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Unit 2: Issues and Challenges during Adolescence

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E-Content

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UNIT 2

ISSUES AND CHALLENGES DURING ADOLESCENCE

INSTRUCTIONAL OBJECTIVES:

After studying this unit, you will be able to:

- develop understanding about physical, physiological, psychological, socio-cultural and interpersonal issues related to the processes of growing up.

- explain the nature of adolescence as a developmental stage;

- explain the physical development during adolescence;

- discuss gender roles and Gender Based Violence (GBV) and;

- develop a positive value system.

INTRODUCTION

Human life completes its journey through various stages and one of the most vital stages is adolescence. Adolescence is the period of transition from childhood to adulthood and plays a decisive role in the formation of pro-social/antisocial adult. All of us undergo this stage which poses many challenges and is full of excitement. At the same time it demands adjustment on many fronts. When we come to this world we are completely dependent upon others and learn gradually to be independent. In India, the adolescents do most of the work themselves but the final decision regarding various domains of life is taken by their parents. This module shall help you understand the nature of adolescence and its challenges and major tasks faced by the adolescents, the

influences that shape their personality and some of the important problems faced by the adolescents.

GROWING UP

Adolescence is a period of transition when the individual changes - physically and psychologically - from a child to an adult. It is a period when rapid physiological and psychological changes demand for new social roles to take place. The adolescents, due to these changes often face a number of crises and dilemmas. It is the period when the child moves from dependency to autonomy. It demands significant adjustment to the physical and social changes.

It is a fact that all living beings pass through specific stages or phases of development. Erikson believed that each stage of life is marked by a specific crisis or conflict between competing tendencies. Only if individuals negotiate each of these hurdles successfully they can develop in a normal and healthy manner. During this phase adolescents must integrate various roles into a consistent self-identity. If they fail to do so, they may experience confusion over who they are.

Factors determining the pattern of transition

Optimal development in adolescence depends on successful accomplishment of the developmental tasks in infancy and childhood. How easy it will be for the adolescent to make the transition into adulthood will depend partly upon the individual, partly on environmental aids or obstructions, and partly on their experiences. Some of these are:

- Speed of transition
- Length of transition
- Discontinuities in training
- Degree of dependency

- Ambiguous status

- Conflicting demands.

- Degree of realism

- Motivation

Strength, Skill and Fitness

Physical development as mentioned above presents only the gross picture of the changes that occur in adolescence. Even more significant, perhaps, are the growth patterns of strength and skills. The post - pubescent boy, even though he may be of the same chronological age as his friends who have not yet entered pubescence, will almost certainly be stronger and will likely have greater agility, motor coordination, and bodily skills. He will, of course, rapidly overtake girls, whose strength already has increased about a year earlier and who briefly challenged him. You would like to know what forces account for this development. First, it is clear that the accelerated production of male hormone (androgens) brings with it added muscular strength. Second, the nature of skeletal growth, increased shoulder breadth, bigger chest cavity, and finally, the greater lung size, heart size, and increased blood pressure are all favourable conditions for greater physical strength.

Physical changes during Adolescence - At a glance

For **girls**, you might start to see early physical changes from about 10 or 11 years, but they might start as young as 8 years or as old as 13 years. Physical changes around puberty include:

- breast development

- changes in body shape and height

- growth of pubic and body hair

- the start of periods (menstruation).

For **boys**, physical changes usually start around 11 or 12 years, but they might start as young as 9 years or as old as 14 years. Physical changes include:

- growth of the penis and testes (testicles)
- changes in body shape and height
- erections with ejaculation
- growth of body and facial hair
- changes to voice.

BODY IMAGE CONCERNS

It is within the context described above that children and adolescents begin to form their perception of their own bodies – their body image. Body image can be defined as the subjective evaluation of one's body and appearance (Smolak & Thompson 2009), and comprises thoughts (e.g. "I think I look bad in photographs"), feelings ("I hate the way I look"), as well as perceptions ("I am too fat") related to one's body and appearance. In body image research, a person's body image is often described in terms of the level of body-esteem (referring to self-esteem in relation to body and appearance) or body dissatisfaction (referring to negative feelings and thoughts about one's body and appearance) he or she experiences.

Body image development

Body image and concerns with the way we look are aspects of human development that take form early in life. Concerns with body size, and more specifically, expressions of a desire to be bigger, have been found among children as young as age five (Smolak, 2011). This concern may simply be a reflection of children's wishes to grow up, and to resemble the "big kids" they know. However, by age 6, there is clear evidence that children are starting to experience concerns with weight and shape in ways that are not dissimilar to adolescent and adult concerns (Smolak, 2011). Six-year-old girls, for

instance, have demonstrated body dissatisfaction in the form of wishing to be thinner (Davison, 2003).

What influences Body Image?

We have established that physical factors such as age, gender, pubertal maturation and timing are important aspects in children and adolescents' body image development. Another physical factor influencing body image development is body composition. However, there are also a number of socio-cultural factors that have been shown to impact the way that young people perceive their bodies and that, unfortunately, often influence them to develop a negative body image. Among the most influential social and cultural factors are macro-social factors, media, toys, peers, and family.

Socio-cultural Influences on Body Image

Body Mass Index (BMI) is a highly influential factor on body image due to the stigmatization of overweight in many societies. However, the standards of beauty – that is, the norms that state e.g. that thin is good and fat is bad – are something that children learn from societal influences. Factors such as media, toys, peers, and parents play a major role in forming children's standards of beauty and in suggesting how important appearance should be to the child (Wertheim, 2009).

