CHAPTER 1 – INTRODUCTION

Introduction

Overview

This chapter examines the significant issues in the area of adolescent development. First, the discussion is on the universality of adolescence as a distinct period of life and as a period of biological, cognitive, social transition and emotional turmoil. Second, the focus is on the adolescent’s development where an attempt is made to explain how one’s psychological development is influenced by interaction with the social environment. Finally psychosocial developmental issues in adolescence have been discussed in detail.
1.1 Understanding Adolescence

In the life span of a human being, adolescence is a period of transition from childhood to adulthood. Along with physical changes, young people are also experiencing cognitive, social, emotional and interpersonal changes as well (Rosenfeld & Nicodemus, 2003). The concept of adolescence as a separate and distinct period of development is a relatively recent phenomenon. Prior to the mid-twentieth century, children became adults by transitioning directly from school into the workforce, often beginning their own families at the same time. However, as the industrial revolution's new wave of digital, electronic, information technology surged, the transition from child-to-adult became more lengthy and complex (Oswalt, & Zupanick, 2010). The duration of adolescent development extends beyond "teenage" years to include development from ages 12 to 22. Because the adolescent developmental period is so lengthy, social scientists have divided adolescent period into early adolescence, which covers the period from about age 10 through age 13, middle adolescence, from about age 14 to 18; and late adolescence, from about age 19 through age 22 (Arnett 2002). Subsequently, today's youth face many challenges that are quite different from their parents' own adolescent years and challenges that their parents simply did not encounter. Therefore, the parents of today's youth cannot readily draw upon their own teenage experiences to understand some of the difficulties facing youth in contemporary society. In addition to these simple observations of a changing culture and economy, the validity of a separate and distinct period of adolescent development has been supported by scientific research (Oswalt, & Zupanick, 2010).

Adolescence is often described as a phase of life that begins in biology and ends in society (Petersen, 1988). He further explains that changes in adolescents are universal and take place due to maturation but the psychosocial and behavioral manifestations are determined by the meaning given to these transitions within a cultural system. The experience of adolescents during teen years would vary considerably according to the cultural and social values of the network of social identities they grow in (WHO, 2007).

Documented work related to experience of young people, across the globe, indicates that the forms adolescence takes within culture, let alone across cultures, are diverse and distinctive. Still, one can certainly identify common features related to biological, cognitive and
psychological aspects of human development. Further, with the world becoming a global village (McLuhan, 2011) through increased communication because of electronic mass media which collapse space and time barriers in human communication, enabling people to interact and live on a global scale has led to the emergence of world youth community, resulting in commonalities in interest of adolescents across cultures such as style of dressing, eating habits, music preferences, sexual explorations, achievement needs, need for intimacy and identity. However, these commonalities get colored, adapted and transformed to give different meaning within a cultural system (WHO, 2007). In this research the researcher makes an attempt to understand those minute aspects which impact the adolescents’ psychosocial developmental issues in a rural Indian set up.

1.2 Transition of Adolescence

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 behaviour, development, and relationships. These transitions are biological, cognitive, and social (Steinberg, 2002).

1.2.1 Biological Transition

Adolescence is one of the most fascinating and complex transitions in the life span. Not all adolescents experience identity crises, rebel against their parents, or fall head over heels in love, but virtually all undergo the biological transitions associated with maturation into adult reproductive capability. The biological transition of adolescence, or puberty, is perhaps the most salient sign that adolescence has begun and 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 (Garber, Warren, & Brooks Gunn, 1995). Although the sequence of pubertal changes is relatively predictable, their timing is extremely variable. The normal range of onset is ages 8 to 14 in
females and ages 9 to 15 in males, with girls generally experiencing physiological growth characterised by the onset of puberty two years before boys (Steinberg, 2002).

Pubertal maturation is controlled largely by complex interactions among the brain, the gland, and the gonads, which in turn interact with environment (i.e., the social, cultural, and ambient environment). Evidence now suggests that brain growth continues into adolescence, including the proliferation of the support cells, which nourish the neurons, and myelination, which permits faster neural processing. These changes in the brain are likely to stimulate cognitive growth and development, including the capacity for abstract reasoning (Kipke, National Research Council & Institute of Medicine, 1999).

Although the biology of physical growth and maturation during puberty is generally understood, available data on the biochemical and physiological mediators of human behaviour are extremely primitive, and their clinical applicability remains obscure. Despite the limitations of available data, a substantial body of evidence suggests that variations in the age of onset of puberty may have developmental and behavioural consequences during adolescence (Kipke, Palmer, Lafrance, & O'connor, 1997).

The following are the five chief physical manifestations of puberty:

1. A rapid acceleration in growth, resulting in dramatic increases in both height and weight
2. The development of primary sex characteristics, including the further development of the gonads, or sex glands, which are the testes in males and the ovaries in females.
3. The development of secondary sex characteristics, which involves changes in the genitals and breasts; the growth of pubic, facial, and body hair; and the further development of the sex organs.
4. Changes in body composition—specifically, in the quantity and distribution of fat and muscle
5. Changes in the circulatory and respiratory systems, which lead to increased strength and tolerance for exercise. Marshall (as cited in Steinberg, 2002).
Each of these sets of changes is the result of developments in the endocrine and central nervous systems, many of which begin years before the external signs of puberty are evident. But there is significant variation among individuals in the timing of puberty.

1.2.2 Cognitive Transition

Adolescents are often capable of complex reasoning and moral judgment. Their capacities frequently astonish parents and teachers. Compared to children, adolescents think in ways that are more advanced, more efficient, and generally more complex (Moshman, 1999). It includes abstract thinking (thinking about possibilities), the ability to reason from known principles (form own new ideas or questions), the ability to consider many points of view according to varying criteria (compare or debate ideas or opinions), and the ability to think about the process of thinking (Coleman, 2010). Because of the cognitive developmental changes each adolescent develops his/her own view of the world. Some adolescents may be able to apply logical operations to school work long before they are able to apply them to personal dilemmas. When emotional issues arise, they often interfere with an adolescent's ability to think in more complex ways. The ability to consider possibilities, as well as facts, may influence decision making, in either positive or negative ways (University of Rochester Medical Center, 2014).

Some common indicators indicating a progression from simple to more complex cognitive development include the following.

Early Adolescence

- They begin to demonstrate use of formal logical operations in schoolwork.
- Adolescents begin to question authority and society standards.
- They begin to form and verbalize their own thoughts and views on a variety of topics, usually more related to their own life, such as: which sports are better to play, which groups are better to be included in, what personal appearances are desirable or attractive, what parental rules should be changed.
**Middle Adolescence**

The focus of middle adolescence often expands to include more philosophical and futuristic concerns, including the following:

- The middle adolescents often question and analyse more extensively.
- They begin to form his/her own code of ethics, develop own identity, planes one’s own goals

**Late Adolescence**

The complex thinking processes are used to focus on less self-centred concepts as well as personal decision making, including the following:

- The late adolescent has increased thoughts about more global concepts such as justice, history, politics, and patriotism, often develops idealistic views on specific topics or concerns and may debate and develop intolerance of opposing views. They also begin to focus thinking on making career decisions and start thinking on emerging role in adult society (University of Rochester Medical Center, 2014).

**1.2.3 Social Transition**

Like the biological and cognitive transition the social transitions also have important consequences for the young person’s psychosocial development. Indeed from a sociological or an anthropological perspective, it is social redefinition of adolescence. Changes in social redefinition bring changes in the kinds of relationships and behaviours that are permitted and expected (Steinberg, 2002). Furthermore, advanced cognitive development enhances the quality of interpersonal relationships because it enables youth to better understand the wants, needs, feelings, and motivations of others. Therefore, it comes as no surprise that just as
youths' thoughts, emotions, and identities are becoming more complex during adolescence, their social relationships are becoming more complex as well (Oswalt & Zupanick, 2010).

Adolescents will begin to form different types of relationships, and many of their relationships will become more deeply involved and more emotionally intimate. During children's younger years, their social sphere included their family, a few friends, a couple of teachers, and perhaps a coach or other adult mentor. But during adolescence, teens' social networks greatly expand to include many more people, and many different types of relationships. Therefore, adolescent social development involves a dramatic change in the quantity and quality of social relationships (Russell & Bakken, 2002).

One of the greatest social transitions is the new importance a teen's peer group will hold for him or her. First, teens will be more independent in choosing their own friends, spend considerably more time with their friends, and be more influenced by their friends and others in their peer group. The interaction with teens can have a great effect on teen's self-esteem, teen's struggle to gain and maintain his/her self-esteem is a critical part of the social transition. As part of finding their own group of friends and peer group, teens are working hard to develop their own social identity (Morton & Farhat, 2012).

### 1.2.4 Emotional Transition

In addition to being a time of biological, cognitive change and social transition adolescence is also a period of emotional development which is often characterized by rapidly fluctuating emotions (Oswalt & Zupanick, 2010).

