REVIEW OF LITERATURE

Contents:
• Meaning, definitions and Conceptual development of adolescence
• Historical preview
• Developmental dimensions
• Knowledge, Attitude and Coping Skills among adolescents
• High risks during adolescence
• Problems and causes
• Media and adolescence
• Interventions for adolescence and results
• Life skill education for adolescents- Different models
• Conclusion
CHAPTER -II

Review of Literature:

"Adolescence (from Latin: *adolescere* meaning "to grow up") is a transitional stage of physical and mental human development generally occurring between puberty and legal adulthood (age of maturity), but largely characterized as beginning and ending with the teenage stage. According to Erikson's stages of human development, for example, a young adult is generally a person between the ages of 20 and 40, whereas an adolescent is a person between the ages of 13 and 19. Scholars have found it incredibly difficult to agree upon a precise definition of adolescence, because it can be approached from so many angles. Historically, puberty has been heavily associated with teenagers and the onset of adolescent development. However, the start of puberty has had somewhat of an increase in preadolescence (particularly females, as seen with early and precocious puberty), and adolescence has had an occasional extension beyond the teenage years (typically males) compared to previous generations. These changes have made it more difficult to rigidly define the time frame in which adolescence occurs." (Hall; 1904)

"Adolescence is the period from 12 to 20 years of age and it is characterized by considerable upheaval. The storm and stress view is the concept that adolescence is a turbulent time charged with conflict and mood swings. An adolescent might be nasty to a peer one moment and kind next moment; in need of privacy one moment, but seconds later want companionship." The basic nature of adolescence is not biological but rather socio-cultural which provides a smooth, gradual transition from childhood to adulthood (Harris; 1998)

"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. Sometimes referred to as teenage years, youth, or puberty, adolescence is the transitional period between childhood and maturity, occurring roughly between the ages of 10 and 20.” (Kahn; 2005)

“The end of adolescence and the beginning of adulthood varies by country and by function, and furthermore even within a single nation-state or culture there can be different ages at which an individual is considered to be (chronologically and legally) mature enough to be entrusted by society with certain tasks. Such milestones include, but are not limited to, driving a vehicle, having legal sexual relations, serving in the armed forces or on a jury, purchasing and drinking alcohol, voting, entering into contracts, completing certain levels of education, and marrying. Adolescence is usually accompanied by an increased independence allowed by the parents or legal guardians and less supervision, contrary to the preadolescence stage. In studying adolescent development, adolescence can be defined biologically, as the physical transition marked by the onset of puberty and the termination of physical growth; cognitively, as changes in the ability to think abstractly and multi-dimensionally; or socially, as a period of preparation for adult roles. Major pubertal and biological changes include changes to the sex organs, height, weight, and muscle mass, as well as major changes in brain structure and organization. Cognitive advances encompass both increases in knowledge and in the ability to think abstractly and to reason more effectively. The study of adolescent development often involves interdisciplinary collaborations. For example, researchers in neuroscience or bio-behavioral health might focus on pubertal changes in brain structure and its effects on cognition or social relations. Sociologists interested in adolescence might focus on the acquisition of social roles (e.g., worker or romantic partner) and how this varies across cultures or social conditions. Developmental psychologists might focus on changes in relations with parents and peers as a function of school structure and pubertal status.” (Laener, et al; 2004)
Historical perspectives stress the fact that adolescence as a developmental period has varied considerably from one historical era to another. Because of its ever-changing nature, it is impossible to generalize about issues such as the degree to which adolescence is stressful, the developmental tasks of the period, or the nature of intergenerational relationships. Adolescence is entirely a social invention, and that the way in which we divide the life cycle into stages is nothing more than a reflection of the political, economic and social circumstances in which we live. Although puberty has been a feature of development for as long as humans have lived, it was not until the rise of obligatory education that we began treating adolescents as a distinct group.

"Adolescence emerged as a concept in the 1890s, when psychologists began investigating the abilities, behaviors, problems, and attitudes of young people between the onset of puberty and marriage. Hall, (1904) a pioneer in the study of children and their learning processes, is credited with giving adolescence its first full definition in his text Adolescence: Its Psychology and Its Relations to Physiology, Anthropology, Sociology, Sex, Crime, Religion and Education. Further, he thought that the stresses and misbehavior of young people were normal to their particular time of life, because he believed human development recapitulated that of human society. For Hall, just as the human race had evolved from "savagery" to "civilization," so too did each individual develop from a primitive to an advanced condition. Adolescence corresponded to, or recapitulated, the period of prehistory when upheaval characterized society and logical thinking began to replace instinct. The psychoanalyst Sigmund Freud (1932) published an essay in which he identified adolescence as a period of emotional upheaval, inconsistent behavior, and vulnerability to deviant and criminal activity caused by psychosexual conflicts. For the past century, the qualities of anxiety and awkwardness resulting from physiological development and sexual awareness that Hall and Freud emphasized have pervaded popular as well as scientific definitions of adolescence. Puberty had been a subject of medical and psychological discussion for centuries, but social, economic, and
biological changes in late-nineteenth-century Western society focused new attention on the status and roles of young people. The development of industrial capitalism reduced the participation of children in the workforce, while advances in nutrition and the control of disease lowered the age of sexual maturation. As a result, individuals were isolated for a more extended period in a state of semi dependency between childhood and adulthood. In the United States, as well as in Europe, researchers and writers in various fields began using the term "adolescence" to apply to the particular era of life when a new order of events and behavior occurred, thereby making it a formal biological, psychological, and even legal category. Terms such as "youth" and, later, "teenager" was used synonymously but less precisely to describe the status of individuals in adolescence. Because adolescence occurred when persons were presumably preparing to enter adult roles in family, work, and community, their needs and guidance assumed increasing importance. Consequently, educators, social workers, and psychologists constructed theories and institutions geared toward influencing the process of growing up."(Millstein, et al; 1999)

Rise of a Youth Peer Culture

"The age consciousness of American society that intensified in the early twentieth century sharpened the distinctiveness of adolescence. By the 1920s, especially, the age grading and the nearly universal experience of schooling pressed children into peer groups, creating lifestyles and institutions that were not only separate from but also occasionally in opposition to adult power. Compulsory attendance laws, which kept children in school until they were fourteen or older, had a strong impact, where by 1930 nearly half of all youths aged fourteen to twenty were high school students. Enrollment of rural youths remained relatively low. Educational reformers developed curricula to prepare young people for adult life, and an expanding set of extracurricular organizations and activities, such as clubs, dances, and sports, heightened the socialization of youths in peer groups. As a result, secondary school and adolescence became increasingly coincident. As high school attendance became more common (in 1928) increasing numbers of adolescents spent more time with peers than with family. This extended time away from parents, combined
with new commercial entertainments helped to create a unique youth culture. Ironically—though perhaps understandably—the spread of this culture caused conflict with adults, who fretted over adolescents' independence in dress, behavior, and other characteristics that eluded adult supervision. Adults expressed concern over the supposed problems of adolescents, and penchant for getting into trouble. Indeed, in the adult mind, sexuality stood at the center of adolescence. As a result, according to psychologists and physicians in the 1920s, adolescence was a time of life that necessitated control, not only by the self but also by parents, and educators. Moreover, they believed that peer association—in combination with the stresses and rebelliousness natural to adolescence, contributed to the rise of juvenile delinquency; in this conception, adolescence made every girl and boy a potential delinquent. Thus, juvenile courts, reform schools, and other "child-saving" institutions were created to remedy the problems that adolescents allegedly experienced and caused.” (Millstein, et al; 2002)

**Adolescence in the Depression and World War II**

“During the depression years of the 1930s, the potential for intergenerational conflict increased as the scarcity of jobs and low pay for those who were employed thwarted young people's personal ambitions and delayed their ability to attain adult independence. Economic pressures forced many young people to stay in school longer than had been the case in previous generations. The expanding economy during World War II brought three million youths between the ages of fourteen and seventeen, about one-third of the people in this age category, into full or part-time employment by 1945. The incomes that adolescents earned helped support a renewed youth culture. Their roles in the national economy and mass culture complicated the status of adolescents, trapping them between the personal independence that war responsibilities provided them and the dependence on family and adult restrictions that the larger society still imposed on them.”(Thornburgh, et al; 2006)
“After the war, the proportion of adolescents in the population in Western countries temporarily declined. Children reaching teen years just after World War II had been born during the depression, when a brief fall in the birth rate resulted in a smaller cohort of people reaching adolescence. Furthermore, a marriage boom followed the war, drastically reducing the age at which young people were entering wedlock; in the United States, the median age at marriage for women declined from twenty-three to twenty-one. By 1960, 40 percent of American nineteen-year-olds were already married. The marriage boom soon translated into the baby boom, which eventually combined with material prosperity to foster a more extensive teen culture. By 1960, the first cohort of baby boomers was reaching teen age, and goods such as soft drinks, clothing, cars, sports equipment, recorded music, magazines, and toiletries, all heavily and specifically promoted by advertisers to young people with expanding personal incomes, comprised a flourishing youth market that soon spread overseas. At the same time, radio, television, movies, and mass-market publications directed much of their content to this segment of the population. Marketing experts utilized longstanding theories about the insecurities of adolescence, along with surveys that showed adolescents tending toward conformist attitudes, to sell goods that catered to teenagers' desires to dress, buy, and act like their peers.” (Eccles, et al; 2002)

“As in earlier years, parents and other adults fretted over children who they believed were maturing too rapidly, as adolescents began manifesting independent behaviors. Even before the baby boomers entered their teen years, social scientists, educators, and government officials were reaching a near-panic state over premarital pregnancy and juvenile delinquency (in 1950s). The rock-and-roll generation signified a type of rebellion that often included antisocial behavior that in turn garnered heavy media attention. Newspapers eagerly publicized gang wars and other sensational cases of juvenile crime, and police departments created juvenile units to deal with a presumed teenage crime wave. While many of the postwar trends in adolescence, by the late 1960s and early 1970s new attitudes about gender equality and birth control, stimulated in part by increased access to automobiles and generally higher material well-
being, helped fashion new sexual values among adolescents. Increasingly, peer groups in high schools and colleges replaced dating with informal, mixed-gender "going out" and "parties." In addition, looser attitudes toward marriage, and greater acceptance (among adults as well as youths) of non-marital sex, arose among adolescents and heightened concern over society's ability to control adolescents' sexual behavior." (Shirtcliff; 2005)

"In the 1960s a well-publicized and vocal minority of youths began to infuse adolescence with a new brand of political consciousness that seemed to widen the "generation gap." Much of the youth activism flourished on college campuses but enough of it filtered down to high schools those educators and other public authorities faced challenges they had not previously encountered. The alienation of adolescents from society—as well as, in adolescent minds, the alienation of society from adolescents—seemed to intensify rather than abate. The increase in single-(and no-) parent households and the high number of families with two parents employed and out of the home for most of the day all further elevated the power of adolescent peer associations. Juvenile crime continued to capture attention, as surveys in the 1980s. To the frustration of public officials, crime-prevention programs ranging from incarceration to aversion to job placement and counseling failed to stem teen violence and recidivism. As identity politics pervaded adult society, youths also sought havens within groups that expressed themselves through some behavioral or visual (although only occasionally ideological) manner." (http://www.princeton.edu/ota/disk1/1991/9102_n.html)

Adolescence as a Universal Concept

"At the beginning of the twenty-first century, multiple models of adolescence brought into question whether or not the historical concept had as much uniformity as some twentieth-century experts implied it had. Certainly almost all adolescents, regardless of race or class, undergo similar biological changes, though characteristics such as the age of menarche have shifted over time. But the social and psychological parameters appeared to have become increasingly complex and diverse. Although the most common images of adolescents set
them inside the youth-oriented consumer culture of clothes, music, and movies, the darker side of growing up had captured increasing attention. Poverty, sexual abuse, substance abuse, learning disabilities, depression, eating disorders, and violence had come to characterize youthful experiences as much as the qualities of fun-and freedom-seeking depicted by the media and marketers. Almost all adolescents confront similar psychological challenges of stress and anxiety, but the processes involved in growing up display complexities that confound attempts to characterize them. The trend of young people assuming adult sexual, family, social, and economic behavior—and their attendant problems—blurred many of the qualities that previously gave adolescence its distinctiveness.” (http://www.princeton.edu/ota/disk1/1991/9103_n.html)

“Man is an animal that develops constantly. And in the process of his development he passes through a succession of well defined stages. Having passed through these four stages a common or normal and erring individual becomes a mature and developed adult. Although there is some slight difference of opinion regarding the various stages of development, the majority of thinkers are in favor of dividing development into the following four stages: infancy, childhood, adolescence and adulthood. Infancy continues from birth to about five years of age, childhood from five to twelve years of age, adolescence from twelve to eighteen years of age, while the rest of one’s life is adulthood. Normally, and generally psychologists believe that the development of the individual in every respect is complete by the time he attains the age of twenty. In this opinion, before adolescence till the child attains twelve years of age, it has achieved a pseudo maturity. Following this, the recollection of infancy and childhood takes the place in adolescence and adult life. It is the opinion of modern psychologists that rapid development in the child takes place especially in two distinct periods, the first being during the infancy at the age of two and then later on between 10 and 12. Now, the various stages of human development will be considered from the viewpoint of biological or psychological development.” It should be remembered in this connection that although every individual passes through these four stages of development the age in which these stages arrive is not the same in every case. In the case of
girls, each one of these stages of development arrives every two years earlier than in the case of boys. Nevertheless, the bodily development that takes place during these various stages can be seen to hold true in a very wide majority of cases. (Chaudhary, et al.; 2008)

"Adolescence is the time of life from onset of puberty to full adulthood. The exact period of adolescence, which varies from person to person, falls approximately between the ages 12 and 20 and encompasses both physiological and psychological changes. Physiological changes lead to sexual maturity and usually occur during the first several years of the period. This process of physical changes is known as puberty, and it generally takes place in girls between the ages of 8 and 14, and boys between the ages of 9 and 16. In puberty, the pituitary gland increases its production of gonadotropins, which in turn stimulate the production of predominantly estrogen in girls, and predominantly testosterone in boys. Estrogen and testosterone are responsible for breast development, hair growth on the face and body, and deepening voice. These physical changes signal a range of psychological changes, which manifest themselves throughout adolescence, varying significantly from person to person and from one culture to another. Psychological changes generally include questioning of identity and achievement of an appropriate sex role; movement toward personal independence; and social changes in which, for a time, the most important factor is peer group relations." Adolescence in Western societies tends to be a period of rebellion against adult authority figures, often parents or school officials, in the search for personal identity." Many regard adolescence as a byproduct of social pressures specific to given societies, not as a unique period of biological turmoil. In fact, the classification of a period of life as "adolescence" is a relatively recent development in many western societies, and that is not recognized as a distinct phase of life in many other cultures. (http://www.cpc.unc.edu/addhealth; 2006)

"In psychoanalysis, adolescence is a developmental stage, a key moment during which three transformations occur: the disengagement from parental ties that have been interiorized since infancy; the sexual impulse discovering object love
under the primacy of genital and orgasmic organizations; and identification, the
impetus for topographic readjustment and the affirmation of identity and
subjectivity. These transformations begin with the onset of adolescence,
concluding when infantile sexual activity has reached its final form.
Adolescence is, therefore, a completion of the process of ego maturation. It is
characterized by the conflict that these transformations bring about and the
ensuing crisis resulting from the wish for adult sexual activity and the fear of
giving up infantile pleasure. There is little discussion of the concept of
adolescence in Freud's own writing. However, the term "puberty" is frequently
found."(Flay; 2005)

Adolescence in Freud and in subsequent psychoanalytic thought is often
presented as an infantile screen-memory, that is, as the formation of a
compromise between the repressed elements of infantile sexuality and the
defenses typical of adolescence, it is also, through the theory of deferred action,
an opportunity for new psychic activity, a kind of rebirth in which the past can
only be understood in light of the present. Human history is understood in terms
of its past, but its past is illuminated in terms of its present, and, in the case of
adolescence, in terms of the traumatic present. “In fact, psychoanalysts have
always had, whether manifestly or latently, a bipolar idea of adolescence. First,
as the occasion of two instinctual currents through which the adolescent,
burdened by the re-emergence of infantile impulses on the one hand and the
discovery of orgasm (arising in adolescence) on the other, must confront
Oedipal conflicts, the now realizable threat of incest, and the parricidal and
matricidal feelings as condensations in fantasy of the aggression associated
with all growth: growing up is by nature an aggressive act. Second, as an
expression of the bipolarity of the ties between impulse and defense between
identification and identity between object libido and narcissistic libido and
between the puberty, which reflects the powerful sensual current that no longer
recognizes its goals, and adolescence, which reflects the category of the ideal.
This leads contemporary psychoanalysts to consider that the capacity of the
psychic apparatus to perform the work of binding can be seen as a fundamental
indicator of the fact that the process of adolescence has been harmoniously
completed. Dreams and action represent the creative activities of this capacity whereas unbinding is the source of serious psychic pathology. The enigmatic discrepancy between the bipolarity of the impulse and the transformational object constantly underlies the analysis of transference and counter-transference during adolescence. There are other theorizations as well: Adolescence as a crisis or breakdown as an impasse in the process of development, that is, in the integration of the sexualized body into the psychic apparatus.”

(Botvin, et al; 1992)

“Although it is no longer psychoanalytically possible to consider adolescence in terms of a traditional genetic psychoanalytic psychology, that is, as the final stage of development that makes it possible to access an adult stage, it is still difficult to provide a comprehensive interpretation centered on any given aspect of adolescence. The psychic impact of puberty determines the remodeling of identification, the expression of fantasies, self and object representations. The psychic impacts of the social and the cultural determine the alterations of these same intra-psychic elements, as well as presenting psychoanalysts with the problem of addressing the contradiction between a focus on external objects versus a focus on internal objects. From the point of view of psychoanalytic practice, the attention given to mental functioning, and to affects in particular, enables psychoanalysts to understand many of the disturbances found in adolescence in a way that broadens and extends the notion of crisis or the process of individuation, as well as their relationship to anxiety and, especially, depression. The concepts of "depressive threat" and "self-sabotage" help describe, clinically and theoretically, the process of change specific to the adolescent, whose pathology reveals the failures and avatars that are so magnificently exemplified in our culture through the heroic figures.”

(Tuttle, et al; 2005)

“The adolescence is best known for sexual development. The sex organs develop remarkably and there is as if onslaught impulse. The adolescence is split up for psychological studies in two parts – early adolescence and late adolescence. Early adolescence literally means rapidity in maturation. This
adolescence is a stepping stone to adulthood. This is a crucial period marked by quick changes in physical and emotional development. There are so many problems to be faced at this stage. It is a stage of twilight. The young man fools himself at cross-roads with nobody to guide him. There is a welling of feeling which he cannot easily express. In late adolescence things get settled down and there is relative stability. The technique of attacking problems is now perfected.” The period of physical and psychological development from the onset of puberty to maturity is called as adolescence. Adolescence is a transitional period of development between youth and maturity. (Arnett; 2000)

“Adolescence, the period between childhood and adulthood, begins after secondary sexual characteristics (e.g. pubic hair) appear and continues until sexual maturity is complete. It is a period during which bones are still growing and there is a high risk of skeletal injuries. Rapid physical changes are accompanied by important psychological changes relating particularly to the way the adolescent perceives himself or herself. This can be a turbulent time. The one who work with adolescents must be very sensitive to both the physical and the psychological changes taking place during this period. It is unwise for adolescents to take part in exercises which put undue strain on the growth regions of their bones. This is one reason why they are usually excluded from taking part in long-distance running events, such as marathons. It is not unusual for an adolescent to add more than 5 kg in body weight and to grow 10 cm in height in one year. Such rapid growth requires good nutrition. Active adolescent boys may need up to 4000 Calories a day, about twice the normal adult requirement. The protein, vitamin, and mineral requirements of adolescents of both sexes are also higher than for adults. Adequate calcium intake is especially important during adolescence to maximize bone density and reduce the risk of osteoporosis in later life. Eating habits acquired during adolescence are often retained for life. Therefore, adolescents should be encouraged to eat a well balanced diet and not to skip meals.” (http://www.answers.com/topic/adolescence#ixzz1hKa8SY3M)
Adolescence is the period of transition from childhood to adulthood. Although sometimes described as beginning in parallel with fertility or puberty and ending with maturity and independence, adolescence has a very variable and imprecise duration. The onset of adolescence cannot be pinpointed in physiological terms, although it is influenced by the same sex hormones and refers to the same general period as physical sexual development. It represents a complex and sometimes disturbing psychological transition, accompanying the requirement for the accepted social behaviour of the particular adult culture.

