is traversed.

Society, family, parents and peer groups all have expectations from adolescence. The adolescent is challenged by combined expectations of society, parents, peer and newly acquired psychological. A research done by Keniston (1970), the years between 12 and 20 can be divided into two sub periods, one beginning at 11 or 12, the other perhaps at 16 or 17. Some tag these periods as adolescence and youth.

**Early and Late Adolescence:** As per Haan (1981), in early adolescence is a period of assimilation, while late adolescence is period of accommodation. Ultimately, 16 to 18 years old begins to create the required accommodations and establishes individuality, new patterns relationships in the society.

**Early Adolescence:** The initial years of adolescence are similar to kid’s years. At that time, they are struggling to learn new skills. Teenagers also have same qualities.
Many of them go through a phase of negativism, particular with parents. Issues of independence is one of the conflicts with parents. Adolescents want to go wherever they are happy, prefer to listen music at upper limit level, and carry the outfits and hair styles which are at present in fashion.

**Late Adolescence:** In late adolescence the main changes are worn, and a new equilibrium is obtained. The physical changes of teens are almost complete. The family unit system usually adjusts to permit the teenagers their freedom and liberty. Young people achieve a clear individuality. Nonetheless argues that this later era is more one of accommodation than adaptation. It is certainly accompanied by rising levels of self-respect and declining levels of family quarrel (Haan, 1981).

The research indicates that in spite of this proof of closeness with peers the happiness of teenager is strongly related with the excellence connection to his parents than to excellence of his attachment to his peers. (Greenberg, Siegel and Leitch, 1983; Raja, McGee and Stanton, 1992).
Figure 1.1 Milestones in Social-Emotional Development of Adolescents (Judith A. Schickedanz, 1998)

<table>
<thead>
<tr>
<th>Age</th>
<th>Social-Emotional</th>
</tr>
</thead>
<tbody>
<tr>
<td>13 yrs.</td>
<td>Still has weak sense of individual identity, is easily influenced by peer group</td>
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<tr>
<td></td>
<td>spends more time with friends, usually of same sex. Might begin sexual relationships, especially with early maturation.</td>
</tr>
<tr>
<td>14 yrs.</td>
<td>Seeks increasing emotional autonomy from parents</td>
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<tr>
<td>15 yrs.</td>
<td>Seeks intimate friendships and relationships may had have sexual intercourse but may not use contraception.</td>
</tr>
<tr>
<td>16 yrs.</td>
<td>Is actively involved in search for personal identity is likely to be sexually active may use alcohol and cigarettes may have dropped out of school.</td>
</tr>
<tr>
<td>17 yrs.</td>
<td>Likely to be involved in continuing process of identity formation may have part-time job make decisions that bear on later occupational choices may be preparing to leave home, separate from parents.</td>
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Life Style: Life style means how a person lives. Person’s relationship with society, consumption, amusement and costume are part of life style. An individual’s attitudes or principles are reflected by lifestyle. Having a specific “lifestyle” means engaging in a attribute package of behaviours that makes logic to one self and to others at changed time and place. Therefore, a life style can be used to create a sense of person individuality and to make intellectual symbols for the way a person is. The behaviours and practices within lifestyles are a combination of habits, conservative ways of doing things, and logical actions.

Most of deaths in U.S are due to Unhealthy diet and activity patterns. Heart disease and stroke are due to use of high levels of cholesterol and saturated fat in food.
Diabetes, high blood pressure and overweight are due to high calorie consumption and low levels of physical activity. 23% of deaths from the leading chronic disease are due to an inactive life style. Over use of antibiotics has created bacterial strains, resulting in infections that are difficult to treat.

In modern times, the life styles adapted by urban people are mostly copied from western culture where capitalism prevails. This life was labelled as modern life style which still prevails in Metro cities of India and is being adapted by smaller cities. Late night parties, late dinner, T.V watching during evening and leisure; getting up late in the morning using modern equipment to save physical energy and eating readymade fast food and junk food, constant visits to restaurants to satisfy taste buds and continuously sitting in front of computer for long hours to complete office works are the characteristic features of modern life style. All this is supplemented by craving for more and more money leaving no times slot in daily life for sick, elderly, or children. This creates stress in their minds. Even holidays are spent on picnics and going for holiday resorts and not in visiting family members. This lack of emotional bond creates psychological dissatisfaction in life.

Healthy life style may enable a person to deal with his stresses and help him adjust with his problems, giving him strength to face problems and overcome obstacles.

**Elements of Lifestyle:** Health risks and therapy side effects may be reduced by improving lifestyle. (1) Diet or Food Habit: By having a diet low in saturated fats their weight can be controlled. Survivors can promote long life by fruits, vegetables, whole grains. (2) Exercise: Quality of life and positive psychological and emotional welfare can
be promoted with the help of exercise. In recent years understanding regarding health benefits by physical activity has speedily increased. Especially during last three decades it has proved by Oldridge, Ward and Morgan, (1984). Obedience to physical activity is poor even in supervised program for physical activity. True health benefits can be obtained by programme on permanent basis (Wankel, 1984).

The investigator however feels that in their busy and hectic life schedules, many people cannot find time for physical exercise while the others, who do not give it sufficient importance, are not willing to find time for physical exercise. This is mainly due to their in numerous selfish desires to enjoy worldly pleasure or they have irrational and neurotic tendencies arising due to excessive attachment to their kith and kin. If people would engage themselves in rigorous physical activities no extra physical exercises are needed.

(1) Food Intake Behaviour: Adolescence is characterized by an exceptionally rapid rate of growth and is often changing in individuals due to its dependence on genetic hormonal and nutritional factors. Overweight or fat is rapidly increasing in adolescence. Overweight in adolescent is associated with overweight in adult. Numerous health risks like hypertension, respiratory disease, several orthopaedic disorders, diabetes mellitus and elevated serum lipid concentrations have been linked with adolescent overweight.