**Labile Emotions**

Adolescents can shift moods rapidly, vacillating between happiness and distress and self-confidence and worry. Some of these mood changes stem from biological sources. Increased hormones and changes of the brain structure arise from normal physical growth. Also,
complex social interactions such as conflicts with friends, school pressures and experimentation with romantic relationships can exacerbate the labile emotional state of adolescents (Anderson, 2014).

Adolescence has long been described as times of emotional turmoil. They are not constantly in a state of “storm and stress,” but emotional highs and lows do increase during early adolescence (Rosenblum & Lewis, 1999). In some instances, the intensity of their emotions seems out of proportion to the events that elicit them (Steinberg & Levine, 1997). Young adolescents might sulk a lot, not knowing how to adequately express their feelings. With little or no provocation, they might explode at their parents or siblings, a response that might reflect the defence mechanism of displacing their feelings onto another person. For some adolescents, such emotional swings can reflect serious problems. Girls are especially vulnerable to depression in adolescence (Nolen, 2009). But it is important for adults to recognize that moodiness is a normal aspect of early adolescence, and most adolescents make it through these moody times to become competent adults. Emotional fluctuations in early adolescence may be related to the variability of hormones during this period. Moods become less extreme as adolescents move into adulthood, and this decrease in emotional fluctuation may reflect adaptation to hormone levels (Rosenbaum & Lewis, 1999).

Researchers have discovered that pubertal change is associated with an increase in negative emotions (Graber, & Brooks-Gunn, 1995; Dorn, et al., 2003). However, most researchers conclude that hormonal influences are small and that when they occur they usually are associated with other factors, such as stress, parenting style, peer influence and social relationships (Rosenbaum & Lewis, 1999). In sum, both hormonal changes and environmental experiences are involved in the changing emotional landscape of adolescence.

1.3 Context of Adolescent Development

Research now suggests that the biological, social and cognitive development of adolescents is influenced by wide range of factors, including genetic and biological influences, stressful life
events, the presence of a chronic illness, the socioeconomic status, gender and also research shows that the family, peer group, neighbourhood, school, and the broader society have all been shown to influence adolescent developmental outcomes (National Research Council, 1993).

To contextualize the cultural milieu, in which adolescents grow in India, the relevant traditional cultural values and themes that shape and affect the environment of adolescents during growing years need to be described.

1.3.1 Family as a Context of Adolescent Development

Young people still require stability in a home environment, and a secure emotional base from which to explore and experience the world. This also provides them with some place to come back to for reassurance, support and unconditional love in tough times. They still benefit from 'trying out' thoughts, feelings and behaviors within the family environment, and from observing and experiencing relationships within families (Strong Bonds, 2009).

Adolescents are moving towards becoming independent physically, emotionally and cognitively, and yet they are still growing for which consideration and reciprocity in family relationships is important. The family universally is acknowledged as an institution of socialization, however, it plays a major role in the life of an adolescent. Despite the fast pace of social change, it continues to have a direct bearing on adolescents’ development, since most young people stay in family until adulthood or even later in the case of joint family set-up.

When there is no family contact, efforts need to be made to reconnect young people with appropriate family members. Alternatively, other significant adults are needed who may provide the elements and safety net for emotional development. (Strong Bonds, 2009)

1.3.2 Parent’s Role in Adolescent’s Development
**Changing role of parents:** A parent's relationship and caring role with a young person continues to be important, although the relationship needs to be flexible to adapt to the teenager's changing needs. At this time, there will be a need for a gradual change from a more authoritarian approach, to a more collaborative approach. Parents have to face the hard reality that their child is no longer a child, is becoming independent and is no longer within their control. They may feel distressed as they perceive that the young person won't listen to them, or does the opposite of what they may suggest (WHO, 2007). They may have to watch their young person disregard the things they thought they taught them were important, such as ways to look after their health, or their future goals as the parent envisaged it (Astrahininitiative, 2013). Parents have to learn to 'let go', not of the relationship, but of their dreams for the young person, and their authority over the young people, so that they may allow a young person to develop their own dreams and greater self-responsibility (Barber, Stolz, & Olsen, 2005).

**Bonding:** A positive, stable, emotional bond between parents and adolescents is an important protective factor for adolescent health and development. Connection is made up of behaviors that convey to adolescents that they are loved and accepted. It is a dimension of the parent-adolescent relationship that is otherwise called warmth, affection, care, comfort, concern, nurturance, support or love. It is also important to consider that adolescent’s contribution to the bond connection between a parent and a child does not begin in adolescence. It is likely that the strongest adolescent-parent connections have their roots in early childhood. There has been evidence (in the field of neuroscience) demonstrating that the connection formed between a caregiver and an infant – even in the first year of life – affects not only the long-term psychological well-being of the child, but also how the infant’s brain develops physically (Pollack & William, 2004).

**1.3.3 Gender Roles**

The onset of puberty is acknowledged by the family and new code of conduct is prescribed both for boys and girls. Adolescents – include both boys and girls but in Indian context these two have very different experiences during growing years, the cultural differences are vast with regard to their conduct and are based on traditional adult role stereotypes. Growing as a
female in India carries with it the connotation of inferior status, and lesser privileges—as compared to a male child. It cuts across all social classes of the society and through entire lifespan. For a girl, the onset of puberty implies more restrictions on her movement, fewer interactions with boys and men, and more active participation in household chores. Further girls in India are treated differently from boys—from receiving less health care, protection, sustenance and education to being forced into marriage and the risks of giving birth as early as age 15. In spite of regulations to protect their rights, girls, often face problems such as sexual coercion, abuse, forced sex work and violence that continue to threaten their lives and development (Capoor, 2011). Boys begin to exercise greater freedom to move about, expected to seek educational and vocational pursuits as a priority and to take adult roles.

1.4 Indian Family in Transition

The rapidly changing social, political and economical scenario in the world has not left Indian family untouched. It is going through structural and functional modifications that have a bearing on adolescent’s socialization and parent child relations. Weakening of social support from kinship, movement of women empowerment, exposure to media, increasing competitive demands of the market economy and higher standards of achievement are a few aspects that have changed the family dynamics in the recent past. The need for differential values, competencies and coping styles between parents and adolescents are a source of anxiety and stress both for adolescents and parents (Verma & Saraswathi, 2002).

The ambiguity of values that adolescents observe in the adult world, the absence of powerful role models, increasing gaps between aspirations and possible achievements, not surprisingly, lead to alienation and identity diffusion (Saraswathi & Pai, 1997). Parents themselves appear ill prepared to cope with social change, having grown up in hierarchically structured and interlinked social and caste groups that provided stability (Singhal & Misra, 1994). The conflict between parents’ desire to help their adolescent children cope with the changing demands of their own rootedness in tradition expresses itself in the cold feet syndrome when things go wrong. Parents who apparently seem modern, but if their child breaches established social codes, intergenerational conflicts related to marriage, career choice, or separate living arrangements result in the tendency to fall back on tradition (Saraswathi & Pai, 1997).
Amidst all this turmoil, while the outward form of family is changing, Indian family has the advantage of its heritage with well defined value system related to social relations and prescriptions of the ideal way of life. Adolescents across all sections of the society thus have a family as an ‘anchor’ that supports them to cope with challenges of transition to adulthood. Family as an institution in India therefore, has a potent role in influencing adolescents. Capacity building of its members to provide timely support and monitoring signs of dangers to save adolescents from slipping into risks can be an important strategy. Involvement of parents has increasingly now been used in planned interventions of governmental and voluntary sectors (Kumar, Trofimovich, & Gatbonton, 2008).

1.5 SES and Adolescent Development

Socioeconomic status (SES) is an economic and sociological combined total measure of a person's work experience and of an individual's or family’s economic and social position in relation to others, based on income, education, and occupation. Socioeconomic status is typically broken into three categories, high SES, middle SES, and low SES. When placing a family or individual into one of these categories any or all of the three variables (income, education, and occupation) can be assessed. SES is relevant to all realms of behavioural and social science, including research, practice, education, and advocacy (Griffith & Cram, 2012).

Research indicates that SES is a key factor that influences quality of life for children, youth, and families’. SES affects human functioning in many ways, including development across the life span, psychological health, and physical health (Hochschild, 2003). Family income is perhaps the single most important factor in determining the settings in which adolescents spend their lives. Housing, neighbourhoods, schools, and the social opportunities that are linked to them are largely controlled by income. A family's income and employment status decide its access to health care services and strongly influence the quality of those services (National Research Council, 1993). Opportunities for advanced education and training and entry into the workforce are also closely linked to family income. Moreover, income is a powerful influence in shaping what is arguably the most important setting, the family. At
this point in time, the evidence is clear—persistent poverty exacts a significant price on adolescents' health, development, educational attainment, and socioeconomic potential, even though the causal relationships are not well understood in all cases (Harris, 2005).