Positive Body Image

Steve Jobs, the founder of Apple computer, was once asked about how to run a successful business and answered simply and concisely; "focus on the good stuff" (www.forbes.com). The ideas of positive psychology, an area within the science of psychology that has flourished during the last decade, are very similar to the philosophy conveyed by Steve Jobs. As opposed to the majority of psychological research that is preoccupied with people's ill-being, weaknesses, and suffering, positive psychology concentrates on "the good stuff", that is, people's well-being, strengths, and happiness

(Gudmundsdottir, 2011). Such a perspective does not only allow a more complete and balanced scientific understanding of the human experience, it is also crucial for prevention and treatment efforts (Kurtines, 2008). Specifically, the idea is that if we are to identify the human strengths that may act as a buffer against ill-being, and then amplify and concentrate these strengths in people at risk, we will do effective prevention (Seligman, 2002).

NUTRITION, HEALTH AND HYGIENE

Nutrition and dietary habits during adolescence

Adolescence is a period of rapid physical growth, with a corresponding increase in nutritional requirements to support the increase in body mass and to build up stores of nutrients. The daily intake of nutritional requirements increases according to the following factors:

- **Age**: at the beginning of puberty, with the increase of height and at the last stage of adolescence;
- **Gender**: adolescent girls require 10% more nutrients, iron and iodine in particular, than boys;
- **Pregnancy**: during the second half in particular, as well as during the first six months of breastfeeding, it is advised that the first pregnancy after marriage be postponed at least until the girl is over 18 years old because it might not be possible to meet additional requirements, especially among middle income and poor families;
- **Activities and sports**: heavy physical sports in particular, such as swimming, running and ball games;

Improving the nutrition of adolescents

The general rule is stated in God's words: Eat of the wholesome things with which we have provided you and do not transgress, and: Eat and drink but avoid excess (Holy Quran 20:81 & 7:31). Adolescent nutrition can be improved through several measures including:

- recognition of the increased nutritional requirements of adolescents;
- nutritional education for the promotion of healthy dietary habits stated below;
- an adequate diet at specific times;
- control excessive indulgence in food, especially those foods high in sugar and fat;
- minimizing the intake of sweets and snacks between main meals, especially junk food snacks;
- regular physical exercise to burn excess calories and to strengthen muscles;
- always eating breakfast;
- use of sugar replacement if prone to obesity;
- ensuring that poultry and poultry products, as well as other meats, are well-cooked, ensuring the cleanliness
- Food should be hygienically kept, vegetables and fruits should be washed with soap and water before use and milk should be brought to boiling point.

Obesity: Obesity is a grave nutritional problem for adolescents. It simply means that the energy intake exceeds the amount of energy consumed, and the residual difference accumulates in the body to cause fat. Over consumption of food is the main reason for obesity, especially foods rich in sugar, starch and fat, like nuts, sweets, chocolate and soft drinks. Snacks and junk foods eaten with or in between meals, and popcorn, pizza and nuts consumed whilst watching television, also cause obesity. The energy consumed in sports, walking, manual work or physical exercise is usually less than the calorie intake.

Anaemia: Anaemia is the most widespread nutritional deficiency in the world, affecting no less than two billion people. It is caused primarily by iron deficiency manifest in acute symptoms, especially among adolescent girls. At menarche, teenage girls need 10% more iron than boys of the same age because of blood loss in menses. Poor families often fail to provide the extra iron intake needed for those adolescent girls who will also have a heavy workload in the home. In addition, there is the possibility of sex discrimination in interfamilial food distribution in some families with girls having a smaller share than boys.

Iodine deficiency: Iodine is a basic life element for humans. Iodine deficiency leads to goitre, abortion and mental retardation. Deficiency means a severe lack that might have a pathological effect. The need for iodine increases during adolescence.

Anorexia nervosa: This is a chronic neurotic disorder common in adolescence and youth, especially among girls. The behavioural symptom is the patient's desperate attempts to lose weight, and the psychological symptom is mainly a severe dissatisfaction with the body, which the patient always considers fat or above the ideal weight of fit and slim bodies of celebrities. Amenorrhoea is the main biological symptom and can last for months, due either to psychological reasons or severe malnutrition.

The mental health of adolescents: If physical health of adolescents is neglected in the general health system, mental health concerns rarely come to the attention of parents and school health programmes. Yet it is logical to expect mental health problems that accompany the drastic and rapid physical, biological, sexual, mental and social changes that occur in adolescence.

Clinical mental conditions: The mental health of adolescents is of considerable importance since it greatly influences behaviour patterns in adulthood. Some symptoms common among adolescents are: attention deficit disorder; personality disorder; oppositional disorder; conduct disorder; disorders of affect: moodiness, anxiety, depression; cognitive disorders: confusion; somatic disorder (tics); hypochondria;

epilepsy; sleep disorder; anorexia nervosa; bulimia; schizophrenia and suicide ideation, in addition to drug addiction.

Depression: The term "depression" is often used in daily conversation to refer to bouts of sadness, moodiness or disappointment that last for a few days. However, this is not depression, which is a specific, clinically recognized condition diagnosed by psychologists or psychiatrists.

MAJOR HEALTH CONCERNS OF ADOLESCENTS

Sexually Transmitted Diseases (STDs):

The lifestyles adopted by adolescents and youth will largely decide the risk of sexually transmitted disease and HIV infection. It should be understood that these age groups are vulnerable to such infections. For example, ages from 20 to 24 usually have the highest incidence of HIV infection followed by those from 15 to 19 years of age. Examples for STDs: Syphilis (spirochete), Hepatitis B (virus), Herpes (virus), HIV (virus), AIDS (disease), Trichomoniasis vaginitis (flagellar), Genital warts (virus) and Chlamydia infection (intracellular organisms).