Overweight and obesity is linked with diet. Metamorphosis of food habits has led to the replacement of nutritious food by things that are tasty, convenient in vogue-junk food. Junk food is high in fat or calories and low in nutrient.
“Junk foods have become common feature of adolescent’s diet. Adolescent’s eating behaviour is strongly influenced by their social environments which include family, peer networks, schools, advertising, religion and knowledge influence adolescent’s eating behaviour. Ill effects of regular intake of junk foods are mainly lack of energy, poor concentration and obesity leading to inferiority complex, depression, heart diseases, high cholesterol, stunted growth, premature ageing, and tooth decay. According to a study on adolescents, with excessive consumption of processed foods and high fat diets obesity is on the rise. Quality of diet declines from childhood to adolescence. Due to increasing allurement of adolescents towards junk food and increasing prevalence of overweight/obesity among adolescents, a study was conducted” Kapil et al., (2001).
Figure 1.2 Conceptual Model for Factors Influencing Eating Behaviour of Adolescents (Story, M 1986)

MACROSYSTEMS

• Socio-economic political systems
• Food production and distribution systems
• Food availability
• Mass media

ENVIRONMENTAL

Micro-environmental
• Cultural group
• Social/cultural norms and values
• Food trends and fads
• Fast foods
• School meals

Immediate Social Environment
• Family unit characteristics
• Parenting practices
• Parent modeling
• Home environment
• Family meal patterns
• Peer norms and influences

PERSONAL

Cognitive-affective
• Personal health, values, beliefs
• Functional meanings of food
• Body image
• Self-concept

Behavioural
• Food preferences
• Self-efficacy
• Food-related skills
• Eating practices

Biologic
• Pubertal status
• Growth
• Physiologic needs
• Genetic predisposition
• Health status

Lifestyle

Individual Food Behaviour

Nutritional Status
According to Conceptual Model (Story, M., 1986), “Eating patterns and behaviours of adolescents are influenced by many factors, including peer influences, parental modelling, food availability, food preferences, cost, convenience, personal and cultural beliefs, mass media, and body image. Figure 1.2 presents an intangible model of the multiple factors that influence eating behaviours of adolescents. The model depicts three interacting levels of influence which impact adolescent eating behaviours: personal or individual, environmental, and macro systems. Personal factors that influence eating behaviour include attitudes, beliefs, food preferences, self-efficacy and also biological changes. Environmental factors include the immediate social environment such as family, friends and peer networks, and other factors such as school, fast food outlets and social and cultural norms. Macrosystem factors, which include food availability, food production and distribution systems, and mass media and advertising, play a more distant and indirect role in determining food behaviours yet can exert a powerful influence on eating behaviours”.

(2) Control on Alcohol Consumption Behaviour: Another threat to the health of adolescents is their abuse of alcohol and other drugs. Ninety percent of high school seniors drink alcohol, and most begin drinking in early adolescence (Feldman and Wood, 1994). Just as in the case of unsafe sexual practices, peer influences have a much stronger effect in determining an adolescent’s decision to drink than does the adolescent’s knowledge about alcohol or drugs” (Roberts, 1995). Programs that utilize only fear and threats to modify substance abuse behaviour suffer from the same denial and defensive attribution responses. As with STDs, Aronson (1995) uses cigarette smoking behaviour to indicate the value of applying cognitive dissonance theory as an alternative to only dispensing information or using primarily fear-creating techniques to change adolescent behaviour. Aronson has applied this theory to alcohol abuse. His research
indicates that programs that have a goal of altering or preventing substance abuse must fully involve adolescents in activities in which they advocate approaches to overcome substance abuse, thereby lowering their favourable attitudes to alcohol use. A second critical ingredient of programs is having adolescents practice using strategies to resist the peer pressures.

Various family and personality characteristics are also associated with higher alcohol and drug abuse. Studies indicate that parental substance abuse strongly influences adolescent use of alcohol and drugs (Mayes, 1995). Parental substance abuse contributes to adolescent substance abuse because it models drug use, and because it is associated with poorer parenting, including higher levels of violence toward children, and higher levels of emotional abuse of children (Mayes, 1995). Adolescents who are higher in risk-taking behaviour are also more likely to experiment with alcohol and drugs. Youth who seek thrills in any number of ways also abuse drugs more than youth who do not seek thrills. In this respect, alcohol and drug are not only health risks for adolescents but are safety risks, as well.

“A national household sample of 4,023 adolescent’s age from 12 to 17 years was interviewed by telephone about material use, victimization experiences, familial substance use, and posttraumatic reactions to identify risk factors for substance abuse or dependence. Risk for current substance abuse had increased in those adolescents who had been physically or sexually assaulted, who had witnessed violence, or who had family members with alcohol or drug” (Kilpatrick et al., 2000).

“To examine the relationship between adolescents’ employment and substance abuse behaviours data from the Canters for Disease Control and Prevention Youth Risk Behaviour Survey (YRBS) was used from 4,800 subjects. The result of study was that among public high
school students with extracurricular jobs, those who worked above 15 hours per week appeared to have an increased risk for substance abuse” (Valois, 2000).

Although other drugs, including cocaine, LSD, PCP, and amphetamines, are used by teenagers, marijuana is the most widely used psychoactive (mind-altering) drug among adolescents. About 1 in 10 adolescents have tried marijuana by the eighth grade, and 1 in 3 by the senior year in high school (Atwater, 1996). The percentage of eighth graders using marijuana increased from 6 percent in 1991 to 13 percent in 1994, an increase of 110 percent. Marijuana use among 10th and 12th graders rose 66 and 40 percent, respectively (Johnston et al., 1995).

World Health Organization estimated that 3.7 percent of global mortality and 4.4 percent of disease was attributable to alcohol, nothing also that this does not include social harm such as family and interpersonal problems, work problems, violence and other crimes (WHO, 2007).

Metcalf et al., (2003) and Heslop et al., (2001) reported an association between perceived stress and drinking more alcohol (if a drinker). Furthermore, it has been suggested that medical students’ lifestyle and the occurrence of problem drinking may be related to stress they experience (Wolf and Kissling, 1984).

Metcalf et al., (2003) used the reader stress inventory to relate stress to health behaviours and concluded that higher levels of stress were associated with smoking more cigarettes. This association was also found in one large scale study of over 6000 Scottish men and women which showed that higher levels of perceived stress were linked to smoking more (Heslop et al., 2001).

“Adolescents be inclined to justify use of alcohol and other drugs by saying that is cool or everyone else drinks alcohol (or uses drugs). Peer use and peer pressure are major factors for
young people to the use of alcohol and other drugs, such as marijuana ecstasy, or hard drugs such as heroin cocaine. This is being supported by several researches. Dupre et al., (1995) found that 55 percents of young people in their study were 1st given alcohol or drugs by the friend. Jenkins (1996) found that the strongest correlate with starting to use drugs was affiliation with drug-using friends. Similarly, Yarnold and Pattersons (1995) found that adolescents crack users tend to have friends who use crack. The relationship between drug use and peers who use is not surprising, for two reasons. First, adolescents are seeking expectance by their peers. Secondly, those who socialize with friends who are users are likely to have easier access to the substance concerned”.

“Not surprisingly, abstainers from alcohol marijuana and other drugs tend to come from Family that Are likely to use drugs. These adolescents are also less likely to have friends who use drugs, and are not as likely to have psychosocial or school problems as are users of alcohol, marijuana and drugs (Mc Broom, 1994). With regard to school problems, Jenkins (1996) found, as might be expected, that academic performance inversely related to drug use”.