Lifestyle of urban adolescents from upper SES is quite different from that of middle class and lower class adolescents. Former have access to private, good quality education and are influenced by western ways of life style through travel and exposure; their preferences for music, clothes and interaction with opposite sex are very close to their western counter parts. On the surface there does not appear to be any gender discrimination in the families of these adolescents but covertly they do exist. Pursuing educational endeavours is encouraged both in high and middle urban class. Urban adolescents from low SES have to struggle for survival and grow in impoverished, disadvantaged environment making them vulnerable to several risks. Malnutrition, risk of poor health, becoming victims of antisocial activities, brewing and sale of illicit liquor, sex exploitation, prostitution and drug peddling were reported threats for adolescents from slums in a multi indicator survey (Khosla, 1997).

1.5.1 SES and Parenting:

Economically deprived parents struggle for the survival of their families. They are often unable to pay attention to the importance of parental care. Therefore, the children in poor families usually miss the personality development teachings from their first learning institution, the family. Lack of parents’ attention, especially in adolescent years, could negatively impact the individual’s personality and therefore their future in the long run. Poverty has been found as a major barrier, which has blocked the way of parents to perform their parental duties with full attention. Furthermore, economic deprivation leads to depression and stress in the parents and ultimately dysfunction of the family. So, parents stress directly affects the development of individual (Ahmed, 2005)

1.6 Urban and Rural Dwelling

Gender difference, parental role, SES, and family influence variations arise from other important factor that is urban, rural dwelling. The picture of rural adolescents is different; the
disparity between boys and girls is even greater among them. Less emphasis on formal education makes boys and girls participate in adult activities at home and outside at an early age. The boys are expected to join men in work to earn their living, may it be on a farm or a factory or a traditional craft at home. The routine of a pre-adolescent/adolescent rural girl is demanding—cleaning the house, cooking, washing, fetching water, bathing younger siblings. Rural girls rarely pursue education beyond primary school level (Rohner, 2001). Early marriage as a trend is common even now, both for boys and girls in rural India. The traditionalism and familialism are evident in various facets of family life, both in rural and urban settings (Bhende, 1994; Pathak & Priyali, 2000). Parental involvement and control is high. Emotional interdependence among family members, respect for elders and family solidarity are characteristics of an Indian family. It has implications for social responsibilities of caring for old parents, protecting sisters and providing support to other dependents as a traditional duty, valued within the culture, and these values are emulated by growing male adolescents. Adolescent girls are groomed to become good wives and mothers having sacrifice, tolerance and dependences as an integral part of their disposition. There is also a general acceptance of double standards for males and females in matters related to premarital sex and selection of marriage partners, with considerably more freedom for males (Uplaonkar, 1995).

If sufficiently enriched, all of these settings and social institutions in concert can help teenagers successfully make the transition from childhood to adulthood without storms and stress.

1.7 Psychosocial Developmental Issues in Adolescents

The experience of adolescents during teen years would vary considerably according to the cultural and social values or the context in which adolescents dwell (Verma & Saraswathi, 2002) Hence the Psychosocial development is pertaining to the psychological development of the individual in social realm. That is, how a person’s mind, emotions, and maturity level develop through the course of their life time. Different people will develop psychosocially at different pace depending on biological processes and environmental interactions. The five sets of developmental issues which are paramount during adolescence are: identity, intimacy,
autonomy, sexuality and achievement. These five sets of developmental issues are present throughout the entire life span, from infancy through late adulthood. They represent basic developmental challenges that all people face as they grow and change: discovering who they are as individuals (identity); establishing a healthy sense of independence (autonomy); forming close and caring relationship with other people (intimacy); expressing sexual feeling and enjoying physical contact with significant others (sexuality); and being successful and competent member of society (achievement). These areas take special turns in adolescence (Stienberg, 2002).

1.7.1 Identity as a developmental issue:

Adolescence is a time to sum up one’s past and current experience to arrive at a sense of identity, which in turn will guide one’s future plans (Janarthanam & Gnanadevan, 2014). Identity is an individual's self definition that focuses on enduring characteristics of the self (Brogan, 2009). Identity has traditionally referred to the coherence of personality and continuity over time and is considered to be the meshing of personality with historical and situational context (Cooper, Shaver, & Collins, 1998). The construct of identity stands at the interface of individual personality, social relationships, and external/cultural context. It has been established that the development of individual identity is a lifelong process, and is characterized by cycles of exploration and commitment as well as experiences of competence and vulnerability. Although this task has its roots in childhood, it takes on new dimensions in adolescence because of the confluence of physical, cognitive, and relational changes during this period (Skoe & Lippe, 1998). A firmly established identity also provides a sense of uniqueness as a person (Waterman, 1998). According to Erikson (1969), identity must be perceived by the individual, but also recognized and confirmed by others. Thus, the process of establishing an identity involves Integrating into a coherent whole one's past experiences, ongoing personal changes, and society's demands and expectations for one's future Sprinthall & Collins (as cited in Wakefield, 1988). Many developmental theorists see identity development as a means for an individual to explain the present as a bridge from the past to the future (Brogan, 2009).

Dimensions of Identity
Identity orientations refer to the subjective value or relative importance that individuals place on various identity attributes or characteristics when constructing their self-definitions. A fundamental distinction in the structure of identity is the difference between inner or personal identity, one's private conception of self and subjective feelings of continuity and uniqueness, and outer or social identity, one's public image as presented through social roles and relationships (Cheek, et al., 2002). Identity is not a uni-dimensional construct but is rather composed of multiple facets and acknowledged the existence of several components of identity including an ego dimension, a personal dimension, and a social dimension (Erikson, 1968).

**Ego Identity:** It is the conscious sense of self that individual develops through social interaction. According to Erikson (1969) one’s ego identity is constantly changing due to new experiences and information a person acquires in his/her daily interactions with others. Ego identity is a mental and emotional construct held together by core beliefs.

**Personal Identity:** The formation of personal identity is seen as “the exploration and commitment to roles and social identities. It refers to the global understanding a person has of himself (Dobson, n.d). Self Identity is composed of relatively permanent self-assessments, such as personality attributes, knowledge of one’s skills and abilities, one’s occupation and hobbies, and awareness of one’s physical attributes (Tgolan, 2012). The Self Identity is not restricted to the present. It includes past selves and future selves. Future selves or “possible selves” represent individuals’ ideas of what they might become, what they would like to become, and what they are afraid of becoming. They correspond to hopes, fears, standards, goals, and threats. Possible selves may function as incentives for future behaviour and they also provide an evaluative and interpretive context for the current view (Safdar, Rafique, Sher, Sohail, & Munir, 2012).

**Collective Identity:** Polletta and Jasper (2001) explain it as an individual’s cognitive, moral, and emotional connections with a broader community, category, practice, or institution.” The collective identities of a group are often expressed through the group’s cultures and traditions. The origin of the identity can be from within the group or outside the group, but
ultimately, a collective identity is only formed upon the group members’ acceptance of the identity.

According to identity theory, social identities are constructed through interaction with significant others and are largely influenced by the social structures or contexts within which people are embedded (Stryker, and Burke, 2000). During childhood and adolescence, the family is a particularly important context of socialization (Elder (as cited in Borgatta, and Lambert, 1968). Developmental scholars argue that initial identity content is based on feedback youth receive from their parents, although youth will incorporate new information and contexts into their identities as they grow older (Eccles et al., 1993)

**Development of Identity**

The process of developing an identity begins with the infant's discovery of self, continues throughout childhood, and becomes the focus of adolescence (Bullock, Merry, & Paul Lukenhaus, 1990). Identity is multidimensional and may include physical and sexual identity, occupational goals, religious beliefs, and ethnic background. Adolescents explore these dimensions, and usually make commitments to aspects of their identity as they move into early adulthood. Periodically, adults may re-evaluate and alter certain aspects of their identity as life circumstances change (Clarke & Justice, 2005)

Identity development begins with children's knowledge that they are separate and unique individuals. First indications of this awareness are evident in infancy when children begin to recognize themselves (Landry, Smith, Swank, & Miller-Loncar, 2000). That is, they recognize the reflected image as themselves. Also, the words "me," "I," and "mine" emerge very early in children's language. These findings are consistent with Erikson’s, (1969) psychosocial stage of autonomy versus shame and doubt, when infants establish their identity as independent persons. During childhood, self-awareness grows and changes. Preschoolers describe themselves in terms of observable characteristics and behaviours, including physical attributes ("I have brown eyes"), preferences ("I like to ride my bike"), and competencies ("I can sing Twinkle Twinkle Little Star"). Between ages six and twelve, children begin to
include less concrete aspects of the self in their descriptions. School-aged children talk about their feelings ("I love my dog") and how they fit into their social world ("I'm the best fielder on my team"). In Erikson's (1969) stage of initiative versus guilt children explore their skills, abilities, and attitudes and incorporate the information into their view of self. (Lerner, Petersen, & Brooks-Gunn, 1991)

During Erikson's stage of identity versus role confusion, adolescents' description of self expands to include personality traits ("I'm outgoing") and attitudes ("I don't like arrogant people"). The emergence of abstract reasoning abilities allows adolescents to think about the future and experiment with different identities. The physical, cognitive, and social changes of adolescence allow the teenager to develop the identity that will serve as a basis for their adult lives. (Youth Indicators, 1993).
Theories of Identity

Erikson (1968) identified the goal of adolescence as achieving a coherent identity and avoiding identity confusion. The core concept of his theory is the acquisition of an ego-identity, and the identity crisis is the most essential characteristic of adolescence. Although a person's identity is established in ways that differ from culture to culture, the accomplishment of this developmental task has a common element in all cultures.