The special relevance of AIDS to adolescents and youth

During adolescence and youth, boys and girls are receptive to different trends depending on the influence exercised by various factors, whether social, economic, cultural, technological, religious, even fundamentalist or extremist. This transitional phase in human life makes youth and adolescents more adventurous and risk-taking so they are more susceptible to behavioural diseases such as AIDS and other STDs.

The problem is that the young are the pillar supporting the future development of their countries, and when they contract such deadly diseases as AIDS, the loss is not only personal but also national and societal. Although it is known that AIDS affects all age groups, it specifically targets the young. Two-thirds of all AIDS cases occur before the age of 25 (i.e. between 15 and 25) and this is a particularly productive age group in society.

Youth and smoking, drugs and alcohol abuse

Prior to the fifteenth century, smoking was not known. It was rare then to find lung cancer, throat cancer or cancer of the pharynx. Emphysema, except among iron and coal miners, was equally rare, as were cardiovascular (coronary diseases) and other smoking-related diseases. Alcohol is the drug of choice among youth. Many young people are experiencing the consequences of drinking too much, at too early an age. As a result, underage drinking is a leading public health problem in this country. Narcotics or drugs have never been as known and widespread as they are today. Yet, there are clear religious sanctions to prohibit them by juristic reasoning, judging them by the same standards applied to substances that "dope", "drug" or "veil" the mind of man, that is incapacitate it or destroy it temporally or permanently. (Hashish, Heroin, Morphine etc.)

PERSONAL HYGIENE HABITS OF ADOLESCENT

When your teenage child was younger, you taught him the basics of good hygiene – washing his hands, covering his mouth when he coughed and having regular baths or showers. You had to help him with things like cleaning and flossing teeth, at least to start with.

Adolescence is a time to build on these basics

It's a time when your child's changing body means that her personal hygiene will need to change too. And just like when she was younger, you might need to help her at the start. Good hygiene habits in childhood are a great foundation for good hygiene in the teenage years. And if you've got open, honest communication with your child, it'll make it easier to talk about the personal hygiene issues that come up in adolescence.

Why good personal hygiene matters

Keeping clean is an important part of staying healthy. For example, the simple act of washing hands before eating and after using the toilet is a proven and effective tool for fighting off germs and avoiding sickness. Being clean and well presented is also an important part of confidence for teenagers.

Helping adolescent child with the basics of personal hygiene

- **Body odour:** When children reach puberty, a sweat gland in their armpit and genital area develops. Changing underwear and other clothes worn next to the skin is especially important. These clothes collect all sorts of stuff that bacteria love to eat, including dead skin cells, sweat and body fluids. That's why they get smelly. The onset of puberty is also a good time for your child to start using antiperspirant deodorant. You can encourage your child to do this by letting her choose her own.

- **Smelly feet:** Smelly feet and shoes can also be a problem for your child, whether he's sporty or not. He can avoid this by giving his feet extra attention in the shower, and making sure they're completely dry before putting his shoes on. It's a good idea to encourage him to alternate his shoes and to wear cotton socks instead of one's made of synthetic fibres.

- **Dental hygiene**: Brushing twice a day, flossing and going to the dentist regularly are vital if your child wants to avoid bad breath, gum problems and tooth decay.

- **Girls**: Although all teenagers have the same basic hygiene issues, girls will need help to manage their periods. For example, you might need to talk with your daughter about how often to change her pad or tampon, and how to dispose of it hygienically. Teenagers do need extra time in the bathroom. While teenagers are learning to shave or to handle their periods, these hygiene activities might take a bit longer.

- **Boys**: Boys will need advice about shaving (how to do it and when to start), looking after their genitals, and about bodily fluids.

- **Special Needs:** Young people with special needs are likely to need extra support with their personal hygiene. When you're thinking about how to discuss hygiene with your child with special needs, his learning ability and style might be a factor.

- You could consider breaking hygiene tasks (such as showering, shaving, using deodorant and cleaning teeth) into small steps. This way they might be easier for adolescent to learn.

- **Start early - before puberty:** If you keep reinforcing messages about personal hygiene, most adolescent will get there in the end.

COMMUNICATION AND INTER-PERSONAL RELATIONSHIPS

Communication technically the transfer of information between a transmitter and a receiver. Relationship, be it intra or inter, is a universal human experience. Emotions have been observed to play a major role in human interpersonal relationships. We experience and express emotions throughout our daily lives, and our emotional state at

any given moments influences our perception, cognition, motivation, decision making and interpersonal judgments.

Social & Cognitive Development: Impact on Interpersonal Relationships

How does association with a group of people impact behaviour and learning? Are friendships relevant to understanding the behaviour of students in a classroom?

Do you like being around others? Are you motivated and happier when you are around friends? An estimated 75% of the general population prefers to be around others. These interpersonal relationships are important for social and cognitive development.

School, college, the workplace - these are all very social environments. In these environments, there are numerous opportunities to meet and interact with others. For some, the interaction with others is more important than learning or performing work duties. These interactions with others serve to create and foster interpersonal relationships.

Interpersonal relationships are defined as an association between two or more people that ranges from informal interactions (such as saying hello in passing) to formal partnerships and commitments (having a best friend or marrying a partner, for example).

Functions of Interpersonal Relationships

As previously indicated, schools serve as a social environment for children. Most friendships and relationships are established in a school setting. For some children, the social aspect of school is the main motivator for attendance and source of enjoyment. The relationships developed with their peers serve multiple functions in the child's personal and social development. The behaviour of the child is influenced by their

peers. Peers encourage appropriate (or sometimes, inappropriate) behaviour through words and their own behaviours.