“Adolescence is a period of life from puberty to adulthood (roughly ages 12 – 20) characterized by marked physiological changes, development of sexual feelings, efforts toward the construction of identity, and a progression from concrete to abstract thought. Adolescence is sometimes viewed as a transitional state, during which youths begin to separate themselves from their parents but still lack a clearly defined role in society. It is generally regarded as an emotionally intense and often stressful period.”(Lasli; 2001)

“The biological transition of adolescence, or puberty, is perhaps the most observable sign that adolescence has begun. Technically, puberty refers to the period during which an individual becomes capable of sexual reproduction. More broadly speaking, however, puberty is used as a collective term to refer to all the physical changes that occur in the growing girl or boy as the individual passes from childhood into adulthood. The timing of physical maturation varies widely. In the United States, menarche (onset of menstruation) typically occurs around age 12, although some youngsters start puberty when they are only eight or nine, others when they are well into their teens. The duration of puberty also varies greatly: 18 months to six years in girls and two to five years in boys.” (http://www.answers.com/topic/adolescence#ixzz1hKZyDfXh )

“The physical changes of puberty are triggered by hormones, chemical substances in the body that act on specific organs and tissues. In boys a major change incurred during puberty is the increased production of testosterone, a male sex hormone, while girls experience increased production of the female hormone estrogen. In both sexes, a rise in growth hormone produces the
adolescent growth spurt, the pronounced increase in height and weight that marks the first half of puberty. Perhaps the most dramatic changes of puberty involve sexuality. Internally, through the development of primary sexual characteristics, adolescents become capable of sexual reproduction. Externally, as secondary sexual characteristics appear, girls and boys begin to look like mature women and men. In boys primary and secondary sexual characteristics usually emerge in a predictable order, with rapid growth of the testes and scrotum, accompanied by the appearance of pubic hair. About a year later, when the growth spurt begins, the penis also grows larger, and pubic hair becomes coarser, thicker, and darker. Later, the growth of facial and body hair, and a gradual lowering of the voice will be seen. Around mid-adolescence internal changes begin making a boy capable of producing and ejaculating sperm. In girls, sexual characteristics develop in a less regular sequence. Usually, the first sign of puberty is a slight elevation of the breasts, but sometimes this is preceded by the appearance of pubic hair. Pubic hair changes from sparse and downy to denser and coarser. Concurrent with these changes is further breast development. In teenage girls, internal sexual changes include maturation of the uterus, vagina, and other parts of the reproductive system. Menarche, the first menstrual period, happens relatively late in puberty. Regular ovulation and the ability to carry a baby to full term usually follow menarche by several years.” (Albert, et al; 2007)

“A fundamental element of the passage through adolescence is a cognitive transition. Compared to children, adolescents think in ways that are more advanced, more efficient, and generally more complex. This is evident in five distinct areas of cognition. First, during adolescence individuals become better able than children to think about what is possible, instead of limiting their thought to what is real. Whereas children’s thinking is oriented to the here and now (i.e., to things and events that they can observe directly), adolescents are able to consider what they observe against a backdrop of what is possible—they can think hypothetically. Second, during the passage into adolescence, individuals become better able to think about abstract ideas. For example, adolescents find it easier than children to comprehend the sorts of higher-order,
abstract logic inherent in puns, proverbs, metaphors, and analogies. The adolescent's greater facility with abstract thinking also permits the application of advanced reasoning and logical processes to social and ideological matters. This is clearly seen in the adolescent's increased facility and interest in thinking about interpersonal relationships, politics, philosophy, religion, and morality—topics that involve such abstract concepts as friendship, faith, democracy, fairness, and honesty. Third, during adolescence individuals begin thinking more often about the process of thinking itself, or meta-cognition. As a result, adolescents may display increased introspection and self-consciousness. Although improvements in meta-cognitive abilities provide important intellectual advantages, one potentially negative byproduct of these advances is the tendency for adolescents to develop a sort of egocentrism, or intense preoccupation with the self. Acute adolescent egocentrism sometimes leads teenagers to believe that others are constantly watching and evaluating them. Psychologists refer to this as the imaginary audience. A fourth change in cognition is that thinking tends to become multidimensional, rather than limited to a single issue. Whereas children tend to think about things one aspect at a time, adolescents describe themselves and others in more differentiated and complicated terms and find it easier to look at problems from multiple perspectives. Being able to understand that people's personalities are not one-sided, or that social situations can have different interpretations, depending on one's point of view, permits the adolescent to have far more sophisticated and complicated relationships with other people. Finally, adolescents are more likely than children to see things as relative, rather than absolute. They are more likely to question others' assertions and less likely to accept "facts" as absolute truths. This increase in relativism can be particularly exasperating to parents, who may feel that their adolescent children question everything just for the sake of argument.” (Atar, et al; 2007)

“Adolescence is also a period of emotional transition, marked by changes in the way individuals view themselves and in their capacity to function independently. As adolescents mature intellectually and undergo cognitive changes, they come to perceive themselves in more sophisticated and
differentiated ways. Compared with children, who tend to describe themselves in relatively simple, concrete terms, adolescents are more likely to employ complex, abstract, and psychological self-characterizations. As individuals' self-conceptions become more abstract and as they become more able to see themselves in psychological terms, they become more interested in understanding their own personalities and why they behave the way they do. For most adolescents, establishing a sense of autonomy, or independence, is as important a part of the emotional transition out of childhood as is establishing a sense of identity. During adolescence, there is a movement away from the dependency typical of childhood toward the autonomy typical of adulthood. For example, older adolescents do not generally rush to their parents whenever they are upset, worried, or in need of assistance. They do not see their parents as all-knowing or all-powerful, and often have a great deal of emotional energy wrapped up in relationships outside the family. In addition, older adolescents are able to see and interact with their parents as people, not just as their parents. Many parents find, for example, that they can confide in their adolescent children, something that was not possible when their children were younger, or that their adolescent children can easily sympathize with them when they have had a hard day at work. Being independent, however, means more than merely feeling independent. It also means being able to make decisions and to select a sensible course of action. This is an especially important capability in contemporary society, where many adolescents are forced to become independent decision makers at an early age. In general, researchers find that decision-making abilities improve over the course of the adolescent years, with gains continuing well into the later years of high school. 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 peers' opinions when it comes to short-term, day-to-day, and 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. Susceptibility to the influence of parents and peers changes during adolescence. In general, during childhood, boys and girls are highly oriented toward their parents and less so toward their peers; peer pressure during the early elementary school years is not especially strong. As they approach adolescence, however, children become somewhat less oriented toward their parents and more oriented toward their peers, and peer pressure begins to escalate. During early adolescence, conformity to parents continues to decline and conformity to peers and peer pressure continues to rise. It is not until middle adolescence that genuine behavioral independence emerges, when conformity to parents as well as peers declines.”

(http://www.jstor.org/stable/1127100)

“Accompanying the biological, cognitive, and emotional transitions of adolescence are important changes in the adolescent's social relationships. Developmentalists have spent considerable time charting the changes that take place with friends and with family members as the individual moves through the adolescent years. One of the most noteworthy aspects of the social transition into adolescence is the increase in the amount of time individuals spend with their peers. Although relations with age-mates exist well before adolescence, during the teenage years they change in significance and structure. For example, there is a sharp increase during adolescence in the sheer amount of time individuals spend with their peers and in the relative time they spend in the company of peers versus adults. Second, during adolescence, peer groups function much more often without adult supervision than they do during childhood, and more often involve friends of the opposite sex. Finally, whereas children's peer relationships are limited mainly to pairs of friends and relatively small groups—three or four children at a time, for example—adolescence marks the emergence of larger groups of peers, or crowds. Crowds are large collectives of similarly stereotyped individuals who may or may not spend much time together. In contrast to cliques, crowds are not settings for adolescents' intimate interactions or friendships, but instead serve to locate the adolescent (to himself and to others) within the social structure of the school. As well, the crowds themselves tend to form a sort of social hierarchy or map
of the school, and different crowds are seen as having different degrees of status or importance. The importance of peers during early adolescence coincides with changes in individuals' needs for intimacy. As children begin to share secrets with their friends, loyalty and commitment develop. During adolescence, the search for intimacy intensifies, and self-disclosure between best friends becomes an important pastime. Teenagers, especially girls, spend a good deal of time discussing their innermost thoughts and feelings, trying to understand one another. The discovery that they tend to think and feel the same as someone else becomes another important basis of friendship. One of the most important social transitions that takes place in adolescence concerns the emergence of sexual and romantic relationships. In contemporary society, most young people begin dating sometime during early adolescence. Dating during adolescence can mean a variety of different things, from group activities that bring males and females together (without much actual contact between the sexes); to group dates, in which a group of boys and girls go out jointly (and spend part of the time as couples and part of the time in large groups); to casual dating as couples; and to serious involvement with a steady boyfriend or girlfriend.”(Kristinin; 2009)

Scholars and adults in general have pondered for centuries the mysterious processes that influence the ways in which children gradually become adults. The word adolescence, which came into English in the 15th century, has a Latin origin, and Aristotle was an early observer who recognized adolescence as a distinct phase of life. The study of adolescence matured as a scientific endeavor during the latter half of the 20th century, and it has emerged as a distinctly interdisciplinary field of inquiry. Scholars of human development, pediatrics, psychology, sociology, anthropology, psychiatry, molecular biology, endocrinology, neuroscience, and many other fields have focused on adolescence and produced a wide range of findings. At the same time, policy makers, educators, community health specialists, and others concerned with the life challenges facing adolescents have looked for ways to use scientific findings to better serve young people and their families. The development of professional organizations and journals devoted to adolescence, as well as
increasing appreciation in academia and the world of policy for the importance of this phase of life, have helped this field catch up with the pace of research on other stages of human development.

“The age range that constitutes adolescence is a subject of some disagreement. No firm definition of adolescence was used, though the question of when it begins and ends was raised by many as worthy of particularly, infancy and early childhood. Over the past 30 years, the study of adolescence has exploded with breakthroughs that have pushed thinking about interactions among the complex systems that affect adolescents—from the endocrine system to the social peer group—forward at a dizzying pace. Researchers and practitioners are now exploring important connections among these complex systems, examining the impacts of different social environments on the development of biological systems and psychological processes. Similarly, scientists are studying the relationships between certain biological factors and the motivations, impulses, and social behaviors of young people. The diversity of specialized fields and theoretical frameworks that have emerged in these studies has generated interest in the development of an integrated overview to provide more cohesion within the field and also to improve understanding of the implications of findings. But, despite past calls for interdisciplinary research, the creation of a comprehensive synthesis of research that draws on very different intellectual traditions has remained persistently elusive.” (Millstein, et al. 1999)

“In the past, there was the controversy among the psychologists, to what is more crucial in the development – maturity or learning. Some opted for maturity and the other regarding learning to be the crucial factor. Now it is settled beyond doubt that there is an interaction between the two. It is also proved that in the absence of certain level of maturity there can be no learning. The interaction between maturity and learning can be seen in these ways. It tells us about individual differences. It tells us why some individuals cannot learn beyond a certain point. Thirdly, we know what age is most appropriate for a particular type of learning. Educational psychologists have made special investigation in this regard.” Upon the basis of these studies, individual differences have been noted. No two persons are equal and same. Individuals,
therefore differ in terms of their reactions. A situation which may be ridiculous for some may be serious for others. Briefly, people differ in their level of maturity and learning and they therefore behave in different ways. (Neff; 2003)

Theories of development:

"Three structures of personality- Id, Ego and Superego. The Id consists of instincts, which are an individual’s reservoir of psychic energy. The Ego, which deals with the demands of reality. The superego is the moral branch of personality." (http://www.learningpeace.com/pages/LP_07.htm)

“Human beings progress through different stages of development over the course of the life span. In each stage, a unique developmental task confronts the individual with a crisis that must be faced. Adolescence stage is not a catastrophe but a turning point of increased vulnerability and enhanced potential. The more successfully an individual resolves the crisis, the healthier that person’s development will be. The proper solution to a stage crisis need not be completely positive. Exposure to the negative side of a stage is sometimes inevitable.” (www.unfoundation.org)

“Individuals actively construct their understanding of the world as they go through four stages of cognitive development. The sensor motor stage lasts from birth to about two years. In this stage infants construct an understanding of the world by coordinating sensory experiences with physical, motoric actions—hence the term sensor motor. The preoperational stage, which lasts approximately from two to seven years of age, is the second stage. In this stage, children begin to represent the world with world’s images and drawings. The concrete operational stage, which lasts from approximately 7 to 11 years of age, is the third stage. In this stage, children can perform operations and logical reasoning replaces intuitive thought as long as reasoning can be applied to specific or concrete examples. The formal operational stage, which occurs between the age of 11 to 15, is the fourth and final stage. In this stage, individuals move beyond concrete experiences and think in abstract and more logical terms” (en.wikipedia.org/wiki/Adolescence)
"One of the most important concepts is the zone of proximal development (ZPD), which refers to the range of tasks that are difficult for an individual to master alone. But that can be mastered with the guidance and assistance of adults or more skilled peers. Thus, the level of problem solving has reached by an adolescent working independently. Adolescence is that period in our lives which roughly spans the ages of 12 to 20 years. It is one of the most fascinating periods of human life that marks the transition from being a dependent child to becoming an independently functioning adult. It is a time of considerable changes in virtually all aspects of our functioning: changes in physical stature, physical and endocrine changes, changes in our patterns of thinking in our attitude and ideals, our relationships, our moral standards, and our abilities regarding our future careers. It is a time of acquiring new skills, attaining mastery over our environment, learning to handle new responsibilities and gaining control over our emotions and thoughts. It prepares us to become adults and to face adult life with confidence in our abilities. Onset of puberty varies from boys to girls and even between boys themselves and girls. In girls the average age is around 12-13 years but may range from 10 years to 16 years. In boys this may usually occur 1 to 2 years later than with girls."

(www.unfoundation.org)

"Adolescents will experience moments of doubt, anxiety, sadness, anger and occasionally despair. These are emotions felt by all adolescents. They are the normal responses to the tremendous changes. If thus understand the various changes they are undergoing as well as the ones they are likely to encounter, it may help them to cope better and view this period as a challenge, rather than a problem. They may even enjoy it. The changes they will undergo as an adolescent, they are physical, psychological and endocronological changes."

(www.unfoundation.org)

"Development during adolescence is involving a series of transition from immaturity into maturity. Some of these passages are long and some are short; some are smooth and others are rough. And not occur at the same time. Social
scientists who study adolescence usually differentiate among early adolescence, which covers the period from about age 10 through age 13; middle adolescence, from about age 14 through age 18; and late adolescence from about age 19 through age 22. These divisions correspond to the way in which many society’s group young people in educational institutions.” (www.unfoundation.org)

“The sequences of physical changes at adolescence (secondary sex characteristics): Boys experience growth of testes, scrotal sac, growth of pubic hair, body growth, and growth of penis, changes in voices, facial and underarm hair, oil and sweat producing glands, acne. Other internal changes occur that are important elements of sexual maturation. At the time that the penis develops, the seminal vesicles, the prostate and Bilbo-urethral glands also enlarge and develop. The first ejaculation of seminal fluid generally occurs about one year after the beginning of accelerated penis growth, although this is often determined culturally, rather than biologically, since for many boys first ejaculation occurs as a result of masturbation. During pubertal changes in boys they are generally fertile before they have developed an adult like appearance. Girls experience growth of breast, growth of pubic hair, body growth, menarche, underarm hair, oil and sweat producing glands, acne. Puberty brings important internal changes for adult girl that are associated with the development of reproductive capacity. These changes involve the development and growth of the uterus, vagina and other aspects of the reproductive system. Generally, full reproductive function does not occur until several years after menarche and regular ovulation.” Differences in timing and rate of puberty among individuals growing up in the same general environment result chiefly, but not exclusively, from genetic factors. In this respect, the timing and rate pubertal maturation are the product of an interaction between nature and nurture, between one’s genetic makeup and the environment conditions under which one has developed. By far the two most important environmental influences on pubertal maturation are nutrition and health. Puberty occurs earlier among individuals who are better nourished and chronic illness during childhood is also associated with delayed puberty along with nutritional deficiency. (www.unfoundation.org)
Social as well as physical factors in the environment influence the onset of maturation especially among girls. For example, the puberty may occur somewhat earlier among girls who have grown up in less cohesive family environment. Stress, in turn may affect hormonal secretions in adolescent. A great deal of stress, however, is likely to slow maturation. The puberty maturation may differ from region to region and may also be influenced by the family economic condition.

"The process of rapid physical changes in adolescence is called puberty. It starts gradually, from around eleven years for girls and thirteen for boys. The age at which puberty starts has been dropping in most countries, probably due to better nutrition. So, your children may hit puberty earlier than you did. The hormone changes responsible actually begin some years earlier and may produce periods of moodiness and restlessness. Girls start these changes before boys and will, for the first three or four years, appear to be maturing much faster. After this, boys catch up. These changes include: menstrual periods, growth of under-arm, body and pubic hair (for girls) and voice breaks (becomes deeper), growth of body and pubic hair, facial hair, erections and wet dreams (for boys). By the age of 17, they'll be young men and women who may be bigger than their parents and capable of having children themselves. It is not surprising that, with the speed of these changes, some adolescents become very concerned about their appearance. They may need a lot of reassurance, especially if they are not growing or maturing as quickly as their friends. They and their parents may worry less if they remember that there's a lot of difference in the ages at which these changes occur. Growth and development uses a lot of energy, and this may be why teenagers often seem to need so much sleep. Their getting-up late may be irritating, but it may well not be just laziness." (en.wikipedia.org/wiki/Adolescence)
Puberty is a period of several years in which rapid physical growth and psychological changes occur, culminating in sexual maturity. The average onset of puberty is at 10 or 11 for girls and age 12 or 13 for boys. Every person's individual timetable for puberty is influenced primarily by heredity, although environmental factors, such as diet and exercise, also exert some influence. These factors can also contribute to precocious and delayed puberty. Some of the most significant parts of pubertal development involve distinctive physiological changes in individuals' height, weight, body composition, and circulatory and respiratory systems. These changes are largely influenced by hormonal activity. Hormones play an organizational role, priming the body to behave in a certain way once puberty begins, and an activational role, referring to changes in hormones during adolescence that trigger behavioral and physical changes. Puberty begins with a surge in hormone production, which in turn causes a number of physical changes. It is also the stage of life in which a child develops secondary sex characteristics (for example, a deeper voice and larger Adam's apple in boys, and development of breasts and more curved and prominent hips in girls) as his or her hormonal balance shifts strongly towards an adult state. This is triggered by the pituitary gland, which secretes a surge of hormonal agents into the bloodstream, initiating a chain reaction. The male and female gonads are subsequently activated, which puts them into a state of rapid growth and development; the triggered gonads now commence the mass production of the necessary chemicals. The testes primarily release testosterone, and the ovaries predominantly dispense estrogen. The production of these hormones increases gradually until sexual maturation is met. Some boys may develop gynecomastia due to an imbalance of sex hormones, tissue responsiveness or obesity. Facial hair in males normally appears in a specific order during puberty: The first facial hair to appear tends to grow at the corners of the upper lip, typically between 14 to 16 years of age. It then spreads to form a moustache over the entire upper lip. This is followed by the appearance of hair on the upper part of the cheeks, and the area under the lower lip. The hair eventually spreads to the sides and lower border of the chin, and the rest of the lower face to form a full beard.” As with most human biological processes, this specific order may vary among some individuals. Facial hair is often present in late adolescence, around ages 17 and 18, but may not appear until significantly
later. Some men do not develop full facial hair for 10 years after puberty. Facial hair will continue to get coarser, darker and thicker for another 2–4 years after puberty. (en.wikipedia.org/wiki/Adolescence)

"The chief changes of the biological changes of adolescence— which together are referred to as puberty— involve changes in the young person’s physical appearance and the attainment of reproductive capability. The simultaneous release of growth hormone, thyroid hormones and androgens stimulates rapid acceleration in height and weight—adolescent growth spurt. The spurt in height during adolescence is accompanied by an increase in weight, which results from an increase in both muscle and fat. The rapid increase in body fat that occurs among females in early adolescence frequently prompts young girls to become overly concerned about their weight— even when it is in normal range. This fear may lead to develop eating disorder like Anorexia Nervosa. Young adolescents often appear to be out of proportion physically— as though their noses or legs were growing faster than the rest of them. It’s not an optical illusion. The parts of the body do not all grow at the same rate/ at the same time during puberty. This synchronicity in growth can lead to an appearance of awkwardness in the young adolescent.” (en.wikipedia.org/wiki/Adolescence)

"The major landmark of puberty for males is the first ejaculation, which occurs, on average, at age 13. For females, it is menarche, the onset of menstruation, which occurs, on average, between ages 12 and 13. The age of menarche is influenced by heredity, but a girl's diet and lifestyle contribute as well. Regardless of genes, a girl must have certain proportion of body fat to attain menarche. Consequently, girls who have a high-fat diet and who are not physically active begin menstruating earlier, on average, than girls whose diet contains less fat and whose activities involve fat reducing exercise. Girls who experience malnutrition or are in societies in which children are expected to perform physical labor also begin menstruating at later ages. The timing of puberty can have important psychological and social consequences. Early maturing boys are usually taller and stronger than their friends. They have the advantage in capturing the attention of potential partners and in becoming hand-
picked for sports. Pubescent boys often tend to have a good body image, are more confident, secure, and more independent. Late maturing boys can be less confident because of poor body image when comparing themselves to already developed friends and peers. However, early puberty is not always positive for boys; early sexual maturation in boys can be accompanied by increased aggressiveness due to the surge of hormones that affect them. Because they appear older than their peers, pubescent boys may face increased social pressure to conform to adult norms; society may view them as more emotionally advanced, despite the fact that their cognitive and social development may lag behind their appearance. Studies have shown that early maturing boys are more likely to be sexually active and are more likely to participate in risky behaviors. For girls early maturation can sometimes lead to increased self-consciousness, though a typical aspect in maturing females. Because of their bodies' developing in advance, pubescent girls can become more insecure. Consequently, girls that reach sexual maturation early are more likely than their peers to develop eating disorders. In addition, girls may have to deal with sexual advances from older boys before they are emotionally and mentally mature. In addition to having earlier sexual experiences and more unwanted pregnancies than late maturing girls, early maturing girls are more exposed to alcohol and drug abuse. Those who have had such experiences tend to perform less well in school than their inexperienced age peers.”

"The adolescent growth spurt is a rapid increase in individuals' height and weight during puberty resulting from the simultaneous release of growth hormones, thyroid hormones, and androgens. Males experience their growth spurt about two years later, on average, than females. During their peak height velocity (the time of most rapid growth), adolescents grow at a growth rate nearly identical to that of a toddler—about 4 inches (10.3 cm) a year for males and 3.5 inches (9 cm) for females. In addition to changes in height, adolescents also experience a significant increase in weight. The weight gained during adolescence constitutes nearly half of one's adult body weight. Teenage and early adult males may continue to gain natural muscle growth even after
puberty. The accelerated growth in different body parts happens at different times, but for all adolescents it has a fairly regular sequence. The first places to grow are the extremities—the head, hands, and feet—followed the arms and legs, then the torso and shoulders. This non-uniform growth is one reason why an adolescent body may seem to be out of proportion." During puberty, bones become harder and more brittle. At the conclusion of puberty, the ends of the long bones close during the process called epiphysis. There are ethnic differences in these skeletal changes: bone density increases significantly more among African-American than white adolescents, which might account for decreased likelihood of African-American women developing osteoporosis and having fewer bone fractures. (en.wikipedia.org/wiki/Adolescence)

"The significant physical changes during puberty happen in bodily distribution of fat and muscle. This process is different for females and males. Before puberty, there are nearly no sex differences in fat and muscle distribution; during puberty, boys grow muscle much faster than girls, although both sexes experience rapid muscle development. In contrast, though both sexes experience an increase in body fat, the increase much more significant for girls. Frequently, the increase in fat for girls happens in their years just before puberty. The ratio between muscle and fat among post-pubertal boys is around three to one, while for girls it is about five to four. This may help explain sex differences in athletic performance. Pubertal development also affects circulatory and respiratory systems as an adolescents' heart and lungs increase in both size and capacity. These changes lead to increased strength and tolerance for exercise. Sex differences are apparent as males tend to develop larger hearts and lungs, higher systolic blood pressure, a lower resting heart rate, a greater capacity for carrying oxygen to the blood, a greater power for neutralizing the chemical products of muscular exercise, higher blood hemoglobin and more red blood cells. It is important to note that, despite some genetic sex differences, environmental factors play a large role in biological changes during adolescence. (Nataraj; 1984)
"Primary sex characteristics are those directly related to the sex organs. In males, the first stages of puberty involve growth of the testes and scrotum, followed by growth of the penis. At the time that the penis develops, the seminal vesicles, the prostate, and the bilbo-urethral glands also enlarge and develop. The first ejaculation of seminal fluid generally occurs about one year after the beginning of accelerated penis growth, although this is often determined culturally rather than biologically, since for many boys first ejaculation occurs as a result of masturbation. Boys are generally fertile before they have an adult appearance. In females, changes in the primary sex characteristics involve growth of the uterus, vagina, and other aspects of the reproductive system. Menarche, the beginning of menstruation, is a relatively late development which follows a long series of hormonal changes. Generally, a girl is not fully fertile until several years after menarche, as regular ovulation follows menarche by about two years. Unlike males, therefore, females usually appear physically mature before they are capable of becoming pregnant. Changes in secondary sex characteristics include every change that is not directly related to sexual reproduction. In males, these changes involve appearance of pubic, facial, and body hair, deepening of the voice, roughening of the skin around the upper arms and thighs, and increased development of the sweat glands. In females, secondary sex changes involve elevation of the breast, widening of the hips, development of pubic and underarm hair, widening of the areolae, and elevation of the nipples.” (en.wikipedia.org/wiki/Adolescence)