The search for a personal identity also includes the formation of a personal ideology or a philosophy of life that can serve to orient the individual. Such a perspective aids in making choices and guiding behaviour. A personal identity influences the adolescent for the rest of his life. If the adolescent bows out and adopts someone else's identity or ideology, it is often less satisfactory than developing his own. The adopted ideology rarely becomes personal and can lead to foreclosure in adolescent development.

Marcia's Identity Statuses

Marcia (1980) hypothesized that identity development involves two steps. First, the adolescent must break away from childhood beliefs to explore alternatives for identity in a particular area. Second, the adolescent must make a commitment as to his/her individual identity in that area. Marcia identified four "Identity Statuses" to describe the process of identity development.

In Marcia's model (1980), identity involves the adoption of 1) a sexual orientation, 2) a set of values and ideals and 3) a vocational direction. A well-developed identity gives a sense of one's strengths, weaknesses, and individual uniqueness. A person with a less well-developed identity is not able to define his or her personal strengths and weaknesses, and does not have a well-articulated sense of self.

Marcia (1980) developed a framework for thinking about identity in terms of four identity statuses they are:
**Foreclosure:** These people have made commitments to an occupational future, but have not experienced an identity crisis. They have conformed to the expectations of others concerning their future. For example, an individual may have allowed a parent to decide what career they will pursue. These individuals have not explored a range of options (experience an "identity crisis").

**Diffusion:** The young person has not made a commitment, and may or may not have experienced an identity crisis. He or she appears to have given up any attempt to make the commitments needed for developing a clear sense of identity as Marcia defines the term.

**Moratorium:** Individuals in moratorium are actively exploring alternative commitments, but have not yet made a decision. They are experiencing an identity crisis, but appear to be moving forward toward identity formation, making commitments.

**Achievement:** The individual has experienced an identity crisis and has made commitments necessary for building a sense of identity.

Marcia (1980) further recognizes six domains in which adolescents search for identity:

1. Vocational plans
2. Values and preferences
3. Religious beliefs
4. Gender roles
5. Ethnic identities, and
6. Political affiliations and beliefs

**Functions of identity**

Identity achievement is important because it is associated with higher self-esteem, increased critical thinking, and gives lot of freedom. Identity achievement during adolescence serves as a basis for our adult expectations and goals (Clarke & Justice, 2005). As individuals enter
early adulthood they use their current understanding of who they are to develop a lifespan construct which serves as the link between the identity developed in adolescence and the adult self (Kail & Cavanaugh 2007).

Identity crisis and coming out of it

The extent of adolescent crisis varies from society to society. The positive outcome of the identity crisis is dependent on the young person's willingness to accept his past and establish continuity with their previous experiences. The adolescent must find an answer to the question: "Who Am I?" Other questions that must be answered include: "Where am I going?" "Who am I to become?" There must be a commitment to a system of values - religious beliefs, vocational goals, a philosophy of life, and an acceptance of one's sexuality. Only through the achievement of these aspects of ego-identity can it be possible for the adolescent to move into "adult maturity," achieve intimacy of sexual and affectional love, establish deep friendships, and achieve personal self-abandon without fear of loss of ego-identity (Muuss, 1988).

If the adolescent fails in his search for an identity, he will experience self-doubt, role diffusion, and role confusion; and the adolescent may indulge in self-destructive one-sided preoccupation or activity. Such an adolescent may continue to be morbidly preoccupied with what others think of them, or may withdraw and no longer care about themselves and others. This leads to ego diffusion, personality confusion and can be found in the delinquent and in psychotic personality disorganization (Santrock, 2007). Identity diffusion can lead to suicide or suicide attempts. Once the personal identity is established, then the adolescent can move on to find intimacy or isolation in interpersonal relationships (Erikson, 1968).

Factors influencing identity development:

Parenting styles influence the achievement of identity in adolescence. A parenting style emphasizing high standards and high communication encourages adolescents' exploration in a supportive environment. A parenting style that emphasizes high standards but low communication may interfere with the healthy exploration of identity potential. Permissive
parents who do not establish standards for adolescents are encouraging a diffused identity with no clear commitments (Santrock, 2007). The parents, teachers and members are expected to be responsive to the Needs of the adolescents and help them achieve their goals and aspirations that provide them meaningful identity. In order to acquire a strong and healthy ego-identity the child must receive consistent and meaningful recognition of his achievements and accomplishments (Muuss, 1988).

Erikson, (1968) believes that the peer group play a great role in shaping adolescents identity. Peers help adolescents find answers to the question "Who Am I?" as they depend on social feedback as to what others feel and how they react to the individual. Therefore, adolescents are sometimes morbidly, often curiously, preoccupied with what they appear to be in the eyes of others as compared with what they feel they are and with the question of how to connect to earlier cultivated roles and skills with the ideal prototypes of the day.

**Socioeconomic status and Identity formation**

Since family is such an important context for identity formation, we expect that the cues and signals adolescents receive from their families, especially their parents, about where they fall along the developmental continuum from adolescence to full-fledged adulthood will shape youth’s subjective age. Economic stress due to poverty negatively impacts quality of parenting, familial interactions, and adolescent’s adjustment which in turn increases adolescents’ risk for loneliness, depression, unruly behaviour, and substance use (Bradley & Corwyn, 2002) Phillips and Pittman (2003) argue that chronic stress associated with growing up in poverty will have a negative effect on identity development, either by straining cognitive processing resources and limiting access to representations of self, or depleting personal motivational resources. Such strain can negatively influence identity. Thus, these factors associated specifically with poverty—derogatory self-relevant information, limitations in opportunity structure, and excessive stress—could hinder identity development in low SES adolescents (Phillips & Pittman, 2003). It is possible that these factors alter the trajectory for children and adolescents of low SES, resulting in a lack of awareness of their possible life paths, and therefore reduced exploration and early commitment to an identity (Phillips &
Pittman, 2003). However, little is known about the actual developmental trajectory of identity formation in adolescents from different SES.

Identity development is ultimately the result of a lifelong journey. The person that people ultimately become is unique, however the process by which identity develops is similar among individuals. Identity is not given to the individual by society, nor does it appear as a maturational phenomenon; it must be acquired through sustained individual efforts. Unwillingness to work on one's own identity formation carries with it the danger of role diffusion, which may result in alienation and a lasting sense of isolation and confusion Erickson (1968).

**Gender and Identity Formation:**

The impact of gender on identity development has received much attention in the psychological research (Skoe & Lippe, 1998). The impact of differential socialization by parents influences the way that boys and girls perceive themselves as well as their external realities. (Phinney, 1990). A prominent difference between male and female identity development is that because of socio cultural expectations of women (e.g., balancing occupation and care giving), identity development may be a longer process for females compared to males. (Archer,1985). He further attributed the intricacy of female identity development to the high number of content domains used to define “womanhood,” coupled with the relative lack of societal support for the female position. Research suggests that the general period for identity formation among males is between the ages of 18and 22, but Kroger (1996) found that female subjects were predominantly in the moratorium stage from the ages of 17 to 47. Patterson, Sochting, and Marcia (1992) suggested that for the majority of women, the task of developing a sense of identity may be prolonged until the departure of their children. For it is at this time that they have the opportunity to freely pursue their identity commitments feelings of self-esteem tend to decrease somewhat as girls become adolescents, with different patterns emerging for different ethnic groups (Brown et al., 1986). Particularly in early adolescence, studies have shown that boys tend to have higher global self-esteem than girls (Bolognini, Plancherel, Bettschart, & Halfon, 1996; Chubb, Fertman, & Ross, 1997).
Because of differences in how boys and girls are socialized in our society, male and female adolescents may also differ in their specific needs for help from professionals in promoting identity formation. Some adolescent girls may need help learning to become more assertive or in expressing anger. Adolescent boys, on the other hand, may need to be encouraged to have cooperative rather than competitive relationships with their males and helped to understand that it’s okay to feel and express emotions other than anger (Pollack & Shuster, 2000).