(3) Physical Activity: “Any bodily movement produced by skeletal muscles which require energy expenditure is defined as physical activity. Several researchers emphasized the importance of establishing healthy eating and physical exercise habits at an early age. Healthy dietary and exercise patterns established during childhood can carry into adulthood, producing life-long health benefits and providing the basis for active and healthy life. Adolescents’ involvement in variety levels of Physical Activity Behaviour of Jordanian Adolescents and its Associated Factors 434 physical activity is associated with protective health behaviours. At least 30 minutes of regular, moderate-intensity physical activity on most days reduces the risk of
cardiovascular disease and diabetes, colon cancer and breast cancer. Considerable physical, mental and health benefits can be obtained by young people with the help of regular physical activity. It helps children and young people to build and maintain healthy bones, muscles and joints. It also controls body weight, reduce fat and develop efficiently functioning heart and lungs. It facilitates developing the skills of movement and helps prevent and control the feelings of worry and sadness. Additionally, involvement in physical activity gives young people opportunities for natural self-expression, self-confidence, relief of tension, achievement, social interaction and integration, as well as those related to learning the spirit of solidarity and fair play. With the help of miscellaneous range of physical activities, a series of health risk behaviours can be reduced and positive health outcomes can be enhanced including higher confidence and academic presentation”.

(4) Sleeping Behaviour: “Adolescence is a time of physical, cognitive, social, and emotional changes. Adolescents’ sleep patterns and behaviors have important effect of these changes”. (Wolfson and Carskadon, 1998).

Many adolescents do not get sufficient sleep. They go to sleep later than younger children and get up as early in school days. While early adolescents sleep about nine hours per night. (Iglowstein, Jenni, Molinari and Largo, 2003). Adolescents or preadolescents who have irregular sleep schedules tends to be chronically sleep- deprived and to be sleepy in the day (Wolfson and Carskadon, 1998; Scheidt et al., 2000).

Teenagers sleep late because they have to do homework, like to gossip on the phone with friends, work on internet and want to act “grown up“. However physiological changes also may be involved (Sadeh et al., 2000).
Erin (2005) inspect the connection between younger’ sleep–wake patterns and thrill-seeking manner. Another aim was to imitate the result found by Wolfson and Carskadon (1998). Concerning younger generation’ sleep habits. 388 younger age group (217 males, 171 females) accomplished the Sleep Habits analyze and the Youth Risk manners analyze. The consequence specified to younger generation who versioned longer vacation delay and advanced levels of sleep troubles also versioned considerably advanced levels of risk-taking manners, and students’ vacation delay was also connected to their academic presentation in this sample.

(5) Spiritual Behaviour: It is difficult to mark out devoutness as a perception in word. Numerous authors make an effort to describe it have highlighted on looks like feeling attached or be appropriate in the creation, believing in a authority external one’s self, searching for a sense of meaning or purpose, visible and invisible, having an internalized relationship between the individual and the divine, encountering limitless love, and moving toward personal wholeness (Canda, 1995, Decker, 1993, Ganje Fling and Mc Carthy, 1996, King, Speck and Thomas, 1995, Wulff, 1996).

“Since ancient times it is relentlessly believed that spiritual engagements further a sense of well-being. Researches in the contemporary psychology though in their nascent state have reached similar conclusion. It has been found that life satisfaction correlates positively with mystical experiences (Kass, 1991) and people who have had spiritual experiences report tremendous positive feelings as compared to others (Kennedy et al., 1994, Kennedy et al., 1995). Although religious and nonreligious people tend to experience equal amounts of stress, it has been observed that religion may help people deal better with negative life events and their attendant stress (Schafer and King, 1990). Individuals with imperious religious faith report higher levels of satisfaction, greater personal happiness, and fewer negative consequences of
traumatic life events (Ellisson, and Gey et al., 1991). People engaging in spiritual pursuits report being generally happy, cheerful, at peace most of the time rarely depressed have excellent physical health, and satisfied with the meaning and purpose they find in their lives” (Krishna 1999).

“In recent past, several neurocognitive researches have been attempted to comprehend the impact of spiritual activities on human brain. It has been found that prefrontal lobes of monks are lit even when they are not meditating and this area is responsible for positive emotions, (Davidson, Kabat-Zinn and Schumachert, et al., 2003) suggesting that meditation leads to a metamorphosis of brain structure to emit positive emotions”.

Koivusilta (2006) “assessed the relative importance of perceived health and health related lifestyle in adolescence in the production of educational differences. A representative sample of 4761, 16 and 18 year olds was taken. The follow up rate was 82%. The outcome variable was the attained educational level at age 24 to 30. Predictive variables described health related lifestyle and health at the age of 16 and 18. Those whose educational level was low at follow up, had in adolescence, a more health compromising lifestyle than those who had reached higher levels. They had placed less emphasis on health promoting behaviors like not smoking, physical exercise, good diet, and dental hygiene. Smoking was the outstanding predictor of attained educational level. Among the health variables, only psychosomatic symptoms predicted high educational levels in girls, and both psychosomatic symptoms and height in boys. Those who reach a high level of education in adulthood, have had a health enhancing lifestyle already in adolescence, while those reaching only a low level, and have a health compromising lifestyle. Health plays only a small part in the prediction of adult educational level. The results suggest
that a health compromising lifestyle, adopted already in adolescence, is an important mechanism from which educational health differences originate”.

Rimpelä (2005) “survey data collected by mail, representing Finnish 16 year olds (N = 2977; response rate 83%), were used to identify which particular aspects of lifestyle are typical of adolescents who select various educational tracks and, thus, have different probabilities of ending up in low or high social positions. The dependent variable, educational track, was formed by classifying the respondents into five successive categories predicting their social position in adulthood. Lifestyle is measured by health behaviours, leisure-time activities and social relations. The probability of belonging to educational tracks with good social prospects in adulthood was high among adolescents who placed much emphasis on health-enhancing behaviours (not smoking, physical exercise, low milk-fat diet, dental hygiene, use of seatbelts, etc.), who did not spend much time watching TV or listening to music and who attended church or other religious meetings weekly. Health-related lifestyle, at the age of 16, is oriented towards the social group the individual is likely to belong to as an adult. The study provides evidence for a strong association between health-related lifestyle and educational track in adolescence”.

Monica and Thomas (2004) “this study examined the associations between specific alcohol-use measures and physical fighting, injuries received, and injuries inflicted on others while fighting. We conducted cross-sectional analyses of the National Longitudinal Study of Adolescent Health (Add Health) limiting our analyses to adolescent drinkers (n=8885) between the ages of 12 and 21 years. Results revealed that adolescent drinkers who reported problem drinking and peer drinking were more likely to engage in physical fighting, being injured, and injuring others in fights than drinkers who did not report these drinking behaviours even after
controlling for drinking frequency and binge drinking. The findings highlight the need for violence prevention programs that focus on the reduction of alcohol use among adolescents”.