“As well as growing taller, starting to shave or having periods, people of this age start to think and feel differently. They make close relationships outside the family, with friends of their own age. Relationships within the family also change. Parents become less important in their children's eyes as their life outside the family develops. Real disagreements emerge for the first time as young people develop views of their own that are often not shared by their parents. As everybody knows, adolescents spend a lot of time in each other's company, or on the telephone to each other. Although this can be irritating to parents, it is an important way of becoming more independent. These friendships are part of learning how to get on with other people and gaining a
sense of identity that is distinct from that of the family. Clothes and appearance are a way of expressing solidarity with friends, although teenage children are still more likely to get their values from the family. Parents often feel rejected, and in a sense they are. But this is often necessary for young people to develop their own identity. Even if you have rows and arguments, your children will usually think a lot of you. The rejections and conflicts are often not to do with your personalities, but simply with the fact that you are parents, from whom your children must become independent if they are to have their own life. As they become more independent, young people want to try out new things, but often recognize that they have little experience to fall back on when things get difficult. This may produce rapid changes in self-confidence and behaviour - feeling very adult one minute, very young and inexperienced the next. Being upset, feeling ill or lacking confidence can make them feel vulnerable. They may show this with sulky behaviour rather than obvious distress. Parents have to be pretty flexible to deal with all this, and may feel under considerable strain themselves. Adolescence is the time when people first start in earnest to learn about the world and to find their place in it. This involves trying out new experiences, some of which may be risky or even dangerous. Young people can crave excitement in a way that most adults find difficult to understand - and exciting activities may be dangerous. Fortunately, most people manage to find their excitement in music, sport, or other activities that involve a lot of energy but little real physical risk. When they do experiment - with drink or drugs or smoking - it is usually with friends. If a young person does this alone, they are in much greater danger. Warnings from older adolescents will usually be taken more seriously than those from parents. In adolescence the individual is so transformed that he wears a new unrecognized look. Mental changes in this period of life find their best expression in the work of poets as they depict the mental states of young men and women. In adolescence, the individual’s nervous system becomes stronger with the result that his mental activities show greater tenacity and system. Ability to think, to solve problems, to differentiate and evaluate are some of the more prominent characteristics and abilities that he exhibits.” (Learner, et al; 2004)
The human brain is not fully developed by the time a person reaches puberty. Between the ages of 10 and 25, the brain undergoes changes that have important implications for behavior. The brain reaches 90% of its adult size by the time a person is six years of age. Thus, the brain does not grow in size much during adolescence. However, the creases in the brain continue to become more complex until the late teens. The biggest changes in the folds of the brain during this time occur in the parts of the cortex that process cognitive and emotional information. Over the course of adolescence, the amount of white matter in the brain increases linearly, while the amount of grey matter in the brain follows an inverted-U pattern. Through a process called synaptic pruning, unnecessary neuronal connections in the brain are eliminated and the amount of grey matter is pared down. However, this does not mean that the brain loses functionality; rather, it becomes more efficient due to increased myelination (insulation of axons) and the reduction of unused pathways. The first areas of the brain to be pruned are those involving primary functions, such as motor and sensory areas. The areas of the brain involved in more complex processes lose matter later in development. These include the lateral and prefrontal cortices, among other regions. Some of the most developmentally significant changes in the brain occur in the prefrontal cortex, which is involved in decision-making and cognitive control, as well as other higher cognitive functions. During adolescence, myelination and synaptic pruning in the prefrontal cortex increases, improving the efficiency of information processing, and neural connections between the prefrontal cortex and other regions of the brain are strengthened. This leads to better evaluation of risks and rewards, as well as improved control over impulses. Specifically, developments in the dorsolateral prefrontal cortex are important for controlling impulses and planning ahead, while development in the ventromedial prefrontal cortex is important for decision making. Changes in the orbitofrontal cortex are important for evaluating rewards and risks. Two neurotransmitters that play important roles in adolescent brain development are glutamate and dopamine. Glutamate is an excitatory neurotransmitter. During the synaptic pruning that occurs during adolescence, most of the neural connections that are pruned contain receptors for glutamate or other excitatory neurotransmitters. Because of this, by early adulthood the synaptic balance in the brain is more inhibitory than excitatory.
Dopamine is associated with pleasure and attuning to the environment during decision-making. During adolescence, dopamine levels in the limbic system increase and input of dopamine to the prefrontal cortex increases. The balance of excitatory to inhibitory neurotransmitters and increased dopamine activity in adolescence may have implications for adolescent risk-taking and vulnerability to boredom. Development in the limbic system plays an important role in determining rewards and punishments and processing emotional experience and social information. Changes in the levels of the neurotransmitters dopamine and serotonin in the limbic system make adolescents more emotional and more responsive to rewards and stress. The corresponding increase in emotional variability also can increase adolescents’ vulnerability.”

(www.freepsychotherapybooks.org)

“Adolescence is also a time for rapid cognitive development. Adolescence is the stage of life in which the individual's thoughts start taking more of an abstract form and the egocentric thoughts decrease. This allows the individual to think and reason in a wider perspective. The development of executive functions, that is, cognitive skills that enable the control and coordination of thoughts and behaviour, which are generally associated with the prefrontal cortex. The thoughts, ideas and concepts developed at this period of life greatly influence one's future life, playing a major role in character and personality formation. Biological changes in brain structure and connectivity within the brain interact with increased experience, knowledge, and changing social demands to produce rapid cognitive growth. The age at which particular changes take place will vary between individuals, but the changes discussed below generally begin at puberty or shortly thereafter and some skills continue to develop as the adolescent ages”.

(www.psychologytoday.com/basics/adolescence)

“There are two perspectives on adolescent thinking. One is the constructivist view of cognitive development. Based on the work of Piaget, it takes a quantitative, state-theory approach, hypothesizing that adolescents’ cognitive improvement is relatively sudden and drastic. The second is the information-
processing perspective, which derives from the study of artificial intelligence and attempts to explain cognitive development in terms of the growth of specific components of the thinking process. By the time individuals have reached age 15 or so, their basic thinking abilities are comparable to those of adults. These improvements occur in following areas during adolescence: attention, memory, processing speed, hypothetical thinking and metacognition. Attention improvements are seen in selective attention, the process by which one focuses on one stimulus while tuning out another. Divided attention, the ability to pay attention to two or more stimuli at the same time, also improves. Memory improvements are seen in both working memory and long-term memory and processing speed improves sharply between age five and middle adolescence; it then begins to level off at age 15 and does not appear to change between late adolescence and adulthood. Adolescents are more aware of their own thought processes and can use different strategies to think more efficiently. Adolescents' thinking is less bound to concrete events than that of children: they can contemplate possibilities outside the realm of what currently exists. One manifestation of the adolescent's increased facility with thinking about possibilities is the improvement of skill in deductive reasoning, which leads to the development of hypothetical thinking. This provides the ability to plan ahead, see the future consequences of an action and to provide alternative explanations of events. It also makes adolescents more skilled debaters, as they can reason against a friend’s or parent’s assumptions. Adolescents also develop a more sophisticated understanding of probability. The appearance of more systematic, abstract thinking is another notable aspect of cognitive development during adolescence. For example, adolescents find it easier than children to comprehend the sorts of higher-order abstract logic inherent in puns, proverbs, metaphors, and analogies. Their increased facility permits them to appreciate the ways in which language can be used to convey multiple messages, such as satire, metaphor, and sarcasm. This also permits the application of advanced reasoning and logical processes to social and ideological matters such as interpersonal relationships, politics, philosophy, religion, morality, friendship, faith, democracy, fairness, and honesty. Gain in cognitive ability involves thinking about thinking itself, a process referred to as metacognition. It often involves monitoring one's own cognitive activity during the thinking process.
Adolescents' improvements in knowledge of their own thinking patterns lead to better self-control and more effective studying. It is also relevant in social cognition, resulting in increased introspection, self-consciousness, and intellectualization (in the sense of thought about one's own thoughts, rather than the Freudian definition as a defense mechanism). Adolescents are much better able than children to understand that people do not have complete control over their mental activity. Being able to introspect may lead to two forms of adolescent egocentrism, which results in two distinct problems in thinking: the imaginary audience and the personal fable. This is likely to be peak at age fifteen, along with self-consciousness in general. Related to metacognition and abstract thought, perspective-taking involves a more sophisticated theory of mind. Adolescents reach a stage of social perspective-taking in which they can understand how the thoughts or actions of one person can influence those of another person, even if they personally are not involved. Compared to children, adolescents are more likely to question others' assertions, and less likely to accept facts as absolute truths. Through experience outside the family circle, they learn that rules they were taught as absolute are in fact relativistic. They begin to differentiate between rules instituted out of common sense and those that are based on culturally-relative standards, a delineation that younger children do not make. This can lead to a period of questioning authority in all domains. Wisdom, or the capacity for insight and judgment that is developed through experience, increases between the ages of fourteen and twenty-five, then levels off. Thus, it is during the adolescence-adulthood transition that individuals acquire the type of wisdom that is associated with age. Wisdom is not the same as intelligence: adolescents do not improve substantially on IQ tests since their scores are relative to others in their same age group, and relative standing usually does not change—everyone matures at approximately the same rate. In light of the fact that most injuries sustained by adolescents are related to risky behavior (car crashes, alcohol, unprotected sex), much research has been done on adolescent risk-taking, particularly on whether and why adolescents are more likely to take risks than adults. Behavioral decision-making theory says that adolescents and adults both weigh the potential rewards and consequences of an action. However, research has shown that adolescents seem to give more weight to rewards, particularly social rewards,
than do adults. During adolescence, there is an extremely high emphasis on approval of peers as a reward due to adolescents' increased self-consciousness. There may be evolutionary benefits to an increased propensity for risk-taking in adolescence—without risk-taking, teenagers would not have the motivation or confidence necessary to make the change in society from childhood to adulthood. It may also have reproductive advantages: adolescents have a newfound priority in sexual attraction and dating, and risk-taking is required to impress potential mates.” (www.tandfonline.com/toc/hcap20/current)

“New ways of thinking also discover that understanding of events in environment improves and the ability to arrive at own conclusion to various situation develops. This may make them question things that were taught to them earlier by their elders, which they had accepted without questioning. This includes moral values, attitudes and religious beliefs, especially when they discover the injustice, corruption and hypocrisy in society. Their immediate reaction may be to reject everything they learnt as wrong.” It is probably wiser to examine these values and beliefs for oneself: to understand the relevance of these to your own life and accept the truth in them, even if people whom you once thought were perfect are not practicing what they taught.(www.nlm.nih.gov/medlineplus/ency/article/002003.htm)

“Although the body rapidly changes and grows into adult form, the emotional development takes longer to really become stable. This means that though their bodies are capable of fulfilling adult roles, these emotions may not be completely free from patterns and reactions seen when they were younger. The people around them including their parents may not realize this sometimes. (www.who.int/maternal_child_adolescent.../adolescence/.../index.htm)

“An understanding of adolescence begins with recognition that different sets of changes occur along separate trajectories during the second decade of life—and that changes in each arena affect developments in others. It is also important to note the significant individual differences in the ways that children experience these changes. Some aspects of puberty, such as the onset of biological changes,
begin at younger ages today than a century ago (at around age eight for girls and nine for boys): children grow in stature and begin to develop the physical characteristics of adults earlier; production of the hormones that control sexual development increases and leads to reproductive maturity at younger ages. In many traditional societies, the interval between attaining puberty and taking on adult roles (such as marriage and employment) was typically two to four years. More recently, this interval has stretched to an 8- to 15-year period, creating a prolonged period of dependency, and stretching out the acquisition of the skills and responsibilities of adulthood. Some of the workshop participants indicated that this lengthening of the transition period may be one of the most important sources of change in the adolescent period over the past 100 years. It has also stimulated the development of a new set of studies focused on the population of 18- to 25-year-olds, who are increasingly viewed as encountering a separate stage of development termed emerging adulthood. Changes in mood and emotions occur during adolescence as well—as parents frequently observe, teenagers may rather suddenly display such changes as new emotional intensity, increased interest in romance, increases in risk-taking, and changes in sleep patterns. These affective developments may also be linked to the endocrine system, although the mechanisms through which this takes place are less well understood. Cognitive maturation typically occurs less suddenly, and is independent of sexual development. It correlates more with age and maturity, and new research has been emphasizing that fundamental changes in brain development occur much later than had been recognized—continuing long after puberty is over. Children’s capacities for logic, reasoning, and planning continue to grow throughout adolescence, as do their problem-solving skills and capacity to understand the long-term consequences of their behavior—these capacities are far from fully developed as puberty is reached. The slower pace and more diffuse nature of cognitive development—and the fact that it occurs independently of other developmental changes are particularly important to the overall picture of adolescent behavior. As data from a number of countries have established, the adolescent period for young people in the developed world has lengthened dramatically over the past 100 years. While the onset of puberty has occurred at ever-younger ages, the time frame for cognitive development and the development of adult skills has remained unchanged. As a consequence,
many young people today reach sexual maturity by the time they are 12 or 13, on average, yet cognitive maturity does not come until their early 20s. This increase from what used to be a 2- to 4-year interval to a period of 8 to 15 years has posed significant new challenges to adolescents and the adults and institutions with whom they interact. At the same time, changes in social norms and expectations as well as cultural developments—from music and clothing styles to technology—have dramatically affected the contexts in which young people in the developed world are growing up.” The lengthening of adolescence interacts with the changing environment of adolescence to “turbocharge” the strong emotions and exacerbate the gap between some young people’s physical abilities and motivations and their ability to process information and regulate their behavior. This situation can be called as the “tinderbox in the teenage brain,” which can cause difficulties in the presence of certain stressors or the absence of key supports. (Kahn; 2005)

“From the psychological viewpoint, sexual development is fast in adolescence. According the repressed sexual force of infancy, continued latent through the period of childhood, once again awakens and the individual passes through various stages of sexual development. The truth of the matter is, that even if it is not the only tendency, sexual tendency is undoubtedly the most prominent and stable tendency to be found in adolescence. Hence, to disregard it, is to make a fatal mistake, as it is the most harmful form of negligence conceivable. The development in this sphere is so rapid that his entire personality appears to be colored by it.” Sexual development in adolescence finds its expression in attraction towards strangers, rather than towards parents as is the case in infancy. It announces its presence even in such small activities as the young boy’s anxiety and nervousness, biting of fingernails, putting a pencil in one’s mouth, tying knots in handkerchiefs, etc. both physical and mental teaching in this age can use the sexual tendency as an important force. (Harris; 1998)

“The classic view of attitudes is that attitudes serve particular functions for individuals. Adolescents hold particular attitudes or they hold attitudes in general which affects them in understanding the situations correctly. Attitudes in adolescents can serve instrumental, adjustive or utilitarian, ego-defensive,
value-expressive, or knowledge functions. The functional view of attitudes suggests that in order for attitudes to change (e.g., via persuasion), appeals must be made to the function(s) that a particular attitude serves for the individual. As an example, the ego-defensive function might be used to influence the racially prejudicial attitudes of an adolescent who sees themselves as open-minded and tolerant." By appealing to that adolescent’s image of themselves as tolerant and open-minded, it may be possible to change their prejudicial attitudes to be more consistent with their self-concept. Similarly, a persuasive message that threatens self-image is much more likely to be rejected. (Salinger; 2007)

“A broad way of defining adolescence is the transition from child-to-adulthood which happens to vary drastically in time between cultures. In some countries, such as the United States, adolescence can last nearly a decade, but in others, the transition—often in the form of a ceremony—can last for only a few days. In the U.S., while there are no marked ceremonies, there are popular social and religious traditions that tend to mark this transition, such as Bar Mitzvahs, Quinceañeras, cotillions, and débutante balls. In other countries, initiation ceremonies play an important role, marking the transition into adulthood or the entrance into adolescence. The transition is usually accompanied by obvious physical changes, which can vary from a change in clothing to tattoos and scarification.” (Shagufta; 2005)

Generally speaking, adolescents evince a strong tendency towards hero worship, though the criterion of heroism is not the same in all children. Possession of any quality attracts an individual, for a man or woman to become its ideal. While one child may regard a wrestler as a hero, another may profess allegiance to a scientist, yet another may be devoted to a film personality or a political leader. In schools some teachers impress their students considerably with the result that they come to be tenderly and affectionately regarded by them, also being imitated by the tender children. Sometimes this hero worship turns into love. It is not till considerably later that the young man turns his thoughts to his own heroic qualities when he begins praising them. The tendency to hero worship can be turned to good accounting by inculcating a proper character and
personality in the child’s mind. For this, it is essential ideal as he is the best example that the child can imitate. Many adolescents become positively and deeply religious in this period of their lives. One can often observe them loving God in some one image, talking to him, sacrificing themselves to him and praying to him. India is particularly productive of such specimens since, for one, the religious tendency is deeply ingrained in the people’s mind, for another in Indian society, young boys and girls meet great leaders and famous personalities on very rare occasions. While religious tendency projects the young inexperienced child from many bad habits, it sometimes helps in making him/her somewhat impractical. Teachers can help to create a healthy attitude towards religion.

Adolescents are always actively desirous of being among their friends, of praising them and of improving their relations with them. Often, they form definite group in which each adolescent has his/her specific status and a role to suit it. This status and role plays an important part in determining their status and in adult life. In this period, the child again regains his/her extrovert flamboyancy, taking deep interest in their surroundings and other individuals, their activities and conflicts. In school too, they likes to take part in all kinds of activities. And it is a matter of joy to them if they can spend the larger part of their time in the company of his friends. Various individuals become engaged in programmes of social service and welfare. In this manner the adolescent announce interest that he/she takes in the real world. The interest can be usefully exploited to gain him such useful qualities as self-dependence, self-determination, co-operation, discipline, honesty and the quality of maintaining good relations with others or develop the social instinct. Adolescence is the age in which the foundations of good citizenship can be deeply laid. It has been pointed out earlier, too, that during adolescence the growing individual is at the threshold of his life, although he is rarely if ever considered as an adult by his/her seniors. From the psychological point of view, he takes them seriously enough not to consider themselves as a child, and likes to be treated as an adult. Evidently, he/she shows considerable instability and lack of adjustment. His/her adaptation to the environment is upset by such small considerations as the growth of pimples on the face or the presence of other small physical
deformities. In fact, it is a stage in which they learn to lead adult life in every sphere and direction. Hence, the presence and continual development of problems is only natural and these problems are susceptible to ready solutions if the solutions if the seniors are prepared to extend their sympathetic co-operation and guidance.

The adolescent is very sentimental and emotionally unstable, although at this age their mind is fairly well developed. Of the many feelings that drive them, the strongest are the desire to win praise and self respect, any injury to or repression of them leading to serious malformations and even open rebellion. Sentiments can be turned to good use in developing cultural qualities in the adolescence. Participation in programmes of dancing, acting, music, painting, etc., makes the emotional life more stable. Although the adolescent is as much in this world as many other living beings yet he is prone to much imaginary flights into the world of fancy. The smallest thing can persuade him to temporarily abandon the world of reality and turn to the imaginary world. Such excessive imagination manifests in the strong tendency towards daydreaming, but some gifted children express their creative and aesthetic imagination through literature, music and painting, besides other arts. In adolescence, as the individual develops both in mind and body, his interests vary. Progressively the boys and girls develop the interests of their adult counterparts. Girls show this development in such interests as the use of various cosmetics, efforts at appearing very beautiful, reading or taking interest in romantic novels, love stories, dramas or poems, participating in music, art and acting programmes, etc. Boys manifest their approaching adulthood in the form of various active games, running around, doing act of valor, developing a vocation that they are to pursue in their adult life. Both boys and girls take constant interest in developing friendship with members of the other sex and maturing it to fruition through conversation, intimacy, letters and romance. During adolescence, the mind develops rapidly. The cells of the nervous system increase rapidly, and the chemical composition of the nerves also undergoes a change. In this way, the mind and the nervous system, rapidly matures.
In this period along with physical and mental development, practice helps to develop mental abilities. Linguistic ability also registers improvement during this period. In his adolescence, the child develops the vocabulary that he possesses. His vocabulary reveals general intelligence. Despite the inevitable individual differences that are invariably present, mental maturity achieves its completion normally by the age of twenty. Practice or experience contributes considerably to his maturation. Normally, the individual’s intelligence continues in the same level, or in other words even in different ages, the intelligence quotient of an individual remains more or less the same. Many detailed studies have revealed that during the first five years of life, the mental development is greater than that achieved during the following five. In this manner, the mental development during the ages of 10 and 15 is greater than that during 15 and 20, in respect of rapidity. At the age of ten, the mental development of a child is at its fastest. Following this, as the child approaches the stage of adolescence, the speed of mental development slows down. In his infancy, the child only acknowledges and indicates the receipt of sensations, while at the age of three he is in a position to distinguish between objects, animals and human beings. At six, he is capable of describing a picture that he has seen, but in his adolescence he rises above description to the level of interpretation of the pictures that he sees. In this manner one can see constant development and improvement in the mind’s reaction to stimuli. Generally, an individual’s memory is tested by the number of digits he can remember after they have once been announced to him. In adolescence, the ability to remember digits improves with age, and reaches the highest peak at the age of twenty.

“Social context and the independent trajectories of sexual, affective, and cognitive development are just some of the many other factors that influence outcomes for young people. Looking at any of them alone would yield an incomplete and potentially misleading picture of adolescence, but the interactions that affect adolescents are even more complex than this list suggests. The importance of studying adolescence within a developmental framework, that is, an approach in which the concerns of psychiatry, pediatrics, endocrinology, affective neuroscience, and other fields can be integrated in an
understanding of other forces that influence stages of change and developmental outcomes. It is important to focus on neurobehavioral changes—reward seeking, sensory stimuli, and the development of emotion regulation—to highlight how interactions among different phenomena can amplify individual differences among young people and also to demonstrate the value of transdisciplinary research for benefiting both clinical work and social policy.” (National Research Council and Institute of Medicine, 2005)

“Early adolescence as a period of brain development that creates unique vulnerabilities and opportunities, and one in which achieving a successful balance is challenging. During puberty, pubertal-related hormones directly influence physical drives (such as appetite and sleep), motivations, and emotions, whereas cognitive and regulatory controls over behavior are established in a more gradual and indirect manner. The increasing gap between these two processes creates a time of increased vulnerability and risk as well as opportunities to develop particular strengths and positive behaviors. Strategies that strengthen social support, or “scaffolding,” especially during vulnerable intervals, are thus critical means of supporting youth, particularly those who are growing up in high-risk environments. What is especially important during this time is enhancing the adolescent’s ability to control and regulate emotions in navigating unfamiliar social situations, a skill that is related to self-control. The lack of these skills is related to impulsivity, reckless behavior, and problems in resolving complex emotional situations. Puberty is a time of significant malleability in the neural systems that underpin behavior, emotions, and decision-making. The affective changes—ranging from increased sexual interest and emotional intensity to risk-taking and sensation seeking—that adults observe are the manifestations of this malleability. Emerging neuroscience studies on the brain structure, hormonal processes, and neural signals that influence behavior control, offer important implications for understanding adolescent behavior. Complex pathways emerge within the adolescent brain for evaluating situations, reacting to them emotionally, and assessing possible reactions. The strength and speed of the neural connections that govern these functions are shaped by genetic traits, by experience, by social context, and by learned emotions. For adolescents, these pathways are developing. This
biological process, combined with incomplete cognitive development and the challenges presented by the environment in which a child lives, make adolescents particularly vulnerable to emotional and behavioral difficulties (e.g., depression, social anxiety), regulation of appetite and reward motivation (e.g., substance abuse, eating disorders), and impulsivity (e.g., antisocial behavior, excessive risk taking). Furthermore, these neurological developments take place in a context, and they are influenced not only by the social environments that surround young people but also by their own choices and preferences as well as the consequences of their decisions. Genetics dictates some aspects of temperament and may predispose individuals to physical and mental characteristics that affect their daily lives. Attitudes and actions are in turn shaped by these circumstances, which are then complicated by the developmental process of adolescence and by the social context. These dynamic models of person-environment interactions are gaining increasing attention, Dahl suggested, as researchers realize that adolescents become active agents in shaping their own social settings and experiences. They select certain types of settings and context as a means of regulating their own behavior, arousal, motivation, and emotions. At the same time, certain contexts (especially those that involve electronic media) deliberately recruit teens through the enhancement or manipulation of selected sensory and emotional triggers. Broader awareness of these triggers in the social environments of youth can help intensify protective factors, discourage vulnerabilities and influences that lead to negative trajectories, and enhance their potential for self-regulation."