Types of Interpersonal Relationships

There are differing types of interpersonal relationships. There are friendships. Friendships usually consist of small groups of people that are similar in age, sex, and race. Friendships consist of developing trust, sharing similar perspectives on life, and engaging in common experiences. Having close friends increases a child's self-esteem and helps them to shape their identity.

There are several types of larger social groups:

- Clique
- Crowd
- Subculture
- Gangs
- Romantic relationships

Recommendations for Better Interpersonal relationships

- Increase the availability, accessibility, and diversity of information on healthy relationships and effective communication skills
- Strengthen the institutional culture to better foster positive interpersonal relationship development and interactions
- Expand opportunities for cross-cultural dialogue that encourages the development of positive relationships between and among multiple identity groups
- Expand resources that empower students to resolve conflicts or exit unhealthy relationships

- Empower students to access resources on behalf of a peer in need of support
- Increase opportunities for positive social engagement, support, and formation of friendships

STRESS AND ANXIETY; AGGRESSION AND VIOLENCE

The situations and pressures that cause stress are known as stressors. Although S. Hall and others overdramatized the extent of "storm and stress" in adolescence, many adolescents today experience numerous potential stressors throughout the process of growth and development (Compas & Reeslund, 2009). The types of stressors experienced in adolescence can broadly be divided into three categories. These categories are **normative events, non-normative events and daily hassles** (Suldo, Shaunessy, & Hardesty, 2008).

- Normative events refer to events that are experienced by most adolescents, but usually within a relatively predictable timescale. Examples of these includes internal and external changes related to pubertal development, psychosocial changes related to school, family, peers and academically demands.

- Non-normative events are different in the way that they are events affecting one adolescent or only a smaller group of adolescents, and can occur at less predictable points in the life course (Grant et al., 2003). Such events can include for example divorce, illness, injury or natural disasters.

- Daily hassles differ from major life events in that they are defined as minor, irritating, and frustrating events that are typical of daily interactions between individuals and their environments. (Cole, 2006).

The association between stress and health in adolescence

Although exposure to some stressful negative events is considered a normal part of development, stressors remain central as a potential threat to the well-being and

healthy development of children and adolescents (Grant et al., 2003). A number of models may be relevant in explaining the association between stress and different negative psychological outcomes through the life span. Models of cumulative and simultaneous events are posit that when individuals experience major stressful events or transitions given the nature of adolescent development (e.g. academic demands or change in social relationships) either in close sequence (cumulatively) or simultaneously, they are more likely to have negative behavioural and emotional outcomes as a result of the confluence of events (Sontag, 2009).

Stress and psychological functioning in adolescents

The transition into adolescence seems to be the starting point for an increase in psychological problems like depression and anxiety (Merikangas, 2001), especially among girls (Oldehinkel, 2008).

Relations between stressors, especially those in an interpersonal context (e.g. peers, family, romantic relationships) (Abela, 2005) and symptoms of depression in childhood and adolescence have been well established in cross-sectional and prospective longitudinal studies (Torgersen, 2004). The same association is found between stress and symptoms of anxiety (Hatzenbuehler, 2009). In this regard, girls appear to be more vulnerable to the negative psychological effects of interpersonal stress, than boys (Shih et al., 2006).

Protective factors / potential moderators of stress

To fully understand the relation between stress and health outcomes in adolescents, it is necessary to consider the nature of the stressors and potential protective factors that may promote health and/or moderate the association between stress and health outcomes (Grant et al., 2006). This section will focus on the role of leisure time physical activity, self-esteem and sense of coherence, as these have shown to be positive behaviours and personal resources for adolescents' health and well-being and to function as potential moderators of stress. A moderator has been defined as "a variable

that affects the direction and/or strength of the relation between a predictor and a criterion variable" (Kenny, 1986). Moderators may be conceptualized as vulnerabilities or protective factors, as they represent pre-existing characteristics that increase or decrease the likelihood that stressors will lead to negative health outcomes (Reeslund, 2009).

Leisure time physical activity: Previous studies have shown that daily physical activity, regular exercise and a sufficient level of physical fitness protect against a variety of negative physical (Sundblad et al., 2008) and psychological conditions (Keresztes, 2006), and promote positive perceived health, and well-being during adolescence (Edwards, 2006). Physical activity has shown to be beneficial in relation to depression (Stice, 2010), anxiety (Salmon, 2001), and self-esteem (Davison, 2007).

Self-esteem: Self-esteem is a large part of adolescents' self-understanding (Larsson, 2005). Rosenberg (1965) defined self-esteem as an individual's set of thoughts and feelings about his or her own worth and importance. This definition reflects the notion of "global" or "general" self-esteem or self-worth.

Stress, coping and adolescents

Although the experience of stress at some point during the adolescent years is common, most youth emerge through stressful periods without long-term negative effects. However stress and depression are serious problems for many teenagers, as the 1986 study of Minnesota high school students reveals. These young people often rely on passive or negative behaviours in their attempts to deal with problems. Therefore some adolescents are at a greater risk for the problems resulting from stress. Aaron T.E Bata (1994) has identified 3 types of factors that influence adolescent's vulnerability to negative effects of stress:

- The number of stressors that occur simultaneously in the life of a young person

- The presence of internal and external assets in adolescents life such as self-esteem, feelings of competence, close friends, good social skills and trusting relationships with parents.

- Coping skills- Adolescents who take specific and purposeful actions to change the source of the stress often fare better than those who use avoidance, denial, distraction or escape to try to deal with stress.

