CHAPTER 1
CHAPTER-1

THEORITICAL FRAME OF REFERENCE

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1.1 Introduction:

Biologically there are different stages in the life of a human being, which includes pre-natal, birth, neo-natal, infancy, childhood, adolescence and adulthood. Among these stages adolescence have an important role. 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. There is no single event or boundary line that denotes the end of childhood or the beginning of adolescence. Rather, experts think of the passage from childhood into and through adolescence as composed of a set of transitions that unfold gradually and that touch upon many aspects of the individual's behavior, development and relationships. These transitions are biological, cognitive, social and emotional. This period is also named ‘teenage’. A teenager is a person between the age of 13 and 19. There is no more crucial period of life than the age up to 13 years (Suriakanthi, 1997).

According to Hall (1904) Adolescence is a marvelous new birth, for the higher and more completely human traits are now born. Adolescence is a period of marked change in the person’s cognitive, physical, psychological, social development, in the individual’s relations with the people and institutions of the social world. Young adolescence is a period of change more rapid than at any other time in human development other than infancy. For the adolescent, this period is a dramatic challenge, one requiring adjustment to changes in the self, in the family in the peer group and also in the institutions.

Among the various social groups, home occupies the first and most important place for the development of the individual. Home is the
person’s primary environment from the time he is born until the day he dies; hence its effect on the individual is also most significant and enduring. Home environment is the most important institution for the existence and continuance of human life and the development of various personality traits. An ideal home environment is one where there is proper reward to strengthen the desired behavior, a keen interest in and love for the child, provision of opportunities to express its views freely, where parents put less restrictions to discipline the child, not preventing the child from acting independently and not continuing infantile care, optimum use of physical and affective punishment, where the children are not compelled to act according to parental desires and expectations, where they are neither threatened of being isolated from beloved persons nor deprived of love, respect and childcare.

Understandably, then, for both adolescents and their parents, adolescence is a time of excitement and of anxiety; of happiness and of troubles; of discovery and of bewilderment; and of breaks with the past and yet of links with the future. Adolescence can be, then, a confusing time for the adolescent experiencing this phase of life; for the parents who are nurturing the adolescent during his or her progression through this period; for other adults charged with enhancing the development of youth during this period of life and with disturbing, historically unprecedented frequency-for adolescents who themselves find themselves in the role of parents. As a result, the life of many adolescent people is a painful tug of war filled with mixed emotions, conflict in demands from parents, teachers, and peer groups and from one self.

During adolescence the individual comes under social pressure and faces new conditions for which he received little training during childhood. He experiences conflicts between himself and society.
Changes of role in society, unfavorable relations in home, failure to
decide his status in society, difficulty in adjusting with opposite sex,
unnecessary restrictions on movement etc. give rise to tensions and
worries. At this stage emotions fluctuate very frequently and quickly. He
tries to oppose the views of parents and teachers. But he is not always
successful. It makes him restless, moody, emotionally perturbed and
touchy. The adolescent lives an intensely emotional life, in which the
rhythm of positive and negative phases of Behavior problems (Arjunan,
2006).

1.2 Adolescence:

“Adolescence is the life stage that bridges childhood and
adulthood”. For most of the individuals, it is a period of serious emotional
disturbances and it occurs from the age of 13 to19 (Suriakanthi, 1997).

In the life cycle of a homosapien organism, adolescence is a period
of transition from childhood to adulthood. It is characterized by rapid
physical, biological and hormonal changes resulting in to psychosocial,
behavioral and sexual maturation between the ages of 10-19 years in an
individual. Adolescence is often described as a phase of life that begins in
biology and ends in society (Sharma, 1996). It means that physical and
biological changes are universal and take place due to maturation but the
psychosocial and behavioral manifestations are determined by the
meaning given to these changes within a cultural system. The experience
of adolescents during teen years would vary considerably according to the
cultural and social values of the network of social identities they grow in.
1.2.1 Theory of Adolescence:

Adolescence is the life stage that bridges childhood and adulthood. In general, it represents the second decade of life. Many psychologists have begun to separate this life stage into several, including early adolescence (10-13 yrs), traditional or mid-adolescence (14-18 yrs), and late adolescence or youth (19-23 yrs).

The development of adolescents is characterized by continuity and discontinuity. Physically, adolescents are still influenced by their inherited genes, but now the inheritance interacts with new social conditions with family, peers, school, dating and friendships. Socially, an adolescent has already spent years interacting with parents, friends and teachers. Now, though, new experiences arise and relationships take on a different form, especially concerning dating and intimacy. And lastly, the cognitive development of adolescents involves thought processes that are more abstract and idealistic.

The period of adolescence has universally been termed as a critical period and problem age, an upsetting and turbulent stage, and the inevitable and universal consequence, for adolescents (Freud, 1947). They tend to be rebellious and do not like domination although they need parental guidance. This being a transitional period Freud (1947) and his followers believed that because of the nature of physiological changes the adolescent had to go through, adolescence was stormy and stressful. The most difficult to cope with according to Freud was transition to full adult sexuality.

Piaget's (1967) theory of cognitive development describes how children represent and reason about the world. This is a developmental stage theory that consists of a Sensorimotor stage, Preoperational stage,
Concrete operational stage and Formal operational stage. Piaget was a pioneer in the field of child development and continues to influence parents, educators and other theorists.

Erik Erikson (1963), a developmental psychologist, proposed eight life stages through which each person must develop. In each stage, they must understand and balance two conflicting forces, and so parents might choose a series of parenting styles that helps each child as appropriate at each stage. The first five of his eight stages occur in childhood: The virtue of hope requires balancing trust with mistrust and typically occurs from birth to one year old. Will balances autonomy with shame and doubt around the ages of two to three. Purpose balances initiative with guilt around the ages of four to six years. Competence balances industry against inferiority around age’s seven to 12. Fidelity contrasts identity with role confusion, in ages 13 to 19. The remaining adult virtues are love, care and wisdom. Erikson (1963, 1968) regards adolescence as a time of maturational crisis but taking into account the influence of social and biological forces. Adolescence seems to be a time in many technologically advanced western cultures, where one is confronted with the problem of self-definition.

Dreikurs (1897) believed that pre-adolescent children's misbehavior was caused by their unfulfilled wish to be a member of a social group. He argued that they then act out a sequence of four mistaken goals: first they seek attention. If they do not get it, they aim for power, then revenge and finally feel inadequate. This theory is used in education as well as parenting, forming a valuable theory upon which to manage misbehavior. Other parenting techniques should also be used to encourage learning and happiness.
1.2.2 Psychosocial Development:

Adolescents experience dramatic biological changes related to puberty; these biological changes can significantly affect psychosocial development. An increased awareness of sexuality and a heightened preoccupation with body image are fundamental psychosocial tasks during adolescence. Dramatic changes in body shape and size can cause a great deal of ambivalence among adolescents, especially among females, leading to the development of poor body image and eating disturbances or disorders if not addressed by family or health care professionals. Similarly, a perceived delay in sexual maturation and biological development, especially among males, may lead to the development of poor body image and lowered self-esteem. It is imperative that health professionals who work with adolescents have a clear understanding of how normal psychosocial and cognitive development relate to biological growth and development, and is able to appreciate how these processes affect nutritional intake and status. Peer influence is a dominant psychosocial issue during adolescence, especially during the early stages. Young teens are highly cognizant of their physical appearance and social behaviors, seeking acceptance within a peer group. The broad chronological age range during which biological growth and development begins and advances can become a significant source of personal dissatisfaction for many adolescents as they struggle to conform to their peers. Males who enter puberty at a later age may consider themselves to be late bloomers and may feel physically inferior to their peers who mature earlier. This sense of dissatisfaction may lead to the use of anabolic steroids and other supplements in an effort to increase linear growth and muscle development and to gain weight. Such dissatisfaction can also lead to markedly reduced self-esteem. For females, however, it is
often early maturation that is associated with poor body image, poor self-esteem, frequent dieting, possibly, disturbed or disordered eating behaviors. Early maturing female teens are also at increased risk for engaging in other unhealthy behaviors such as smoking, alcohol consumption and early sexual intercourse. 9-11 Young adolescents should be educated on normal variations in initiation and progression of biological growth and development in an effort to facilitate the development of a positive self-image and body image and to reduce the likelihood of early initiation of health compromising behaviors.