**Parental Pressure:** “The person’s first get in touch with parents and then with peers. Parent’s attachment during childhood is stronger while peers attachment is stronger during adolescence. Affection level changes with the ages and stages of life. Adolescents who feel accepted by their peer group and their parents are likely to feel good about themselves (Dacey and Kenny, 1997). Parent attachment and peer attachment both have importance. Pressure involves hope or demands that one perform in a definite way. They divide pressure in two types the pressure to do and the pressure to confirm. The power of pressure is violating personal standards in order to be liked by other members of organized group” (Weiten and Lloyd, 2004).

Adolescents have strong feelings of attachment to their parents, but their desireness for independence decreases their attachment. The middle class boys interviewed and tested considered their mothers to be “sources of solace, comfort, instruction” and reported warm and close feelings for them. They regard their mothers as more understanding and interested than fathers, who are more pragmatic and practical and who are good models for the future. Adolescents feel strongly attached to their parents, but at the same time they cherish their autonomy. Many adolescents consider their parents to be the most important influence in their lives.

A change in their relation to parents may cause adolescents to feel conflict, ambivalence, even despair. John Coleman’s 1974 cross- sectional study of 800 English boys and girls of ages 11, 13, 15, and 17 documents the changing and sometimes stressful nature of adolescents’
relationships to their parents. Only at the end of adolescence, at ages 17 and 18 are these unsettled feelings resolved.

Parents treat males and females somewhat differently from birth onward; they continue to do so when their children reach adolescence. A comparison of parent-child relations for male and female high-school students documents these differences (Stinnett, Farris, and Walters, 1974). Using questionnaire replies from 499 11th and 12th graders, Stinnett, Farris, and Walters, (1974) found twice as many boys as girls reporting that their fathers had been the primary source of discipline when they were children. Twice as many girls as boys reported being praised often during childhood. Girls indicated that they received equal amounts of affection from their mothers and fathers, but boys identified their mothers as the principal source of affection. Nevertheless, both boys and girls identified their mother as the greatest influence in their lives.

Conforming to peers does level off at about tenth grade (Floyd and South, 1972). The influence of both parents and peers continues throughout adolescence, but at about age 15 the adolescent shows more autonomy from both friends and family. Berndt (1978b) notes what he calls “a true growth in autonomy” by the end of high school. By the ages of 18 and 19, adolescents are making many of their own decisions.

“The researcher studied how to enhance effort and achievement: the importance of parent involvement and home school partnerships. The findings indicated that the parents’ attitude and actions like coaching and support to the proper education of their child has a sole and positive effect on effort and attainment of children; although it is weakly related to the socio-economic status of parents” (Opdenakker and Damme, 2005).
“The researcher tried to look into the relationship between academic achievement inspiration and home environment among standard eight pupils. Results showed that four factors (parents’ occupation, parents’ education, family size and learning facilities) significantly affect the achievement inspiration, and parental support was the only factor which showed low connection with academic motivation” (Moula, 2010).

**Peer Group Effect:** A group of people from society who contribute to a similar status and approximately of same age. They tended to move around and act together within the social aggregate. The interests and backgrounds of members of a particular peer group are almost same. However, some peer groups are very different regarding socio and economic status, level of learning, race, creed, culture or religion.

Peer group’s effect seems to be very important during adolescent period. It happens when the difference among parents and children during adolescence increases. Child goes away from parents and comes closer to peers. Therefore gang involvement is very common which may lead to antisocial peer interactions.

Friends interact with each other in different ways at all ages. Preschoolers give good wishes, admire and fulfilment to children they recognize as friends and they also obtain from them. Peers are closer, express views with each other and chatting, smiling and looking at each other more often- than are nonfriends (Hartup, 1996 and Vaughn et al., 2001). Apparently, spontaneity, closeness, and understanding characterize rewarding friendships very early, although children are not able to express these ideas until much later. But a more mature understanding of friendship seems to spark greater prosaically behaviour between friends.
Friends working together and school-age friends assist contribute and refer to each other and spend more time than preschool friends do. (Hartup, 1996; Newcomb and Bagwell, 1995).

1. “Peer group provides opportunities to explore the self and build up a deep understanding of another. Through open, honest communication, friends become responsive to each other’s strengths and weaknesses, needs and desires. They get to know themselves and their friend especially well, a process that supports the development of self-concept, perspective taking, and identity” (Savin Williams and Berndt, 1990).

2. “Peer group lay a foundation for future intimate relationships. Self-disclosure to friends precedes disclosure to romantic partners. The lengthy, often emotionally laden psychological discussions between adolescent friends appear to prepare the young person for love relationships (Sullivan, 1953). Sexuality and romance are common topics of discussion between teenage friends-conversations that, along with the intimacy of friendship itself, may help adolescents establish and work out problems in romantic partnerships” (Connolly and Goldberg, 1999).

3. “Peer groups also provide support in dealing with the stresses of everyday life. Because supportive friendship enhances sensitivity to and concern for another, it increases the likelihood of empathy, sympathy, and prosocial behavior. Adolescents with supportive friendships report fewer daily hassles” (Kanner et al., 1987).

4. “Peer groups can improve attitudes toward and involvement in school. Close friendship ties promote good school adjustment in both middle-and low- SES students. When children and adolescents enjoy interacting with friends at school, perhaps they being to view all aspects of school life more positively” (Berndt and Keefe, 1995; Vandell and Hembree, 1994).
“In one study of nearly 400 junior and senior high school students, adolescents felt greatest pressure to conform to the most obvious aspects of the peer culture—dressing and grooming like everyone else and participating in social activities, such as dating and going to parties. Peer pressure to engage in proadult behaviour, such as getting good grades and cooperating with parents, was also strong. Although pressure toward misconduct rose in early adolescence, it was low. Many teenagers said that their friends actively discouraged antisocial acts. These findings show that peers and parents often act in concert, towards desirable ends. Finally, peer pressures correlated only modestly with teenagers’ actual values and behaviours” (Brown, Lohr, and McClanahan, 1986).

Adolescents who become intoxicated are at risk for a range of short- and long term negative consequences, some of which only require one drinking incident to take effect. According to the “Centers for Disease Control and Prevention (CDC)”, alcohol frequently contributes to the leading causes of death among adolescents (Eaton et al., 2006). Recent neurocognitive research has cited the negative effects of more chronic heavy drinking on adolescent brain development (Brown and Tapert, 2004).