1.7.2 Autonomy as an adolescent issue

Autonomy refers to an adolescent's growing ability to think, feel, make decisions, and act on her or his own. Adolescents struggle to establish themselves as independent, self-governing individuals in their own eyes and in the eyes of others. Although the development of autonomy is an important psychosocial issue throughout the life span, it is especially salient during adolescence because of the rapid physical and cognitive changes, expanding social relationships, and additional rights and responsibilities (Shahar, Henrich, Blatt, Ryan, & Little, 2003).

Blos (as cited in Coleman & Hendry, 1999) who asserted that autonomy relies not on detachment from parents, but individuation from them. Individuation is a process of emotional disengagement from the caregivers that first occurs in early childhood and then reoccurs in adolescence. Autonomy is the freedom to make choices, pursue goals, and yet, parents, peers, schools and societies have a significant influence on autonomy. Because adolescents in contemporary society spend so much time away from the direct supervision of adults, an understanding of the processes through which young people become responsible and self-reliant is extremely important. (Soenens et al., 2005; Hill & Holmbeck, 1987) The development of a healthy sense of independence, or autonomy, is one of the fundamental psychosocial concerns of adolescence. Independence and autonomy have slightly different meanings: independence generally refers to individuals’ capacity to behave on their own, while autonomy has emotional, cognitive, and behavioral components (Steinberg, 2002).
Development of different dimensions of autonomy

Dimensions of autonomy are: behavioural, cognitive, and emotional (Sessa & Steinberg, 1991).

**Behavioural Autonomy:** has been defined as active, independent functioning including self-governance, self-regulation of behaviour, and acting on personal decisions (Feldman & Rosenthal, 1991). Behavioural autonomy is related to behaviours, it refers to the ability to make decisions independently and to follow through on these decisions with actions. As young people mature, their styles of thinking also grow and change. They realize there are many ways to view any situation. They begin to seek out the advice of others and are capable of comparing one choice to another. They also think about the results of their decisions. They learn that everyone has his/her own biases, and they start to feel more confident in their own decision-making abilities. It is important to be aware that conforming to peer group pressure by teens can sometimes be mistaken for behavioural autonomy from parents. Even though teens may stop asking parents for advice, that doesn't mean they are acting on their own accord. They may be relying on friends instead. In this case, the teen is not being autonomous. True behavioural autonomy requires that the teen act on his/her own, rather than simply following along with others, whether those others are parents or friends. Behavioural autonomy is usually achieved between the ages of 15 and 18 years (Steinberg, 2002).

**Cognitive Autonomy:** most often has been defined as a “sense of self-reliance, a belief that one has control over his or her own life, and subjective feelings of being able to make decisions without excessive social validation. Cognitive autonomy involves the development of independent beliefs, opinions, and has been studied mainly by looking at how adolescents think about moral, political and religious issues. Research indicates that, during adolescence, youngsters’ beliefs become more abstract, grounded in general principles and less tied to the dictates of authority. Much of the growth in cognitive autonomy can be traced to the cognitive changes characteristic of the period. With adolescents’ enhanced reasoning capabilities and the further development of hypothetical
thinking become a heightened interest in ideological and philosophical matters and a more sophisticated way of looking at them. The ability to consider alternate possibilities and to engage in thinking about thinking allows for the exploration of differing value systems, political ideologies, personal ethics, and religious beliefs. Although most research on cognitive autonomy has examined moral development, studies of political and religious thinking have revealed similar patterns (Adams & Fitch, 1995).

The third dimension, emotional autonomy, has been defined as a sense of individuation from parents and relinquishing dependence on them. Emotional autonomy implies changing conceptions of, and relations with, parents including developing more mature conceptions of parents as people (Steinberg & Silverberg, 1986).

**Emotional Autonomy and Detachment:** In the past, adolescence was formally viewed as a time during which individuals needed to break away from or rebel against their parents often called as detachment (King, Neubauer, Abrams, & Dowling, 2003). Research, however, has not supported this statement, in fact almost all studies show that teens’ relations with their parents are quite good during the adolescent years. Thus, emotional autonomy should not be seen as a breaking off of family relationships but rather a transformation of family relationships. Adolescents can become emotionally autonomous from their parents without becoming detached from them (Beveridge & Berg, 2007).

**Emotional Autonomy and individuation:** Healthy emotional autonomy is more likely to be achieved through a gradual transformation and surprisingly un-dramatic individuation process. As adolescents age, they are more likely to become more dependent on themselves and feel more individuated from their parents. Individuation involves changes in how we come to see and feel about ourselves and is part of one’s identity formation (Steinberg, 2002).

Douvan and Adelson, (1966) added value autonomy as one of the important dimension of autonomy which means having independent attitudes and beliefs regarding spirituality, politics, and morals. Adolescents' ability to think in the abstract helps them to see the differences between general and specific situations, and to make judgments using higher-
level thinking. Development of value autonomy means that teens take time to consider their personal value systems. In this way, teens come to their own independent conclusions about their values, rather than simply accepting the values of their friends or values that they were brought up to follow.

These components of autonomy, though conceptually distinct, appear to increase during adolescence. Seeking and receiving greater independence from parental control increase as adolescents grow older. Adolescents also increasingly report feeling more autonomous (Greenberger, 1984; Greenberger & Sorenson, 1974), more individuated, less likely to idealize parents, and less likely to express childish dependency on them (Steinberg & Silverberg, 1986).

**Functions of Autonomy**

Achieving autonomy is one of the key normative psychosocial developmental issues of adolescence, and all perspectives on the development of autonomy emphasize the problematic outcomes that may follow from a lack of appropriate support for autonomy (Zimmer-Gembeck & Collins, 2003). Failure to individuate from parents could result in the avoidance of regression marked by “flight into adult roles” or continuation of the regressed state (Coleman & Hendry, 1999). The ability to act independent of others and an interest in connecting with others are thought to be associated with physical and psychological well-being, but an unusual level of independence not tempered by a positive orientation to others can be psychologically, physically, and socially damaging (Helgeson, 1994).

Autonomy support provided by significant others in the social context and adolescents’ ability to function autonomously have positive influences on other aspects of adolescent functioning. For example, as autonomy increases during middle and late adolescence, parents and peers have less influence on adolescents’ opinions and decisions, despite generally increasing “peer pressure” during these periods (Brown, Clasen, & Eicher, 1986). Even in early adolescence, those adolescents whose parents gradually increasingly involve them in decisions that affect them are less likely to be heavily oriented to peer opinions and peer acceptance than those adolescents whose parents allow less involvement in decision-
making (Fuligni & Eccles, 1993). In short, a balance between independent, self-confident action and positive relationships with others appears to be optimal for psychological adjustment and development (Helgeson, 1994; Sessa & Steinberg, 1991). Because adolescents in contemporary society spend so much time away from the direct supervision of adults, an understanding of the processes through which young people become responsible and self-reliant is extremely important. The development of a healthy sense of independence, or autonomy, is one of the fundamental psychosocial concerns of adolescence. Independence and autonomy have slightly different meanings: independence generally refers to individuals’ capacity to behave on their own, while autonomy has emotional, cognitive, and behavioral components.

Failures in these tasks can mark a variety of widely recognized problem behaviours and other difficulties (Adams, Montemayor, & Gullotta, 1996). As a result, developing the capacity to function autonomously at the same time maintaining connections and seeking support from others when needed are important (Zimmer-Gembeck, & Collins, 2003).

**SES and Autonomy**

Adolescents growing up in families under economic stress or with a single parent may be poorly supervised and often gain autonomy too early (Dornbusch et al., 1985). Unsupervised adolescents are more likely to smoke cigarettes, drink alcohol, use drugs, report depressed mood, and engage in risky behaviours (Richardson & Larson 1991). Low family income has been associated with early sexual activity, cigarette smoking, adolescent pregnancy, and delinquency (National Research Council 1995; Blum et al., 2000). In addition, two children within the same family may have different opportunities for decision-making autonomy based on their position in the family. Socioeconomic status (SES) may foster or hinder children’s autonomy.

**Parenting and autonomy development**

Parents influence the development of autonomy by structuring interactions with adolescents that allow negotiation and decision-making, build a positive self-concept, and promote
feelings of competence and the ability to control one’s own direction in life. When
interactions with social partners have these qualities, optimal autonomous functioning
depends on maintaining connections with these partners while becoming increasingly self-
regulating and independent. Reliance on parents for cognitive and emotional support must
significantly decline during adolescence for the healthy development of young adult
autonomy and identity (Hill & Holmbeck, 1987).

**Gender and Autonomy**

Girls generally have later expectations for behavioural autonomy than boys, regardless of
race/ethnicity (Fuligni, 1998). Yet, gender differences in expectations for behavioural
autonomy appear to be less pronounced today than in the past and gender differences may be
greater in some cultures than in others (Feldman & Rosenthal, 1991). Less is known about
why gender differences occur and whether gender differences occur in other dimensions of
autonomy (e.g., cognitive autonomy or emotional autonomy).