1.2.3 Cognitive Development:

The early stage of adolescence is a time of great cognitive development. At the beginning of adolescence, cognitive abilities are dominated by concrete thinking, egocentrism and impulsive behavior. The ability to engage in abstract reasoning is not highly developed in most young teens, limiting their capacity to comprehend nutrition and health relationships. Young adolescents also lack the skills necessary to problem solve in an effort to overcome barriers to behavior change and the ability to appreciate how current behaviors can affect future health status. Middle adolescence is characterized by growth in emotional autonomy and increasing detachment from family. The bulk of physical growth and development is completed during this stage; however body image concerns may continue to be a source of trepidation, especially among males who are late to mature and females who have experienced great changes in body composition and size. Conflicts over personal choice, including food choices, become increasingly common during this stage of adolescence. Peer groups become more important than family and their influence with regard to making food choices peaks. Coinciding with the increased importance of peer acceptance, the initiation of health
compromising behaviors such as smoking, alcohol consumption, using street drugs and engaging in sexual activities often occurs during middle adolescence. Teens may consider themselves invincible and often still display impulsive behaviors. Abstract reasoning skills begin to emerge among most teens during middle adolescence; however, these skills may not be highly developed. Adolescents will often regress to concrete thinking skills when faced with overwhelming emotions or stressful situations. Teens start to comprehend the relationship between existing health behaviors and future health status but their desire to fit in with peers may make it difficult for adolescents to make health related choices based upon knowledge rather than peer pressure. The late stage of adolescence is characterized by the development of a strong personal identity. Biological growth and development has concluded among most teens and body image issues are less common. Older adolescents are able to manage increasingly sophisticated social situations, are able to suppress impulsive behaviors, and are less affected by peer pressure. Economic and emotional dependence upon family is markedly decreased and conflict over personal issues, such as food choices, also decreases. Relationships with a single individual become more influential than those with a group of peers as a stronger sense of personal identity emerges. The expansion of abstract reasoning skills continues to occur during late adolescence, which assists teens in developing an ability to comprehend how current health behaviors affect long-term health status. This is an especially important skill for adolescent females who plan to have children or who become pregnant during late adolescence. Older teens are now capable of learning problem solving skills that can assist them in overcoming barriers to behavior change.
1.2.4 Development of Peer group:

Peer groups are especially important during adolescence, a period of development characterized by a dramatic increase in time spent with peers and a decrease in adult supervision. Adolescents also associate with friends of the opposite sex much more than in childhood and tend to identify with larger groups of peers based on shared characteristics.

Peer groups offer members the opportunity to develop various social skills, such as empathy, sharing and leadership. Peer groups can have positive influences on an individual, for instance on academic motivation and performance, but they can also have negative influences and lead to an increase in experimentation with drugs, drinking, vandalism and stealing. Susceptibility to peer pressure increases during early adolescence peaks around age 14 and declines thereafter.

During early adolescence, adolescents often associate in cliques, exclusive, single-sex groups of peers with whom they are particularly close. Towards late adolescence, cliques often merge into mixed-sex groups as teenagers begin romantically engaging with one another. Typically, in schools the most popular boys would participate in achievement-oriented activities, which were highly competitive and aggressive such as, athletics. Likewise, the most popular girls would participate in the most interesting social activities, ranging from skiing to late-night parties. Of course, girls who engaged in these activities had to be physically attractive to compete for the opposite sex’s attention. Thus, it became common to attribute competitiveness to boys and attractiveness with girls in clique groups. These small friend groups break down even further as socialization becomes more couple-oriented. Despite the common notion that cliques are an inherently negative influence, they
may help adolescents become socially acclimated and form a stronger sense of identity.

On a larger scale, adolescents often associate with crowds, groups of individuals who share a common interest or activity. Often, crowd identities may be the basis for stereotyping young people, categorizing them as jocks, nerds and so on. In large, multi-ethnic high schools, there are often ethnically-determined crowds as well. While crowds are very influential during early and middle adolescence, they lose salience during high school as students identify more individually.

While peers may facilitate social development for one another, they may also hinder it. Both physical and relational aggressions are linked to a vast number of enduring psychological difficulties, especially depression, as is social rejection. Because of this, bullied adolescents often develop problems that lead to further victimization.

❖ **Risk behavior:**

Adolescents have higher rates of reckless, norm-breaking and antisocial behavior than either children or adults. Adolescents are more likely to cause disruptions of the social order and to engage in behavior that carries the potential for harm to themselves and the people around them. Adolescence has long been associated with heightened rates of antisocial, norm-breaking and criminal behavior, particularly for boys.

Unlike conflict with parents or mood disruptions, rates of risk behavior peak in late adolescence/ emerging adulthood rather than early or middle adolescence (Hall, 1999). Rates of crime rise in the teens until peaking at age 18 and then drop steeply (Gottfredson and Hirschi, 1990). Rates of most types of substance use peak at about age 20 (Johnston,
O’Malley and Bachman, 1994). The variety of respects in which adolescents engage in risk behavior at greater rates than children or adults lends further validity to the perception of adolescence as a difficult time, a time of storm and stress. Although adolescents generally experience their participation in risk behavior as pleasurable (Arnett, 1992; Lyng, 1993), suffering the consequences of such behavior is likely to be experienced as difficult. Furthermore, it is understandable that parents and the school may find it difficult to watch their children and students pass through the ages when such behavior is most likely to occur.

Taking into account all the turmoil that our adolescents face should motivate us to become sensitive to their concerns and their needs. Expecting adolescence to be difficult could have positive effects. Anticipating adolescent storm and stress may inspire parents and teachers to think ahead about how to approach potential problems of adolescence if they arise. Furthermore, parents, teachers, adolescents and others who expect adolescence to be difficult may be pleasantly surprised when a particular adolescent shows few or no difficulties, as will be the case for many adolescents because there are considerable individual differences in the storm and stress they experience.

1.3 Home Environment:

Home environment refers to all sorts of moral and ethical values and emotional, social and intellectual climate set up by the family members to contribute to the wholesome development of an individual. Family with its physical, intellectual and emotional aspects shapes a child's life in his journey towards self-fulfillment. Individual differences own their origin mostly to a number of variables created by home, which may hinder or help the progressive growth of the child. Tizard and
Hughes (1984) found home as a powerful learning environment for a child with their presentation of concept such as: the encouragement of incidental learning as a natural reaction to their environment, individualized attention from adults and the close relationship between parent and child as an important factor in learning experiences.

1.3.1. Psychological Theories on Home Environment:

Parent child relationship is the most important constituent of home environment. This fact is supported by several psychological theories. Freud, The founder of psychoanalysis theory expressed the view that as the child grows up; he learns to distinguish himself and his environment and acts as required by the urgency of the environment. Ideal principle stage ‘super ego’ is called the ideal principle of behavior development is considered a value based development of certain ideals. The children identify the value system from their parents and internalize in themselves. It is concluded that parents and significant people in the society play a vital role in value inculcation. Sears stated that it is the parent’s child rearing practices that determine the nature of a child’s development. Erikson also stated the view that the organism learns to regulate its system in accordance with the way in which the environment is organized in the methods of child care by parents. The cognitive theory of Piaget asserts that experience rather than maturation defines the essence of cognitive development. Kohlberg (1968) expanded Piaget’s work and emphasized that children’s value development is highly dependent on environment and social conditions. Bronfenbrenner’s (1975) ecological theory emphasizes environmental contexts. He held the view that a person’s development is influenced by five environmental systems. Behavioral and social cognitive theory holds that development can be described in terms of the behaviors learned through interactions with the
environment. Bandura’s (1977) social cognitive theory also holds that behavior and environment are important factors in development and learning occurs through observing what others do.

Children grow up in several environments. Home, school and community are the setting for social and intellectual experiences from which they acquire and develop the skills, attitudes and attachments which characterize them as individuals and shape their choice and performance of adult roles (Morrison and McIntyre, 1973). During childhood and adolescence most of the social influences upon individual can be categorized as being associated either with home or with school environments. In the early years the family is the most potent source of influence, but once children have entered school, new opportunities are created for adults, for peers and older pupils to influence individual development. It is well known fact that most of those who become successful in life have come from homes where parental attitudes towards them were favorable and where a wholesome relationship existing between parents and children produces happy and friendly children who are constructive and affectionate members of the group. By contrast, those who are unsuccessful in life usually come from homes where the parent-child relationship is unfavorable.