Adolescent Stress and Depression

Adults commonly tell young people that the teenage years are the "best years of your life." The rosy remembrance highlights happy groups of high school students energetically involved at a dance or sporting event, and a bright-eyed couple holding hands or sipping sodas at a local restaurant. This is only part of the picture. Life for many young people is a painful tug of war filled with mixed messages and conflicting demands from parents, teachers, coaches, employers, friends and oneself. Growing up—negotiating a path between independence and reliance on others—is a tough business. It creates stress, and it can create serious depression for young people ill-equipped to cope, communicate and solve problems.

Stress and Depression are real

Stress and depression are serious problems for many teenagers, as the 1986 study of Minnesota high school students reveals. Although 61 percent of the students are not depressed and seem to handle their problems in constructive ways, 39 percent suffer from mild to severe depression. These young people often rely on passive or negative behaviours in their attempts to deal with problems. Stress is characterized by feelings of tension, frustration, worry, sadness and withdrawal that commonly last from a few hours to a few days. Depression is the most important risk factor for suicide. The Minnesota Study found that 88 percent of the youth who reported making suicide attempts were depressed. Approximately 6 percent of the students reported suicide attempts in the previous six months.

Common Causes and Responses to Stress

- Break up with boy/girl friend

- Increased arguments with parents

- Trouble with brother or sister

- Increased arguments between parents

- Change in parents' financial status

- Serious illness or injury of family member

- Trouble with classmates

- Trouble with parents

Troubled youth respond differently

The majority of young people face the stress of negative life events, find internal or external resources to cope. and move on. But for others, the events pile up and the stressors are too great. In the Minnesota study teens who reported that they had made a suicide attempt had five additional "bad" events on their list: parents' divorce, loss of a close friend, change to a new school, failing grades and personal illness or injury. It is significant that the young people who showed high degrees of depression and who had made suicide attempts reported over five of these "bad" events in the past six months, more than twice as many as the rest of the group.

A closer look at high risk youth

It is important not to overreact to isolated incidents. Young people will have problems and will learn, at their own rate, to struggle and deal with them. But it is critical for parents and helping adults to be aware of the factors that put a youth at particular risk, especially when stressful events begin to accumulate for these vulnerable individuals. A good starting point for identifying and intervening with highly troubled and depressed young people is the careful study of suicidal adolescents.

Family history and biology can create a predisposition for dealing poorly with stress. These factors make a person susceptible to depression and self-destructive behaviour.

- History of depression and/or suicide in the family

- Alcoholism or drug use in the family

- Sexual or physical abuse patterns in the family

- Chronic illness in oneself or family

- Family or individual history of psychiatric disorders such as eating disorders, schizophrenia, manic-depressive disorder, conduct disorders, delinquency

- Death or serious loss in the family

- Learning disabilities or mental/physical disabilities

- Absent or divorced parents; inadequate bonding in adoptive families

- Family conflict; poor parent/child relationships

Personality traits, especially when they change dramatically, can signal serious trouble. These traits include:

- Impulsive behaviours, obsessions and unreal fears

- Aggressive and antisocial behaviour

- Withdrawal and isolation; detachment

- Poor social skills resulting in feelings of humiliation, poor self-worth, blame and feeling ugly

- Over-achieving and extreme pressure to perform

- Problems with sleeping and/or eating

Psychological and social events contribute to the accumulation of problems and stressors.

- Loss experience such as a death or suicide of a friend or family member; broken romance, loss of a close friendship or a family move

- Unmet personal or parental expectation such as failure to achieve a goal, poor grades, social rejection
- Unresolved conflict with family members, peers, teachers, coaches that results in anger, frustration, rejection
- Humiliating experience resulting in loss of self-esteem or rejection
- Unexpected events such as pregnancy or financial problems

Anxiety is a normal part of childhood, and every child goes through phases. A phase is temporary and usually harmless. But children who suffer from an anxiety disorder experience fear, nervousness, and shyness, and they start to avoid places and activities. A child who sees a scary movie and then has trouble falling asleep or has a similar temporary fear can be reassured and comforted. But that is not enough to help a child with an anxiety disorder get past his or her fear and anxiety.

- Anxiety disorders affect one in eight children. Research shows that untreated children with anxiety disorders are at higher risk to perform poorly in school, miss out on important social experiences, and engage in substance abuse.
- Anxiety disorders also often co-occur with other disorders such as depression, eating disorders, and Attention-Deficit Hyperactivity Disorder (ADHD).
- With treatment and support, your child can learn how to successfully manage the symptoms of an anxiety disorder and live a normal childhood

Anxiety disorders in children and adolescents

Anxiety can be a normal reaction to stress. It can help us deal with a tense situation, study harder for an exam, keep focused on an important speech. In general, it can help us cope. But when anxiety becomes an excessive, irrational dread of everyday situations, it has become a disabling condition. Examples of anxiety disorders are obsessive compulsive disorder, post-traumatic stress disorder, social phobia, specific phobia, and generalized anxiety disorder. Symptoms of many of these disorders begin in childhood or adolescence.

Normal anxiety, anxiety problems and anxiety disorders in teenagers

Most normal anxiety is short-lived – the feelings might last a few hours or a day. An anxiety problem or anxiety disorder is when anxious feelings:

- are consistently very intense and severe
- go on for weeks, months or even longer
- are so distressing that they get in the way of a young person's ability to learn, socialise and do everyday things.

Anxiety disorders can be especially serious for young people, who are still developing. If left untreated, anxiety disorders in teenagers can have long-term consequences for mental health and development. Normal anxiety is an emotion you can expect to see in your teenager. In fact, some anxiety can even be a good thing.