**1.7.3 Intimacy an Adolescent Issue**

One of the most remarkable things about adolescence is the way in which the close
relationships change during these years (Steinberg, 2002).

At the outset, it is necessary to draw a distinction between intimacy and sexuality. The
concept of intimacy in adolescence does not have a physical association rather true intimacy
is characterized by openness, honesty, self-disclosure, and trust between two people.
Intimacy becomes an important concern because of pubertal, cognitive and social changes.
Not until adolescence do truly intimate relationships first emerge (Steinberg, 2002)

**Theoretical perspective of Intimacy:**
According to Sullivan (as cited in Steinberg, 2002) children who do not have their interpersonal needs met in their childhood will have difficulty finding security in interpersonal relationships during adolescence. Sullivan believed that the need for intimacy first arises in preadolescence in same-sex friendships. The onset of puberty brings with it the new need for sexual contact and intimacy in opposite sex friendships in early adolescence. By late adolescence, the young person is ready to find a place in the adult world.

Erikson, (1968) viewed that adolescence is the pivotal developmental period for figuring out who you are and what you can become (identity versus identity diffusion). Once this psychosocial crisis has been handled successfully, the young person is capable of entering into a truly intimate relationship during young adulthood.

**Attachment in adolescence:** Adolescents undergo attachment dilemma that is, maintaining connection with parents while exploring new social roles away from the family and developing attachment relationships with peers and romantic partners. Of great importance is the fact that the successful transition of adolescence is not achieved through detachment from parents. In fact, healthy transition to autonomy and adulthood is facilitated by secure attachment and emotional connectedness with parents (Cardillo, 1998). Studies of nonclinical samples show that securely attached adolescents are less likely to engage in excessive drinking, drug use and risky sexual behaviour. Among females, attachment security is related to lower rates of teenage pregnancy. Securely attached adolescents also suffer fewer mental health problems such as anxiety, depression, and inattention, thought problems, conduct disorder, delinquency and aggression. Secure attachment is clearly important to healthy adolescent adjustment (Cardillo, 1998).

The question is: what do adolescents need from their parents to sustain healthy attachment? Research suggests that the attachment function of parents changes in some ways, but remains stable in others. For example, while young children require close proximity and physical availability of parents to provide comfort when they are distressed, adolescents do not need the same degree of proximity and can derive comfort from knowing their parents are supportive even when they are not present. However, parental sensitivity and concern
continue to be essential in maintaining attachment security during adolescence, especially in the domain of autonomy needs (Marsh et al., 2006).

**Development of Intimacy in Adolescence:**

**Change in Nature of Friendship:** As children enter into adolescence, the nature of their peer relationships undergo significant change as teens spend increasingly more time in the company of their same-age friends (Larson & Richards, 1991). Adolescent friendships then gradually deepen in terms of levels of commitment, intimacy, and acceptance of differences among friends (Buhrmester, 1990; Shulman, Laursen, Kalman, & Karpovsky, 1997). Functioning in these evolving friendships has been linked with both negative squeal ranging from depression to deviance (Marsh, Allen, Ho, Porter, & McFarland, 2006).

**Changes in the Display of Intimacy:** Not only do older children and adolescents think more about their friendships in terms of closeness and intimacy, they also act more intimately in interpersonal situations. Older children and adolescents tend to know more intimate information about their friends than younger children, and they tend to act more empathically toward friends than younger children (Dodge, Bjornsen, & Steinberg, 2002).

**Changes in Target of Intimacy:** Intimacy with friends and romantic partners increases throughout the course of adolescence and eventually exceeds intimacy with parents until middle adolescence and then increases slightly into young adulthood. The most intimate parent-child relationships are mother-child relationships, likely due to the amount of contact that mothers have with their children in comparison to fathers. In terms of social support, it appears that parents and friends both provide important forms of emotional assistance during adolescence. Whether or not the assistance is used is dependent on the issue at hand (Dodge et al., 2002).

**Friendships with the other sex:**
The importance of opposite-sex friendships is really not evident until late adolescence. During the earlier part of adolescence, young people tend to prefer same-sex friends due to the awkwardness and confusion that accompany opposite-sex interactions, and gender differences in activities. As intimate relationships between opposite-sex peers do emerge, they tend to emerge in a dating context (Dodge et al., 2002).

**Healthy Intimate Relationships Begin with Positive Parenting:** Adolescents who have warm, loving, and supportive relationships with their siblings and parents are likely to have emotionally satisfying and positive intimate relationships in adulthood. Masarik (2013) reported the success and satisfaction of intimate relationships begins long before children enter adulthood. Masarik followed 265 adolescents throughout their teen years and into young adulthood and assessed their relationships with their parents and other family members. And found that parents who were warm, supporting, and engaged with their children had young adults with happier relationships than did the parents who were distant and harsh. Positive parenting plays the importance of making an emotional investment in a relationship.

**Intimacy as Healthy Psychosocial Development:** Close relationships play an important role in psychosocial development in adolescence. Regard to identity development, friends allow each other to explore possibilities and provide feedback about what is possible. Adolescents having at least one close friendship report higher levels of self-esteem than ones who do not. However, it should be kept in mind that not all peer relationships are positive. Those that foster insecurity and conflict will likely create more harm than good.

Intimate close friendships, found across the life span, first appear during early adolescence. In developmental studies of friendship, intimacy emphasizes the increasing significance of self-disclosure, closeness, and mutual assistance during the adolescent years (Jones & Dembo, 1990; Sharabany et al., 1981). According to Selman (1990), the ability to balance closeness and individuality heralds a mature form of friendship that typically does not emerge until adolescence. Conceptually, in adolescent friendship, intimacy has converged on two themes: closeness and individuality. Closeness describes mutual empathy, love, and felt security. This closeness provides the impetus for self-disclosure, prompting discussions of
personal matters such as sexuality, family problems, and money. Thus, closeness captures the interpersonal processes whereby friends share important feelings and information (Cooper, Shaver & Collins, 1998). The need for a close friend is especially strong during early adolescence. Studies have shown how this need for affiliation can be manifested in an increase of willingness to be similar to the other and in conformity to peer pressure (Berndt, 1979; Brown, et al., 1986). In addition, through rewarding exchanges, friends strongly influence the thoughts, feelings, and behavior of one another (Kelly & Kilmer, 2003; Collins & Laursen, 2004).

**Gender Difference and Intimacy:** Literature suggests that intimacy increases in early to late adolescence (Berndt, 1979; Collins and Repinski, 1994; Rubin, Bukowski, & Parker, 1998). It is during this period that dyadic friendships are formed, blossoming into best friendships or the acquisition of a few close friends. Satisfaction with friendships in adolescence often leads to prolonged friendships in adulthood. Analyses of intimacy in adolescents’ friendships reveal that females are rated higher in intimacy than males (Buhrmester & Furman, 1987; Lempers & Clark-Lempers 1992; Johnson, 2004; Sharbany, Gershoni & Hoffman, 1981). Girls seem to have more intimate and exclusive friendships than boys do (Berndt, 1982). Moreover research has shown that on an average, adolescent girls disclose more to their same-sex friends than do adolescent boys. Sullivan (1953) argued that self-disclosure is an important and essential part of adolescent friendships. Research has found that female adolescents tend to be more willing than their male counterparts to discuss their feelings with their same-sex best friends; they reported greater levels of intimacy in such friendships than boys (Hussong, 1997; Kiraly, 2000). Evidence to date suggests that there are sex differences in intimacy needs. Adolescent females are reportedly closer and more inclined to self-disclosure than males (Camerana et al., 1990; Jones and Harmann, 1988; Sharabany et al., 1981). Males tend to express themselves through separateness, characterizing friendships in terms of shared activities, whereas females perceive relatedness, emphasizing mutual closeness and reciprocity in friendships (Smollar and Youniss, 1982).

1.7.4 Adolescent Sexuality
Adolescence is an important time in the life cycle for the development of sexuality, reflecting the physical and hormonal changes. Sexuality is a vital aspect of teens' lives. The sexual behaviour of adolescents is, in most cases, influenced by their culture's norms and mores, their sexual orientation, and the issues of social control such as age of consent laws (Cardiff, 2010).

There are four developmental challenges of adolescence with regard to sexuality they are accepting one’s changing body, accepting one’s feeling of sexual arousal, understanding that sexual activity is voluntary, and practicing safe sex (Brooks-gunn & paikoff, 1991). The emerging sexuality that accompanies adolescence poses fundamental challenges for young people. These include adjusting to the altered appearance and functioning of a sexually maturing body, learning to deal with sexual desires, confronting sexual attitudes and values, experimenting with sexual behaviours, and integrating these feelings, attitudes, and experiences into a developing sense of self. The challenge is accentuated by the unfamiliar excitement of sexual arousal, the attention connected to being sexually attractive, and the new level of physical intimacy and psychological vulnerability created by sexual encounters. Adolescents, responses to these challenges are profoundly influenced by the social and cultural context in which they live. In many culture, adolescent sexuality has typically been viewed as inappropriate and troublesome rather than as normal and healthy (Crockett, Raffaelli & Moilanen, 2003).