Furthermore, alcohol use has been found to contribute to poor academic performance (Ellickson, Tucker and Klein, 2003), delinquent behaviour (Ellickson et al., 2003), smoking and illegal drug use poor coping with psychological difficulties, and risky sexual behaviour. Although much research has investigated factors that make adolescents prone to drinking and its negative effects, the wealth of previous work has tended to focus on risk factors for alcohol use in the context of serious delinquency or antisocial behaviour particularly among boys; (Wills and Dishion, 2004). This subpopulation of adolescents is more likely to display extreme and obvious indicators of maladjustment that highlight their alcohol use and abuse (e.g., school drop-out,
criminal violence, life threatening risk-taking). They also likely share characteristics with those of the adolescent-limited or life-course persistent typologies of adolescents displaying conduct problems (Moffit, 1993), including some combination of aggressive and oppositional temperament, poor parental management practices, rejection from mainstream peers, and subsequent affiliation with a deviant peer group that encourages further problem behaviour. Aside from the important and informative focus on serious substance use in the context of delinquency, conceptual models and empirical research aimed at explaining alcohol use in the general adolescent.

Given that adolescent school transitions involve new and changing peer relationships during a time when social acceptance and support are highly valued (Aikins, Bierman and Parker, 2005; O’Brien and Bierman, 1988). The construct of peer related social stress was central to the model examined in this study. Peer-related social stress was conceptualized differently than other aspects of peer influence previously examined in relation to alcohol use among adolescents; the degree to which adolescents desired increased belonging within valued peer crowds was assessed as an indicator of adolescents’ social stress expected to relate to alcohol use among some adolescents in the context of ever-changing peer relationships (Laura E. Berk, 2003).
Peers clearly do apply pressure on adolescent and this is frequently most visible in terms of the way in which adolescent present themselves, this can be disconcerting for many parents who become anxious when their adolescent children make changes to their personal appearance in ways which are not easily acceptable to them. They may correctly blame peer influences. However, it is important to recognize that such changes, although due to the influence of peer pressure and a need for acceptance by peers, are also consistent with the adolescent’s search for individuation by identity.

During adolescence the formation of peer groups is normal developmentally. The tendency to form such groups starts in childhood. Playmates, school friends, boy and Girl Scout

<table>
<thead>
<tr>
<th>Age</th>
<th>Peer Sociability</th>
<th>Friendship</th>
<th>Peer Groups</th>
</tr>
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<tbody>
<tr>
<td>12-20 years</td>
<td>Peer interaction becomes more cooperative.</td>
<td>Friendship is based on intimacy and loyalty.</td>
<td>Peer groups become more tightly structured, organized around cliques.</td>
</tr>
<tr>
<td></td>
<td>Rough- and-tumble play declines.</td>
<td>Friends become more alike in attitudes and values.</td>
<td>Crowds from, based on reputation and stereotype.</td>
</tr>
<tr>
<td></td>
<td>More time is spent with peers than any other social partners.</td>
<td>Young people choose some friends who differ from themselves.</td>
<td>As interest in dating increases, mixed-sex cliques form.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Number of close friends declines further.</td>
<td>Conformity to peer pressure.</td>
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group are examples of the natural inclination of young people to form group attachment which provide a social outlet.

Adolescent gangs are peer group. However, they are groups whose behaviours are perceived negatively by the majority in society. Gangs are generally considered to be socially philological individual. Gangs tend to develop mostly in urban areas and may exert undesirable influences on impressionable young people (Sigler, 1995).

“A number of study reviews on adolescents have examined the effect to family and peer influences. These studies make it clear that both family and peer influences are important. Webster et al., (1994) found that whereas peer influences are exerted predominantly through modelling behaviour, parental influence is exerted predominantly through perceived normative standards. Frauenthlass et al., (1997) found that deviant peer modelling was strongly associated with levels of adolescent use of tobacco, alcohol and marijuana, but family support of the adolescent reduced that influence with regard to tobacco and marijuana use. Robin and Johnson (1996) also identified the importance of peer pressure regarding adolescent use of alcohol, cigarettes and drugs. They found that both peer approval and disapproval were important. The greater the peer pressure against use the less frequent the use. Bauman and Ennett (1996) claim that the magnitude of peer influence in adolescent drug behaviour has been over-estimated by some authorities in the area, and correctly make the point that the individual is able to make a personal decision with the context of peer influence. However, the evidence demonstrating the importance of peer importance is strong”.

Peers have a more powerful influence on adolescents as compared to families (Boujlaleb and Owens 2006). Adolescents get their sense of worth from the group they are belonging to and
they cannot remain without meeting each other. One has low self-worth and feels helpless without friends. Peers play a very important role in their life and they cannot live without them. Now the one follow the other peers. If they are good in studies, there will be healthy competition in the group and they will be high achiever but if they are involved in unconstructive actions then it’s difficult for one to stop him not to involve in it. So they will be low achievers (Haynie, 2002).

“Many research studies were conducted to investigate the peer pressure and its relationship with the academic and social factors. One of them was Taylor and Wong (1996). The study highlighted that gender difference exists in the perception of peer. Study further indicated that the adolescents who have a high level of conformity to unconventional peer behavior tend to have lower GPA then those who have lower level of conformity”.

This research studied on motivating conditions at place of work. Peer pressure, incentives and sex were main factors. It was found that very high and very low level of peer pressure can considerably reduce the output of employees (Bellemare, Lepage and Shearer, 2009).

“The research studied the influence of peer group on adolescent’s academic performance. The sample of the study was 150 randomly selected students from four secondary schools. The findings were the peer group could either positively or negatively influence the academic performance in school. Tope recommended that parents and teachers may provide adequate guidance to adolescents to help them understand how the friends can positively or negatively influence their academic performance” (Tope, 2011).

**Family Social Support:** “Parent- child relationships, sibling communications become accustomed to development at adolescence. As younger children grown-up and become more self- sufficient, they are no longer willing to accept as much directions from their older brothers
and sisters. Consequently, older siblings’ influence declines during the teenage years. Furthermore, as teenagers become more concerned in friendships and passionate partnerships, they spend less time and energy in siblings, who are part of the family from which they are trying to set up independence” (Furman and Buhrmester, 1992; Stocker and Dunn, 1994).

Genealogical communication at younger generation endure to be precious by other connection, both within the outside the family. Younger generation whose parents are become fond of and helpful have more sure genealogical ties” (Bussell et al., 1999). Adolescents’ experiencing strains in peer relationships may turn to siblings (East and Rock, 1992). Adolescents without close bonds with either siblings or friends have more adjustment problems than do those with either positive sibling or positive friendship ties (Updegraff and Obeidallah, 1999).

Origin of the family role. Family climate is a product of the interactions of all family members who, as a result of such interactions, come to assume special roles. Each member helps establish every other member’s role, and his own role is in turn affected by those of all the others. Each relationship is unique and is a compound of many factors. These unique relationships provide supports to adolescents in the family. Thus family social support may act as important coping strategy to adolescents’ stress.