Thus, to look at a concrete example, a girl may put on weight as puberty begins. A genetically based vulnerability to depression, combined with the negative attitudes of a peer group that prizes thinness, may intensify her reaction to a small weight gain. Cognitive immaturity makes it difficult for her to put the situation in perspective. Mood swings (possibly hormone related) and social anxiety intensify her reactions, and she may develop an eating disorder. The presence of the eating disorder may affect both her health—even hormone levels—and her relationships with her parents and peers, which in turn affect her ability to handle further challenges, and so on. The issue of teenagers' needs, provides another example of the influence of interactions among many
factors, yet all too often little attention is paid to these underlying interactions in studies of the treatment and prevention of health disorders, such as obesity. (www.nlm.nih.gov/medlineplus/ency/article/002003.htm)

"Among the most common beliefs about adolescence is that it is the time when teens form their personal identities. The process might be more accurately described as identity development, rather than formation, but confirms a normative process of change in both content and structure of one’s thoughts about the self. Three general approaches to understanding identity development: self-concept, sense of identity, and self-esteem. Early in adolescence, cognitive developments result in greater self-awareness, greater awareness of others and their thoughts and judgments, the ability to think about abstract, future possibilities, and the ability to consider multiple possibilities at once. As a result, adolescents experience a significant shift from the simple, concrete, and global self-descriptions typical of young children. Adolescents can now conceptualize multiple possible selves they could become and long-term possibilities and consequences of their choices. Exploring these possibilities may result in abrupt changes in self-presentation as the adolescent chooses or rejects qualities and behaviors, trying to guide the actual self toward the ideal self (who the adolescent wishes to be) and away from the feared self (who the adolescent does not want to be). For many, these distinctions are uncomfortable, but they also appear to motivate achievement through behavior consistent with the ideal and distinct from the feared possible selves. Further distinctions in self-concept, called differentiation, occur as the adolescent recognizes the contextual influences on their own behavior and the perceptions of others, and begin to qualify their traits when asked to describe themselves. Differentiation appears to be fully developed by mid-adolescence. Peaking in the 7th-9th grades, the personality traits adolescents use to describe themselves refer to specific contexts, and therefore may contradict one another. The recognition of inconsistent content in the self-concept is a common source of distress in these years but this distress may benefit adolescents by encouraging structural development. Differentiation results in organization and integration of the self-concept. The multifaceted self is understood to include several stable, if inconsistent, sets of traits applicable when the individual with
different people and circumstances. This includes negative traits and weaknesses, which adolescents can now recognize and qualify: "consistent with this, adolescents who have more complex self-conceptions are less likely to be depressed. Moreover, although only true in some circumstances, differentiated traits are contrasted with false-self behavior, which is not representative of the "real" self. Recognition of the inauthentic indicates that the adolescent is gaining a sense of continuous, overlapping, coherent sense of identity. Unlike the conflicting aspects of self-concept, identity represents a coherent sense of self stable across circumstances and including past experiences and future goals. Everyone has a self-concept, whereas stages of development includes the identity crisis in which adolescents must explore different possibilities and integrate different parts of themselves before committing to their beliefs. The resolution of this process as a stage of identity achievement but also stressed that the identity challenge is never fully resolved once and for all at one point in time. Adolescents begin by defining themselves based on their crowd membership." (www.nlm.nih.gov/medlineplus/ency/article/002003.htm)

“As with any type of heritability, to determine if a particular trait has bases in our genes, twin studies are used. The most famous example of such a theory is Dissonance-reduction theory, which explains that when the components of an attitude (including belief and behavior) are at odds an individual may adjust one to match the other (for example, adjusting a belief to match a behavior). Other theories include balance theory and the self-perception theory.” Learning can account for most of the attitudes we hold. Theories of classical conditioning, instrumental conditioning and social learning are mainly responsible for formation of attitude. Unlike personality, attitudes are expected to change as a function of experience. The hereditary variables also may affect attitudes - but they may do so indirectly. For example consistency theories which imply that we must be consistent in our beliefs and values. (www.nncc.org/SACC/sac42_adolescence.stress.html)
"Attitudes can be changed through persuasion and communication. More intelligent people are less easily persuaded by one-sided messages. Although it is sometimes thought that those higher in self-esteem are less easily persuaded, there is some evidence that the relationship between self-esteem and persuasibility is actually curvilinear, with people of moderate self-esteem being more easily persuaded than both those of high and low self-esteem levels. The mind frame and mood of the target also plays a role in this process. Trustworthiness and interpersonal attraction also can help in attitudinal change. The nature of the message plays a role in persuasion. Sometimes presenting both sides of a story is useful to help change attitudes. When people are not motivated to process the message, simply the number of arguments presented in a persuasive message will influence attitude change, such that a greater number of arguments will produce greater attitude change. A message can appeal to an individual's cognitive evaluation to help change an attitude. In the central route to persuasion the individual is presented with the data and motivated to evaluate the data and arrive at an attitude changing conclusion." (Kapadia; 2008)

Emotion and attitude change:

"Emotion is a common component in persuasion, social influence, and attitude change. Emotion works hand-in-hand with the cognitive process, or the way we think, about an issue or situation. Emotional appeals are commonly found in advertising, health campaigns and political messages. Recent examples include no-smoking health campaigns and political campaign advertising emphasizing the fear of terrorism. Attitudes and attitude objects are functions of cognitive and affective components. Attitudes are part of the brain’s associative networks, the spider-like structures residing in long term memory that consist of affective and cognitive nodes. By activating an affective or emotion node, attitude change among adolescents may be possible, though affective and cognitive components tend to be intertwined. Affective forecasting, otherwise known as intuition or the prediction of emotion, also impacts attitude change. Predicting emotions is an important component of decision making among adolescents in addition to the cognitive processes." (Mehta; 2008)
“Self-examination beginning early in adolescence, but identity achievement rarely occurs before age 18. The freshman year of college influences identity development significantly, but may actually prolong psychosocial moratorium by encouraging reexamination of previous commitments and further exploration of alternate possibilities without encouraging resolution.” (Craig; 2008)

“The final major aspect of identity formation is self-esteem, one’s thoughts and feelings about one’s self-concept and identity. Contrary to popular belief, there is no empirical evidence for a significant drop in self-esteem over the course of adolescence. Barometric self-esteem fluctuates rapidly and can cause severe distress and anxiety, but baseline self-esteem remains highly stable across adolescence. The validity of global self-esteem scales has been questioned, and many suggest that more specific scales might reveal more about the adolescent experience. It is also important to note that the patterns of change in self-esteem differ significantly by gender.” (Franzoi; 1996)

“Adolescence marks a rapid change in one’s role within a family. Young children tend to assert themselves forcefully, but are unable to demonstrate much influence over family decisions until early adolescence, when they are increasingly viewed by parents as equals. When children go through puberty, there is often a significant increase in parent-child conflict and a less cohesive familial bond. Arguments often concern minor issues of control, such as curfew, acceptable clothing, and the adolescent's right to privacy, which adolescents may have previously viewed as issues over which their parents had complete authority.” Parent-adolescent disagreement also increases as friends demonstrate a greater impact on one another, new influences on the adolescent that may be in opposition to parents’ values. During childhood, siblings are a source of conflict and frustration as well as a support system. “Adolescence may affect this relationship differently, depending on sibling gender. In same-sex sibling pairs, intimacy peaks during early adolescence, then steadily declines. Mixed-sex siblings pairs act in the opposite way; siblings drift apart during early adolescent years, but experience an increase in intimacy starting at
middle adolescence. Sustaining positive sibling relations can assist adolescents in a number of ways. Siblings are able to act as peers, and may increase one another's sociability and feelings of self-worth. Older siblings can give guidance to younger siblings, although the impact of this can be either positive or negative depending on the activity of the older sibling. "Despite changing family roles during adolescence, the home environment and parents are still important for the behaviors and choices of adolescents. Adolescents who have a good relationship with their parents are less likely to engage in various risk behaviors, such as smoking, drinking, fighting, and/or unprotected sexual intercourse. "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." (www.nncc.org/SACC/sac42_adolescence.stress.html)

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. 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. The typical duration of relationships with opposite sex increases throughout the teenage years as well. This constant increase in the likelihood of a long-term relationship can be explained by sexual maturation and the development of cognitive skills necessary to maintain a romantic bond (e.g. care giving, appropriate attachment), although these skills are not strongly developed until late adolescence. Long-term relationships allow adolescents to gain the skills necessary for high-quality relationships later in life and develop feelings of self-worth." Overall, positive romantic relationships among adolescents can result in long-term benefits. High-quality romantic relationships are associated with higher commitment in early adulthood and are positively associated with self-esteem, self-confidence, and social competence. "The age of consent to sexual activity varies widely among international jurisdictions, ranging from 12 to 21 years. Adolescents often date within their demographic in regards to race, ethnicity, popularity, and physical attractiveness. However, there are traits in which certain individuals, particularly adolescent girls, seek diversity. While most adolescents date people approximately their own age, boys typically date partners of the same age or younger; girls typically date partners of the same age or older. Dating violence is fairly prevalent within adolescent relationships. Adolescence marks a time of sexual maturation, which manifests in social interactions as well. While adolescents may engage in casual sexual encounters (often referred to as hookups), most sexual experience during this period of development takes place within romantic relationships. Kissing, hand holding, and hugging signify satisfaction and commitment. Among young adolescents, heavy sexual activity, marked by genital stimulation, is often associated with violence, depression, and poor relationship quality. This effect does not hold true for sexual activity in late adolescence that takes place within a romantic relationship." Adolescent
sexuality refers to sexual feelings, behavior and development in adolescents and is a stage of human sexuality. Sexuality and sexual desire usually begins to intensify along with the onset of puberty. The expression of sexual desire among adolescents (or anyone, for that matter), might be influenced by family values and the culture and religion they have grown up in (or as a backlash to such), social engineering, social control, taboos, and other kinds of social mores. “In contemporary society, adolescents also face some risks as their sexuality begins to transform. Whilst some of these such as emotional distress (fear of abuse or exploitation) and sexually transmitted diseases (including HIV/AIDS) are not necessarily inherent to adolescence, others such as pregnancy (through non-use or failure of contraceptives) are seen as social problems in most western societies. In terms of sexual identity, while all sexual orientations found in adults are also represented among adolescents, statistically the suicide rate amongst adolescents is up to four times higher. In commerce, this generation (21st century adolescence) is seen as an important target. Mobile phones, electronic devices such as the iPod, contemporary popular music, movies, television programs, websites, sports, video games and clothes are heavily marketed and often popular amongst adolescents. There are also many different ways of viewing adolescence that are prevalent in the world today”. (Lai; 2000)

“There are many cultural and socio-economic differences which influence how adolescents' sexuality develops. Menarche (the first menstrual period of a female-bodied person’s life) is, for many cultures, the defining point for the beginning of a transition into adulthood. The age of menarche varies from culture to culture. Girls from countries where menarche/menstruation is seen as an important event, or where there is ambivalence towards it, tend to have more negative opinions about it. An adolescent’s sexual socialization is highly dependent upon the society they live in and how restrictive or permissive that society is when it comes to sexual activity.” (www.nlm.nih.gov/medlineplus/ency/article/002003.htm)
“Restrictive societies pressure youngsters to refrain from sexual activity until they either have undergone a formal rite of passage or have married. Therefore the sexual transition of adolescence is highly discontinuous because there is little preparation for an adult sexuality. These cultures either control adolescence by separating the males and females throughout their development, or they restrict sexual activity through public shaming and physical punishment. In semi-restrictive societies, adults do not condone sexual activity however often do not take strong steps towards restricting it. Premarital promiscuity is common, and the parents do not object as long as the love affairs are kept secret. While in the permissive society, adults frequently try to discourage sexual activity among adolescence. This is most obvious among adolescence women because it is premarital pregnancy, rather than premarital sex that is highly objectionable. It is also common for adults to lecture women about sex and the importance of virginity by telling them that females do not need sex as much as males do. Despite these attempts to reduce sexual promiscuity, parents in the permissive and other semi-restrictive societies do not prohibit young men and women from interacting both in social and private settings. In permissive societies, the transition into sexual adulthood is highly continuous and begins at an early age.” (Tuttle; 2005)

Autonomy: “The development of adolescents is their strive for autonomy. There are three ways in which autonomy can be described. The first being emotional autonomy which is stated as being the development of more adult-like close relationship with adults and peers. The second form of autonomy is behavioral autonomy, which is the ability to be able to make independent decisions and follow through with them. The third is known as cognitive autonomy and is characterized as the manifestation of an independent set of beliefs, values and opinions. Most of the cultural differences however tend to be visible in behavioral autonomy as this is based on when adolescence are allowed to go on dates, or go out with friends.” (Pelaez; 2004)
One way in which the cultural differences in behavioral autonomy are, by comparing the teen timetable of parents, and, adolescents of different culture. The teen timetable is a questionnaire that asks at what age adolescents should be permitted to engage in various behaviors that signal autonomy. When comparing the timetables of White and Asian families across the world, it can be concluded that in general, White parents and adolescents tend to expect autonomy earlier than their Asian counterparts, disregarding whether the families lived in America, Australia, or Hong Kong. It is also the case that an adolescents mental health is best when their feelings of autonomy match closely with their parents. It is for this reason, recent emigrants that move from a culture that normally grants autonomy at a later age to a culture with a younger age at which autonomy is granted, often experience family stress. Since adolescence generally become accustomed to the novel culture quicker than adults, they learn to expect autonomy earlier than their parents.

Time use: “American teenagers spend more time on leisure than many other countries. The average American adolescent spends about five hours a week on homework, while Indian, Taiwanese, and Japanese students spend an average of five hours a day. This is most likely due to the amount of emphasis and pressure that is placed on adolescents’ education in those countries. Americans tend to spend more time playing sports, socializing, caring for their appearance, and working after-school jobs (an American phenomenon). Differences in how American teens use their leisure time tend to be influenced by their amount of involvement in various activities rather than ethnicity or socioeconomic background. Busier, better-rounded teens tend to be better-adjusted and more goal-oriented than their peers who engage in only one activity (such as sports) or none.” (Kakar; 2009)

Work: “In many developing countries, it is common for adolescents to drop out of high school and start working. These adolescents generally receive full-time positions by the age of 15-16 and they often stay in the same jobs for the remainder of their lifetime. It is the case though that the rate of adolescents in the workforce today is decreasing. One example of this is China, where as the
accessibility of education has increased, the amount of adolescents in the workforce has dropped drastically. Half of all 16-year-olds were employed in 1980 however in 1990; only less than one quarter was in workforce. When comparing more industrialized countries, American adolescents are far more likely to hold jobs than both Asian and European countries.” Two thirds of American high school juniors hold jobs during the school year where as only one quarter of Asian juniors do. In many European countries such as France, Hungry and Switzerland adolescents do not work at all and if they do hold jobs, then they are informal, only last for a few hours a week. (www.community.nsw.gov.au/.../effective_adolescent_strategies)

Legal issues, rights and privileges: Internationally, those who reach a certain age (often 18, though this varies) are legally considered to have reached the age of majority and are regarded as adults and are held to be responsible for their actions. People below this age are considered minors or children. A person below the age of majority may gain adult rights through legal emancipation. Despite the legal adult age of 18, many specific rights such as consumption, voting, consent, and working have different ages around the world. “The legal working age in Western countries is usually 14 to 16, depending on the number of hours and type of employment. In the United Kingdom and Canada, for example, young people between 14 and 16 can work at certain types of light work with some restrictions to allow for schooling; while youths over 16 can work full-time (excluding night work). Many countries also specify a minimum school leaving age, ranging from 10 to 18, at which a person is legally allowed to leave compulsory education. In most democratic countries, a citizen is eligible to vote at 18. For example, in the United States, the Twenty-sixth amendment decreased the voting age from 21 to 18. In a minority of countries, the voting age is 17 (for example, Indonesia) or 16 (for example, Brazil). By contrast, some countries have a minimum voting age of 21 (for example, Singapore) whereas the minimum age in Uzbekistan is 25. Age of candidacy is the minimum age at which a person can legally qualify to hold certain elected government offices. In most countries, a person must be 18 or over to stand for elected office, but some countries such as the United States and Italy have
further restrictions depending on the type of office. In India 14 is the minimum age requirement for working, 18 years for voting rights and having legal documents such as driving license, 18 for girls and 21 for boys for marriage. The sale of selected items such as cigarettes, alcohol, and videos with violent or pornographic content is also restricted by age in most countries. In the U.S, the minimum age to buy an R-rated movie, M-rated game or an album with a parental advisory label is 17 (in some states, the age is 18 or even 21) whereas it is 18 years minimum in case of India. In the United States, teenagers are allowed to drive within 14–18 (each state sets its own minimum driving age of which a curfew may be imposed), in the US, adolescents 17 years of age can serve in the military. In Europe it is more common for the driving age to be higher (usually 18) while the drinking age is lower than that of the US (usually 16 or 18). In Canada, the drinking age is 18 in some areas and 19 in other areas. In Australia, universally, the minimum drinking age is 18, unless a person is in a private residence or is under parental supervision in licensed premises. The driving age varies from state to state but the more common system is a graduated system of "L plates" (a learning license that requires supervision from a licensed driver) from age 16, red "P plates" (probationary license) at 17, green "P plates" at 18 and finally a full license, i.e. for most people around the age of 20. The legal gambling age also depends on the jurisdiction, although it is typically 18. The age of consent to sexual activity varies widely between jurisdictions, ranging from 13 to 21 years, the average age is 16. The age at which people are allowed to marry also varies, from 17 in Yemen to 22 for males and 20 for females in China. In Western countries, people are typically allowed to marry at 18, although they are sometimes allowed to marry at a younger age with parental or court consent. Since the advent of the Convention on the Rights of the Child in 1989 (children defined as under 18), almost every country (except the U.S. & Somalia) in the world has become voluntarily legally committed to advancing an anti-discriminatory stance towards young people of all ages. This is a legally binding document which secures youth participation throughout society while acting against unchecked child labor, child soldiers, child prostitution, and pornography. Two third of Asian Indian adolescents accept their parents choice of marital partner for them. In the Philippines many female adolescents sacrifice their own future by migrating to
the city to earn money that they can send home to their families. In the Middle East, many adolescents are not allowed to interact with the other sex, even in school.” (Blackman; 2003)

Adolescence rituals: “One example of a female-bodied ritual is the first menstruation ritual in Sri Lanka. This ritual consists of isolating the female immediately after her first menstruation of the killa, which is believed to be evil, and keeping her in isolation for the next three days. On the fourth day, a ritual bath is given by the mother or a washing woman (redi nándá), who is paid to take away the clothes, soaked in killa and rid the house of vas, the evil eye. Another example of a rite of passage is the Dipo rituals which are performed by the Krobo in Ghana. This rite of passage consists of two separate rituals, one private and one public. The private ritual lasts around three weeks and its goal is to teach the finer points of personal grooming, female conduct, domesticity, and, finally, the arts of dance and seduction. After their training, the women must pass a final test which consists of a ritual encounter with Tekpete, the sacred stone, which determines their virginity and, thus, their suitability to perpetuate the proud tradition of Krobo womanhood. After this encounter, the women partake in a five day outdoor ceremony where they dance for the men of the tribe and potential husbands.

Similar rituals are even found in some parts of south India. One example of a male specific coming of age ritual can be seen amongst the Maasai people. They have many different ceremonies that are based about the learning of brotherhood and how to be a true warrior or husband but the most important ceremony is the Emuratare. The Emuratare is the circumcision ceremony that is required for Maasai boys to become warriors. It is done when the boy is between the ages of 14-16. Before the ceremony, they are required to heard cattle for seven days in order to prove they are worthy of being called a warrior. On the eighth day, the boy is publicly circumcised. During the process, he is not allowed to show any signs of pain. If he does, he will be considered weak.” (Kakar; 2009)
"Adolescence is the period of life when the individual shows signs of development in every respect. Hence, it is only natural that the expression of emotions should undergo similar modification. For example, the adolescent is very sensitive to any injury to his/her prestige. Any physical deformity is so magnified in its evil effects that it even enters their dreaming state and modifies it. Many of their emotions they suppress externally but they find expression in the form of day dreams. The high intensity of sexual instinct is one reason why the adolescent is more prone to react to love than to any other emotion. The emotion finds expression in the form of excessive and almost obsession attraction to individuals of the other sex. As the adolescent's field of knowledge widens, the situations that give rise to emotions in them also changes. They become angry if their country is attacked by another nation, they can even show displeasure at any instance of injustice that comes to their notice, and they can rebel against society. They develop hatred for authority if administration is strict. Emotional development reaches its maturity in adulthood. In this stage, the various emotions such as fear, anger, hatred, discrimination, pleasure etc can be seen in an individual, and generally their patterns of expression can also be recognized." Emotional reactions at this age are influenced by such complex factors as values, desires, ideals, view points and common ethos of the society. Manifestation of emotions also is relatively refined the adult being normally possessing the direction to hide their emotions when the occasion so require. Even when angry, they does not immediately give it expressed but stores in their mind and manifest some days later when the opportunity present itself. Adolescence is a turbulent phase wherein the adolescents are on the threshold of adulthood, but not quite there. The adolescent experience a conflict in his parental relationship mainly because of a strong desire for independence (Bhagbanprakash; 2003)

The impact of developmental changes on school life: "The speed of changes is very fast during adolescence. The adolescent is a new individual from physical, mental, social and moral points of view. Many attitudes of childhood are transformed. A girl is ashamed of appearing before others. Signs are mostly internal. She is shy of the external signs. The boy is not happy with the
development of the reproductive organs at the arrival of adolescence. He is afraid that his penis may come out of his clothes. He is generally very conscious of this. He fails to understand why his penis erects automatically. He does not understand its reason. Wet dreams leave brownish spots. He feels pleasure when he handles his penis in erection. Through the association of his peers he may start masturbation. He feels ashamed of this habit and he keeps his eyes downwards before elders. He has a guilty conscious. Both boys and girls are conscious of their respective bodies.” The adolescent evaluates the behavior of teachers. They love the democratic teacher who offers opportunities for their harmonious development. They expect praise from teachers. The teacher with dictatorial attitude makes the adolescent aggressive and unruly. (www.nlm.nih.gov/medlineplus/ency/article/002003.htm)

Adolescents’ concerns about Puberty: “Many girls concerns about puberty center on menstruation. There is no reason girl to be surprised by her menarche not knowing what is happening to her. Some girls also have anxiety about breast development. If a girl’s breasts start to develop relatively early, she often feels embarrassed and self conscious. Boys have pubertal concerns and worries too. As their larynx (voice box) enlarges and the muscles or vocal cords grow, their voice may crack as they speak, while this can be embarrassing and annoying. Boys may awake in the morning with damp pajama and sheets. These wet dreams or nocturnal emissions are caused by an ejaculation, which occurs during sleep. During puberty boys get erections spontaneously, without touching their penis and without having sexual thoughts. These unexpected erections can be quite embarrassing, especially if they occur in public—at school, for example. Many boys experience swelling of the breast during the early years of puberty. His breast may feel tender or even painful. Uneven testicles may be embarrassing in the boys’ locker room.” (www.medem.com dated 28-11-2008)

Achievement motivation with reference to sex—difference: “There is no difference between boys and girls in relation with the achievement motivation but girls are more motivated than boys in the factors of anticipatory behavior.”(Pandy, et al. 2004)
Specific issues in adolescence: “Adolescence is generally considered as a period of storm and stress. This stage of development is marked by physical and psychological changes. Social changes also occur when a child gets into adolescence. Because of the changes in hormonal levels, the child becomes more stubborn. As they are neither children nor adults they tend to get confused about their roles. During this stage of development children consider their peers as the role models and tend to disobey their parents. This creates problem in the family. The rapid physical changes and the onset of puberty pose more tension in the adolescence. The commonly seen problems among adolescents are: drug and alcohol abuse, adjustmental problems, behavioral and conduct disturbances, high risk sexual behaviors, identity crisis and interpersonal relationship problems.” (Indramma, et al.2007)

Parental Concerns: Many parents dread the onset of adolescence, fearing that their child will become hostile and rebellious and begin to reject his or her family. Although it is incorrect to characterize adolescence as a time when the family ceases to be important, or as a time of inherent and inevitable family conflict, adolescence is a period of significant change and reorganization in family relationships. Family relationships change most around the time of puberty, with increasing conflict and decreasing closeness occurring in many parent-adolescent relationships. Changes in the ways adolescents view family rules and regulations may contribute to increased disagreement between them and their parents. Family conflict during this stage is more likely to take the form of bickering over day-to-day issues than outright fighting. Similarly, the diminished closeness is more likely to be manifested in increased privacy on the part of the adolescent and diminished physical affection between teenagers and parents, rather than any serious loss of love or respect between parents and children. Research suggests that this distancing is temporary, and that family relationships may become less conflicted and more intimate during late adolescence. Generally speaking, most young people are able to negotiate the biological, cognitive, emotional, and social transitions of adolescence successfully. Some adolescents, however, are at risk of developing certain
problems, such as: eating disorders such as anorexia nervosa, bulimia, or obesity, drug or alcohol use, depression or suicidal ideation, violent behavior, anxiety, stress, or sleep disorders and unsafe sexual activities.