Human beings are always immersed in a social environment which not only changes the very structure of the individual or just compels him to recognize facts but also provides him with a ready-made system of signs. It imposes on him a series of obligations. Two environments namely, home and school environments, share an influential space in child’s life. Family is the social-biological unit that exerts the greatest influence on the development and perpetuation of the individual’s behavior. The psychological atmosphere of a home may fall into any of
the four quadrants, each of which represents one of the four general combinations: acceptance-autonomy, acceptance-control, rejection-autonomy and rejection-control (Johnson and meddinns, 1969). Grebow (1973) reported that ‘nurturance-affection’ and ‘achievement expectations, demands and standards’ constitute the two dimensions of parental behavior that have been regarded as important by previous researchers. Various researchers have identified the following characteristics of home environment or parental child rearing practices-permissiveness, willingness to devote time to the child, parental guidance, parental aspiration for achievement, provisions for the child’s intellectual needs, affective reward, instrumental companionship, prescription, physical punishment, principled discipline, neglect, deprivation of privileges, protectiveness, power, achievement demands, indulgence, conformity, independence, dependence, emotional and verbal responsiveness, involvement with the child, physical and temporal environment, avoidance of restriction and punishment, provision of appropriate play materials, etc. there exists a great overlapping in the kinds of behaviors which are in association with different characteristics.

The present Home Environment Inventory (HEI) is an instrument designed to measure the psycho-social climate of home as perceived by children. It provides a measure of the quality and quantity of the cognitive, emotional and social support that has been available to the child within the home, HEI has 100 items belonging to ten dimensions are as follows-

(A) **Control**: it indicates “autocratic atmosphere in which many restrictions are imposed on children by the parents in order to discipline them”.
(B) **Protectiveness**: it implies “prevention of independent behavior and prolongation of infantile care”.

(C) **Punishment**: it includes “physical as well as affective punishment to avoid the occurrence of undesirable behavior”.

(D) **Conformity**: it indicates “parent’s directions, commands, or orders with which child is expected to comply by action”. It refers to “demands to work according to parent’s desires and expectations”.

(E) **Social isolation**: it indicates “use of isolation from beloved persons except family members for negative sanctions”.

(F) **Reward**: it includes “Material as well as symbolic rewards to strengthen or increase the probability of desires and sanctions”.

(G) **Deprivation of privileges**: it implies “controlling children’s behavior by depriving them or their rights to seek love, respect and childcare from parents”.

(H) **Nurturance**: it indicates “existence of excessive unconditional physical and emotional attachment of parents with the child. Parents have a keen interest in and love for the child”.

(I) **Rejection**: it implies conditional love recognizing that the child has no rights as a person, no right to express his feelings, no right to uniqueness and no right to become an autonomous individual”.

(J) **Permissiveness**: it includes “provision of opportunities to child to express his views freely and act according to his desires with no interference from parents”.

1.4 **Peer Pressure:**

One of the most important factors that affect adolescence is the social environment of the adolescents. In this period, adolescents mostly communicate with peers. As children grow into preteens and then into
teenagers, they often become less dependent on the family and more dependent on their peers when it comes to making choices and developing morals and values. Peer is a concept that is defined as being at the same age.

**Peer pressure** refers to the influence exerted by a peer group in encouraging a person to change his or her attitudes, values, or behavior in order to conform to group norms. Social groups affected include membership groups, when the individual is "formally" a member (for example, political party, trade union), or a social clique. A person affected by peer pressure may or may not want to belong to these groups. They may also recognize dissociative groups with which they would not wish to associate and thus they behave adversely concerning that group's behaviors.

Peer pressure is the influence of a social group on an individual. Peer groups are usually cliques of friends who are about the same age. Peer pressure can begin in early childhood with children trying to get other kids to play the games they want. It generally increases through childhood and reaches its intensity in the preteen and teen years. Virtually all adolescents in middle and high school deal with peer pressure, often on a daily basis. It is how children and teens learn to get along with others of their own age group and eventually learn how to become independent. Depending on the group trying to apply the influence, peer pressure can be negative or positive.

“Peer pressure” is a term used to describe how an adolescent’s behavior is influenced by other adolescents. While most parents think of peer pressure as negative, not all peer pressure is bad. Teens may be influenced by their peers to study, to compete in athletics or to attend a
religious function. However, when fellow teens are drinking or engaging in other risky activities, peer pressure can lead to problems.

Peer pressure is usually applied to younger people, especially teenagers. Adolescents are particularly vulnerable to peer pressure, because they are at a stage of development when they are separating more from their parents' influence, but have not yet established their own values or understanding about human relationships or the consequences of their behavior. They are also typically striving for social acceptance at this stage, and may be willing to engage in behaviors that will allow them to be accepted that are against their better judgment.

Many parents wonder about the susceptibility of adolescents to peer pressure. In general, studies that contrast parent and peer influences indicate that in some situations, peers opinions are more influential, while in others, parents' are more influential. Specifically, adolescents are more likely to conform to their peer’s opinions when it comes to short-term, day-to-day, social matters styles of dress, tastes in music and choices among leisure activities. This is particularly true during junior high school and the early years of high school. When it comes to long-term questions concerning educational or occupational plans, however, or values, religious beliefs and ethical issues, teenagers are influenced in a major way by their parents.

Parents often worry about peer pressure, particularly in relation to potentially addictive activities, such as alcohol and drug use and sexual behavior, and to a lesser extent, food and eating patterns, video game playing, gambling, shopping and spending, and illegal activities. Parents are rarely concerned about peer pressure to engage in sports and exercise, as these are typically seen as healthy social behaviors. This is appropriate,
as long as the exercise or sport does not become an unhealthy way of coping, excessive to the point of negatively affecting their health, or dangerous (as in dangerous sports).

Although parents worry about the influence of peers, overall, parents have a greater influence on whether children go on to develop addictive behaviors than peers do. Addiction is a complex process, which is affected by many different factors, so peer pressure alone is unlikely to cause an addiction.

However, peer pressure may increase the risk of other harms, which can be even more dangerous than addiction, such as driving under the influence of alcohol or other drugs, overdose, poisoning, asphyxiation, STDs and accidents.

Peer pressure can also be a good thing. Teens learn social norms from their peers. Socially awkward kids can learn how to fit in and communicate well with others by observing and emulating other teenagers. A positive peer group that your teen fits into well can help boosts her self-esteem; it might prevent her from engaging in harmful or risky behaviors (Burack, 1999). Although some authors ascribe peer groups some very valuable positive functions related to adolescence (Beaty and Alexeyev, 2008; Due, Hansen, Merlo, Andersen and Holstein, 2007), the opinion about its negative effects is dominant (Darcy, Deanna, and Vivek, 2000; Schnohr and Niclasen 2006; Ryan, 2000; Pizer, 1999. Halperin, 2001; Kiran-Esen, 2003).

Navigating the transition from childhood to adulthood can be a major challenge for teens and their families. The teenage years are often marked by conflicts with parents, as teens try to assert their independence and test traditional boundaries. Establishing a moral identity and
developing close peer relationships are important parts of being a teenager. In the process of bonding with peers and developing a set of personal beliefs, teens may experiment with alcohol or participate in other high-risk activities. As teens try to separate from their parents, they are increasingly influenced by what their peers are doing. Teens want desperately to “fit in” and to be part of a group. Thus, they are highly vulnerable to “peer pressure”.

1.4.1 Pre-school:

Preschoolers will go out of their way to think and act like their friends, even though they know it may go against what they have been taught by their parents. At the ages of three and four, children start to see there are other values, opinions and rules besides those set by their parents. They may demand to do things that their parents do not allow, such as watching television beyond a certain time or time limit, eating junk food and playing with toys their parents do not deem appropriate, such as toy guns, simply because their friends do so.

At this age, it is normal for children to start challenging their parents, testing the limits and rules to see how far they can bend or break them. Many pediatricians suggest parents should remain firm, not overreact, and then move on. Peer pressure can have positive benefits for preschoolers, such as taking a nap or eating vegetables when they see their friends doing it.

1.4.2 School Age

At age five to eight, children make a concerted effort to please their friends, classmates and playmates. Peer pressure can be a positive influence if friends encourage each other to strive to do better in school, sports and creative activities. For example, a child may try harder at
soccer if he or she has a friend who does well or may read more if that is what a friend does.

Peer pressure can also have a negative influence on children ages five to eight when a friend or friends encourage them to act in a way that is not natural for the child. Many pediatricians and child psychologists say it is best not to prohibit the child from hanging out with these friends but to make sure the child is aware of the consequences of unacceptable behavior. Focus on specific negative behaviors and explain why they are bad. Most children will not respond well if a parent or primary caregiver forbids them to associate with a friend or group of friends.

The effects of peer pressure usually begin to be seen heavily by middle school and through high school. As children turn into adolescents, involvement with their peers and the attraction of peer identification increases. Teens begin to experience rapid physical, emotional, and social changes, and they begin to question adult standards and the need for parental guidance. It is reassuring for teens to turn for advice to friends who understand and sympathize with them.

Adolescents expand their peer relationships to occupy a central role in their lives, often replacing their parents and family as their main source of advice, socializing and entertainment activities. The peer group is a source of affection, sympathy, understanding and experimentation. It is also a supportive setting for achieving the two primary developmental tasks of teens: finding answers to questions about their identity and discovering their autonomous self that is separate and independent from their parents.