Symptoms of anxiety problems and anxiety disorders in teenagers

Talk with adolescent child and see a health professional if, over a period of more than two weeks, child:

- feels constantly agitated, tense, restless or on edge or can't stop or control worrying – your child might seem unable to relax
- shows physical signs like tense or sore muscles, a racing heart or sweating, headache or stomach aches, or nausea – these physical signs of anxiety can occur in response to something that triggers your child's anxiety
- seems very sensitive to criticism or extremely self-conscious or uncomfortable in social situations
- always expects the worst to happen or seems to worry too much and out of proportion to problems or situations
- avoids difficult or new situations, or has difficulty facing new challenges
- is withdrawn, socially isolated or very shy

Seek help if your child shows any of these signs, and you are concerned. Not all the signs have to be present for there to be a problem. Start by talking to your child and others who might be able to help – a school counsellor, family members or other parents. A teenage anxiety problem might be hard to spot. Many children are good at hiding their feelings and thoughts. They might mask those feelings with aggressive behaviour or withdrawal. There are also several different types of anxiety disorders in teenagers, and not every child will have the same symptoms.

Types of anxiety problems and anxiety disorders in teenagers

- Social phobia
- Generalised anxiety disorder
- Specific phobias
- Panic disorder
- Agoraphobia
- Separation anxiety disorder
- Selective mutism

Risk factors for anxiety problems and anxiety disorders in teenagers

- genetic factors – that is, a family history of mental health problems
- personality factors, such as being very sensitive
- environmental factors, such as stress or a very stressful event in your child's life
- other factors, such as ongoing physical illness.

Getting professional help for anxiety disorders in teenagers

You might feel uncomfortable talking to your child about mental health problems. But an anxiety disorder is unlikely to go away on its own. Seeking professional help early for your child is the best thing you can do. Seek professional help as soon as possible if your child shows any of the symptoms listed above, might also be subject to

any of the risk factors listed above, or is experiencing anxious feelings that are very severe, have gone on for more than two weeks, and are interfering with your child's normal activities.

Options for professional help include;

- school counsellors
- guidance counsellors
- psychologists
- local community health centre
- local mental health services.

Supporting your child at home

- Acknowledge your child's fear – don't dismiss or ignore it. Let your child know you're there to support and care for him.
- Gently encourage your child to do the things that she's anxious about. But don't push her to face situations she doesn't want to face.
- Wait until your child actually gets anxious before you step in to help.
- Praise your child for doing something he's anxious about.
- Avoid labelling your child as 'shy' or 'anxious'. Try to refer to her as 'brave' or a similarly positive term. After all, your child is trying to overcome her difficulties.
- Try to be a good role model for managing your own stress and anxiety.

Teenagers recovering from anxiety problems or anxiety disorders

Your child's recovery from an anxiety disorder will probably have some ups and downs. Many young people who experience an episode of anxiety will have another episode, or

go through some symptoms again in the future. **No-one is to blame for a setback.** Go back to your health professional to help your child find new ways to manage anxious feelings and thoughts.

Anxiety among high school students in India

In India, the main documented cause of anxiety among school children and adolescents is parents' high educational expectations and pressure for academic achievement (Deb, 2001). In India, this is amplified in secondary school where all 16-year old children attempt the Class X first Board Examination, known as the Secondary Examination. Results of the Secondary Examination are vital for individuals since this is the main determining criteria for future admission to a high quality senior secondary school and a preferred academic stream.

AGGRESSION AMONG ADOLESCENTS

Adolescent aggression is an important focus for educators and parents owing to its relative stability over time and consistent link to a variety of negative outcomes later in adolescence, including delinquency, substance use, conduct problems, poor adjustment, and academic difficulties (poor grades, suspension, expulsion, and dropping out of school). In addition, verbal and physical aggression often are the first signs, as well as later defining symptoms, of several childhood psychiatric disorders. These include Oppositional Defiant Disorder and Conduct Disorder, both of which have prevalence rates ranging from 6 to 10% in the general population and even higher among males. This further highlights the need to recognize and treat aggressive behaviours early.

Characteristics of adolescent aggression

There are various characteristics of aggression, which can include behaviours such as starting rumours; excluding others; arguing; bullying, both verbally (name-calling) and physically (pushing); threatening; striking back in anger; use of strong-arm tactics (to

get something they want); and engaging in physical fights. Notably, aggressive behaviours do not always involve physical contact with another person. Verbal aggression in elementary school years, such as starting rumours, excluding others, and arguing, can be part of a developmental trajectory leading to adolescent delinquency and Conduct Disorder.

- Developmental Issues
- Family and personal factors
- Early social interactions

Risks in adolescence: By adolescence, this developmental course results in a heightened risk of substance use, delinquent acts, and school failure. Likewise, certain environmental risk factors can play a role in moving an adolescent along this developmental pathway. For example, family dysfunction may be sufficient to initiate the sequence of escalating aggressive behaviour. Living in poor, crime-ridden neighbourhoods also adds to the environmental risk factors leading to seriously aggressive, problematic behaviour.

Understanding violent behaviour in adolescents

There is a great concern about the incidence of violent behaviour among children and adolescents. This complex and troubling issue needs to be carefully understood by parents, teachers, and other adults. Children as young as preschoolers can show violent behaviour. Parents and other adults who witness the behaviour may be concerned, however, they often hope that the young child will "grow out of it." Violent behaviour in a child at any age always needs to be taken seriously. It should not be quickly dismissed as "just a phase they're going through!"