Human sexuality is much more complex than the biological forces that initiate the sexual maturation process. As such, the development of adolescent sexuality includes not only physical development but also cognitive, emotional, social, and moral development; these developmental areas do not uniformly advance at the same rate. This is particularly problematic with respect to adolescent sexuality because poor decisions, due to a lack of cognitive and/or emotional maturity, can have dire, life-long consequences. Thus, it is important for caregivers to be prepared to discuss all aspects of sexuality (i.e., the physical, cognitive, emotional, social, and moral aspects of sexuality) so that they can best assist their teens to make wise and thoughtful decisions. When parents understand the process of adolescent sexual development they are in a better position to assist their children. In addition, knowledge of this information enables caregivers to know when to intervene if
necessary. As such, the development of adolescent sexuality includes not only physical
development but also cognitive, emotional, social, and moral development; these
developmental areas do not uniformly advance at the same rate (Feldman, Turner & Araujo,
1999).

Development of Sexuality Issues

**Early adolescence:** The age of curiosity and experimentation: Early adolescence is a
precarious period in youths' sexual development because of the inter-relationship between
sexual, cognitive and emotional development. Youth at this age lack the cognitive and
emotional maturity that is necessary to make wise and healthy decisions regarding their
sexuality and are ill-prepared to cope with consequences of sexual activity. This is
particularly unfortunate as today's adolescents are becoming sexually active sooner than
previous generations (Brooks & Paikoff, 1991).

When adolescents are approximately 12-13 years of age, they begin to show a general interest
in sexual topics. Youth may try to gratify their curiosity by reading information about sex,
and viewing images with a sexual content. This may include drawings in anatomy books,
photographs of naked people, images of animal sexual behaviour, and pornographic materials
(Oswalt, & Zupanick, 2010).

During early adolescence boys will experience frequent erections since this is the normal
response of the male body to sexual excitement. Similarly, girls may find that they produce
vaginal secretions for no apparent reason, even when they are not menstruating. Sometimes,
these secretions are caused by sexual arousal, but increased vaginal secretions can also be
caused by normal hormonal fluctuations during their monthly cycle. It is quite normal for
guys to experiment with their erections and their sexual arousal through masturbation.
Because sexual pleasure is a new experience, boys may want to masturbate quite frequently
(Brooks & Paikoff, 1991).
Since indicators of girls' sexual arousal are not as overtly obvious as boys' erections, girls may not masturbate as frequently because they may be less aware of their sexual arousal. Although sexual behaviour is usually limited to masturbation at this age, both guys and girls may start to experiment with sexual arousal through flirting, hugging, and playfully hitting or tickling other youth they are romantically interested in (Ramadugu et al., 2001).

Youth at this age may also begin to experiment with vocalizing their sexual thoughts when they are with other teens. They may begin telling sexual jokes or using sexual double entendres, which are comments that can have two meanings: the usual or customary meaning, and a subtly inferred sexual meaning. Adolescents in India face an extraordinary lack of information about sexuality. As young people stand on the threshold of adulthood, they need authentic knowledge that helps them to understand the process of growing up, with particular reference to their sexual reproductive health needs. It is important to equip them to assist them in coping with the needs during the transitional phase – from adolescence to adulthood (Steinberg, 2002).

**Middle Adolescence:** is often the hallmark of adolescent sexuality. Pubertal changes are nearly complete and there is significant increase in both same and opposite sex preoccupation and activity. With an increased understanding of their sexual selves, middle adolescents are more able to establish longer-term relationships and understand that intimacy involves more than simply sexual activity (Spano, 2004).

**Late Adolescence:** preoccupation with sexuality and the percentage of teenagers who are sexually active continue to increase but the older adolescent is, in general, able to bring a greater commitment and mutuality to his/her relationships. The late adolescent is also more future-oriented and often begins to consider what sort of qualities, sexual and otherwise, he/she considers desirable in a potential spouse or life-partner (Spano, 2004).

The experience of adolescence as a stage in India by boys is almost diametrically opposite to the experience of adolescence by girls. The sexuality related experiences of girls and boys are largely shaped by the constructions of gender caste, class and community norms.
standards are evident, unmarried adolescent boys are far more likely than adolescent girls to be sexually active. Boys are also far more likely to approve of premarital sexual activity for themselves, and their movements are less likely to be supervised; and they have more opportunities to engage in sexual relations.

Sexual activity is frequently risky – casual sex and relations with sex workers are often reported by young males (NACO, 2001). Moreover, condom use is erratic, and sexually active young people are increasingly confronted with unwanted pregnancy, sexually transmitted infection and unwanted sex. Typically, young females have limited decision-making power in their sexual relationships (Santhya, Jejeebhoy, & Gosh, 2008).

**Sexuality Issues in Boys:** The issue is of even more concern for the boys especially in early years of adolescence. For reasons not completely understood – although organic (and harmonic) and psychological factors must be important – boys, mostly than the girls, sense their sexual urge more intensely and it is difficult to ignore them (Edgardh, 2000)

**Sexuality Issues in Girls:** For the girls, the sexual urge are more diffuse and vague and are mostly related to other needs such as the need for love, self esteem, self ascertainment and tenderness. For many girls at the beginning of adolescence, a limited and temporary denial of the sexual urge may be even more possible than the boys, "but it may also become a more relaxed way of adjustment (Edgardh, 2000).

**Sexuality Issues in General:** Besides all differences between them, both girls and boys are occupied with common issues around sex. They want to know more about practical issues such as copulation, orgasm, conception, pregnancy, birth control and sexually transmitted diseases. Also, they wish to know how to place sex within their own frame of values so that they can be able to establish satisfactory and constructive relationships with individuals of the same sex and the opposite sex. Most young people have very little help on these issues (Edgardh, 2000).

**Cultural Variations in Adolescent Sexuality**
Even though adolescents in all cultures go through similar biological processes in reaching sexual maturity, cultures vary enormously in how they view adolescent sexuality. Variations among countries in sexual behaviour during adolescence is due primarily to variations in cultural beliefs about the acceptability (or not) of premarital sex.

Clellan Ford and Frank Beach (1951) described three types of cultural approaches to adolescent sexuality: permissive, semi restrictive and restrictive.

**Permissive Cultures:** Tolerate and even encourage adolescent sexuality. Most of the countries of Northern Europe today would fall into this category. Adolescents in these countries usually begin an active sexual life in their late teens, and parents often allow them to have a boyfriend or girlfriend, spend the night together (Trost, 2012).

**Semi Restrictive Cultures:** Have prohibitions on premarital adolescent sex. However, in these cultures the formal prohibitions are not strongly enforced and are easily evaded. Adults in these cultures tend to ignore evidence of premarital sexual behaviour as long as young people are fairly discreet. Most developed countries today would fall into this category, including the United States, Canada, and most of Europe (Regnerus, 2011).

**Restrictive Cultures:** Place strong prohibitions on adolescent sexual activity before marriage. The prohibition on premarital sex is enforced through strong social norms and by keeping boys and girls separated through adolescence. Young people in Asia and South America tend to disapprove strongly of premarital sex, reflecting the view they have been taught by their cultures (Regan et al., 2004).

**Risks of Advanced Sexual Behaviour**

Adolescent sexual decision-making is a very complex phenomenon. Research has demonstrated that the early onset of sexual activity with others is usually accompanied by other risk behaviours, such as substance use, school problems, and parent-teen conflict. It is
also highly associated with a history of physical and sexual abuse, both inside and outside the family. In short, biological, social, familial, and experiential factors all play a part in each adolescent's decision to be sexually abstinent or become sexually active. If an adolescent does become sexually active, these factors also influence the ability to engage in "safer sex" practices. In general, the earlier the age of sexual initiation the more likely there are associated risk factors and a history of significant childhood abuse. The initiation of sexual activity during later adolescence is more likely to represent a normative process with fewer associated risks. The multitude of factors influencing an adolescent's decision to be abstinent or sexually active, likely is one of the reasons that "abstinence-only" sexuality curricula have been less effective in preventing adolescent sexual risk-taking than "comprehensive" sexuality curricula. The latter interventions encourage abstinence as the safest choice but recognize that some adolescents will choose to be sexually active and should be provided the information and skills they need to make that activity as safe as possible (Kirby & ETR Associates, 2011).

Sexuality Education

Unfortunately, sexuality education is denied to adolescents because the subject is considered to be culturally sensitive and controversial for discussion in the classrooms of Indian schools. In pluralistic society, attitudes about adolescent sexuality differ not only by ethnicity, socioeconomic status, religion, and geographic region, but also can vary widely within individual families and communities. Hence counsellors and schools should take initiatives to impart sexuality education (Bidwell, 2003).