At adolescence, peer relations expand to occupy a particularly central role in young people's lives. New types (opposite sex, romantic
ties) and levels (crowds) of peer relationships emerge. Peers typically replace the family as the center of a young person's socializing and leisure activities. Teenagers have multiple peer relationships and they confront multiple peer cultures that have remarkably different norms and value systems. The perception many adults have that peer pressure is one culture or a unified front of dangerous influence is inaccurate. More often than not, peers reinforce family values, but they have the potential to encourage problem behaviors as well. Although the negative peer influence is overemphasized, more can be done to help teenagers experience the family and the peer group as mutually constructive environments. The following are facts about parent, adolescent and peer relations.

- During adolescence, parents and adolescents become more physically and psychologically distant from each other. This normal distancing is seen in decreases in emotional closeness and warmth, increases in parent-adolescent conflict and disagreement, and an increase in time adolescents spend with peers. Unfortunately, this tendency sometimes is encouraged by parents who are emotionally unavailable to their teenage children.

- Increases in family strains such as economic pressures or divorce may prompt teenagers to depend more on peers for emotional support. By the high school years, most teenagers report feeling closer to friends than parents. Stress caused by work, marital dissatisfaction, family break-up caused by divorce, entering a step-family relationship, lower family income or increasing expenses, all produce increased individual and family stress.
• In 10 to 20 percent of families, parents and adolescents are in distressed relationships characterized by emotional coldness and frequent outbursts of anger and conflict. Unresolved conflicts produce discouragement and withdrawal from family life. Adolescents in these families are at high risk for various psychological and behavioral problems.

• Youth gangs, commonly associated with inner-city neighborhoods, are a recognizable peer group among youth in smaller cities, suburbs and even rural areas. Gangs are particularly visible in communities with a significant portion of economically disadvantaged families and when parents are conflicted, distant or unavailable.

• Formal dating patterns of the 1980s have been replaced in the early 2000s with informal socializing patterns in mixed-sex groups. This may encourage casual sexual relationships that heighten the risk of exposure to human immunodeficiency virus (HIV) and other sexually transmitted diseases.

• There has been an increase in part-time employment among youth, but it has had little impact on peer relations. To find time for work, teenagers drop extracurricular activities, reduce time spent on homework and withdraw from family interactions, but they protect time spent with friends.

1.4.3 Five Different Types of Peer Pressure:

Peers are a powerful force in the life of a teenager. Whether they know it or not, teens face peer pressure almost constantly. The types of peer pressure range from direct, confrontational pressure, to more subtle pressures to look, dress and act like everyone else.
Negative Peer pressure

Popular conceptions regarding the influence of peers in adolescence often focus on their negative effects—peer pressure—to the exclusion of current empirical research attesting to the myriad positive aspects of peer influence. Supportive relationships between socially skilled adolescents confer developmental advantages while coercive and conflictual relationships confer disadvantages. Hartup (1996) summarizes the situation with the following statement: "Knowing that a teenager has friends tells us one thing, but the identity of his or her friends tells us something else."

Across a variety of cultural settings, adolescents tend to be friends with those who are most like them. In fact, socio-demographic characteristics are usually the strongest predictors of friendship formation. Different types of peer groups have unique capacities to encourage negative or positive behaviors in their members. Adolescent misconduct most often occurs in groups. In the United States, cliques are often distinguished from other peer groups through the pressure they exert on their members to conform to certain norms in school orientation, drug use and sexual behavior. Researchers found clear differences among six different cliques in their participation in high-risk health behaviors, including smoking cigarettes, alcohol use, marijuana use and engagement in illicit sexual behavior (Prinstein, Fetter, and La Green, 2001). Furthermore, members of "deviantly ordered" cliques are more likely to drop out of high school (Cairns and Cairns, 1994). Across many cultures, perceived behavior and sanctions of friends are among the strongest predictors of an adolescent’s misconduct (Greenberger, et al., 2000). Hamm (2000) found that when compared with European-American and Asian-American adolescents, African-American adolescents chose
friends who were less similar in terms of academic orientation or substance use, but more similar in terms of ethnic identity.

- **Direct Negative Peer Pressure**

  "We're going behind the bleachers to drink. Come with us! Don't just sit here studying. You never do anything fun!" Direct, spoken, negative peer pressure puts a child on the spot through direct confrontation. Teen's peers want to convince him to do something he shouldn't do. When peers resort to this type of direct pressure, it's difficult for teens to find an excuse to do the right thing without risking ridicule.

- **Unspoken, Indirect Peer Pressure**

  When it seems like everyone else is doing something-dressing a certain way or acting a certain way-teenagers feel a tremendous pressure to go along with the crowd and be like everyone else. Most teenagers don't want to stand out as being different. Everyone wants to fit in. No one has to say anything to your child, but just observing their peers will create peer pressure to be like them.

- **Positive Peer pressure**

  Peer relationships can be a powerful positive influence in the lives of adolescents. Natural observations of adolescents indicate that most adolescents discuss options with their friends before reaching a consensus about what to do. Rarely is one adolescent pressured to conform to the rest of the group. Moreover, high school students in several large samples reported that their friends discouraged drug and alcohol use, delinquent activities and other types of antisocial behavior more than they encouraged them; they also claimed their friends encouraged studying for school subjects more than they discouraged it (Brown, Clasen and Eicher,
Adolescents choose friends who have characteristics or talents that they admire, which motivates them to achieve and act as their friends act. Friends encourage adolescents to study hard at school and can also help them think more creatively (Brown, et al., 1986). High-achieving peers have positive effects on adolescents' satisfaction with school, educational expectations, report-card grades and standardized achievement test scores (Epstein, 1983). In Canada, 80 percent of graduates from high school had friends who believed completing high school was important, and only 2 percent had friends who thought this was unimportant (Statistics Canada, 1993). Students with friends who like school, get good grades, and are interested in school are more likely to graduate high school (Ekstrom, et al., 1986). Hence, having friends who believe that academic achievement is important is beneficial for adolescents.

➢ **How to Resist Negative Peer Pressure**

Parents can't remove their children from exposure to negative peer pressure, but they can give them the tools and help they need to resist it. Remind the children that they are unique individuals and that they should make the most of the things that make them different.

❖ Parents should build a close relationship with the child. It keeps lines of communication open and allows child to come to parents for help and parents should advice when faced with peer pressure.
Encourage friendships outside of tight cliques and support new friendships with different people of all types.

Arm the child with ways to get out of difficult situations in which they're being pressured into doing something they know is wrong. It never hurts to rehearse potential scenarios so that the child will be prepared with an excuse ("I can't; my mom would kill me if I got caught." "I have an appointment in a half hour and have to get home." "I'm not feeling well. I've had a headache all day.")

1.4.4 Peer Group Influence:

In ways similar to the community, the peer group becomes an agency of enculturation and learning. Even very young children develop a sense of self from their perceptions of important people in their surroundings, including relatives, teachers and peers. Socioeconomic status, ethnic identity and parents’ occupations affect how families view themselves and the process by which they socialize their children (Bornstein, 2002). Later, as children leave the home setting, their self-perception and socializing skills become influenced by how their peers view them.

When children move out from family to child-care centers, school and the community at large, they begin to form attachments and friendships emerge through their play. These relationships influence behavior. Even infants and toddlers are observed reacting to other infants by touching them, by crying when others cry and later by offering nurturance or comfort. By about age three, early friendships begin to form and children’s peers begin to have a more lasting influence (Parke, 1990).
Peer influence on behavior gradually becomes more dominant. Harris (1998, 2002) and Rowe (1994) maintained that peer groups have an even stronger influence than that of parents, although that extreme position has been refuted by other researchers (Berk, 2005). Gradually, children discover that others can share their feelings or attitudes or have quite different ones. The perspectives of others will affect how children feel about their own families. Children usually have a “family” view of their own and of other cultures. So, when confronted with other perspectives, they often need to rethink their own viewpoints. It is often difficult for children to adjust to the idea that other families can function radically differently from their own and yet hold many of the same attitudes and beliefs and be equally nurturing and secure. The peer group serves as a barometer for children examining themselves and their feelings about self and family.