Range of Violent Behaviour: Violent behaviour in children and adolescents can include a wide range of behaviours: explosive temper tantrums, physical aggression, fighting, threats or attempts to hurt others (including homicidal thoughts), use of weapons, cruelty toward animals, fire setting, intentional destruction of property and vandalism.

Factors which increase risk of violent behaviour

- Previous aggressive or violent behaviour

- Being the victim of physical abuse and/or sexual abuse

- Exposure to violence in the home and/or community

- Genetic (family heredity) factors

- Exposure to violence in media (TV, movies, etc.)

- Use of drugs and/or alcohol

- Presence of firearms in home

- Combination of stressful family socioeconomic factors (poverty, severe deprivation, marital breakup, single parenting, unemployment, loss of support from extended family)

- Brain damage from head injury

What are the "warning signs" for violent behaviour in children?

Children who have several risk factors show the following behaviours; should be carefully evaluated:

- Intense anger

- Frequent loss of temper or blow-ups

- Extreme irritability

- Extreme impulsiveness

- Becoming easily frustrated

Parents and teachers should be careful not to minimize these behaviours in children.

What can be done if a child shows violent behaviour?

Whenever a parent or other adult is concerned, they should immediately arrange for a comprehensive evaluation by a qualified mental health professional. Early treatment by a professional can often help. The goals of treatment typically focus on helping the child

to: learn how to control his/her anger; express anger and frustrations in appropriate ways; be responsible for his/her actions; and accept consequences. In addition, family conflicts, school problems, and community issues must be addressed.

Can anything prevent violent behaviour in children?

Research studies have shown that much violent behaviour can be decreased or even prevented if the above risk factors are significantly reduced or eliminated. Most importantly, efforts should be directed at dramatically decreasing the exposure of children and adolescents to violence in the home, community, and through the media. Clearly, violence leads to violence.

GENDER BASED VIOLENCE (GBV)

"Gender-based violence (GBV) is violence involving men and women, in which the female is usually the victim; and which is derived from unequal power relationships between men and women. Violence is directed specifically against a woman because she is a woman, or affects women disproportionately. It includes, but is not limited to, physical, sexual, and psychological harm. It includes that violence which is perpetuated or condoned by the state" (UNFPA, 1998).

Sex is the biological characteristic that defines humans as female or male, while gender refers to socially and culturally defined roles for males and females. These roles are learned over time, can change from time to time, and vary widely within and between cultures. Gender is not only about girls/women. However, the traditionally defined gender roles disadvantage girls and women.

Gender-based violence (**GBV**) is any form of deliberate physical, psychological or sexual harm, or threat of harm, directed against a person on the basis of their gender. Although gender-based violence is not exclusively directed against females, they do

suffer from it the most, which is why the focus of this study session is on women and girls. GBV is a violation of fundamental human rights. Violence against girls and women prevents them from enjoying their rights.

Table 2.2: Types of gender-based violence

Physical	Mental	Sexual
- Beating - Biting - Kicking - Restraining - Pulling hair - Choking - Throwing objects - Sing weapons	- Insulting - Yelling - Recalling past mistakes - Constant criticism - Expressing negative expectations - Humiliation - Denying opportunities - Discriminating	- Harassment (any type of unwanted sexual attention) - Touching sexual parts of the girl's/woman's body - Touching in a sexual manner against the will of the girl/woman (e.g. kissing, grabbing, fondling) - Rape (forced sexual intercourse) - Use of a weapon to force into a sexual act - Forced prostitution - Sexual trafficking

Consequences of Gender-Based Violence (GBV)

Sexual violence also contributes to the spread of STIs. GBV-related Health Consequences for Adolescence are tabulated below.

Table 2.3: GBV-related Health Consequences for Adolescence *(Adapted from Heise et al., 1999.)*

Fatal Outcomes	Nonfatal Outcomes		
	Physical	**Sexual and Reproductive**	**Psychological and Behavioural**
• Femicide • Suicide • AIDS-related mortality • Maternal mortality	• Fractures • Chronic pain syndromes • Fibromyalgia • Permanent disability • Gastro-intestinal disorders	• Sexually transmitted infections, including HIV • Unintended pregnancy • Pregnancy complications • Traumatic gynecologic • fistula • Abortion complications	• Depression and anxiety • Eating and sleep disorders • Drug and alcohol abuse • Poor self-esteem • Post-traumatic stress disorder • Self-harm

Teachers role in preventing gender-based violence

Educated women are less likely to have undesired life outcomes. Providing girls with educational opportunities improves their status in the community. You can help by encouraging parents to send their daughters to school and by encouraging girls to go to school and to continue with their schooling. Girls and women often lack information on reproductive health issues, but education gives them necessary knowledge. You could also involve women as members and leaders of community-based health committees.

As most types of GBV are carried out under the cover of culture and tradition, and are deeply rooted in the community, addressing this issue requires engagement of the community as a whole.

MORAL ETHICS AND VALUE SYSTEMS

Ethics are moral beliefs and rules about right and wrong. It is widely agreed that the primary function of education of concerned with values. Education transmits cultural and social values to the children. Along with that education helps children to cultivate values. Social living is intertwined with moral evaluations and values. Moral values are moral exhibitions that are acceptable, cherished, appreciated and appraised by the members of any given society. These values include values like love, sharing, honesty, patriotism, loyalty, truthfulness and so forth. These values help the members of any given society to live in a peaceful way. It also helps the existing resources to be distributed equitably and fairly. This brings about progress, growth and development in a society and country.