Sex education should be an ongoing process, starting from childhood, thus laying the foundation for healthy sexuality. Educational programmes must be proposed that are as clear and accurate as possible, and which respect individuals, families and their sense of values. The approach to sex education should be simple and truthful, affirming that sexuality exists in all human beings. The points that need to be kept in mind are the age of the child, interests and ability to understand. Innovative ways of providing this information in a nonthreatening environment that allows adolescents to raise their own concerns need to be replicated at the school and community levels. Equally important, innovative ways of overcoming adult
resistance to education on these sensitive topics need to be developed (Santhya, Jejeebhoy, & Ghosh, 2008).

Sex education, therefore, cannot logically be only giving certain facts or training in relevant skills nor imposing a particular attitude towards 'Sexual Morality'. What it must achieve is the maximum possible degree of knowledge and understanding concerning sexual behaviour. Any type of sexuality education should adopt the following four essential steps (Maitra, Baxi, & Hazra, 1994).

1. Self evaluation of one’s own attitude and beliefs
2. Unlearning of the debris of myths and misinterpretations
3. Relearning
4. Practice

1.7.5 Achievement as an Adolescent Issue

Adolescence is typically a time of preparation for the roles of adulthood. Considerable attention has to be paid to the development and expression of achievement during these years. Achievement concerns the development of motives, capabilities, interests and behaviour that have to do with performance in the evaluation situations. Social scientists have been interested in how young people are prepared for these roles, and how and when young people make educational and occupational decisions. Society typically designates adolescence as a time for preparation for adult work roles because individual now can understand the long term implications of their educational and career decisions (Steinberg, 2002).

Achievement is a particularly important consideration in the study of adolescence in contemporary society. Industrialized societies place an extraordinary emphasis on achievement, competition, and success- more so than on cooperation. During childhood and adolescence, youngsters are continually tested to determine how they stand scholastically in relation to their peers. In most industrialized societies the amount of education a person has
completed and the job he or she holds are two of the most important indicators of achievement which provide a basis for individual’s self-concept and their image in the eyes of others. The importance of achievement in the study of adolescence in contemporary society concerns the range and rapidly changing nature of the choices faced by today’s youth. Unlike youth in most traditional cultures, adolescents in modern society are confronted with a phenomenally wide range of difficult occupational and educational decisions before they turn 25 years. Finally, achievement is a particularly important issue in the study of adolescents in contemporary society because of wide variations in levels of educational and occupational success (Henderson, Benard, & Sharp-Light, 2007).

**Development of Achievement:**

**The Motive to Achieve:** The extent to which an individual strives for success is referred to as his or her need for achievement (McClelland, 1953). Need for achievement is an intrinsically motivated desire to perform well that operates even in the absence of external reward for success. Individuals differ in regard to how intrinsically and extrinsically motivated they are and this affects how they approach learning situations. Intrinsically motivated adolescents are more likely to work hard in school even in the face of challenge. Researchers have found that adolescents with high need for achievement tend to have parents who set high performance standards, reward success, encourage autonomy and independence, and maintain warm parent-child relations (Harackiewicz, Barron, Carter, Lehto, & Elliot, 1997)

**Environmental Influences on Achievement**

Ability, beliefs and motivation may play a large role in influencing individual performance, but opportunity and situational factors also have a great deal to do with achievement (Eccles et al., 1993).

**School Environment:** School environments can differ markedly in physical facilities, class programmes, classroom atmosphere, etc. Schools foster or impede students’ academic success. Of particular concern are schools where there is a high concentration of poverty.
These schools tend to be plagued by multiple problems (infrastructure decay, lack of textbooks, crime) that can negatively affect even the most talented students (Nolen, 2009).

**Home Environment and Parenting:** Home environments influence adolescents’ successes in three ways. First, authoritative parenting is linked to school success during adolescence. Consistent and authoritative parenting can bring benefits such as greater self-esteem to adolescents. Second, more parents’ encouragements or higher expectations to adolescents make them more successful. Third, the quality of an adolescent’s home environment— the presence of such items as a television set, dictionary, encyclopaedia, newspaper, etc. is correlated with youngsters’ levels of academic achievement (Eccles et al., 1993).

**Parental Expectations:** According to research conducted by the Harvard Family Research Project, the level of expectations that parents have regarding their teen's abilities has an effect on high school and college achievement. If parents have high expectations and encourage their children to work hard, then students perform better in school. The Michigan Department of Education claims that children will do well in school if parents set high, achievable expectations and if they also tell friends and other family members about their children's success. Research shows that parents have a great influence on their children's success and well-being at school (Patrikakou, 2008). Further, parental involvement in children's education can be advantageous for students in many ways, such as boosting their achievement in school, showing fewer behavioural problems and having higher self-esteem. The way that parents supervise or don't supervise how their children spend time out of school is linked to academic achievement. Students will have greater academic success if parents take time to encourage reading, supervise homework, and monitor the amount of TV their children watch. It is also reported that if parents regularly read at home, their children will notice this and will also take an interest in books and reading which will help them achieve academic success in school (Maughan, 2011).

**The Influence of Friends:** Peers can have either a positive or a negative influence on achievement motivation. Having friends who value school success and earn high grades tends to have a positive influence on school performance, whereas having friends who have a
negative orientation toward school can actually impede school performance (Wilson & Wilson, 1992).

**Situational Factors Affect Individual’s Occupational and Educational Achievement:**
Institutional barriers, such as gender, dwelling, and socioeconomic background affect individual’s achievement especially during adolescence.

**The Influence of SES:** Although students of higher and lower socioeconomic statuses both attend school, the effect of lower socioeconomic status on student achievement is difficult to ignore (Walker, 2014). Students of a lower socioeconomic status often face additional challenges including a dearth of learning resources, difficult learning conditions and poor motivation that negatively affect their academic performance (Schultz, 1993). Families with a lower socioeconomic status often struggle with providing academic support for their children. Limited time and financial resources make it difficult for parents to create a home-based learning environment. Parents in a low socioeconomic household cannot afford reading materials, technology and tutors for their children. When children do not have a positive learning environment at home, it negatively affects their academic achievement level in school (Hart, 2000). Lower socioeconomic status students often display difficulty with language skills and struggle with reading. In comparison to higher socioeconomic status children, they are not as accurate when completing mathematical tasks such as word problems or addition and subtraction. As schools become aware of low student performance, students are often assigned to lower school tracks. Consequently, students on the lower end of the socioeconomic spectrum are forced to take lower level courses or vocational courses that do not necessarily prepare them for higher education (Tippiraya, 2014). Lower socioeconomic status ultimately contributes to lower academic performance and slower rates of academic progress. Students in lower socioeconomic communities are more likely to exhibit behaviour -related learning problems because they feel as if they do not belong in school due to their working class background. These feelings of loneliness and inadequacy often influence the decision to drop out for many students. Additionally, as low socioeconomic status students become aware of high college tuition fees, they often lose the motivation to perform well due to their inability to pay for higher education, ultimately affecting the influence of socioeconomic status on student achievement (Hart, 2000).
Gender and Achievement

The role of gender in shaping achievement motivation has a long history in psychological and educational research. Early studies drew on achievement motivation theories to explain why adult women and men differed in their educational and occupational pursuits. Prior to the 1970’s, men were more likely than women to obtain a college degree, pursue advanced study, and enter high-paying occupations. (Meece, Glienke, & Burg, 2006). Over the last three decades, unprecedented changes in women’s level of educational participation and occupational status have been observed. From the last ten years, it is very fascinating to know that girls are often in top ten ranks in tenth class annual examination (Meece et al., 2006).

While considerable progress has been made, important gender differences in educational achievement and occupational attainment remain. More high school girls today are enrolled in advanced high school mathematics and science classes, but they are less likely than boys to report liking these courses (National Centre for Educational Statistics, US, 2010). Also, college women continue to be underrepresented in some fields of study, such as engineering, computer and information science, physical science, and chemistry, and women earn less than half of the professional degrees in business, law, dentistry, and medicine (NCES, 2010). Additionally, there has been little change in gender gaps for reading and writing over the last 30 years (NCES, 2000). At all grade levels of the National Assessment of Educational Progress (NAEP), girls outperform boys (NCES, 2004). When achievement patterns are examined by socioeconomic status, ethnicity, or geographic location, there are significant disparities in students’ educational achievement and participation across different groups. (Educational Resources Information Centre, U.S, 1991).

Socialization and achievement experiences play an important role in the development of gender differences in motivation. Because gender differences are found so early in development, the child’s home environment plays an important role in the shaping of their competency beliefs and interests. At school, children have an opportunity to validate, refine, and enact their gender beliefs and behaviour (Lyons, Duxbury, & Higgins, 2005). According to the Eccles et al., (1993) model, both parents and teachers contribute to gender differences in motivation by (a) modelling sex-typed behaviour, (b) communicating different expectations and goals for boys and girls, and (c) encouraging different activities and skills.