The peer group also influences development of children’s socializing skills. These early friendships help children learn how to negotiate and relate to others, including their siblings and other family members. They learn from peers how to cooperate and socialize according to group norms and group-sanctioned modes of behavior. The peer group can influence what the child values, knows, wears, eats and learns. The extent of this influence, however, depends on other situational constraints, such as the age and personality of children and the nature of the group (Harris, 1998; Hartup, 1983). Socialization is particularly important for children with disabilities, and it is the reason many programs include peers who are typically developing in special education programs or include children with disabilities in general education classrooms.
In its most acceptable form, the peer group is a healthy coming-of-age arbiter, by which children grasp negotiating skills and learn to deal with hostility and to solve problems in a social context. In its most destructive mode, the peer group can demand blind obedience to a group norm, which can result in socially alienated gangs with pathological outlooks (Perry, 1987).

1.4.5 Friendships and Peer Pressure:

- **It's all about friends**

  As children enter the pre-teen and teen years and begin to develop their own unique identities, they start to listen more to the opinions of their friends and classmates than their parents. The influence of peers can be both positive and negative, and teens will be more likely to take the advice of their friends over that offered by their parents. However, your child actually needs you more than you think. By keeping the lines of communication with your child open and knowing what to look out for, you can set the stage for a successful journey through the adolescence.

1.4.6 Importance of Peer Relationships:

  The nature of children's peer interactions and friendships changes as they develop and grow. We have compiled several expert articles that discuss the importance of peer relationships and how kids relate to people their own age. Learn how to help promote positive friendships in your children's lives and encourage lonely children to seek out new friends.

- **Family Relationships and Peer Influence**

  Outside of the classroom, adolescents who have friends have better family relationships and more positive attitudes toward family relationships. Friendships can also compensate for inadequate families.
For example, adolescents who have low levels of family cohesion but have close and supportive friends have levels of self-worth and social competence equal to their peers who come from cohesive families (Guaze, et. al., 1996). Friends allow for high self-esteem (which includes freedom from depression) and self-worth, thereby promoting the exploration and development of personal strengths (Hartup, 1999). Furthermore, adolescents who are engaged in friendships are more likely to be altruistic, display affective perspective-taking skills, maintain positive peer status (Savin-Williams and Berndt, 1990), and have continued involvement in activities such as sports or arts (Patrick, et al., 1999). Finally, having close same-sex friendships in adolescence forecasts success in early romantic relationships in early adulthood (Collins, et al., 1997).

Although peers are very important for adolescents during this developmental stage, parents also play an influential role in adolescents' lives. Steinberg and his colleagues (1992) found that adolescents whose friends and parents support academic achievement perform better than adolescents who receive support from only one, or neither. Hence, both parents and friends are important for adolescents' development. Moreover, adolescents are less influenced by friends when they have close and involving relationships with their parents (Steinberg and Silverberg, 1986). The ability of friends to influence the behaviors and attitudes of adolescents is magnified when adolescents perceive that their parental relationship is negative or deficient in support and guidance (Savin-Williams and Berndt, 1990). Parenting styles can also affect peer influence. Authoritative parenting encourages adolescents to be less susceptible to peer influence specifically in domains in which peers are engaging in unacceptable behaviors, but more susceptible to peer
influence in domains that are approved by adults (Mounts and Steinberg, 1995). Hence, parents can adjust their style of parenting to reflect these favorable outcomes.

### 1.4.7 Peer Pressure vs. Parental Influence:

Teen years, it seems, are when aliens come and abduct your adolescent, remove their brain for a few years, and return sometime later to re-implant it. The abduction is swift and thorough, but the implanting can take anywhere from 1 to 10 years. In some cases you may fear the aliens forgot where you live because the child you reared still hasn’t ‘come back’! You are left wondering where that dear compliant, happy child went and who the moody, weird stranger is sleeping in their bed. Parents are left wondering where they went wrong and whether there will ever be a happy ending. It is called ‘Growing up and out’. None of us want tumultuous years. None of us want to be treated as if we were the aliens. We don’t want to see our children hit skid row, pick them up from Juvenile, or send them to rehab for addictions. We don’t want to live in a house with a surly, ungrateful, non-contributing family member where every day it’s a battle of the wills. The influence you had on their early years vs whom they hang with seems to determine the outcome. The following are some helpful tips to avoid ‘alienation’.

Kids will gravitate towards and be influenced by their peers when they feel insecure at home. When they don’t feel loved or accepted, when they have no boundaries and when they are not getting training and guidance from their parents they will reach out to likeminded souls. When they don’t have simple life skills to know how to handle situations or when circumstances are dangerous, they are easily sucked into harmful situations because they think others are having more fun than they are.
When others have more input into kids lives than their parents do, the level of parental influence is greatly lessened.

So the question is, how can parents make sure they have more influence over their teens than other teens do? The first thing is to be proactive by talking to your kids well before they hit teen years. Make sure there is an open communication line by encouraging your kids to tell you what they are feeling. Listen to their opinions and ideas and praise their wisdom and good decisions. Prepare your kids by telling them the kinds of temptations they are likely to face. Tell them and show them how to say, “No” to propositions put to them like smoking, drinking, drugs and sexual experimentation. Help them understand how their bodies are changing and how their moods will be affected by changes in hormones. Remind them of what your family values are and the need to adhere to them for their own safety, comfort and security. Praise them and encourage them for good decisions made. Keep your teens busy. Encourage healthy physical activities like team sports, membership in service clubs, Scouts etc. This way they expend their energies in activities that often stretch their own ability. When they feel good about their achievements is much less likely to be swayed by negative peer pressure. Give your kids responsibilities to build accountability and trust in them. Monitor their friendships and if you find others influencing them negatively, tell them so in a non-judgmental way. Make your home a great place for them to bring their friends home to. Join in with some of their fun and you will find all their peers will want to hang around with you!

1.4.8 Coping with Peer Pressure:

To maintain emotional health, people need to achieve a balance that lets them make decisions based on a combination of values
internalized from the family, values derived from thinking independently, and values derived from friends and other role models. Providing clear but fair and flexible value systems, modeling positive patterns of behavior, and encouraging formation of peer groups that engage in positive academic, athletic, artistic, and social activities are ways that families and schools can make peer pressure a positive force.

Helping children cope with peer pressure begins in preschool. Parents who convey a strong, clear (not necessarily rigid) value structure and open avenues of communication about many topics early in life as children are first being exposed to the group pressures in preschool set a pattern for future positive influences. Parents who are hesitant to discourage their children's independence and individuality often send vague messages or no message at all to the child about their perspective on issues, leaving the child to make decisions based on the opinions of his peers. Voicing parental opinion provides guidance, which children can choose to accept or reject in future situations. In turn, the knowledge that the child is open to being guided on important matters gives parents a sense of confidence when the child succumbs to the numerous small, inconsequential peer pressures concerning interests, toys, or styles of dress throughout grade school.

Many programs exist to help students resist peer pressure. One of the best known is the DARE (Drug Abuse Resistance Education) program used in elementary schools to teach children to resist the pressures to use drugs and alcohol. This, and similar programs, offer strategies for coping with unwanted pressure to become involved in activities that are risky, illegal, or self-destructive.
Some of the techniques of resisting peer pressure include:

- Observe people and the groups with whom they socialize. Observe what they do and the consequences of their actions. When someone tries to argue "everyone's doing it," you can prove otherwise. Make positive choices about who you spend time with, instead of joining a group just because it is there.

- Avoid situations that present problems - parties where no adults will be present, being alone with a boyfriend or girlfriend who might pressure you to become sexually involved, situations where you will have to "prove yourself" to be accepted as part of the group.

- Evaluate the risk. Are you being asked to do something that is trivial, like wearing a piece of clothing you wouldn't normally choose, or are you being asked to do something that might have permanent health or legal consequences like using drugs or drinking and driving?

- Communicate: Say "No" forcefully and with eye contact. If you do not believe yourself, no one else will either. You do not need to apologize for your individuality. Find an ally, someone who feels the same way you do, who will support your decision to say no.

- Anticipate what your friends will say or do and decide beforehand how you will react. If you know that when you go to the mall your friends will shoplift, decide how you will handle the situation before you go or make an excuse to stay home.

- If you are in a situation where there is conflict, walk away. No one can make you do something you do not want to. If you find yourself anticipating conflict too often, seriously think about finding a new friend or set of friends. Start off gradually, spending less and less time with the people who are pressuring you.
• Know yourself. Know what moods might make you more susceptible to negative peer influence. Know what activities make you feel good about yourself. Know why you are doing whatever you do every day. Be aware of your actions. Make active choices rather than floating along with the crowd.

• Get involved in positive activities such as sports, volunteering, peer tutoring, or youth clubs. Look for people who share your interests outside of your immediate school friends. Having several different groups of people who accept you give you choices and social outlets rather than making you dependent on one group of friends.