Adjustment problems of adolescents: “Adolescence is a transitional period of one’s life between childhood and adulthood, during which some important biological, psychological and social changes take place. It is a period of storm and stress. Adolescents have to adjust with their own changes in personality on one side and the changing socioeconomic environment on the other side. Some adolescents find it difficult to adjust normally with these changes and experience some problems which are characteristic of this stage. The term adjustment means a state of harmonious relationship between a person and their environment. It also refers to a continuous process by which a person changes his/her own behavior or tries to change the environment or bring change in both to produce satisfactory relationship with his/her environment. It also means how efficiently an individual performs his/her duties in different circumstances.” (Parameshwaran: 2004)

“Behavioral disturbances among adolescents: Problems during this stage influence the behavior of adolescents. Conflict between parents, lack of support from parents, negligence by parents, adverse affect of television viewing, giving rise to unfulfilled unrealistic demands, exposure to peer who drink, smoke or use drugs, their social status in modern society etc are some of the important factors found to be responsible for development of problem behavior in adolescents.” Problem behavior in adolescents gives rise to symptoms such as frustration, obstinacy, aggressiveness, impulsiveness, violent behavior etc. Factually lifestyle is responsible for some behavioral problems in adolescents and it increases prevalence of psychosomatic disorders during this stage of development. (Sinha, et al.1995)

Most problems of adolescence are due to failure in understanding the anatomical, morphological and psychological changes expected during adolescence. Psychologically, adolescence is such a vulnerable stage that boys / girls of this age are easily carried away by perceptions generated by misleading
and misguiding parents, teachers, friends, brother/sisters, ignorance of elders, half-informed or ill-informed friends, brothers, sisters, wrongful messages depicted through TV serials, advertisements, films, and publications carrying partially or fully false information. Such perceptions can be anything in the range of studies, sex, society, married life, career, religion, politics, or any relevant subject. Every adolescent boy or girl is prone to such exposures - which ultimately are retained as perceptions in their minds to form their behavioural patterns. The problems of adolescence are classified as: morphological / developmental, psychological, social, and educational. Some problems are absolutely unimportant and trivial. They could be easily ignored. But even such problems cause great concern to adolescent people.

“Morphological / Developmental Problems are over growth of hair or undergrowth of hair, over weight and underweight, skin colour problems, facial deformities, pimples, limb deformities and abnormal growth of genitals and breasts. Psychological Problems: Ignorance about many basic facts leads to psychological problems like misconceptions about sexual feelings, sex related issues misconceptions about child birth, reproduction, misconceptions about coitus, menstrual cycles, fear about sex and sexual issues, guilt feeling about sex related issues, inferiority / Superiority complex about skin colour, beauty, mental ability and IQ, inexplicable perceptions about dress and fashion codes, wrong and unrealistic ideologies about friendship and courtship, perceptual or communicational or preconceived complications about their teachers and parents, attraction towards opposite sex, unrealistic and illogical curiosity about sex and sex related issues, and exceptional vulnerability to suicide psychology. Social problems: Unwarranted and inexplicable hatredness towards brother / sisters, friends, intense closeness with brothers / sisters, friends, unpredictable and volatile relationships with friends, unrealistic social perceptions about violence, love, sex as influenced by media, unusually vulnerable and volatile relations with relatives and fear / imagination about married life, life partners. Educational problems: Tensions of attending the classes, examinations and tests, low IQ feeling, fear about failure in examination, fear about low score, fear and concern about a future career, and misconceptions about teachers. Due
to many problems faced during adolescence, the boys and girls of the age 8 - 16 form a separate category by themselves. Their problems are specific to themselves. Most of the problems faced by them are perceptional. By timely and effective guidance - many of their problems could be solved. Some of them may need medical / psychiatric attention. In India, the parents influence their behaviour, thoughts and are in position to solve many problems - if they have positive approach. Despite all efforts being made by parents, teachers, large number of adolescents faces one or many problems. When the problem is aggravated, the parents may take them to doctors. But most of them face minor problems - modifying their behavioural patterns, personality as a whole. The implications of problems in adolescence can be moral or social. The Youth Risk Behavior Surveillance System (YRBSS), a self-reported survey (2003) of a national representative sample of high school students in grades 9 to 12, indicated that, 46.7 % of the students reported having had sex. By grade level, the rates were 32.8 % for ninth grade, 44.1% for tenth grade, 53.2% for eleventh grade, and 61.6% for twelfth grade.”
(Human Population and Health Report: 2009)

“Future citizen may have a high IQ due to positive thinking and reorientation of their mental resources towards positive personality development. A section of future population may turn into disgruntled, impatient group of people due to grooming of misconceptions about society, love, law, relations, etc. Due to wrong educational policies and ever growing unemployment problems - a section of population may turn hostile against the whole society, which breeds and deepens the antisocial activities and perverted thinking. Many of the wrong perception about sex related problems may lead them to unwanted motherhood, anxiety or illegal termination of pregnancy. Some problems during adolescence are decisive in building the personalities (positive and negative) - who may or may not utilize the opportunities open to them during their later life. When teachers, parents, brothers /sisters or any close person has positive dominant personality to effectively guide the adolescent at right time - they turn out to be very useful section of future population. Imaginary fear, imaginary anxieties and unrealistic expectations as well as host of strong misconceptions may
ultimately end up with personalities of negative/perverted thoughts. In extreme disillusions, tension, wrongful personality and maladjustments - a section of population may have to be psychiatric patients. Psychosis of mild nature may remain untreated and unnoticed. Such people will not do anything useful to the society or their families. Adolescent being influenced by mass media like electronic media, print media or computer culture - may be guided or misguided by such exposure. When misguided - they are likely to develop negative perception about many social values.” The social implications of adolescent problems are dependent upon social structure. In a country like India - where family ties are strong due to emotional, financial, religious attachments - the gravity of implications is less. But in case the individualistic family systems like how in western culture come more into existence - where family ties are shallow - the gravity of implications can be far more serious. (Human Population and Health Report; 2009)

Adolescent depression: “The suicide rate for adolescents has increased more than 20% over the decade. Studies have shown that greater than 205 of adolescents in the general population have emotional problems and one third of adolescents attending psychiatric clinics suffer from depression. The primary care physician with the support of the family can manage the majority of teenage depressions successfully.” (Blackman; 2003)

Obesity: “Rates of overweight obesity among adolescents have increased dramatically in the world during the past three decades. Not only are greater numbers of adolescents overweight now compared to past generations, but the degree of obesity appears to be increasing as well. The medical and psychological complications associated with adolescent obesity affected both immediate and long term health status. Efforts to prevent obesity among children and adolescents are clearly needed.” (Larson; 2004)

Stress among adolescents: “Stressful experiences and efforts to cope with stress are central to understanding psychological distress and psychopathology during adolescence. Depressive phenomena during adolescence offer a particularly
interesting opportunity for understanding the role of stress and coping processes in adolescent psychopathology. Research concerned with stress and coping during adolescence is the consequence of stress and coping processes. The interpersonal stress combines with aspects of biological development and the use of maladaptive coping strategies to account for the emergence of significant gender differences in depression and other forms of psychopathology during adolescence.” (www.nlm.nih.gov/medlineplus/ency/article/002003.htm)

Stress as explained by Teens: “Teens describe stress in terms of physical and emotional outcomes. Boys tended to describe physical ramifications of stress, whereas girls tend to focus on physical and emotional consequences. Boys describe it as a great deal of pain that's inside your body that you can't get out and it's agitating' you and it's stuck in your mind and makes you feel bad. Girls equate stress with feeling anger, frustration, sadness, and physical discomfort for instance, worrying, keeping secrets, gray hair, problems, anger, being tense. Just thinking about something also can make them stressed out.” Many teens also explain that parents and other adults do not acknowledge their stress. They state that parents and teachers do not understand the challenges they face at school and in their relationships. (Smetana: 2009)

Sources and impact of stress: The stress being experienced by teenagers can be classified as body change, family stress, peer stress, romantic relationship stress, school stress, and neighborhood stress. Family conflicts usually involved doing their homework, cleaning their room, and doing chores. “Boys would be more worried about family stress. One source of frequently cited family stress involved worrying about the well-being of family members. Stress involving siblings is a recurrent specific issue. Teens note that younger siblings are frequent sources of stress, yet boys indicate slightly more worry about younger sibling stress than girls. Some of the sibling stress arose from conflict over family responsibilities or from observations of stressful situations involving their caregivers and siblings. Several boys describe feeling stress because of being the only male in the household — having to care for mothers and sisters as well as defend the home.” Teenagers describe the joys of friendship and
social interactions; however, they identify feeling stress from observing friends who were having difficult relationships, dealing with friends' problems or directly being hurt by a friend. “Many teens describe stress from peer pressure and changing peer relationships, particularly during the transition to high school. They explain that this stress as a result of school change and conflicting expectations of friendships. During adolescence they will find that friends are very important and what they think of this is more important than what their parents think of them.” However, this also makes them want to be like their friends—friends may urge them to do things which they should not be really doing—like starting to smoke, drink, neglect studies, steal, gambling, visit prostitutes, etc. “Boy—girl relationships are a frequent cause of stress. On the other hand, more girls than boys state that this type of stress creates considerable worry. Girls and boys experience different types of stress from romantic relationships. Among girls, the prevalent stressor involved the honesty of boyfriends: Boys comment that their girlfriends constantly question them about trust and pressurize them to provide material items”. School work is identified as the most frequent and important source of stress. Teens feel stress from the increased amount of homework in the ninth grade and from worrying about exams and grades. “More boys than girls express worry about the amount of school work. Many teens also experience the stress of adjusting to high school, which includes interacting with new people and negotiating a new environment. Several teens discuss stress from teacher relationships, particularly from a perceived lack of respect from teachers as well as general conflicts. Student—teacher relationships are a critical source of stress that youths report as inhibiting their academic performance and school functioning. Neighborhood stresses come from neighbors who have an unsolicited interest in the teens' lives as well as from drug dealing and litter on the streets. Girls report concerns about men in their neighborhoods.” Although the teens feel overall stress from living in their neighborhoods, the sources of stress do not rank as major concerns in the pile-sort activity relative to other sources of stress such as school or parents. Boys have more problems in the school and family environment, with friends and with money. Girls have more problems of developmental concern. Boys have more resources when compared to girls. (Muralidharan, et al. 2000)
“Many adolescents have ambient personality traits. Many are possessed with moderate to low level of mental health. Majority of the adolescents are experiencing stress and poor level of perception towards their future.”
(Samuel, et al. 2000)

Emotional problems during adolescence: “Over-eating, excessive sleepiness and a persistent over-concern with appearance may be signs of emotional distress. Anxiety may produce phobias and panic attacks. These emotional disorders are often not recognized, even by family and friends (depression for example). At some time, most of the adolescents would feel so miserable that they would cry and may also feel to get away from everyone and everything. During their adolescence, more than 1 in 5 teenagers think so little of themselves that life does not seem worth living. In spite of these powerful feelings, depression may not be obvious to other people.” (Aalsma; 2006)

Sexual Problems: “The dramatic physical changes of adolescence can be very worrying to some teenagers, especially to those who are shy and who don't like to ask questions. At the other end of the scale, some express their concern with excessive bragging about sexual ability and experiences. More than half of young people in the western countries will have had their first experience of sex before the age of 16 and so the risk of pregnancy is a significant part of adolescent life. The age of consent for both heterosexual and homosexual intercourse is 16 in England, Scotland and Wales, 17 in N. Ireland. It is illegal to have sex if either partner is under this age, even if they give consent. Those who start having sex early are at greater risk of early pregnancy and health problems. Sexually transmitted diseases are common. HIV infection and AIDS are becoming more common. Crushes on someone of the same sex are common in adolescence. Some go on to be gay, most don't. Some young people (and their parents) will not be sure whether they are gay or straight. Sensitive support, clear guidance and accurate information about these different aspects of sex are essential - from parents, schools, family doctors, and family planning clinics. Most adolescents choose their partners quite carefully. Sleeping around and risky unprotected intercourse are often signs of underlying emotional
problems. They may also be the signs of a risk-taking lifestyle - adolescents who take risks in one way tend to take risks in other ways as well. Girls who are close to their parents are less likely to become pregnant in their teenage years.” Physical, emotional and sexual abuse may occur in adolescence and may cause many of the other problems. (Emmen; 2002)

Behaviour Problems: “Teenagers and their parents complain about each other's behaviour. Parents often feel they have lost any sort of control or influence over their child. Adolescents want their parents to be clear and consistent about rules and boundaries, but at the same time may resent any restrictions on their growing freedom and ability to decide for themselves. Some sort of disagreements is common and normal. The children are at greater risk of getting into trouble if their parents don't know where they are. So, parents must try to make sure that where they are going and what they are up to.” (Omori; 2005)

School Problems: “Refusal to go to school can be due to: difficulties in separating from parents, being perfectionist, and becoming depressed because they can't do as well as they would want to, disturbed family life, an established pattern which may have started at primary school. Such children often have physical symptoms, such as headache or stomach-ache. Those who go to school, but then play truant, are usually unhappy at home and frustrated at school. They prefer to spend their days with others who feel the same way. Emotional problems will often affect school work - worry about oneself, or about what is going on at home, makes it difficult to concentrate. Pressure to do well and to pass exams may come from parents or teachers, but adolescents usually want to do well and will push themselves. Excessive nagging can be counter-productive. Exams are important, but they should not be allowed to dominate life or to cause unhappiness. Bullying can cause all of the above. Around 1 in 10 secondary school children is bullied at some point; about 1 in 20 is bullied every week. Short children are more likely to be bullied.” (Hale; 2002)

Trouble with the law: “Most young people do not break the law, but those who do are usually boys. When they do, it usually only happens once. If a parent doesn't feel that breaking the law is particularly important, it is more likely that their children will offend. Unhappiness or distress can also lead to behaviour
that will get them into trouble with the police.” It is always worth asking about such feelings if an adolescent is repeatedly getting into trouble. (Maynard; 2008)

Eating problems: “Weight can be a real problem. If an adolescent is overweight and is criticized or made fun of, they are more likely to dislike themselves and to become depressed. This can lead to inactivity and comfort eating, which worsens the weight problem - dieting can actually aggravate the situation. It is more important to ensure that they feel happy with themselves, fat or thin. Fortunately, few will develop serious eating disorders - only around 1 in 100 teenagers develop anorexia, 1 in 50 have bulimia.” However, these are more likely to occur in those who take up serious dieting, think very little of themselves, are under stress and who have been over-weight as a child. (Maynard; 2008)

Drugs, solvents and alcohol: “Many teenagers experiment with alcohol and illegal drugs. Regular use of drugs or alcohol is much less common. Less than 1 in 100 of 11-12 year olds are regular users, but this increases to 1 in 6 of 15 year olds. Although cannabis has been widely felt to be relatively harmless, there is now good evidence that it can make mental health problems worse in adolescence and can double the risk of developing schizophrenia. Despite publicity about other drugs, alcohol, cigarettes and tobacco products are the most common substances to cause problems for adolescents. There will be sudden or dramatic changes in behavior of the person who indulge into substance uses. Much of the cannabis available today is many times stronger than was available 20 years ago, and a lot more risky to both physical and mental health.” (Steinberg; 2009)

Mental Illness: “Much less often, changes in behaviour and mood can mark the beginning of more serious psychiatric disorders. Although uncommon, manic depression and schizophrenia may emerge for the first time during adolescent years. Extreme withdrawal may indicate schizophrenia, though there are usually other explanations for such behaviour.” (Campbell; 2001)
Emotional problems and mental disorders in adolescence: “The period of adolescence is the most trying period in the development of human being. The period of adolescence starts from thirteenth year and last at twenty year of child’s age. During this period, the individual confronts with growing severe difficulties and manifests conditions symptomatic of great emotional tensions, which create mental disorders. During this period some individual develop conditions symptomatic at almost complete defeat. Rebelliousness, defiance, non-conformity, destructiveness, and truancy are all symptoms of tension and hostility. Behaviors marked by shyness, seclusiveness, day-dreaming, and sometimes bizarre or delusional behavior are evidence of serious disorganization of the personality. Children with a trouble personality are often unable to cope successfully with the inner conflicts and stresses that develop during the adolescent years. All adolescents are confronted with four major problems that they must solve satisfactorily if they are to develop into socially and personality adjusted adults. These problems are achieving personal independence, developing a sense of responsibility, developing an interest in and making an adjustment to individuals of the opposite sex and making adequate preparation for a vocation.” Failure to make a satisfactory adjustment to these hurdles of the adolescent years in many instances leads to maladjustment and severe emotional disorders. (Nataraj; 1984)

“Adolescents may expect to be treated like a grown up and want to do grownup things without realizing that it would probably be wiser to wait until they really are an adult so that they can understand the responsibilities and consequences of their action better. They may themselves expect to behave confidently like a grownup but lose confidence in themselves when they try and become anxious. This is also a time when they can get easily upset when people don’t treat them like an adult and they may tend to rebel against anyone who challenges them to do right. Another important aspect of the emotional change is a realization that people of the opposite sex are no longer irritating but attractive. Curiosity about sexual matters is a common part of growing up and an essential part of preparing for adulthood.” Sexual fantasies about people of the opposite sex are common and are not abnormal. (Blasi, et al.1974)
"Adolescence is a state of storm and stress. Adolescent boys and girls experience emotional disturbances. In order to reduce anxiety and tension they may go for psycho-active drugs like cocaine, heroin etc which are injected into the blood vessel with a common syringe for quick comfort. Thus, HIV may be transmitted from the infected persons to the non-infected persons through the common syringe. Consequently, they may suffer from AIDS through drug addiction. (Verma; 2003)

"The young child learns early about hierarchy within the family, as he watches affectionate and respectful relationships between seniors and juniors, males and females. A young child is often carried about by an older sibling, and strong and close sibling bonds usually develop. Bickering among siblings is not as common as it is in the West; rather, most siblings learn to think of themselves as part of a family unit that must work together as it meets the challenges of the outside world. Young Indian children are encouraged to participate in the numerous rituals that emphasize family ties. The power of sibling relationships is recognized, for example, when a brother touches his sister's feet, honoring in her the principle of feminine divinity, which, if treated appropriately, can bring him prosperity. In calendrical and life-cycle rituals in both the north and the south, sisters bless their brothers and also symbolically request their protection throughout life. During adolescence children typically experience greater demands from family members. In villages, children learn the rudiments of agricultural labor (masculine roles), and the like and girls learn domestic chores (feminine roles). City children also learn household duties, and children of poor families often work as servants in the homes of the prosperous. Some even pick through garbage piles to find shreds of food and fuel. More than half of India's children between the ages of six and fourteen are not in school. The sex ratio is particularly unfavorable to females in the central northern section of the country (80: 100) where as in southern regions it is comparatively lesser (97:100). Parents favor boys for various reasons. India, a boy's value in economical endeavors is higher than a girl's, and after marriage a boy continues to live with his parents, ideally supporting them in their old age. It is considered that having
sons may enhance families' capacity to defend themselves and to exercise power. A girl, however, moves away to live with her husband's relatives and with her goes a dowry. In the late twentieth century, the values of dowries have been increasing, and, furthermore, groups that never gave dowries in the past are being pressured to do so. Thus, a girl child can represent a significant economic liability to her parents. In the south, girls receive better treatment. Thus children learn early the realities of socioeconomic and urban-rural differentiation and grow up to perpetuate India's hierarchical society. For many Indian children, especially boys, an important event of young adolescence is religious initiation. Initiation rituals vary among different regions, religious communities, and castes. In the north, girls reach puberty without public notice and in an atmosphere of shyness, whereas in much of the south, puberty celebrations joyously announce to the family and community that a young girl has grown to maturity". (Kakar; 2009)

“In this stage individual’s main concerns like vocation, marriage, family and new responsibilities and new challenges exert considerable influence on his emotional development. If these problems are properly solved, then his emotional development proceeds along paths that are eminently desirable. On the other hand such problems as failure to secure the desired profession, continued unemployment, undesirable marriage, increase in the number of children, unsound economic position, absence of domestic calm and bliss can only help to create emotions such as anger, fear, hatredness, jealousy etc.”(Gawrowsk, et al.2006)

Adolescent Health - an Emerging Problem: “Some practitioners in particular are arming themselves to work more effectively with adolescents, aware that the needs and behaviours of today's young people can shape the health problems of the next generation. Adolescents account for 18-22% of all admissions to the hospital, rising from 54% in 2000 to 56% in 2008. There is increasing recognition of the burden of health problems affecting adolescents and young adults and of the need for health services to adapt accordingly.
Adolescent clinics in western countries released figures recently that highlighted the most common reason for adolescent referral: unexplained medical symptoms, behavioral problems, prolonged school absence, primary mental health problems, and previously diagnosed chronic illnesses. Kennedy (2009), a Pediatrician and Adolescent Physician says that a great number of adolescents referred to the clinic had been failing or falling behind at school and this was a key sign that something else was wrong with the patient. This can make it difficult for a doctor. There was a time when all young people required were antibiotics for a chest infection, or the patching up of a sporting injury. In 2010 however, some of the hot topics of discussion are: ‘sexing’; the transition from primary to secondary school; cyber-bullying; sadness and depression; sexual abuse; suicide attempts; body image and how to talk to parents about sensitive or embarrassing issues.” (American Medical Federation; 2010)

Perhaps a significant amount of future adolescent problems could be solved by speaking to them. A large number of surveyed teenagers (survey by National Institute of Public Cooperation and Child Development, 2008) said they wished their parents would be more approachable on the topics of their concern and curiosity, with many teens saying they are left with unanswered questions. “Our population is changing and so must the skills of personnel handling these adolescents. However, diverse cultural backgrounds have implications for the provision of culturally sensitive and accessible services. A broader synthesis of studies on children, adolescence, youth and families need to be launched by national authorities. The inclusion of interdisciplinary group of researchers who can explore the different strands of research in adolescence is also important. Policy makers, educators, community health specialists and others concerned with the life challenges facing adolescents must look for ways to use scientific findings to better serve young people and their families.” (Chaube; 2002)
AMA (American Medical Association) has developed two adolescent programs: Dr YES, a preventative health education program that uses medical students to go to schools to talk frankly about a range of topics; and Youth Friendly Doctor (YFD), a program for General practitioners to build competency in the provision of primary health care to adolescents. The programme report reveals that about 40% of alcoholics addicted were adolescents.