Dewe, Guest and Williams (1979) consider coping as an attempt to remove the feeling of discomfort. White (1974) defined coping as the process which involves efforts towards solution of problems. It occurs when a person fares a threatening or dynamic change or problem that defies known or usual ways of behaviour and might give rise to anxiety, guilt, grief and shame, and again forms the necessity for adaptation.
In western civilization where most of the adolescents live independently away from their parental home and as such they find themselves under excessive stress. In Indian culture however social support from family members often solves most of the problems of adolescents helping them to manage their stress.

Researchers use six criteria of social support to determine the level of overall social support obtainable for the precise person (Cutrona, Russell and Rose, 1986).

“Peer support is often considered as an alternate method of getting social support If the adolescents do not obtain sufficient attention from their parents, peer support is often considered as an alternate way of attainment social support. But peer support is not as consistent as family support because young children could easily remove from their own friends if they happen to sad. Another problem arises when the miserable students separate themselves from community gatherings. Suffering adolescents would not be able to get support from society” (Stice et al., 2004).

**Stress among adolescents:**

Adolescent stressors fall into three categories: achievement-related concerns, relationship concerns and social issues. Parents frequently description that existing with younger generation is traumatic. Family is a structure that must change to changes in its associates. But when development is very rapid, adjustment is harder. Many parents of adolescents have realized their forties and are varying as well. While younger generation face a unlimited imminent and a ample collection of choices, their paternity must appear to terms with the detail that partial their life is
over and their posses possibilities are tapering. The anxieties knowledgeable by each peer group act in antagonism (Holmbeck and Hill, 1991).

“As adolescents move closer to adulthood, parents and children must blend togetherness and independence so that parental control gradually relaxes without breaking the parent-child bond. This means establishing guidelines that are flexible and open to discussion. The mild parent-child conflict that typically occurs facilitates adolescent identity and autonomy by helping family members learn to express and tolerate disagreement” (Steinberg, 1990, 2001).

Adolescent conflict with parents involves verbal disagreements and behavioural opposition over family rules. Conflict is especially frequent for early-maturing males and females (Hill, 1998; Shantz and Hartup, 1992). Parents and adolescents may influence each other in ways that create distress (Ge et al., 1995). For example, parental dissatisfaction with their work or marriage may lead to increased distress for the adolescents (Silverberg and Steinberg, 1990), and the negative affect of adolescents as they experience the stress of making the transition to adulthood may create further stress for parents. Not all adolescents experience a period of “storm and stress,” but, for those who do, this period is critical in determining whether they will establish positive or negative patterns in adjusting to life events (Larson and Ham, 1993).

It is extremely important in their children’s lives even as their children seek independence. Most teenagers do not want to tense relationships with their parents or leave their family behind. They want their parents to expand their relationship with them to accept their independence, their experimentation, and their mistakes, without rejecting them (Laursen and collins1994).
“This research showed that most adolescents are not particularly difficult or troublesome but the problem; in western society is how parents respond to the adolescent phase” (Rutter 1995).

“This research suggests that adolescents tend to be higher in competence and self-esteem in families where the parents are supportive, encourage positive rational and interactive communication while they use firm and constant discipline” (Baumrind, 1991b). In other words, the parents are authoritative. The advantage in having such parents may be because the transition into adolescence is one which requires autonomy while avoiding self-destructive behaviour during an inherently demanding process of individuation (Searight et al., 1995).

“The process of adolescence requires the young person to strive for autonomy, and, ideally, in doing this to avoid self-destructive behaviours. This is difficult to achieve in what is an inherently demanding process of individuation. It is here that Parents can help. research suggests that supportive parents who encourage positive, rational and interactive communication while they use firm and consistent discipline (that is, authoritative parents) have adolescent children who are higher in competence and self-esteem and are better equipped to deal with hazarders life events” (Baumrind, 1991a, 1991b).

“The struggle between family pressure and peer pressure will be influenced by the qualities of the family system. Where a family atmosphere is supportive of independence and does not press for achievement, early adolescents tend to use their peer group as a source of emotional support without a strong need to conform to group pressure. This is in contrast to early adolescents whose family life is characterized by conflict, emphasis on achievement and lack of support for individual development. In these families, the young person is likely to become more
conformist to group pressure” (Shulman et al., 1995). “Clearly, parenting communication styles are very important. Those parents who are able to communicate with their adolescents effectively, and to do this in a tow-way process, so that both they and the adolescent get the opportunity to state their points of view, are more likely to enable the young person to develop adaptively”.

“Parental expectations are also important most parents have expectations of their adolescent with regard to behaviours, beliefs, attitudes, values and choice of friends. Their expectations may also extend to academic or employment performance. Clearly, these expectations will impact on the adolescent and may be helpful in promoting development or may be an impediment”.

“Parents are good at putting the pressure on their kids. There's just something about them, whether it be their authority, intimidation, or reverse-psychology that allows them to scare us kids into doing whatever they want, particularly when it comes to schoolwork. Unfortunately, pressure can build on us, and we buckle under the weight of it all. This could manifest itself in the form of insomnia, depression, intense mood swings, or other conditions, which could then lead to a loss of interest in other activities, a non-existent social life, or, believe it or not, a drop in grades”.

“One of the ways to avoid pressure is to just do exactly what their parents want them to do. Being a diligent student will pay off in future, and not much stress would be created in such cases.
Another way to escape pressure is through an already-existing medium. Such as sports, physical work etc. parental pressure creates more serious stress when parental expectations are unrealistically high or when there is communication gap between parents and their offspring’s”.

**Stress:** The younger generation years are said to be the most demanding time in person’s life. Younger generation is the time of life when brood change into mature. They are going across adolescence, gathering the varying hope of others, and coping with sensitivity that may be new to them.

The effects of stress may be attenuated by family and social supports. The evidence that young children respond to stress with distress, leading to emotional or behavioural problems, makes it crucial to study the nature of social support, particularly in the family contexts and with the peer group. The western concept of social support appears to be unidirectional in practice even with adolescents. The support giver and the recipient often change their roles depending on the situation. A competent, a resilient child or adolescent is characterized by their give and take relationship. Thus, social support is “situation specific”, mutual and not unidirectional.

Mason (1975) “the term stress has been approached in at least four different ways. First, as the stimulus or external force acting on the organism; second, as the response or changes in the physiological functions; third as the interaction between an external forces and the resistance opposed to it”.