Two primary areas where schools can discourage negative peer pressure and encourage formation of positive peer groups are in peer leader programs and in collaborative learning practices. Most schools train student peer leaders to participate in counseling, support groups, drug or violence prevention programs, or peer mentoring and tutoring programs. For these programs, students are trained in understanding and empathizing with others, goal setting, problem identification, decision-making and communication skills in order to lead, coach and support other students. Peer leader programs implicitly combat peer pressure as students act as positive role models for other teens. Peer pressure peaks during adolescence, but it never entirely disappears. Even adults feel pressure to conform in order to belong to a group whether it is in the workplace, neighborhood, or in the extended family. Finding a rational balance between accepting group beliefs and thinking for oneself is a challenge for everyone. Many people who feel as if this area of their lives is out of balance benefit from seeking professional counseling to help them find a level of belonging and acceptance. That is more comfortable for them.
1.5 Behavior Problems:

Many adolescents today have problems and are getting into trouble. After all, there are a lot of pressures for kids to deal with among friends and family. For some youth, pressures include poverty, violence, parental problems and gangs. Kids may also be concerned about significant issues such as religion, gender roles, values, or ethnicity. Some children are having difficulty dealing with past traumas they have experienced, like abuse. Parents and their teenagers are struggling between the youth's wanting independence while still needing parental guidance. Sometimes all these conflicts result in behavior problems.

Definition of behavior Problems in Longman’s Dictionary of psychology and psychiatry – “Any form of behavior that is considered inappropriate by members of the social group” (Goldenson, 1984)

Peers become an important influence on behavior during adolescence. As adolescents search for identities separate from those of their parents, they experiment with new identities by participating in the different behaviors of their peers (Allen, Moore and Kuperminc, 1995). Because they are unsure of their own identities, peer acceptance is important to many adolescents. Acceptance enables a teen to join a particular peer group and identify with the behaviors and attitudes of that group. Adolescents are often willing to conform to their peers’ behaviors in order to be accepted (Newman and Newman, 1976).

Attachment theory leads to the suggestion that the supportive function of attachment relations may be most salient during early adolescent transitions. Attachment to parents was significantly and positively correlated with measures of self-perceived competence and significantly but negatively related to adolescent feelings of depression.
and anxiety (Papini and Roggman, 1992). Sarada Devi and Kavita Kiran, (2002) found that there was close association between family factors and scholastic backwardness. Large family size, low educational status of parents, low parental involvement and low parental encouragement were found to be the major family factors associated with scholastic backwardness.

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Any number of isolated behavior problems can represent adolescent problems and delinquency-shoplifting, truancy, a fight in school, drug or alcohol ingestion. Sometimes, kids can't easily explain why they act the way they do. They may be just as confused about it as the adults, or they simply see delinquent behaviors as appropriate ways to deal with what they experience. Parents and loved ones may feel scared, angry, frustrated, or hopeless. They may feel guilty and wonder where they went wrong. All these feelings are normal, but it is important to understand that there is help available to troubled kids and their families.

The dramatic increase in the prevalence of problem behaviors during adolescence is a national concern (Dryfoos, 1990; Feldman and Elliot, 1990; USDHHS, 1991). By grade 8, 31.5% use alcohol and 26.2%
smoke cigarettes monthly, 44.2% have been in a physical fight in the past year, and truancy, bullying, theft and vandalism are common (USDHHS, 1989; CDC, 1990; Dryfoos, 1990; Johnston, et. al., 1994). While low-income, minority youth (Lorion, et al., 1991) and those who experience family dissolution and transience (Furstenburg, 1991) are at greatest risk, a large proportion of adolescents eventually engage in some form of problem behavior, placing them at increased risk for school failure, involvement in the criminal justice system and health problems (Dryfoos, 1990; McCord, 1990).

Problem behaviors are of particular concern in middle school, where a contagious youth culture of academic negativism and misconduct can thwart learning and disrupt the school routine. Many early adolescents, engaged in an intense period of development known as the adolescent transition, are poorly prepared for secondary school and highly susceptible to antisocial influences (2Carnegie Council on Adolescent Development, 1989). However, there is theoretical and empirical evidence that changes in the way middle grade schooling is conducted can promote academic achievement, improve school conduct and mediate the initiation of problem behavior (Hawkins and Weis, 1985; Kumpfer and Turner, 1991).

1.5.1 Problem-Behavior Theory:

Problem-behavior theory is a systematic, multivariate, social-psychological conceptual framework derived initially from the basic concepts of value and expectation in Rotter's (1954, 1982) social learning theory and from Merton's (1957) concept of anomie.

In the following three decades, problem-behavior theory has been revised and extended during the course of a series of studies by Richard
Jessor and his colleagues. It was first adapted for the follow-up study of the earlier cohorts of adolescents and youth to encompass the developmental stage of young adulthood (Jessor, Donovan and Costa, 1991). Specifically, the framework was expanded to articulate the important social contexts of young adult life—family, work and friends—and to measure key properties of those contexts, such as the stresses and satisfactions they are perceived to generate. Problem-behavior theory was elaborated further for more recent research encompassing prosaically behavior, health-compromising and health-enhancing behavior, in addition to problem behavior, in samples of adolescents from the United States and the People's Republic of China, and for a study of tobacco use and problem drinking among college students. The most recent reformulation and extension of problem-behavior theory re-organizes the main constructs from the theory into protective factors and risk factors.

❖ The Conceptual Structure of Problem-Behavior Theory

The conceptual structure of problem-behavior theory is both complex and comprehensive. As originally formulated, the theoretical framework included three major systems of explanatory variables: the perceived-environment system, the personality system and the behavior system. Each system is composed of variables that serve either as instigations for engaging in problem behavior or controls against involvement in problem behavior. It is the balance between instigations and controls that determines the degree of proneness for problem behavior within each system. The overall level of proneness for problem behavior, across all three systems, reflects the degree of psychosocial conventionality-unconventionality characterizing each adolescent.
The concepts that constitute the perceived-environment system include social controls, models and support. Perceived-environment variables are distinguished on the basis of the directness or conceptual closeness of their relations to problem behavior. Proximal variables (for example, peer models for alcohol use) directly implicate a particular behavior, whereas distal variables (for example, parental support) are more remote in the causal chain and therefore require theoretical linkage to behavior. Problem behavior proneness in the perceived environment system includes low parental disapproval of problem behavior, high peer approval of problem behavior, high peer models for problem behavior, low parental controls and support, low peer controls, low compatibility between parent and peer expectations, and low parent (relative to peer) influence.

The concepts that constitute the personality system include a patterned and interrelated set of relatively enduring, socio-cognitive variables values, expectations, beliefs, attitudes, and orientations toward self and society that reflect social learning and developmental experience. Problem behavior proneness in the personality system includes lower value on academic achievement, higher value on independence, greater social criticism, higher alienation, lower self-esteem, greater attitudinal tolerance of deviance and lower religiosity.

The concepts that constitute the behavior system include both problem behaviors and conventional behaviors. Problem behaviors include alcohol use, problem drinking, cigarette smoking, marijuana use, other illicit drug use, general deviant behavior (delinquent behaviors and other norm-violative acts), risky driving and precocious sexual intercourse. Involvement in any one problem behavior increases the likelihood of involvement in other problem behaviors due to their
linkages in the social ecology of youth with socially organized opportunities to learn and to practice them together and to the similar psychological meanings and functions the behaviors may have (e.g., overt repudiation of conventional norms, or expression of independence from parental control). Conventional behaviors are behaviors that are socially approved, normatively expected, and codified and institutionalized as appropriate for adolescents. They include church attendance, and involvement with academic course work and achievement. Both church and school can be seen as institutions of conventional socialization, fostering a conventional orientation and enlisting youth into the traditional and established networks of the larger society. Problem behavior proneness in the behavior system includes high involvement in other problem behaviors and low involvement in conventional behaviors.

In summary, within each explanatory system, it is the balance of instigations and controls that determines psychosocial proneness for involvement in problem behavior; and it is the balance of instigations and controls across the three systems that determine the adolescent's overall level of problem behavior proneness—or psychosocial unconventionality.

1.5.2 Problem-Behavior Theory and the Developmental Transition into Problem Behavior:

The problem-behavior theory framework has logical implications for developmental behavior change. The theory has been organized to account for proneness to engage in problem behavior—behavior that departs from regulatory norms. Much of what is considered to be problem behavior in youth is relative to age-graded norms and age-related expectations. The very same behavior may be permitted or even prescribed for those who are older but proscribed for those who are
younger. Drinking, for example, is proscribed for those under legal age but is permitted for those who are older; sexual intercourse, normatively acceptable for adults, is likely to elicit social controls for a young adolescent. When the initial occurrence of such age-graded behaviors takes place at a relatively young age or earlier than is normatively expected, it constitutes a departure from the regulatory age norms that define appropriate behavior for that age or stage in life. Consensual awareness among youth of the age-graded norms for such behaviors carries with it, at the same time, the shared knowledge that occupancy of a more mature status is actually characterized by engaging in such behavior. Thus, engaging in certain behaviors for the first time can mark a transition in status from "less mature" to "more mature," from "younger" to "older," or from "adolescent" to "youth" or "adult."