"The mass media greatly exaggerates adolescent problem behaviors. Media portrayals of drug use, sexual encounters, and psychological and behavioral disorders are rarely accurate. Because people view these negative stereotypes about adolescents so often in the media, they are led to believe that adolescence is always a very problematic time of development. Adolescence is a period of development in which it is very normal to seek independence, explore personal identities, and pursue relationships, and thus it is expected that some of the experimentation that adolescents engage in is risky. It is extremely important to distinguish between occasional experimentation during adolescence and long-term problem behaviors. For example, although many teenagers will commit an act that is against the law during their adolescent years, relatively few adolescents continue on to commit criminal acts in their later lives. Further, it is very important to distinguish between problems that first occur during adolescence and those that may have developed during childhood. The majority of adolescents who have continuous problems with the law during adolescence also had problems at an early age, even as early as preschool. Thus, even if a problem is displayed during adolescence, it may not be a problem related to adolescence. What's more, what the media neglects to mention is that most problems that adolescents experience are resolved by the time they reach adulthood. For example, delinquency, drug use, and eating disorders are all experienced more by the adolescent population than the adult population. The adolescents that take part in these behaviors often abandon them as they reach the beginning of adulthood. Oftentimes, the adults that do continue with these behaviors from adolescence often had problematic childhoods, which in turn led to problematic adolescent and adult years. Thus, though the media often
proclaims that the problem behaviors of adolescents are causing the downfall of civilization, it is important to remember that most of these behaviors fade over time. Finally, delinquent or problem behaviors that occur during adolescence are hardly ever a direct result of adolescence. For example, media theories that blame problem behaviors, rebellions, and identity crises of adolescents on their hormones actually have no scientific support. In fact, hormonal changes during adolescence only have a very small impact on adolescent behavior." Thus, contrary to the suggestions of the popular media, when an adolescent experiences a very serious psychological problem, this behavior is usually not normative and is most likely a sign that something is not right. (Resnick; 1997)

Media profusion: “Access to media has increased so quickly through a vast number of mediums such as computers, cell phones, stereos and televisions, adolescents’ use of media has skyrocketed in the past decade. Almost all households have at least one television, and in recent days adolescent also have access to Internet (particularly in urban areas), at least occasionally. As a result, the amount of time adolescents spend using these devices, their total media exposure is extremely high - the average adolescent uses one of the mass media more than 6 hours a day. In the last decade, the amount of time that adolescents spend on the computer has greatly increased (video games=78%, browsing=73%, school related activities=63%). Most research has focused on the impact of television on development. Because of this, little is known about the effects of other media on adolescent development. The topics most focused on by researchers are drugs, violence, and sex, though researchers disagree about the magnitude of the effects of adolescents’ exposure to these concepts in the media. However, there is no doubt that exposure to these topics in the media is vast. The exposure to messages about violence and actual violence are more consistent than those relating to sex and drugs.” Though studies have not found a conclusive answer about whether exposure to media messages about sex affects the behavior of adolescents, studies have shown that repeated media exposure to these messages affects at least the attitudes and beliefs of
adolescents. However, anti-drinking and anti-smoking ads have been shown to be effective in changing the beliefs and attitudes of adolescents about drinking and smoking. (Mathur; 2007)

Controversial media content and adolescence: “The exposure to controversial topics in the media is vast. Of the television shows popular among adolescents, more than 70% display sexual content and images, and there are approximately seven sexual scenes per hour of television. Furthermore, television most often portrays men as aggressive and dominant, while women are portrayed as the submissive and obedient sex objects. Unfortunately, there is a lack of messages regarding the consequences of sex, physically and mentally. Violent imagery is highly depicted in film, music, and video games, all of which adolescents are exposed to. Adolescents who play a lot of violent video games also are involved in more fights and get into more arguments than peers who do not play these games. The violent lyrics to songs increase the aggressive thoughts of individuals. However, it is highly debated whether these violent games or lyrics actually cause adolescents to commit serious acts of violence. In the mass media, alcohol, tobacco, and illicit drugs are extremely frequent. The three substances are displayed in about 75% of television shows, almost all movies, and around 50% of music videos. What’s more, approximately 10% of all television commercials are for alcoholic beverages.” Also, advertisements for liquor and tobacco are becoming ever-present on the Internet, with their companies sponsoring websites and chat rooms. Adolescents are much more likely to smoke if their favorite film star is a smoker. Unfortunately, adolescents who are less likely to smoke are more likely to be affected by seeing smoking in movies. (Flay; 2005)

Influence of media: “The message about violence and actual violence is more consistent than those relating to sex and drugs. It is difficult to say whether exposure to media messages affects the behavior of adolescents, but repeated media exposure to these messages affects at least the attitudes and beliefs of adolescents. However, anti-drinking and anti-smoking ads have been shown to be effective in changing the beliefs and attitudes of adolescents about drinking
and smoking. Because it is becoming increasingly easier to communicate via electronic communication, the way adolescents socialize has changed. The effects of adolescents' online socialization are very controversial and intriguing. Many are concerned over whether electronic communication versus in-person communication negatively effects the development of adolescents, and there are also worries over whether strangers who intend to harm adolescents, like sexual predators, are easily able to contact and develop relationships with adolescents through publicly posted information on social websites." (Clemente; 2005)

“A large number of adolescents' parents in developed urban areas worry that electronic communication has negatively effected their social development, replaced face-to-face communication, ruined their relationships, negatively affected their social skills, has led to unsafe communication with strangers, and has replaced more valuable activities. Internet use most definitely has a negative effect on the physical health of adolescents, as time spent using the Internet replaces time doing physical activities. This inactivity is strongly thought to contribute to obesity among teens. However, the Internet can be extremely useful in educating teens about accurate health information, though the usefulness depends on the quality and content of the websites’ material. Internet communication brings friends closer and is beneficial for socially anxious teens, who find it easier to interact socially online. Alternatively, getting to know strangers online and developing friendships with them actually lowers the quality of relationships with one’s friends. Most of the adolescents at risk for solicitation are females of high school age. However, there isn’t any evidence that Internet use benefits or has any negative effects on the school performance of adolescents. Most magazine advertisements emphasize the necessity of physical attractiveness and advocate thinness. Adolescent females who read fashion magazines on a regular basis are much more dissatisfied with their bodies than their peers who do not read the magazines as often or at all. What’s more, adolescent girls who read magazines featuring articles and advertisements about dieting and weight loss partake in more unhealthy behaviors for weight control, such as taking laxatives and fasting.”

(Koplan; 2005)
Adolescents are a very attractive target for many businesses because of their population size. Though some believe that advertising aimed at adolescents takes advantage of their impulsiveness and self-consciousness, proponents of adolescent consumerism argue that it is not only advertising, but the strong influences that teens have on each other regarding their purchases that drives adolescent consumerism. This peer influence has become known as viral marketing, in which products are promoted by encouraging individuals to pass information on to others. The role modeling aspect of television and movies although frequently overlooked is crucial to understanding its influences. Adolescents imitate what they see in the media immediately and directly. Heavy consumer of movie and television may begin to believe that the world is a more violent place than it really is and violence is an acceptable solution to any problem or that all conflicts can be easily resolved within a short period of time. Movie and TV viewing does seem to decrease study time. Excessive consumption of movie can develop aggressiveness among adolescents. The deflection of violence causes desensitization and creates a climate of fear. Significant exposure to media violence increases the risk of aggressive behavior in certain children and adolescents and desensitizes them to violence. Viewing habits and behavior patterns of a single individual found that 8 years old boys who viewed the most violent programmes were the most likely to engage in aggressive and delinquent behavior by age 18 and serious criminal behavior by age 30.” (Kaiser Family Foundation; 2005)

“"A study regarding attitudes of adolescents towards violence and aggression depicted in movies finds out that majority of adolescents feel that movies are disseminating much more than a fair amount of violence and aggression which are directly or indirectly influencing youth to adopt these in their life. Majority of boys adopt aggression as a coping strategy and adopt such behaviors while facing an unfavorable situation. Boys feel more secured in a group that possesses arms. Therefore, among adolescents boys found being more affected by violence and aggression shown in movies.” (Mathur; 2007)
Components of emotion appeals: “Any discrete emotion can be used in a persuasive appeal; this may include jealousy, disgust, indignation, fear, blue, disturbed, haunted, and anger among adolescents. Fear is one of the most studied emotional appeals in communication and social influence research. Important consequences of fear appeals and other emotion appeals include the possibility of reactance which may lead to either message rejections or source rejection and the absence of attitude change. There is an optimal emotion level in motivating attitude change. If there is not enough motivation, an attitude will not change; if the emotional appeal is overdone, the motivation can be paralyzed thereby preventing attitude change. Important factors that influence the impact of emotion appeals include self efficacy, attitude accessibility, issue involvement, and message/source features. Self efficacy is a perception of one’s own human agency; in other words, it is the perception of our own ability to deal with a situation. It is an important variable in emotion appeal messages because it dictates a person’s ability to deal with both the emotion and the situation. For example, if a person is not self-efficacious about their ability to impact the global environment, they are not likely to change their attitude or behavior about global warming. Attitude accessibility refers to the activation of an attitude from memory in other words, how readily available is an attitude about an object, issue, or situation. Issue involvement is the relevance and salience of an issue or situation to an individual. Issue involvement has been correlated with both attitude access and attitude strength.” (William; 2001)

School related problems in adolescence: “School refusal, specific learning disabilities, conduct disorders, emotional disorders and neurotic disorders.” (Indramma, et al. 2007) “Stress can have a significant effect on an adolescent’s long term physical and mental well-being. An understanding of the role of unmanaged stress during early adolescence is critical for the prevention of chronic diseases such as depression. The perceptions of stress, sources of social support, and use of coping strategies among adolescents would decide the later coping capabilities. The influence of violence and neighborhood factors on stress among teens, teens prioritized other sources of stress, particularly from
school, friends, and family. For support, they rely on different individuals, depending on the source of the stress—friends for romantic relationship stress and family for job, school and family stress. Girls more frequently make use of support seeking and active coping strategies than boys. Teen stress is a pivotal health issue because of its ability to disrupt an adolescent’s capacity to handle the demands of daily life, yet it is often overlooked and is poorly understood.”

Stress emerges for young people as they enter adolescence, a transition that brings rapid socio emotional changes. Teens must confront the challenges of developing healthy relationships with peers, meet the expectations of school and responsibilities of family, and negotiate life in neighborhoods. Chronic stress, or stress left unchecked or unmanaged, can have profound impact on an adolescent’s physical and mental well-being, leading to illness such as depression. Understanding the role and impact of stress is an important first step in the prevention and treatment of its associated chronic diseases.

(Smetana; 2009)

Coping with stress: “Youth may adopt avoidant and active coping styles to deal with stress in their life. The majority of teens avoid conflicts by trying to stay away from the problem, distracting themselves, or not thinking about the issue. Teens also acknowledge that they try to talk to a friend or an adult about a problem to figure out how to handle stress.”

(www.jhsph.edu/adolescenthealth ; dated 29-02-2009)

“As part of their development into young adults, humans must develop an identity independent from their parents or family and a capacity for independent decision-making. They may experiment with different roles, behaviours, and ideologies as part of their process of developing an identity. Teenage rebellion has been recognized within psychology as a set of behavioural traits that supersede class, culture, or race. There remains some debate as to whether the causes of teenage rebellion are completely natural or necessary. Some posit that an adolescent's failure to achieve a sense of identity can result in role confusion and an inability to choose a vocation, and these pressures may cause viewed as
adults. Indeed, in the Western world the age at which one is considered an adult (in both the cultural and legal sense) has advanced from the early teens in earlier centuries to the late teens and even early twenties in today's society. Teenage risk-taking is generated by competition between the socio-emotional and cognitive-control networks. Both go through maturation processes during adolescence, but do so at different rates. Specifically, the socio-emotional network, which dictates responses to social and emotional stimulation, develops more rapidly and earlier during puberty. The cognitive-control network, which imposes regulatory control over dangerous decision making, develops over a longer period of time, across the whole of adolescence. Adolescents as irrational individuals who believe they are invulnerable and who are unaware, inattentive to, or unconcerned about the potential harms of risky behavior. Teenagers have the same ability as adults to evaluate risks and their own vulnerability to the risks. Increased availability of information and education regarding the consequences of risky behavior have improved adolescents' understanding of the risks. It has done little, however, to change the actual behavior. This is because the rules that teenagers break when they rebel are based upon the logical system supported by the cognitive-control network. This network is utilized by the adult authority, but is overthrown in adolescents by the stronger socio-emotional network. A large factor in teenage rebellion is the natural early development of the socio-emotional network.” Teens are more likely to consider risk while making a decision, and for a longer period of time, than adults. They are more likely to overestimate the risks, in fact. Teens also, however, will take risks because they find the reward (such as instant gratification or peer acceptance) more valuable. (Bright; 2008)

Rebellion against peer norms: “Not all teenage rebellion takes the form of violation of rules (i.e. illegal activity such as drug and alcohol abuse, vandalism, theft and other delinquency). Often teenage rebellion takes form in the violation of societal norms. And as these norms are set in place as much by teens themselves as by their adult caretakers, teenage rebellion within teenage culture is also commonplace.” (Cornell; 2006)
“Adolescent egocentrism can be divided into two separate forms: the imaginary audience and the personal fable. The first relates to the adolescent living life believing he is constantly being watched and judged by others, and that others are as concerned with his appearance and behaviour as he himself is. The personal fable results in the adolescent perceiving himself as special and unique, believing no one can relate to his personal experiences. It is also characterized by exaggerated feelings of invulnerability. Feelings of uniqueness may stem from fascination with one’s own thoughts to the point where an adolescent believes that his or her thoughts or experiences are completely novel and unique when compared to the thoughts or experiences of others. This belief stems from the adolescent's inability to differentiate between the concern(s) of his or her thoughts from the thoughts of others, while simultaneously over-differentiating his or her feelings. Thus, an adolescent is likely to think that everyone else (the imaginary audience) is just as concerned with him as the he himself is; while at the same time, this adolescent might believe that he is the only person who can possibly experience whatever feelings he might be experiencing at that particular time and that these experiences are unique to him. An adolescent's intense focus on himself or herself as the center of attention is what ultimately gives rise to the belief that one is completely unique, and in turn, this may give rise to feelings of invulnerability. Ultimately, the two marked characteristics of personal fable are feelings of uniqueness and invulnerability.” (Charles; 2000)

“The onset of adolescent egocentrism is brought on by the emergence of the formal operational stage, which allows the adolescent to mentally construct hypotheses that are contrary to reality. It is at the onset of adolescence that the individual is freed from the confines of concrete thought, and begins to be able to grasp abstract or hypothetical concepts (thus the formal operational way of thinking arises). Here, the individual is now able to imagine the hypothetical situation involving dogs as humans and not animals.” Thus, the individual is also able to imagine, and even come to believe, hypothetical situations in which everyone is as concerned with him or herself, and in which he or she is unique and invulnerable when compared to others. Such contrary-to-fact propositions are what characterize the personal fable. “Adolescent egocentrism emerges in
the midst of the transition. Although the construct itself remains widely used in research today, there has been no supporting evidence to suggest that adolescent egocentrism follows any age related pattern (as would be suggested by the assumption that it disappears when adolescents enter the formal operational stage, which in fact some individuals never reach). The onset of adolescent egocentrism tends to occur at about age 11-13 which is considered early adolescence. Since an adolescent is thought to develop the formal operational stage of thinking during this time, the personal fable phenomenon is thought to develop as well. Middle adolescence is generally considered to be around the age range of 14-16. Past research has demonstrated that personal fable peaks at about age 13 during early adolescence. Late adolescence is considered to range from the age of 17 to about 23. In late adolescence, there had been evidence of a possible re-emergence of the personal fable (or at least adolescent egocentrism) during late adolescence. It is hypothesized that this re-occurrence of adolescent egocentrism may act as a coping mechanism during the transition to new educational and social contexts (moving away to college, for example). Perhaps further research into the prevalence of the personal fable in late adolescence is required.”

A study was done to analyze whether or not personal fable (and imaginary audience) decreased, increased, or remained stable across an age range from sixth grade to college. The results showed that there was no significant difference between age groups with regards to the personal fable phenomenon, although it did seem to decline slightly. Also, the results showed that the imaginary audience phenomenon seems to decrease as one ages, more so than personal fable.” Furthermore, there was a study conducted to analyze the gender differences with regards to the chronicity (the pattern of the behavior across time) of the personal fable phenomenon across early, middle, and late adolescence. The results showed that the personal fable phenomenon, including invulnerability and uniqueness, tends to decrease as an individual moves into middle and late adolescence more so for females than for males. “Females seem to have a higher sense of uniqueness than male adolescents. Male adolescents also feel more omnipotent (where the adolescent may feel that he is in complete control, all-powerful, and knows everything) when compared to girls.” A study was done to analyze the role gender plays is sexual risk-taking. The results indicated that “females had a higher instance of
sexual risk taking (which involved sexual intercourse at a younger age and not using contraception. Adolescents perceive risks but they do not incorporate these into their decision making process. The problem-solving skills of adolescents change and improve with age as a function of cognitive development and social experience. The male adolescents used more wishful thinking in their coping strategies than did female adolescents, who tended to rely more on social supports as a coping strategy." Youths with lower levels of self-esteem rely more on emotional-based coping methods and youths with high levels of self-esteem more readily utilized skills associated with problem solving and higher levels of formal operations as coping strategies. (Arnett; 2000)

Differences in coping between boys and girls: “There are key differences between boys and girls coping style. A greater percentage of boys report frequent use of avoidance coping skills than girls, and also, frequent use of distraction coping strategies than girls. Boys more likely than girls use sports as a coping mechanism. Girls prefer prevention of problems before they arise.” (Timko, et al. 2008)

Coping Mechanisms among adolescents: “Adolescents are complex animals living complex lives in which they are not always able to cope with the difficulties that they face. As a result, they are subject to feelings of tension and stress, for example the cognitive dissonance and potential shame of doing something outside our values. To handle this discomfort they use various coping methods such as; adaptive mechanisms, (that offer positive help) attack mechanisms, (pushes discomfort onto others) avoidance mechanisms, (avoids the issue) behavioral mechanisms, (change what we do) cognitive mechanisms, (change what we think) conversion mechanisms, (changes one thing into another) defense mechanisms, (Freud's original set) and self-harm mechanisms (hurting ourselves).” To help adolescents cope, find ways to let them safely let go of the stress that they experience or gain a greater understanding of the situation. Coping actions are usually symptoms of deeper problems and addressing them directly can be ineffective or even counter-productive.
The best approach is to discover the deeper cause and address this, which will hopefully then result in the coping mechanism disappearing.

(Orosan, et al.2009)

Challenges in adolescent development and prevention in INDIA: "Adolescents are no longer children yet not adults. It is characterized by rapid physical growth, significant physical, emotional, psychological and spiritual changes. Adolescents constitute 22.8% of population of India as on 1st march 2000. They are not only in large numbers but are the citizens and workers of tomorrow. The problems of adolescents are multi-dimensional in nature and require holistic approach. A large number of adolescents in India are out of school (47%), under/malnourished (65%), get married early (26% < 15 years of age), working in vulnerable situations, and are sexually active (20-30%), exposed to tobacco or alcohol abuse (4.5%), 49% adolescents know about contraceptives, 4.5% drug abuse, 50% of all HIV positive new infections are in the age group of 10 - 25yrs. Impact of adolescence could be understood as lack of formal or informal education, school dropout and childhood labour, malnutrition and anemia, early marriage, teenage pregnancies, habits and behaviours picked up during adolescence period have lifelong impact, lot of unmet needs regarding nutrition, reproductive health and mental health, lacking safe and supportive environment, desire for experimentation, sexual maturity and onset of sexual activity, transition from dependence to relative independence, ignorance about sex and sexuality, lack of understanding, sub optimal support at family level, social frustration, inadequate school syllabus about adolescent health, misdirected peer pressure in absence of adequate knowledge and lack of recreational, creative, and working opportunity etc. Adolescents are reluctant in seeking help may be due to fear, discomfort, poor perception of the issues, lack of privacy, confidentiality, cumbersome feelings, parental reactions, lack of information, etc. Majority of the developmental problems among adolescents can be prevented at the earliest by providing health education, skill development trainings, life skill education, counseling, awareness programmes and clinical management if required. Adolescent friendly health centers need to be established and focusing on good reception facilities, accessibility, quality care
service, well trained people, security, easy communication to the outside, privacy and conducive environment. Adolescent friendly health workers should possess the qualities like friendly nature, knowledgeable, presentable, effective communication skills, empathetic, punctuality, flexibility, active listener acceptance and non-judgemental.” The adolescent period is hazardous for adolescent health due to absence of proper guidance and counselling. Family has a crucial role in shaping the adolescents behavior. Parents have to ensure a safe, secure, and supportive environment for the adolescents. Family members in the community need to be informed and educated about adolescence problems. A positive and encouraging attitude has to be developed among the family members and the community towards adolescents. School teachers need be trained on adolescent health. Community leaders also play a vital role on adolescent care. (Selvaraj; 2002)

Lifestyle disease prevention by intervention: “There are many diseases like obesity, Type 2 diabetes mellitus, hypertension, coronary heart diseases and stress related disorders that are caused by an unhealthy lifestyle that tracks through childhood into adolescence and into adult onset diseases. Lifestyle risk factors developed during childhood/adolescence like unhealthy food habits, alcohol, smoking, poor physical activity, drugs etc also track through into adult life. Fortunately many of them are preventable by a healthy lifestyle that includes healthy eating habits, exercise, effective stress management and avoidance of alcohol and substance abuse.” (Bhave; 2006)

Sex education is the way to Safety: “Even as various media feed our youngsters with regular diet of sexually explicit messages and images, our governments continue to be in denial. Despite statistics to prove that the number of sexually active adolescents is growing steadily- India has the largest number of HIV/AIDS cases in the world- as many as 12 state governments including Karnataka have banned sex education on the grounds that it would erode our cultural and moral values. Surely, that is a dangerous disconnect between ground reality and self-delusion. Sex is still a dirty word in India and the tragedy of the Indian adolescent’s situation was succinctly driven home.
Adolescents today, even as they grapple with their own growing sexuality and attendant problems related to their age, have to deal with peer pressure to experiment on the one hand and lack of proper guidance on safe sex on the other. They find that there is too much misinformation freely available and too little counseling to fall back on. With authority figures like parents and teachers clamming up the subject in question is broached, adolescents and up being educated by more experienced peers.”