“Strain is the body’s adaptation response to any demand or pressure. These demands or pressures are called stressors. A stressor is an event; coping is what one does as a result of the stressor. No one lives without some degree of stress in their lives. . The tricky part is that what stresses one person may, in fact, invigorate another. Teens are not immune to stress; however,
they are sometimes ill-equipped to cope with the stressors that they face leading to various manifestations of that stress in their daily lives. Psychological changes in behaviour such as moodiness, irritability, inability to concentrate, crying, changes in eating patterns, changes in sleeping patterns, worrying, mood swings, frustration, nervousness, depression, exhibiting a negative attitude, low productivity, confusion, lack of creativity, lethargy, forgetfulness, and/or boredom may become more prevalent than usual for adolescent stress. Socially increased stress levels may be exhibited through isolating his or her self from others, loneliness, decreased general communication skills, lashing out at others, nagging, or simply a refusal to engage verbally”.

“Any external or any internal drive which threatens to upset the organism’s equilibrium is stress” (Selye1936). “The demands exceed the personal and social resources the individual is able to mobilize” (Richard S Lazarus).

Anxiety has been defined as a stimulus and also as a response. Stress stimuli or stressors are of three major types (Lazarus and Cohen, 1977), major changes that affect one or a few; and daily hassles or incidents in daily living which irritate or distress one. Hence describing stimuli to be stressors would depend on the responses elicited by the stimuli. This then refers to the relation between the stimulus (stressors) and person, emphasizing the person-characteristics. The stimulus response approach to stress is circular as it asks what (stimulus) elicits a stress response and what (response) indicates a particular stressor.

Kagan (1983) asserted that stress must be viewed as interaction between “want and response”, and cannot be studied in isolation.
“Adolescence is that period between childhood and adulthood which can itself be divided into developmental stages. Regardless of developmental stage, adolescence is set to face changes of both a physiological and psychological nature, often with movement towards independence and explorations of identity. Early adolescence is marked by a number of changes, including rapid cognitive, social, emotional and physical changes involving maturation. There are transitions in school life, peer and family relationships and a likely increase in conflicts within the family, characteristically with parents. These conflicts mark the early and middle adolescent years and are generally superseded in late adolescence when parent child relationships become more settled. The later adolescent years are generally marked by a greater interest in peer relationships and the striving to achieve goals and milestones that determine the directions for an adult future”.

Adolescents by participating in the social activities and by sharing the household duties of the family keep close company of the parents and family members for a longer time. Adolescents are also interested in having a social relationship with people other than family members, like school friends and neighbourhood friends. They may either call on them or bring them home. Parents’ attitude towards their children’s friends who visit them is one of the important factors which contribute to the parent child relationship. So the third dimension studies are the extent of parents’ attitude towards children’s friends.

“Adolescents have many concerns that in extreme circumstances are perceived as overwhelming and disabling, leading in a minority of cases to severe depression and suicide. Youth who choose death do so because they cannot cope at a time when they are vulnerable to increasing pressures and uncertainties. Young people today report more psychological problems
than ever before. It is estimated that between 2 and 5 percent of young people experience an anxiety or depressive disorder. It is expected that a significantly greater number of young people will experience depression by the time they reach adulthood, with estimates approaching 20 percent. Depression in adolescence leads to such difficulties as impaired school performance and compromised social relationships with peers, siblings and teachers” (Brimaher et al., 1996).

Adolescence is a period of development and change. There are intrapersonal changes such as cognitive development, maturation and emotional development and interpersonal changes such as negotiating relationships with peers and family and adapting to school changes. There is a growing importance of peer relationships as adolescence is traversed. Adolescent stressors fall into three categories: achievement related concerns, relationship concerns and social issues. Whilst relationship-related concerns are important for adolescents, they are also concerned about getting on in the world and about issues relating to the world in general. There is a clear relationship between long-term stress and negative health outcomes.

Some of the areas studied extensively in the field of stress in the West are divorce, birth of sibling and bereavement. In India, these priorities are yet to clearly emerge. Since adolescents live with their families, including their parents, siblings and sometimes grandparent, also, their stressors and coping strategies are different from adolescents living in western countries, where they live independently away from their home (Kapur, 1999).

As a unit, families can work together to promote recovery for each member. Teachers and school personnel can suggest the various strategies to families with teenagers: They are suggested to accept the fact that they have experienced a major trauma. Being bewildered over whelmed and in need of support is acceptable and part of the recovery process. They are advised
to remember that everyone recovers at a different pace and is affected differently by the event. They are advised to get the whole family involved in rebuilding and cleanup efforts. For providing social support family members have to be highly tolerant of each other have to show affection and have to be caring.

“Adolescents may require special attention. Their natural need to rebel, coupled with confusion and rage over what they have experienced, might make them especially difficult to reach in a time of crisis. Patience is needed to deal with adolescents to communicate and reestablish bonds, family members have to spend their quality time. Parents have to sacrifice their own social life in order to provide time for their children. Street disciplinary rules along with sympathetic dealing with their problems bring parents and children closer to each other. Advices based on reasoning and factual in formations usually through an impact on adolescent’s mind. If the parents are too busy, even grandparents can provide social support, which gives adolescents social security and self confidence to deal with their problems. Family members can also make their children aware of future problems and their consequences well in advance, along with the measures to deal with the problems”.

**Coping and the stressor:** According to Lazarus and colleagues, one of the goals of coping is to minimize the stressor. Much research has addressed the impact of coping on the physiological and self-report dimensions of stress response.

Kneebone and Martin (2003) critically reviewed the research exploring coping in cares of persons with dementia. They examined both cross-sectional and longitudinal studies and concluded that problem-solving and acceptance styles of coping seemed to be more effective at reducing stress and distress.
**Coping Strategies:** White (1974) defined coping as the process which involves efforts towards solution of problems. It occurs when a person fares a threatening or dynamic change or problem that defies known or usual ways of behaviour and might give rise to anxiety, guilt, grief and shame, and again forms the necessity for adaptation.

Coping, as Folkman and Lazarus (1980) have definite, is the reasoning and behavioural determination formed to grasp, stand or condense outwards mandate and oppositions. Coping, according to them, serves two main purposes, the management, change or modification of the source of the stress and the alteration and control of stressful emotions. These forms of coping were found in more than ninety-five percent of the stressful and college students (Folkman and Lazarus, 1980). Also, the episodes involving people at work generated more problem focused coping in comparison to the episodes (e.g., work, family, health related) also influenced the use and outcome of coping mechanism employed. For instance, work was found to be related to higher levels of problem focused coping, whereas health was related to emotion focused coping.

Stress and coping theory indicates that during stress coping processes play an important role in upholding of happiness. As per theory, the coping process begins with an assessment of the personal implication of the given occasion and his or her awareness of the sufficiency and availability of coping resources (Folkman 1997; Lazarus and Folkman 1984).