Insofar as the regulatory norms are age norms, and insofar as problem behaviors can serve to mark transitions in age-graded status, the theory yields an account of 'transition proneness.' By employing the developmental concept of transition proneness and mapping it onto the theoretical concept of problem behavior proneness, it becomes possible to use problem-behavior theory to specify the likelihood of developmental change, specifically, the onset or initial occurrence of age-graded, norm-departing, transition-marking behaviors. Transition proneness for problem behavior predicts which adolescents are likely to change behavioral status, as well as the prospective timing of their transitions (earlier versus later) into these problem-behavior areas.

1.5.3 Empirical Support for Problem-Behavior Theory:

Problem-behavior theory has been employed in a wide variety of studies—both cross-sectional and longitudinal—and considerable evidence
has accumulated in support of the generality and robustness of the theoretical framework. Investigators in the United States and elsewhere have used the psychosocial concepts and measures derived from problem-behavior theory, and they have been applied to the investigation of a broad variety of behaviors in childhood, adolescence, and young adulthood, including alcohol use, cigarette smoking, early sexual intercourse, drink-driving and other risky driving behaviors and the use of illicit drugs. The key personality and perceived environmental variables have proved predictive of both cross-sectional and developmental variation and, taken together, they usually account for between 30% and 50% of the variance in behaviors such as illicit drug use or delinquency among adolescents. In addition, the research has shown that there is significant co-variation among problem behaviors, i.e., a "syndrome" of problem behavior. Problem behaviors tend not only to be positively interrelated among themselves, but they are negatively related to prosaically behaviors (such as church attendance) and health-enhancing behaviors (such as healthy eating behavior).

1.5.4 The Extension of Problem-Behavior Theory into the Health Behavior Domain:

The rationale for the extension of problem-behavior theory into the domain of health-related behavior derives from two key considerations. First, many problem behaviors-alcohol use, marijuana use, unprotected sexual intercourse, driving after drinking-can also be considered to be health-compromising behaviors. Second, health-compromising and health-enhancing behaviors are subject to normative proscription and prescription, just as problem and conventional behaviors are. Some health-compromising behaviors that do not constitute transgressions of societal or legal norms, such as overeating or sedentariness, may
nevertheless represent departures from more informal social norms, such as those of the peer group, or even from an individual's personal norms about what is appropriate behavior in these areas. Insofar as departure from any norm may be involved, the formulations of problem-behavior theory remain apposite. Furthermore, problem-behavior theory applies as well to behavior that conforms to the norms and expectations of the larger society and of its institutions, such as school and church. In this sense, the theory has relevance not only for health-compromising behavior, but also for health-enhancing behavior (e.g., regular exercise, adequate sleep), at least to the extent that the latter can be conceptualized as conventionally supported.

The application of problem-behavior theory in research on adolescent health behavior has supported the extension of the theoretical framework to the health behavior domain. Findings show that personality, perceived social environmental, and behavior variables originally designed to explain variation in problem behavior-values on academic achievement and autonomy, expectations for academic achievement, attitudinal intolerance of deviance, positive orientation to school, religiosity, greater connectedness to parents than to peers, friends as models for conventional behavior, church attendance, and involvement in prosaically activities are also predictive of involvement in health-enhancing behaviors such as exercise, healthful eating practices, adequate sleep, dental care and safety. In addition, antecedent levels of some of these variables-friends as models for conventional behavior, positive relations with adults and personal participation in prosaically activities are predictive of subsequent change in health-enhancing behavior.
1.5.5 The Reformulation of Problem-Behavior Theory: Employing the Language of Protective Factors and Risk Factors:

The most recent re-formulation and extension of problem-behavior theory organizes the main constructs from the theory into protective factors and risk factors (Jessor, 1991). As described earlier, the variables in problem-behavior theory were specified as either controls against or instigations to involvement in problem behavior. Controls are analogous to protective factors, and instigations are analogous to risk factors. The theoretical role of protective factors is to decrease the likelihood of engaging in problem behavior: protective factors provide models for positive, prosaically behavior (e.g., peer models for school achievement); personal and social controls against problem behavior (e.g., attitudinal intolerance of deviance, or predictable parental sanctions); and support to sustain prosaically commitment (e.g., parental interest in and support of school activities). The theoretical role of risk factors, by contrast, is to increase the likelihood of engaging in problem behavior: risk factors provide models for problem behavior (e.g., peer models for alcohol use), greater opportunity to engage in it (greater availability of marijuana and other illicit drugs), and personal and contextual vulnerability for its occurrence (e.g., limited perceived chances for success in life, or peer pressure to use drugs). Protective factors play an additional, indirect role as well; theoretically, they moderate or buffer the impact of exposure to risk factors.

This reformulation, then, retains the direct linkages of the constructs to behavior outcomes, and it adds a new focus on the moderating effect that protection can have on the impact of risk. In addition, the protection/risk conceptual framework encompasses a more exhaustive range of variables by including not only measures of
individual differences (e.g., attitudes, values, and beliefs), but also a more comprehensive array of measures of the multiple social contexts that are salient in the ecology of daily adolescent life-family, peers, school and neighborhood.

The protection/risk model has been shown to account for substantial amounts of variance in adolescent problem behaviors, health behaviors and prosaically behaviors. Of major theoretical importance, empirical findings provide support for the moderating influence of protective factors on the impact of risk factors; high protection has been shown to attenuate the impact of risk on involvement in problem behavior, on involvement in health-enhancing behavior and on involvement prosaically behavior. Protective factors and risk factors have also been shown to account for significant variance in change in these different behaviors over time. In general, the linkages of protection and risk to behavior show robustness in relation to multiple outcome criteria for both males and females, for younger and older adolescents, across groups varying in socioeconomic status, across race/ethnicity subgroups (white, Hispanic, and African American youth), and across samples from the U.S., the People's Republic of China, and elsewhere internationally.

Two other key findings need emphasis: the importance of conceptually distal psychosocial variables in accounting for variation in behavior, and the role played by the social context in accounting for behavioral variation. With respect to the former, distal psychosocial protective factors (e.g., positive orientation to school, perceived social support) have been shown to have significant positive relations with both problem behavior and health-enhancing behavior and also with their development and change in adolescence. With respect to the latter, measures of psychosocial protection in four social contexts - family,
peers, school and neighborhood. These factors have been shown to account for significant variation in adolescent problem behavior and health-enhancing behavior.

Conclusion

The social-psychological framework of problem-behavior theory has been shown over the years to account for substantial percentages of the variation in a number of different problem behaviors, health-related behaviors, and prosaically behaviors in both adolescent and young adult samples in the U.S. and elsewhere. It has, in addition, demonstrated explanatory usefulness in accounting for developmental transitions in problem behavior and health behavior during adolescence.

➤ Types of Adolescent Behavior Disorders:
* Anxiety / Schizoid

Morgan (1990). – “Anxiety is a vague fear experience without, our knowing just what is the matter”

“A schizoid personality disorder is a chronic and pervasive condition characterized by disruptive patterns of thought, behavior, and functioning. This type of personality disorder is believed to be relatively rare and tends to affect more men than women. Individuals with schizoid personality disorder are also at risk for experiencing depression.”

Symptoms of Schizoid Personality Disorder

Individuals with schizoid personality disorder typically experience:

- Detachment from other people.
- Little or no desire to form close relationships with others.
- Rarely participates in activities for fun or pleasure.
- A sense of indifference to praise and affirmation, as well as to criticism or rejection.
- Often described as cold, uninterested, withdrawn, and aloof.
* Depression

Robart beran (1996). – “Depression is a psychological disorder involving intense feeling of sadness, lack of energy and feeling of helpless and despair”

Rozan fild (1985). – “Depression is a feeling of sadness, helplessness, worthlessness, guilt of self reproach”

Though depression during adolescence is quite normal, when it extends for a long time, it becomes problematic. Teenagers suffering from chronic depression may show signs like very low energy, insomnia, very less interaction with peers, no interest in activities that they used to like earlier, etc. It is important that parents understand and recognize the signs of teenage depression as soon as possible because if it remains untreated, there are chances that they will aggravate and affect the child's life in later years.