(Times of India; dated 23-04-2008, page no.13)

“Visits of teenage girls with complaints of teenage pregnancy (out of wed lock) and complaints resulted from unsafe sex to OBG clinics in Bangalore are increasing in recent days. One such girl’s casual dismissal of her dalliance with multiple partners as being similar to tasting different varieties of dosas in different darshinis sums up the gravity of the situation. Sex education should begin early, around the age of 10 to 12 and should be age appropriate. If it is being opposed on the grounds that knowledge corrupts and leads to experimentation, a WHO report which says, early sex education delays the start of sexual activity reduces sexual activity among young people, and encourages those already sexually active to have safer sex. Holland, which introduces sex education very early in school, is a good example, as the country has the lowest number of people suffering from sexually transmitted diseases. Not addressing an issue doesn’t mean the problem does not exist. While parents are still uncomfortable with the idea of talking to their children about the subject, schools- where students spend most of their time are the best bet to take up the task of dispelling ignorance. Much of the objection to sex education has been on the explicit content and graphic details in the lessons that were proposed to be taught. This is but a minor glitch, which can easily be resolved by reviewing and revising the content appropriately. Surely, everyone will agree that the physical, mental and emotional well being of a nation’s young citizens cannot be sacrificed at the altar of political expediency.” For decades, parent’s interaction with children has been the major thrust of investigation. The parents play a critical role in the socialization and shaping of the personality of children.
A number of studies have documented that children and adolescents who enjoy emotionally close relations with their parents report better psychological health in adulthood. (Venkataraman; 2008)

"Increasing empirical evidence supports the theoretical proposition that psychological well being in adulthood has roots in the affective climate of one's family of origin. Parenting styles are constellation of parental attitudes, practices and nonverbal expressions that characterize the nature of the parent-child interactions across diverse situation. It must be stressed that there is no best way to raise children. The quality of parent-child relationship has been argued to have a significant impact on the competence, resilience and well-being of all individuals. Different parental styles are used for their adolescent children. Broadly there are 12 parental styles: rescuing, supportive, prescriptive, normative, task-obsessive, problem-solving, sulking, resilient, bohemian, supportive, aggressive and confronting. The different types of parental styles and treatment of their growing children vary from too conservative to too liberal i.e., being overprotective, dominating, accepting, encouraging, logical, harmonious, rejecting, submissive, etc. One conceptual framework to understand an individual's style is that of Transactional Analysis (TA). TA concepts are quite popular. Two basic concepts to understand influence styles are taken here, the ego states and existential position." (Snary; 1995)

"As the child grows and develops, it learns not only about the world around it but also about itself." The process of self-discovery is actively going on at least as long as it lives. Self-concept includes physical and psychological images of the self, while the former is quite positive and apparent; the latter is based on the thoughts, feeling and emotions which give rise to qualities such as courage, honesty, independence, self confidence and aspirations. Self concept is the individual's way of looking at himself. It also signifies his ways of thinking, feeling and behaving. Self concept is a person's total appraisal of his appearance, background and origins, abilities and resources, attitudes and feelings which act as a directing force in behavior. (Saraswathi; 1999)
Dimensions of self concept among adolescents: “Physical self concept (adolescents view of their body, health, physical appearance and strength.), social self concept (adolescents sense of worth in social interactions), temperamental self concept (adolescents view of their prevailing colonial state or predominance of a particular kind of emotional reaction), educational self concept (adolescents view of themselves in relation to school, teachers, and extra-curricular activities), moral self concept (adolescents’ estimation of their moral worth, right and wrong activities), and intellectual self concept (adolescents’ awareness of their intelligence and capacity of problem solving and judgments). Perception of parental affection is important for developing positive self concept. Those who feel loved, accepted and emotionally supported by their parents enjoy greater self esteem and possess healthy self concept as compared to their counterparts. Parental contribution to self concept during late adolescence predicted greater satisfaction with self.” There is a positive significant relationship between self concept and parental verbal interaction. Parental protective behavior positively contributes to self concept and their rejecting behavior contributes negatively. Thus, parental styles seem to be nurturing and hindering the self concept among adolescents. Parents who are supportive, normative and resilient have positive relationship with adolescent’s self concept. When parents are more supportive, lenient in discipline and apply very natural style of dealing with their adolescents, their teens are more likely to be physically fit, carry good health and higher concept about themselves. (Saraswathi: 1999)

“Parents with supportive, confronting and innovative styles will have significant positive relationship and parents with prescriptive style will have significant negative relationship with the social self concept of adolescents. Parents with supportive, normative and problem solving styles will have positive relationship with temperamental self concept of adolescents, whereas sulking, aggressive and prescriptive styles will show negative relationship with temperamental self concept. Thus, the development of good personality traits and social acceptance depends on parents’ natural way of caring their children. Parents with normative, problem solving and innovative style will have positive influence on the educational self concept and parents with aggressive and task obsessive
styles will have negative influence on the educational self concept of adolescents. It has been also proved that parents’ supportive style shows positive influence with the moral self concept of adolescents. Parents’ problem solving and innovative styles have influence on positive intellectual self concept. Parents’ positive interaction is of great significance in developing psychological as well as academic self concept of adolescents. Children who have encouraging parents are likely to enjoy superior advantage and opportunities which in turn enhances child’s self concept. Parental behavior is the main force running through the family relationship and home environment.” Self concept does not grow in a vacuum; parental styles seem to be the major factor which affects the self concept of children. (Nirmaldeep, et al. 2005)

Adolescents face significant risks in today's society and it is estimated that one in five adolescents suffers from a current developmental, emotional, or behavioral problem. Developmental considerations when conducting assessments with adolescents need to focus on prevalence rates of behavior problems and disorders. Promising models of prevention and intervention need to be identified, including programs that focus on substance abuse prevention, pregnancy, STD, and HIV prevention, adolescent depression, and conduct disorder. Treatment strategies must include multisystem therapy, functional family therapy, and problem-solving and social skills training.

“At present, there is a great need for testing the efficacy of different psychosocial approaches and techniques with adolescents. Many researchers in the area of child and adolescent mental health have been involved in experimental studies. Most of these studies have focused on the efficacy of skill education on different groups of adolescents such as street children, juvenile offenders, school children etc. There are some studies which focus on testing the efficacy of different techniques such as group work with adolescents, behavioral modification with children of conduct disorder and supportive psychotherapy with emotionally disturbed, play therapy with abused, brief psychotherapy with disturbed. There have also been some studies which were conducted for parents of disturbed children such as efficacy of home based training programmes for parents of mentally retarded and autistic children,
The role of parents in handling adolescents' developmental concerns: Parents must prepare their adolescents to accept the changes. Daughters must be prepared by the mothers for the first menstruation. The onset may be much earlier than expected. Therefore, involving them in such discussions is essential at the earliest. Discuss the changes describing it as a natural and normal process. Mention the challenges can be experienced and effective handling the development. If parents find lack of knowledge they even can consult experts/professionals. Also they need to discuss about the importance of personal hygiene. Parents must help adolescents in overcoming the myths and misconceptions related to developmental aspects. In case, adolescents are found with discomfort with their developments, parents must make required arrangements and provide basic information, so that their child feels comfortable in any situation. Most of the time the inner most concerns are never been discussed by the adolescents with elders. Rather they prefer their friends to seek guidance which may most of the time be incorrect or misleading. Therefore, it is the primary duty of parents to understand the core concerns, worries etc of their growing child and comfortably discuss with them about their feelings. It is the responsibility of parents to fulfill the needs of their growing children in a realistic way. It is also important to make adolescents to understand the family values. Achievement motivation refers to the behavior of an individual who strives to accomplish something, to do his best to excel. This involves competition with a particular standard of the excellence of performance and influences learning and personality development of an individual. Adolescents with high achievement motivation are self-confident individuals who functions well in situations where they assure personal responsibility and can control what happens to them. They set challenging but realistic goals demanding maximum efforts. They are neither satisfied with automatic success that does not come from easy goals nor they try to do impossible tasks. They take pride in their accomplishment and drive pleasure in
striving for the challenging goals, which they set for themselves. An individual with the motive to achieve is spurred by his/her needs to satisfy, his/her drives to know and understand, to acquire feelings of personal adequacy and self-esteem and to receive approval from others as part of a desire to master his/her environment.

"Although much bullying takes place in school, bullying clearly is not solely a "school" problem just a problem for educators. Health care professionals and other professionals also play important roles in bullying prevention and intervention. As practitioners, health care professionals should be vigilant for possible signs of victimization or bullying behavior among children and youth, particularly among high risk such as children with disabilities or children about their experiences with bully-victims. Health care professionals should ask children about their experience with bullying and discuss possible concerns with parents. They should be prepared to make referrals to appropriate mental health professionals within the school or community. As researchers, health care professionals should continue to promote solid research on bullying. Although research on bullying has exploded in recent years there is still very much that need to be learnt about topics such as the physical and psychological effects on bullying on victims." As community members, parents and professionals committed to promoting the health and well being of children and their families, health care professionals should support effective school based and community based bullying prevention efforts and campaigns. (Limber; 2002)

Sources of social support during adolescence: "The social support adolescents seek during crisis can be categorized into two: Primary and Secondary sources. Primary sources are like parents, other family members, friends etc. The secondary sources contain principal, teachers, counselors, coach etc. Teens rely for support on different individuals depending on the source of their stress." (www.jhsph.edu/adolescenthealth/Products/Media/focus_medium.mov; dated 23-03-2009)
"Adolescence is a crucial period of development. There will be remarkable physical, psychological and behavioral changes taking place. Therefore, the awareness activities for adolescents about these changes and the natural developmental process seek an emergence requirement. Even the professionals who deal with adolescents very closely especially teacher, health workers, and volunteers need to know this process clearly. Adolescence is a significant period where one would move from childhood to growing stage along with many changes within him. Adolescents constitute almost 22% of our population. With the history of traditional condition this group is getting effected by the rapid changes of socio-economic situations of our country. This is also leading towards developing unhealthy habits like alcohol, immoral sexual relationships, sexually transmitted infections etc. the negligence about education among rural and tribal folks also is effecting the development of nation. In this regard the awareness programmes about effective management of adolescence stage need to be designed." (Hota; 2004)

Understanding youth sexuality: “Patterns of sexuality have come under increasing scrutiny as a result of HIV/AIDS epidemic. Because of the extremely sensitive nature of the problem, there is considerable ambivalence and reticence among researchers to work in this field. The current interest in research on sexuality has been stimulated by the urgent need to prevent AIDS in the face of pandemic. Such research has important implications beyond those related to the prevention of infection and disease control. Sexual behavior is a very important area in human behavior and deserves to be studied objectively by social and biological scientists for its own sake.” It is important to realize that sexual fantasies and curiosity are normal part of growing up. It is also important to realize that while sexuality is enjoyable for both young men and women, it is truly fulfilling only in the context of a matured emotional relationship, and that it also imposes some responsibilities. As adolescents, they are physically capable of sexual functioning and even of emotionally falling in love but one must realize that it is often wiser to wait until they are financially independent and socially accepted as adults before they try to convert their curiosity into actual practice. (Jacqueleen, et al.2000)
The need for interventions: Although changes—biologically, cognitively, emotionally, and socially—are to be expected during adolescence, certain inappropriate behaviors, drastic changes in personality or physical appearance, or abnormal sexual development may warrant a phone call to a physician or counselor. These include: extreme changes in weight (loss or gain) or excessive dieting, sleep disturbances, social withdrawal or loss of interest in activities, sudden personality changes, signs of alcohol or drug use, talk or threats of suicide, violent or aggressive behavior, and atypical (early or late) onset of puberty; in girls, failure to menstruate by the age of 16.

"Emerging Issues in the Study of Adolescence: The development of a comprehensive review of research on adolescence depends in large part on the perceived need for such a synthesis and the extent to which different research fields as well as policy and practice would benefit from such an effort. To address these issues, a workshop was held by NRCIM (National Research Council and the Institute of Medicine), through the Board on Children, Youth, and Families (BCYF-2005). The workshop was designed as an opportunity for an interdisciplinary group to explore the different strands of research that contribute to understanding adolescence. In the brief time of workshop the entire range of issues related to adolescent health and development were addressed. The different theoretical and methodological perspectives of understanding the complex phenomenon of adolescence demands was discussed in the workshop. A framework to identify the multiple settings and research disciplines that encompass the fields of adolescent science was planned. Recognizing that one workshop could not address all fields within this framework, the committee sought to focus on a selected set of research domains that could provide the basis for examining interactions and processes within a transdisciplinary paradigm that cuts across individual fields of research. The workshop had particular interest in highlighting scientific breakthroughs, as well as interventions that apply research findings to benefit youth, their families, and the professionals who work with them. The workshop had intended to address the following objectives: To highlight emerging fields of research that are of particular relevance to understanding fundamental processes
of adolescent and young adult health and development, including advances in biological, behavioral, and social sciences, to consider frontier areas of research that are important to address but need further development, to examine the strengths and limitations of different theoretical and developmental frameworks for the organization and classification of scientific knowledge about this field and adolescent and young adult age groups, to identify opportunities for synthesizing research on adolescents and young adults that can contribute to the promotion of their health and positive developments, delivery of health care services to them, and the prevention of behaviors that jeopardize their current and future well-being and to examine the need for and feasibility of launching an in-depth contextual study that synthesizes adolescent and young adult research and connects its findings to advance health promotion and prevention services, programs, and policies for these age groups. The workshop discussions presented a variety of perspectives—including detailed looks at a few key research areas—with the goal of fleshing out possible means of integrating research with policy and service needs. A summary of the major themes discussed at the workshop were: an overview of what adolescence is and current views of the processes that shape development in the second decade of life, the transdisciplinary research issues, and the feasibility of launching an in-depth contextual study that could more firmly establish connections among the many fields of study concerned with adolescence. The workshop was a first step in launching a broader synthesis of studies of adolescence. The workshop described the feasibility of launching an in-depth contextual study that could more firmly establish important connections among the many fields of study concerned with adolescence. This report had taken an important step toward the creation of a more comprehensive and interdisciplinary synthesis of adolescent research.” Over the past few years, the study of adolescence has exploded with breakthroughs that have pushed thinking about interactions among the complex biological, behavioral, and social systems that affect adolescents—from the endocrine system to social peer groups. This field is informed by human development, pediatrics, psychology, sociology, social work, anthropology, psychiatry, molecular biology, endocrinology, neuroscience and many other fields.
All contribute to the research. What are lacking are opportunities to integrate and connect research from multiple fields and examine their implications for policy and practice. (http://www.bocyf.org/090805.html. dated: 22-03-2006)

Life skills education for adolescents: “Adolescence is a crucial period of development. There will be remarkable physical, psychological and behavioral changes taking place. Therefore, the awareness activities for adolescents about these changes and the natural developmental process seek an emergence requirement. Even the professionals who deal with adolescents very closely especially teacher, health workers, and volunteers need to know this process clearly. Adolescence is a significant period where one would move from childhood to growing stage along with many changes within him. Adolescents constitute almost 22% of our population. With the history of traditional condition this group is getting effected ting by the rapid changes of socio-economic situations of our country. This is also leading towards developing unhealthy habits like alcohol, immoral sexual relationships, sexually transmitted infections etc. the negligence about education among rural and tribal folks also is effecting the development of nation.”. (www.community.nsw.gov.au/.../effective_adolescent_strategies)

“Wide variety of skills related to physical, intellectual, interpersonal and emotional competence is required for healthy growth and development of adolescents. World Health Organization (WHO) has suggested a core set of 10 life skills such as self-awareness, empathy, interpersonal relations, etc. Needless to say that if these skills are effectively imparted to adolescents, several psychological problems can be prevented and total well being can be promoted.” (Ramasubramanian, et al.2000)

“Tomorrow’s world is in the hands of today’s youth. It mainly depends on the learning, behavior and personality development of our youngsters. Teenage is an important period of adolescents as they are young energetic and enthusiastic in this stage. The personality development in this stage is so crucial and important for the selection of career. There is a close relation between the individual’s personality, behavior and his environment and there is an urgent
need to understand and manage our environment. Further, the personality
determines the attitudes and behavior, which in turn influence our abilities,
awareness and so on.” (Suresh; 2005)

“The environment in which the adolescent is growing and always being exposed
to and the significant people around him with whom he interacts in his day to
day life are the crucial determinants of his personality. The type of family,
parental nature, parents relationship with children, family income, and
education of the parents, peer group influence, neighborhood teachers and all
those relate to him through some way would definitely have significant
influence on his personality development.”(Kadirajan,et al.2005)

“Adjustment problems of adolescents are increasing day by day in the present
Indian society due to modernization and westernization. It becomes essential
now to develop good physical and mental health in youth to prevent adjustment
problems during adolescent period of life to the fullest possible extent. Home
and social environment are the important regulatory factors of adolescents’
behavior. Though adjustment problem is a general problem among adolescents,
it becomes serious when they develop maladaptive behavior as a result of
unresolved continuous stress.” Healthy childrearing practices of parents can
create controlled environment of love and discipline that is favorable for
helping children in need of overcoming distress.(Baron;2003)

“In today’s world a vulnerable group needing recognition beyond generic
documents and principles is that of children and adolescents. Perhaps more than
most other groups’ children and adolescents need special protection because of
their fragile state of development. They are readily susceptible to abuse and
neglect. Certainly in many countries, children and adolescents have occupied
special status in need of protection because of their maturing stage of
development. Protection against negligence, cruelty, abuse, exploitation, safe
housing, health care, education, protection of individuality from violation,
preparations for responsibilities of parenthood, family life, citizenship, to
maintain relationship with important people, a stable family and to safe,
nurturing relationships intended to last a life time are few important rights of adolescents. In the preamble to the convention states that in all countries in the world, there are children and adolescents living in exceptionally difficult conditions, and those individuals need special consideration. Children constitute 40% our total population and the most precious resource of the nation and it would be sensible to assure their welfare, emotional and physical well-being regardless of the prevailing political climate or the priority of the advocacy group. In recent times, the physical well-being of children has sought the attention of the national level policies in many countries, but the mental health of children is yet to gain its due place.” (United Nations; 2006)

It is interesting and exiting experience to work with adolescents and their parents in order to help them to develop healthy personality. A wider understanding of adolescent development now throws a clearer light on deviations from normal pattern; knowledge of the nature and causes of mental health problems in adolescents is steadily increasing; new and effective methods of treatments are evolving; and clinical and education services for adolescents with mental disorders are growing in scope and sophistication. Mental health is a growing concern of all persons, young and old, not because of humanitarian orientation or because of increasing incidents of mental health problems, but it is realized that much of the waste caused by mental illness is avoidable.

“Life skills are those abilities which help human beings to adjust the changing situations in everyday life. They stimulate positive behavior which enables them to deal with the demands and challenges in life. Life skills are necessary for promoting physical and mental health as well as they train human beings to achieve emotional balance. At the adolescent and young age the mind is normally flying in imaginary world. But life skills help them to understand the realities in life. They teach how to live in reality world. These skills include problem solving, critical thinking, decision making, creative thinking, interpersonal relationship, communication skills, self awareness, management of stress and emotions etc. Life skills are used in different ways in different situations. Youth and adolescents should be encouraged to develop such skills.
Some situations in life are critical and challenging hence it is important to provide opportunities to the young generation for adopting such skills in their life. Following life skills in life may be resulted in valuable outcomes. These outcomes may be increased self esteem, assertiveness, ability to plan, interest for acquisition of knowledge, self confidence, social sensitivity, ability to establish relationships, learning ability etc. Life skills can influence the way we feel about ourselves and the way others perceive us. Individuals can have the courage to face the conflicts and are able to solve them without stress. Today every activity in life includes negotiation and adjustment. Life skills help to develop effective negotiation skills for personal as well as social interests.” Risk situations may also very common in this competitive world. Life skills promote and protect the life and health of human being in any risk situations. (WHO; 2005)

Life skills for adolescents:

Decision making skill: Today’s youth are very sensitive in decision making. Their decision may be aimed for short term benefits they may not have foresight about future results. It could bring harmful effects in long run which affects their life permanently. Decision making skill helps to deal constructively.

Problem solving skill: It helps to deal with problems practically in life instead of theoretical thinking. It reduces the mental stress and physical illness.

Creative Thinking: Society expects today creative thinking from youth in every field. Creative thinking skill helps to identify the opportunities and encourage the actions to explore the available alternatives for the actions. We should encourage adolescent children and youth to think always beyond their knowledge and experience otherwise they may be develop the attitude like frog in well. This is applicable to every human being. Creative thinking helps to develop flexible thinking to deal with critical situations and problems.

Critical Thinking: Our knowledge and experience should be analyzed objectively to make ready for future changing situations. Critical thinking helps to analyze the information and factors which may influence the attitudes, character and behavior which can be easily influenced by environment and peer pressure.
Communication Skill: communication skill is required to express the opinions in positive way without hesitation. It may be verbally or non-verbally but it should be in acceptable way with in cultural limitation.

Interpersonal Relationship Skills: It helps to develop positive relationships with people acceptable by the family and society. It may be friendly relationship or social interaction which is required for mental and social well being.

Self Awareness: Developing self awareness skill is very important skill. Without self awareness one cannot understand his fellow beings. Before dealing with external world we must understand our strengths and weaknesses.

Empathy: It is the ability to develop positive sensitiveness about another person’s critical situation. But sympathy is negative sensation. Showing empathy is the skill which helps to give at least mental support to the sufferers.

Emotions: It should be handled in practical way. It involves recognizing emotional feelings within us and others. If the emotions influence behavior one must be aware that in what extent they influence the only he can be able to respond.

Stress Management: Before treating effects of stress one should be able to identify the sources of stress in life. This skill helps to understand the effects of stress and also teaches how to control it in changing environment.

Life skills help youth strengthen their overall development and contribute to the motivation and skills to develop and maintain healthy behavior. It also helps to make healthy choices and avoid high risk behavior which may lead to negative health in life. Adolescence is a period of experimenting, experiencing and expanding. Adolescents need help and guidance in decision-making, problem solving, critical thinking, developing interpersonal skills, self-awareness, empathy, coping with stress and managing emotions. The rebelliousness and dislike for parental intrusion usually keeps parents at bay because teenagers do not relish the idea of help and guidance from parents. However, this may not always be so. Beneath frequent violent outbursts, sudden mood swings and related interpersonal problems of an adolescent, there may be a person crying out for professional help. All adolescents need support and guidance. When parents find it difficult to handle signs of trouble, professional help should be
sought at the earliest. Extra care is needed while offering help to adolescents problems because it is not easy for teenagers to accept the fact that they need help. Attempts should be made to understand the adolescent, and to safeguard, protect and guide him/her. The Family Life & Life Skills Education Programme is a good support system for adolescents at the community level.

Life skills (LS) are abilities for adaptive and positive behavior that enable individuals to deal effectively with the demands, challenges, and stress of everyday life. Childhood and adolescence are the developmental periods during which one acquires these skills through various methods and people. The generic LS, which need to be taught at the schools level especially to adolescents, are as follows: critical thinking and creative thinking, decision making and problem solving, communication skills and interpersonal relations, coping with emotions and stress, and self-awareness and empathy.

Life Skills for adolescents: “Life skills are those abilities which help human beings to adjust the changing situations in everyday life. These skills include problem solving, critical thinking, decision making, creative thinking, interpersonal relationship, communication skills, self awareness, management of stress and emotions, etc. Life skills are used in different ways in different situations. Youth and adolescents should be encouraged to develop such skills. Some situations in life are critical and challenging, hence, it is important to provide opportunities to the young generation for adopting such skills in their life. Life skills in life may result in valuable outcomes such as increased self esteem, assertiveness, ability to plan, interest for acquisition of knowledge, self confidence, social sensitivity, ability to establish relationships, learning ability, etc. Individuals can have the courage to face the conflicts and are able to solve them without stress. Today every activity in life includes negotiation and adjustment. Life skills help to develop effective negotiation skills.”