Lazarus (1993) “define coping as the retort to the ‘ongoing cognitive and behavioural demands that are taxing or exceeding the resources of the person’. Coping is ‘action regulation under stress’, which refers to ‘how people mobilize, guide, manage, energize and direct behaviour, emotion, and orientation, or how they fail to do so under stressful conditions” (Skinner and Zimmer- Gembeck, 2007).
Lohman and Jarvis (2000) examined the congruence between adolescents’ self reports of their stressors and their parents’ reports of the adolescents’ stressors. Adolescents also reported on their parents. They found that in a sample of 11-18- years olds, where there was congruence between the adolescents’ and parents’ perceptions about each others’ stressors there was a more cohesive family environment and more adaptive coping strategies were adopted by the adolescents. Parental control over the life of adolescents does not diminish until the end of adolescence (Stern and Zevon, 1990).

Adolescents who are exposed to unpleasant emotional states are also likely to be involved in dangerous driving and sexual risk taking. When the relationship between worry (one of the coping strategies) and negative feelings and substance use (Shoal, Castaneda and Giancola, 2005).

“The adolescent’s personal coping resources are comparatively steady characteristics of the person. They influence how the young person copes in specific situations. Most importantly, coping resources include temperamental and personality characteristics. They also include beliefs about self and about the world. When an adolescent perceives him or herself as a competent person who copes, and believes that the environment is basically friendly or at least benign, the likelihood of successful coping strategies being used is increased. The adolescent’s coping resources is related to the individual’s self-esteem, locus of control, optimism and skills and knowledge of problem-solving Techniques”.

“Individuals who cope most successfully are those who, make the best use of their own personal coping resources and also make use of other resources which may be available and of value”.
There are various types of coping strategies, such as:

(1) Exercise: People of all ages are Walking, jogging, swimming, riding bicycles and playing games are different ways of exercise for all age group to reduce stress.

(2) Relaxation: A person uses certain relaxation techniques such as biofeedback or meditation, with the intention to get rid of the instantly stressful circumstances or manage a long-lasting stressful situation more successfully.

(3) Behavioural Self control: By intentionally control the previous circumstances and the consequences of their own behaviour, people can achieve self – control.

(4) Cognitive Restructuring: Besides behavioural self control techniques, a number of clinical psychologists have suggested to reduce the stress with cognitive restructuring techniques.

“The research found that Children and adolescents experience stress in their lives and they try to handle that stress. This study conducted regarding strategies used by male and female to cope with stress. Adolescents were coping with two different types of stressors: daily hassles and major life events. Older adolescents used different types of strategies to face the stress. They used methods that straight decrease the impact of the stressor and involved a cognitive constituent more often than younger adolescents. The study indicates that important changes during a comparatively short period throughout adolescence may influence adaptive processes and have implications for intervention efforts aimed at decreasing the negative effects of stress throughout the developmental period” (Kristin, 2000).
Lazarus and Folkman (1984) “have noted that coping is a person’s constantly changing cognitive and behavioural efforts to manage specific external and/ or internal demands that are appraised as taxing or exceeding the resources of person. This definition implicates that coping is a process involving thoughts and behaviours in a specific contest. Also, coping is a function of continuous appraisals and reappraisals of the shifting person-environment relationship”.

“The research suggested strategies used by adolescents to cope with the stress from family, school, and peers. The relation between adolescents’ use of coping strategies and two indices of adjustment was also examined. Coping strategies in response to a specific stressor were more strongly predictive of stressor-specific adjustment than state anxiety, suggesting the need to include both stressor-specific and global measures of adjustment in assessing the relation between coping and adjustment” (Michael, 2006).

The different styles of coping have been operationalized in several measures which have described a range of specific coping strategies. The most commonly used measures are the ‘ways of coping’ checklist (Folkman and Lazarus 1988).

Positive reframing involves thinking about the problem in a different way as means to alter the emotional response to it. Some strategies can also be considered approach coping such as using emotional support and planning, whereas others reflect a more avoidance coping style such as denial and substance use.

According to models of stress and illness, coping should have two effects. First it should reduce the strength and duration of the stressor itself. Second, it should reduce the likelihood the stress will lead to illness. Some research has addressed these associations. In addition,
recent research has shifted the emphasis away from just the absence of illness towards positive outcomes.

**Figure 1.3 The Stress-illness link- Psychological moderators (Ogden, 2007)**

**PROBLEM:**

Is there any contribution of family social support, life style, peer group effect and parental pressure in the determination of stress and coping strategies of adolescents.
JUSTIFICATION OF THE PROBLEM:

There has been a growing interest during recent years to the contribution of family communal support in determining stress and coping strategies among adolescents. It is assumed that adolescents getting social support coping resources from parents and grandparents might have lower level of stress than those getting very little or no support from family members. Family social support is important for the adolescents because they get proper guidance and counselling from experienced family members. Parents and grandparents usually act as informal counsellors, helping the youngsters of their family through the technique of cognitive restructuring. If at the same time, adolescents adopt a healthy life style, it may help adolescents to cope up with their stress in long duration. Also the influence of peer group may also create stress in the minds of young adults. Similarly expectations of parents in the form of parental pressure may also be an important source of stress among adolescent students. The investigator is therefore curious to determine the relative contribution of family support, life style, peer group effect, parental pressure and coping strategies in the determination of stress. Contribution of these factors may be different in case of male and female adolescents. Therefore comparison among boys and girls would indicate important sources of stress separately for both the genders.

OBJECTIVES:

• To study the contribution of family social support, life style, peer group effect and parental pressure in the determination of stress and coping strategies of male and female adolescents.
• To provide counseling to at least 10 adolescents with excessive stress by Cognitive Restructuring Technique.

OPERATIONAL DEFINITION OF THE TERM:

Adolescence: A youthful human who has undergone adolescence but who has not realized full adulthood. Young generation is the intermediate stage of occurrence between infant and maturity, represents the passe of time throughout which a human knowledge a diversity of natural changes and encounters a numeral of touching issues. In the current study young generation passes blinkers age between 12 years to 19 years.

Lifestyle: Lifestyle is the way a person leads his routine life. In the present study it includes food intake behaviour, sleeping behaviour, physical activities, spiritual activities and control on alcohol consumption behaviour, in which a person can be, involved so much so that he does these activities habitually.

Parental Pressure: Parental pressure is authority expressing behaviour exhibited by parents that is perceived by their children indicating high or even unattainable expectations.

Peer Group Effect: Peer groups are a relaxed initial collection of people who part a related or the same position and who are normally of about the same age, who move here and interrelate within the societal cumulative.

Family Social Support: Family societal support is generally understood with the help that the person expects from family members in a difficult life situation.
**Stress:** Stress is the body’s reaction to a change that need a substantial, psychological or touching adjustment or retort. Stress arises when a person perceives his resources to be insufficient to deal with the problem.

**Coping Strategies:** Coping skills are those skills that are used to manage stress in day to day life.