* Obsession-Compulsion

“Obsessive-compulsive disorder, or OCD, is defined by the presence of either obsessions or compulsions (typically both occur). Obsessions are defined as recurrent thoughts, images, or impulses that are viewed by the person as intrusive or inappropriate and that invoke anxiety. Obsessions are not simply amplified worries about real life problems; in fact, the person may view them as silly or unrealistic. Examples include worries about being contaminated with dirt or germs, having something awful happen to a loved one, or having made a terrible mistake. The person attempts to ignore, suppress, or neutralize these obsessions, often through compulsions. Compulsions are repetitive behaviors or mental acts that the person feels driven to perform. These may include actions such as counting, hand-washing, checking (e.g.,
locks), ordering, or hoarding things with no sentimental or monetary value.”

* Somatic Complaint

Somatic complaints without an apparent physical cause are common among children and adolescents. The most common complaints include headaches, stomach aches, musculoskeletal pains, back pain, dizziness and fatigue. Young boys and girls are equally likely to have somatic symptoms, but girls begin to report more somatic symptoms than boys in adolescence, and this difference continues into adulthood.

* Social Withdrawal

Social withdrawal is a form of social isolation. It is an absolute form of avoidance of social contact and communication. Social withdrawal refers to the consistent (across situations and over time) display of all forms of solitary behavior when encountering familiar and/or unfamiliar peers. Simply put, social withdrawal is construed as isolating oneself from the peer group (Rubin, et al., 1993).

Social withdrawal is not a clinically defined behavioral, social, or emotional disorder in childhood. Indeed, some individuals appear content to spend most of their hours and days removed from others. These individuals include those who spend significant time alone, working, playing, and otherwise acting on their computers. Conversely, there are those individuals who, while in social company, avoid their confreres, or who actively choose lives of solitude to escape the initiation and maintenance of interpersonal relationships. And finally, there are individuals who have little choice in the matter of solitude because they are isolated or rejected by others in their social communities. In the cases
of the avoidance of social company and the isolation from social company, solitude could hardly be construed as psychologically or socially adaptive. It is not the display of solitude per se that may pose a problem; rather, the central issue is that social withdrawal may reflect underlying difficulties of a social or emotional nature (Kenneth, et al., 2009). It has been considered by clinical psychologists to have limited developmental significance.

* Hyperactive

Attention deficit hyperactivity disorder, commonly known as ADHD, is one of the most common behavior problems among teenagers. This is a type of learning disorder characterized by poor attention span which affects the child's academic performance. Along with learning problems, the teenager may also suffer from problems like hyperactivity, impulsive behavior, etc. Such behavior is sometimes seen as a part of adolescence behavior and many times are not taken seriously by the parents. However, there are ways in which parents can identify a child with ADHD. If the teenager is consistently scoring poor scores in his exam, the reason for this can be the above disorder. Also, adolescents who have this problem tend to be aggressive and may get involved in adolescent antisocial behavior like shoplifting, drinking, smoking, etc. As they find it difficult to do well in school, there are high chances that they will drop out due to frustration and low self-esteem. This can also lead them to risky behavior like smoking, drug abuse, alcohol addiction, etc.

* Aggression

Huesmann (1994). “Aggression - the intentional infliction of some form of harm on others- is an all- too- common form of social behavior”
Delinquency

"Delinquency is often used for the misbehavior of children and adolescents."

The Bartol and Bartol (2011) textbook explains that the psychological definition of delinquency is a child’s engagement in extreme anti-social behavior. Children are supposed to be a sign of innocence and loyalty, yet they are killing other children and they are even killing their own parents. What if the motive was a good one? Would your view change? What if a child was abused from infancy and then at the age of 16, they hit a breaking point and shot their abusive father? Would you justify this as self-defense or would you call them a cold-blooded killer who developed some type of mental illness after years of abuse?

Many psychologists struggle with the continuous nature versus nurture debate when it comes to delinquency in children. Some think it is biological, suggesting that the children were born with it and that they inherited some type of illness from their parents. Others think that these delinquents are simply a product of their environment and that they act out and kill people due to the social pressures, abuse, and neglect they have faced the majority of their lives. The third and most popular view of why children become delinquents is due to both nature and nurture. Children might be born with an antisocial behavior or bipolar disorder, but the environment that they are in may also be increasing those illnesses. Stress affects everything and if the child is under stress due to parental constrictions, school, neglect, or abuse, the mental disorders or illnesses that the child already has will be increased.
* Adolescent Eating Behavior/Disorders

Eating disorders is another common problem seen in teenagers, especially in girls. Teenagers love to indulge in fast foods which can lead to problems like teen obesity as well as improper nutrition. Other than these, there are two very severe problems related to eating which include anorexia and bulimia. Anorexia is a condition which affects people who have very low self-esteem. It comes from the urge to be perfect in all areas of life. This can be quite serious as they may not eat anything causing serious damage to the body, and in some cases, may even lead to death. On the other hand, bulimia is where a person indulges in binge eating, later feels guilty about it, and hence, throws away the food through self-induced vomiting.

1.6 Importance of the Study:
In the Indian family contexts, children gradually internalize social standards and expectations, which facilitate, in turn, greater self-regulation skills and responsibility. Knowledge of the range of disciplinary tactics used by parents and of parental beliefs and attitudes to discipline strategies is, therefore, essential in order to promote and support effective and constructive parental discipline responses with children and young people.

The view that parenting today is very different to parenting in the past reflects similar findings highlighted in a recent report on experiences of family life in India. Daly (2004) highlights a major shift in contemporary parenting when compared with a generation ago, most notably a change in parental authority and a change in the extent to which the parental role is supported by society. Parents brought up their children. They feel responsible to develop their self-concept to help them in leading successful life. Parent-child relationship depends on the time and care given to the children by the mother and father and their own relationship. Such interactions usually take place under their own discretion and often they are the ones who provide their children with such indispensable opportunities to socialize with people. This way they enable them to develop their social cognitive and relationship...
The nature of parental involvement differs across different stages of development, e.g. in early developmental stages the parents intervene more often and strictly ensure that they take charge of the supervision of their children's social interactions. However, once the child enters the adolescent stages, they tend to become more indulgent and non-judgmental about their interactions and activities (Rubin and Sloman, 1984). This change can partly be attributed to the change in attitude which is brought about in these youngsters, as they explore more relationships apart from just parental relationships for companionships and emotional support (Savin-Williams and Brendt, 1990).

In the light of what we have stated above, we will try to discuss how various forms of parental and peer behaviors are conceived as likely to influence the adolescent. Many investigators such as Anderson, et al. (1969) believe that adolescents respond directly to pressures from people around them which basically comprise of the parents and the friends or social networks they create for themselves. While others (Wohlford, 1970) argue that the young adolescents will sometimes internalize the pressures imposed from the outside which will in turn affect the way they behave and go about their normal routines. Peers have a large part to play in shaping the personality of a young person as is the presence of normal parental behavior detrimental to ensure mental and social health.
Peer pressure is one of the most dangerous aspects of adolescence to which teenagers are exposed. Consequently, parents should care more about their adolescents until they overcome this critical age. They should be helpful to their children and they should talk to them as friends not as authoritative parents because adolescents are convinced more when they are with an open-minded person who shows both understandability and kindness. Otherwise, adolescents will encounter crisis and will hide them in their psychology and as explained by Lawrence Kohlberg, and these disorders will appear lately with more psycho traumatic troubles.

Thus, the present study attempts to find out some novel information about a study of impact of home environment on peer pressure and behavior problems among adolescents.

1.7 Plan of the Study:

The principle aim of the present study was to examine whether boys, girls, government and private school type of adolescents having different educational steam differ in peer pressure and behavior problems. The investigation was carried out to examine this aim and the whole process is warred in following five chapters.

Chapter - 1 Introduction

The first chapter under the title 'THEORETICAL FRAME OF REFERENCE' includes historical background of the studied
variables, major concepts to be considered and importance of the investigation.

Chapter - 2 Review of Literature

The second chapter under the title 'REVIEW OF LITERATURE' includes brief summary of studies undertaken in the past on home environment, peer pressure and behavior.

Chapter - 3 Problems and Methodology

The third chapter under the title 'PROBLEM AND METHODOLOGY' includes objectives, variables, hypotheses, selection of sample techniques to be used to analyze the data etc.

Chapter - 4 Discussions and Interpretation of Results

The fourth chapter under the title 'DISCUSSION AND INTERPRETATION OF RESULTS' includes impact of home environment on peer pressure and behavior problems among adolescents and these findings are interpreted.

Chapter - 5 Findings, Implications and Suggestions

The fifth chapter under the title 'RESEARCH FINDINGS, IMPLICATIONS AND SUGGESTIONS' includes the findings of the study and suggestions for further study.

Moreover in the APPENDIX references of the study and a copy of research tools used in the study are given.