(Bharath;2009)
Life Skill Education Programme for development & empowerment of adolescents help to promote mental well being & competency among adolescents by physical & health related guidance, familial, financial, psychological, social, emotional & academic guidance. "Sahyadri, a NGO recently organized seven days workshop on Life Skill Education programme for development and empowerment of adolescents at Adarsh High School Hall, Shankar Nagar Bangalore. The NGO had played very important role to motivate and guide adolescents to achieve promote mental well being. The workshop contained motivational lectures, confidence building, group counseling sessions to improve their thinking skills and social skills and yoga and meditation."

School mental health programmes helps in empowering adolescents with life skills education in schools. (Bharath; 2009)

"The school mental health program (SMHP) is a very important and integral part of the educational system worldwide. In India, the SMHP is yet to be recognized and initiated as a part of the health component in schools. In practice it is restricted to individual work by child mental health professionals especially in big metropolitan cities focusing on sensitization of teachers on child developmental and mental health issues. Counseling services for students with persistent emotional issues and a referral system is set up in a few urban clinics. The educational philosophy in ancient India was one of guru-chela/shisya parampara and stressed on the teacher being responsible both for literacy/knowledge and personality development in the ward. However, education, which is currently prevalent in our country, is achievement oriented than child oriented. It does not address the needs of all the children who in spite of various levels of scholastic competence are capable of learning and need to develop those skills, and become empowered to live effectively in this world. This empowerment is very essential in today's context in India as there is rapid globalization and urbanization with a breaking up of joint families and the traditional support systems. Academic stress, violence including bullying, sexual permissiveness, easy drug availability and abuse, crowding, poor infrastructure, social divide are some of major issues which a youth has to
contend with in this rapidly changing social scene of India. An empowered child has the competence to cope with the challenges of life using the available resources even amidst such adversities. Methods to improve the psychosocial competence and resilience of the adolescent as health promotional activities and development oriented approach need to be included in the school syllabus and provided as much relevance as the three Rs (reading, writing, arithmetic). LSE is one such program. The current study is on the impact of a LSE model as a program in secondary schools. Inclusion and institutionalization of SMHP using LS approach in the national mental health program (11th Five-Year Plan) and the educational policy of our country to promote psychosocial competence and reduce problem behaviors in adolescents. LSE is a novel promotional program that teaches generic LS through participatory learning methods of games, debates, role-plays, and group discussion. Conceptual understanding and practicing of the skills occur through experiential learning in a non-threatening setting. Such initiatives provide the adolescent with a wide range of alternative and creative ways of solving problems. Repeated practicing of these skills leads to a certain mastery and application of such skills to real life situation and gain control over the situation. It is a promotional program, which improves the positive mental health and self-esteem. Our country places a premium on values. LS program empowers the youth to choose the appropriate values and behavior which are ingredients of positive health. LS are the processes that will make the target of values possible. In India, education has become institutionalized. Schools need to be recognized as the single most important and recognized forum to reach out to the young population. Any program to reach the adolescents/youth has to be incorporated into the educational system to be feasible, effective, and cost-effective. In a country like ours, where resources and trained professionals are sparse and few, it is more be practical to involve and work with the teachers. The teachers are the personnel who interact with the adolescents closely. They could be trained to transfer these skills to the adolescents. This methodology ensures reproducibility of the program within the existing infrastructure year after year at no extra cost. Experience also has shown that teachers need support in the form of syllabus, resource materials, and training to be able to promote LS among the adolescents. (Bharath; 2009)
NIMHANS model of Life Skills: “The LSE model for school mental health promotion was initiated in 1996. That was a comprehensive model focusing on all developmental issues of adolescents, uses experiential learning with participatory methods thus enabling the adolescent with psychosocial skills with the use the available infrastructure of the school and the teachers for implementation of the program in a continuous manner over the academic years as a co-curricular activity for maximum effect. Some major findings of a research carried out by NIMHANS team with the help of LSE NIMHANS model were as follows: The study was conducted on 55,000 adolescents of 261 high schools at 4 districts of Karnataka. The participants were divided into two groups as study group and control group. The study group within one year after participating in intervention programme was showing better adjusted (P= 0.000), better coping (P=0.0002) and better self esteem (P=0.000). The intervention programme had prepared adolescents to be competent and empowered persons in a competitive globalized world. (Bharat; 2009)

Group work with adolescents: “Group work can be done with adolescents who have a common problem or difficulty. The minimum number of members required for any group is 5 and the maximum is 12. Group itself has a healing effect on its members. It’s easy for adolescents to explain their specific problems in a group rather than in an individual session. They feel accepted in the group and change is also more likely to happen in the group compared to individual work. Adolescents can be taught about health, sex and sexuality issues through group work. Inhibitions are seen to be less in group sessions.”(Indramma, et al; 2007)

Social competence and career preference in adolescents: “Social competence is to possess and use the ability to integrate thinking, feeling and behavior to achieve social tasks and outcomes valued in host context and culture. Very different social competencies are required and valued in different contexts. Behaviors that are dysfunctional and disapproved of in one context might be functional and approved of in another. Through thinking and feeling the socially
competent person is able to select and control which behavior to emit and which one to suppress in any given context, to achieve any given objective set by him or prescribed by others. Social competence also suggests that major part of it is a set of component skills of procedure applied conditionally. These might include perception of relevant social cues, interpretation of social cues, realistic anticipation of obstacles to personally desired behavior, anticipation of consequences of behavior for self and others, generation of effective solution to interpersonal problems, translation of social decisions into affective social behaviors and expression of a positive sense of self-efficacy.”(Chowdry; 2005)

“The importance of work in one’s life and the choice of work have increased significantly with time. The work, which was earlier understood primarily as a means to earn a living is now perceived as a determinant of one’s social status, personal satisfaction and a way of life. There is a long list of satisfaction drawn from the work which includes; social administration, social conformity, altruism activity, independence, pleasure, power, superiority, job satisfaction, self esteem, utilization of one’s ability, interest, self-expression, creativity, security, responsibility, human relationships, self-determination etc. That is why individuals now give considerable importance to the choice of occupation and each individual strives to choose the one through which most of his needs are likely to be satisfied. Today millions of young boys and girls are in need of help in making career plans and solving career related problems. In the ever changing and complex world of work, the opportunities before them are wide and varied. They are also new and different, more challenging and more promising than ever. These challenges make career planning and preferences more complicated for youth. Emerging theories of youth development such as resiliency, self-efficacy and risk/ protective factors have stressed social competence as an important dimension of successful adolescent development.”

An understanding of the development, maintenance, and enhancement of social competence is useful in determining how to help and protect adolescents from influences and assist them in reaching their optimal potential (Mishra; 2008)
Notable facts concerning adolescence: “Physical exercise and games are important for physical development in adolescence. The well balanced body shows apt proportion between length and weight. Much of his proportionate development depends upon the exercise taken. But neither height nor weight are in fact indicative of the healthy state of an individual’s body. Physical health finds adequate expression and recognition in the enthusiasm, energy, swiftness and interest with which he performs his functions. Although it is always desirable for youth to be active and vibrant in adolescence, yet one should guard against excessive exercise that completely tires the body, as such exhaustion has adverse effect on the body’s development. Nutritive food is as important for getting rid of exhaustion as is rest. Exercise, too should be balanced. It should be remembered that the physical development of a player’s body is sometimes impaired by his playing a particular game in which only some of the bodily organs are exercised and strained. Excessive indulgence in such a game can have only the least desirable effect. But even if regular practice of the game benefits these parts, the other organs of the body are not benefited.” Therefore, generally speaking, it would be more efficacious to induce adolescents to take interest in physical education rather than spending long and weary hours in the pursuit of perfection in the various competitive games. “Schools should divert their expenditure from coaching scheme to the physical education of their students. This measure will help to improve the level of health among adolescents. Proper exercise steps up blood circulation with the result that many waste materials are thrown out of the body, while parts of the body such as lung also develop better and faster. Physical capacities are developed besides the progress of the body itself. Ignoring the exceptions, one can draw up a chart of various physical capacities as correlated to the various stages in physical development. From adolescence to adulthood, the grip of the hand, the length and strength of the feet, neck and the middle portion of the body, all develop equally.” The golden formula for proper physical development at this period of life is proper food and adequate exercise without excess in either of two. Of course, there can be no common level of food and exercise for everyone. Provision of sex education can help the young boys and girls to form the proper attitude towards bodily development concerning sex. Suppression of any feeling on account of fear will only have adverse effects on them. Their clothing should
be such as not advisable to wear very tight cloths, as they will harm the body even if they do appear temporarily attractive and smart. And, particularly among the young girls, it is essential for the development of the breasts and hips that they wear slightly lose and comfortable cloths. Any female child who aspires after beauty can begin practicing her wiles from this age. Hence in this respect some intelligence is the adolescent’s best companion.”
(Wozeniak, et al.2001)

“Solving problems of the sexual impulse besides sex education is inspiring young men and women to develop interest in various kinds of games and sports, dances, singing, art, painting, etc. It is a matter of universal regret, particularly among the enlightened population of the nation, that 90% of teachers and guardians find it embarrassing to discuss any sexual matter with their young charges. The consequences are undesirable as the young inexperienced adolescent learns the same things from bad and uncouth companionships who convey to him all the aberrant forms of sexual information. Such a situation is true of many civilized societies, and all the more of India. When the adolescent observes that his teachers and guardians prefer to keep all sex information secret and concealed from him, he forms a guilt complex regarding sex. Due to the normal stage of development, he can do nothing to abate the force of strength of the urge, and he is helpless as no assistance from his teacher is forthcoming. Thus, he either indulges all his energies in trying to control the instinct, losing all interest in studies in which cannot concentrate, or forms obnoxious and deforming habits, or as an alternative contracts serious mental disease through excessive repression.” Hence, teachers and parents should assist adolescents to organize, control and sublimate the sexual impulse through adequate sex education. (Karunanidhi.S; 1996)

Education interventions for adolescence: “The sensible teacher can make the teaching psychological if he has the knowledge of an adolescent’s mental development. The intensity and proper use of imagination can help an individual a poet, painter, sculptor or a psychologist. Intelligence, observation, reasoning and thinking having reached the required state of development in
adolescents, the school and college curriculum can be fairly diversified and made comprehensive. The truth of the matter is that actual education begins only in adolescence. At this stage the young boys and girls treat themselves as adults and they come to entertain a serious and responsible attitude to their education. What is needed is that the teachers should inspire them to work hard in their studies through self-inspiration. Physical development is rapid during adolescence. The bodily structure develops at a rapid pace. This age is the time of revolutionary physical development as in this age young boys and girls attain to their maximum heights and specific bodily development, confirming to their respective sexes, takes place. Hence, they should be trained in games and beneficial exercises. In educational institutions, they should be specially trained in health and bodily development since; if they do not pay attention to health and bodily development at this stage, they are not likely to appear beautiful later on in life. The extreme sentimentality of adolescence can be used to induce the girls and boys to learn literature, music, art and science. This age is proper for the teaching of all subjects. Transfer of learning during the period is also considerable. Good conduct, proper interests and good habits of living can be developed in boys and girls by making adequate use of the strong sexual tendency that is strong motivating force. In adolescence, the sexual organs of the boys and girls undergo starting development. In girls, the menstrual cycle starts while the boys are subjected to nightly emissions. The sexual organs are covered by hair. Persistent development in the girl’s breast sometimes leads to pain. Lacking knowledge of the basis and cause of all these physiological changes, boys and girls are often subjected to much perplexity. Many of the girls are not even aware that the blood emitted during the menstrual cycle does not happen to them alone but to every other girls’ passing through the same stage of development. This leads to much anxiety and sometimes even results in the creation of guilt feelings. Not knowing the manner in which they should dress hygienically during the menstrual cycle, they are sometimes put in very embarrassing situations that are very painful to them, they are even rendered ridiculous. It is a matter of no little sorrow or pain that these changes are in evitable in the lives of every young man and woman, but almost all of them have to get over them through trial and error. The parents, who have themselves been through these conditions, are content to leave the helpless children on their
own resources and wit. This is not a desirable practice. In this connection it is for the parents to inform the children of all necessary details and methods, without making secret of anything. It is never a good practice to hate or scold or deliver moral lectures if one sees an adolescent developing bad habit. It is a matter of physiology and psychology and it should be treated accordingly. It is for the teacher to inform the growing boy and girl of the complete formation of the male and female body, and to train them adequately in all forms of hygiene. Hero worship and idealization are two very useful tendencies with which the adolescent is endowed. This stage in his development is particularly efficacious for laying the foundations for a good character. He should be given the lives of all great men to read and to draw what lesson he can learn from them. High ideals stand revealed to him, and he can think in terms of great characters as opposed to the imaginative pictures of heroes that he has been sketching to himself. The adolescent should be persuaded to read extensively in hygiene. It is never desirable to prevent him from reading stories and novels. All that is needed is that he should be intelligently guided in forming his taste by being taught to read interesting works of great novelists and psychologists, so that his knowledge of human nature increases and his sexual tendency reduces its hold upon him. The adolescent is by nature a rebel against traditions and customs prevailing in his society. His rebellious instinct can be channeled to good use by the teacher who can help to develop a generation which hates all the bad traditions and rids society of them. Adolescents can easily be induced to think of social development and improvement. They can be taught to rise above their narrow interests and comprehend the spirit of nationality, internationality and world love. It is not less important to impart aesthetic, moral and religious education to the child. Although all educational psychologists fail to see eye to eye on this subject, moral and religious education can benefit the recipient only if it is psychological and voluntary. In adolescence, the individual should be given vocational guidance after his mental capacities, inclinations and interests have been examined. His education should conform to the vocation that he is going to pursue in the future so that he may not be a misfit in any occupation but should rather be able to earn a comfortable living, establish a household and contribute activity to national development.” (Ostove, et al.2005)
Intervention for parents: The teenage years can be an emotional assault course for all concerned. A gulf can grow between parents and their children during adolescence. Most of parents find it very hard. It's a time of rapid physical development and deep emotional changes. These are exciting, but can also be confusing and uncomfortable for child and parent alike. Therefore intervention programmes need to be designed in such a way that it must be able to provide information about the process of adolescence, the upheavals it can cause, some of the problems that arise, and ways in which they can be managed. It is a time when the process of growing up can help people to make positive changes, and to put the problems of the past behind them. It is not just a difficult stage, although it can feel very much like it at times. The anxiety experienced by parents is more than matched by the periods of uncertainty, turmoil and unhappiness experienced by the adolescent. Difficult times come and go, but most adolescents don't develop serious problems. It's worth remembering this when things are difficult. Parents may sometimes start to feel that they have failed. However, whatever may be said in the heat of the moment, they play a crucial part in their children's lives. Helping your children grow through adolescence can be profoundly satisfying.

Top Tips for the parents in adolescence management: "The good times and opportunities that adolescent children have may well make you feel very middle-aged. Their physical strength is increasing at a time that yours may well be waning. Jealousy can be the hidden fuel for all sorts of arguments and trouble. Adolescent children are exploring life, but need a base to come back to. Home should be somewhere they feel safe to come back to, where they will be protected, cared for and taken seriously. Parents need to agree between themselves about their basic values and rules and support each other in applying them. It's difficult for a teenager to respect parents who are always at each other's throats or undermining each other. A common trap is for one parent to ally themselves with their child against the other parent. This usually leads to constant trouble. Adults need to be a source of advice, sympathy and comfort. A teenager needs to know that his or her parents will not automatically jump down
their throat with a judgment, a criticism or routine advice. Listening comes first. However fast they may be growing up, you are your children's providers and it is reasonable that you should decide what the ground rules are. Whilst adolescents may protest, sensible rules can be the basis for security and agreement. They must be clear, so everybody knows where they stand, where possible, they should be agreed with the children, consistent, so everyone sticks to them, reasonable, less restrictive as children become more responsible and parents have rules for everything while some issues will not be negotiable, there should be room for bargaining on others. Sanctions, such as grounding or loss of pocket money, will only work if they are established in advance. Rewards for behaving well are just as important - probably more important, in fact. Involve the children in making family rules - they are more likely to stick to rules if they can see some logic to them and have helped to make them. If a teenager is reluctant to discuss rules for him or herself, they may still do this if they can see that it might be helpful for younger brothers or sisters. If they don't want to get involved, they will just have to put up with the rules you decide on. Parents should pick their battles. A lot of things adolescents do are irritating (as you probably irritate them), but not all are worth an argument. It's usually better to spend time on praising good decisions or behaviour. Most annoying habits will burn themselves out once parents stop reacting to them. Although it is now viewed as unhelpful, many people still occasionally smack younger children. If anybody do this with adolescent children: they create the impression that violence is an acceptable way to solve difficulties. This means that they are more likely to grow up to use violence as adults. Although they are becoming more independent, children will still learn a lot about how to behave from their parents. If parents want their teens to be ideal, parents need to be ideals to their children. Parents should not worry if their children are not as grateful expected. It's great if they are, but they may not be until they have children of their own and realize how demanding it can be.” (Greco; 2008)

“Sometimes, all tips of parents may not be enough and parents and children may be unable to cope. Worries about the physical changes of adolescence - are they too early, too late or ever going to happen - or about relationships can be discussed with the family doctor. If there is violence in the family, a
professional help may be required. When problems arise at school, obviously teachers may be a useful source of information. Adolescents who experience turmoil or distress for more than a few months – persistent depression, anxiety, serious eating disorders or difficult behaviour – generally require outside help. Counselling agencies may be suitable if things have not gone too far. However, specialist help may be needed from the Child and Adolescent Mental Health Services. (Shirtcliff; 2005)

“Adolescence is a fascinating period of life that marks a transition from being a dependent child to becoming an independently functioning adult. There are marked differences observed in gender and settings of adolescents in India. The socio-cultural context encourages gender discrimination, a predominant feature of Indian patriarchal society. Acquiring life skills to face the daily challenges of one’s life becomes essential for an individual.” A research was focused upon planning and implementing a life skills program for adolescent girls from a low-income context with specific focus on developing self-awareness, self-esteem and confidence along with communication and decision making skills and to inculcate gender awareness and sensitivity. An action research method was employed to impart life skills training to a school going group of adolescent girls. A pre-test and post-test design was adopted to assess the impact of the life skills intervention program. The program was thus implemented with girls (N=33) of higher secondary section, in the age group 16-to-17 years in Vadodara city, India. The tool used was a self-administered questionnaire, comprising of open-ended as well as close-ended questions. These questions were drawn from the domains like self concept, self esteem, decision making, gender awareness and assertive communication. Data collection for the pre-test was done and the post-test data was carried out a week after the completion of the life skills intervention. The same questionnaire was administered to ascertain the knowledge and understanding of the different domains, as a result of the life skill intervention program. Statistical and qualitative analyses were carried out. The questions were scored and t-tests were computed to compare the pre- and post-test scores. The study has shown evident changes at the level of understanding among adolescent girls. The program could create an understanding about the gendered practices of
socialization influencing individual roles and responsibilities and restricting progress and self-growth. The respondents could understand about assertive communication and could realize difference between the aggressive and assertive communication.” (Chaudry, et al. 2008)

A Portrait of Adolescence: “Some unprecedented challenges facing young people at the start of the 21st century are the first generation to grow up in a world characterized by instantaneous global communication and the threats of both AIDS and the widespread use of terrorism as a political weapon. They will be the first generation to fully compete in a global economy and the first generation of whom the majority will spend at least part of childhood in a single-parent household. The professionals who work with young people in this fast-changing environment need a clear understanding of the processes of adolescence, yet models for understanding this phase of life are rapidly changing in ways that can significantly influence practice.” (Blum; 2006)

“The significant changes are occurring in the social contexts in which adolescents live, and the social influences may interact with biological and behavioral processes that occur during the second decade of life. Thus, it is important that the interventions need to be planned with an overview of critical processes that emerge during adolescence and explore current views of what is going on in the minds and bodies of young people. A theme of new insights on pubertal maturation and adolescence from a developmental framework may provide the proper grounding.” (Dahl; 2003)

“At present, there is a need to formally and systematically teach middle and junior high school students life skills for surviving, living with others, and succeeding in a complex society. Attention need to be given to: school-based interventions, including interpersonal problem solving, social competence training, a drug and alcohol project, linked school and community programs, community-based interventions, including children clubs, the training and education program, and promising new conceptual models, including the school development program. (Hamburg; 2001)
"Teen Club Plus Melbourne (a community based nursing intervention) had conducted a study on the cognitive-behavioral skill-building component called Positive Adolescent Life Skills (PALS) training to an existing intervention for urban adolescents to enhance resiliency. The PALS training program is a cognitive-behavioral, skill-building intervention that has shown promise in improving social skills in a general population of mainly in a rural environment. It contains 25 cognitive-behavioral skill-building sessions that are divided into five modules. Social Skills Improvement Test for problem solving, communication, handling criticism, and saying "no" to high-risk behavior are the key contents of the programme. Adolescents in group meetings and intensive case management reported an enhanced ability to connect with positive resources. The Problem-Oriented Screening Instrument for Teenagers (POSIT) subscale scores were measured at baseline and at the completion of the program. Group interviews conducted at the conclusion of the intervention revealed that participants found the PALS intervention to be relevant and useful. Healthy adolescent development and the avoidance of risk-taking behavior are enhanced by attachment with caring adults. Most teens look to their families to provide them with resiliency factors such as support, positive role modeling, and a sense of themselves as worthy of care. Adolescents living in families impaired by drug and alcohol abuse, mental health problems, violence, and poverty may find it more difficult to access these resiliency factors and therefore are more vulnerable to risk-taking behavior. Children of parents who are impaired by substance abuse, mental health problems, and violence are at increased risk for developing similar problems and other related adverse health outcomes. Teens who are much connected to their families and schools, they reported less risk-taking behavior. Protective factors were associated with opportunities for teens to see caring adults’ role modeling conventional behaviors in the home and community. Although family support during adolescence also tends to protect against drug use and its consequences, the teens at highest risk frequently lack positive individual, family, neighborhood, and community resources and adult role models. The acquisition of skills that improve communication and enhance the social network of adolescents should reduce the propensity for health risk behaviors" (Heider; 2003)
“There is hesitation or ambiguity experienced by the adolescent in discussing their developmental concerns with either friends or elders. There is an organization called Sneha Clinic at all primary and community health centers, taluk and district hospitals. The programme was launched under National Rural Health Movement (NRHM) as an adolescent reproductive and sexual health project (ARSHP). The clinics functions on every Thursday from 3.00pm to 5.00pm. The adolescents are attended by health workers and guided for their problems and suitable treatments are given through specialists. The Asha workers, anganwadi worker and doctors in the government hospitals are trained to attend adolescent concerns. The center was established first in 2008-09 and as on now the clinics are functioning at 18 districts of our state.”(Marur; 2012)

Conclusion: Adolescence has been the concern of many theorists irrespective of fields of expertise. Different spokespersons at their respective fields had tried defining adolescence as they viewed. Mainly speaking, adolescence was a universal phenomenon and a difference in growth is inevitable. Chapter II, review of literature in the present study helps in understanding the concepts in more well organized manner with an understanding of adolescence at various socio-cultural levels. In this chapter researcher had collected details related to the research problem through various sources and the chapter provides conceptual clarity to the readers. The literatures also helped the researcher in designing tools for primary study, analysis of findings and applications. The applications of reviews will be available in the following section in form of research methodology.
"There is nothing can pay one for that invaluable ignorance which is the companion of youth, those sanguine groundless hopes, and that lively vanity which makes all the happiness of life"

-Maryworley Montagu