Education and Moral Values are linked together in a significant manner. The home, school and religious houses are expected to be sources of moral education to every child in the society. The societal values like honesty, patriotism, loyalty, truthfulness, love, sharing and so on are to be taught by parents, teachers and religious leaders. This

develops moral attitudes in the students in order to have a stable society. In the home the prevailing moral values are taught and absorbed by the children. Such values are exhibited as acceptable behaviour in the larger society. The school has it as part of responsibilities to transmit moral values based on the home ideas. Indirectly, the teacher serves as a source of moral values through the demonstration of positive virtues for children to learn.

Moral values and School

Schools have great influence on the moral values and the transmission of such values to children. But compared to home schools have less opportunities to influence the child. The values it seeks to transmit may be contradicted by those of the home. An example of this can be seen in working class or lower class students studying in schools where middle class values are taught. Lower caste children attending school with upper caste students may experience a clash of values. However we cannot neglect the moral impact schools and teachers have on students.

Why moral values for adolescent students?

As parents and educators, we should all advocate the teaching of moral values in our schools for the following reasons:

- Preparing our children for future roles in society
- Many parents aren't teaching moral values
- There is too much violence and dishonesty in society
- To counter bad influences in society
- Moral values will stick with you for life

Moral values among adolescents

Parental Interactions: Parents have the greatest influence in a child's life. Children learn the basic values of behaviour and living from their parents. Interestingly enough, punishment for disobeying rules creates only part of moral judgments in children. Children in fact learn by example, and whatever home they are actually living in will shape how they make moral decisions. When children experience interactions inside and outside the home in which they feel safe and cared for and where anger and hostility are not present, they develop a strong sense of self which develops into a strong moral base. When they see or experience something such as violence that is contrary to their normal way of living, they instinctively know that way of life is wrong.

Role Models' Interactions: Outside of parents, teachers, and other role models, schools plays a pivotal part in shaping the morals of the next generation. They place a high value on character traits such as honesty, integrity, and compassion, and teachers who exhibit these attributes will naturally pass them along. Abraham Lincoln is noted for saying, "What you do speak so loudly I cannot hear what you are saying." Inconsistency and hypocrisy on the part of teachers and parents alike can cause real harm to a child's moral development. Other role models can influence a child's life without even knowing they are doing so. The media provides a direct yet sometimes inaccurate link between children and their role models. Many times a role model speaks or acts inappropriately yet a child thinks those actions or words are acceptable simply because someone they look up to has endorsed them.

Social Interactions: Children need various forms of social interaction to develop into well-rounded adults. These include interacting with other adults, family members, and other children, older and younger than they. Each interaction will reinforce or challenge a child's preconceived ideas about what is morally acceptable. Most children want to have a feeling of belonging and quickly learn the social conventions to that will help them fit in. In learning how to get along with others, children learn by trial and error how to adjust their actions to fit the moment.

CONCLUSION

The period between childhood and young adulthood is a period of rapid change - physical, emotional, cognitive and social. No two teenage bodies are the same. Adolescent health should therefore become a lawful and clear concern of different contributing parties in this field, including parents, teachers, health professionals, religious counsellors, the media and other community organizations. Adolescent health should become an integral part of public health departments, athletic clubs, youth organizations and non-government organizations. As adolescents grow, their relationships with selves and others become increasingly influential. Kindness, patience, empathy, sympathy, sharing, respect to elders, sense of responsibility and not going overboard with the authority they are given are few things that should be deeply put in adolescent's minds in order to keep them on the track of life.

MODEL QUESTIONS

1. "Education and Moral Values are linked together in a significant manner." Discuss.
2. "Over consumption of food is the main reason for obesity". Discuss
3. As a teacher what role will play in preventing gender-based violence?
4. As an adolescent educator how you develop *positive body image* among your students.
5. Define adolescence. Identify the various challenges faced by an adolescent.
6. Define *Body Image*. Discuss the role of media on body image development.
7. Differentiate physical changes among boys and girls during adolescence.
8. Enlist the Common Causes and Responses to Stress
9. Enlist the different types of interpersonal relationships.

10. Explain how adolescence is a period of rapid physical growth and sexual development.

11. Explain the factors that determine pattern of adolescent transition.

12. Give a detailed account of major challenges faced during adolescence.

13. How Puberty and Sexual Development related?

14. Is adolescent stress and depression are real? What are the common causes and responses to stress? Suggest some tips for dealing with an aggressive adolescent.

15. What are the developmental tasks of adolescents?

16. What are the primary and secondary characteristics during adolescence?

17. What is *Gender-based violence (GBV)*? List the different types of GBV. What is the teachers role in preventing gender-based violence.

18. Why good personal hygiene matters? How you help your students with the basics of personal hygiene? Suggest some measures for better personal hygiene.

19. Why moral values for adolescent students?

REFERENCE

1. *Anxiety Disorders in Children and Adolescents - Fact Sheet*, retrieved from http://www.nimh.nih.gov/health/publications/anxiety-disorders-in-children-and-adolescents/index.shtml

2. *Anxiety disorders in teenagers.*, retrieved from http://raisingchildren.net.au/articles/anxiety_disorders_teenagers.html

3. Ayodele, K.O., *Fostering Adolescents' Interpersonal Behaviour: an Empirical Assessment of Enhanced Thinking Skills and Social Skills Training.* retrieved from www.ajol.info/index.php/ejc/article/download/72725/61641

4. Barry, T.D., Aggression in adolescents: strategies for parents and educators. Helping Children at Home and School II: *Handouts for Families and Educators.* retrieved from http://www.nasponline.org/ resources/principals/nasp_aggression.pdf

5. Bull, N.J. (1973) *Moral Education.* Great Britain; Redwood Press

6. Chaudhary, J.G.S. *Coping With Stress Among Indian Adolescents Belonging to the High Income Group.*, paper was presented at Psychology: The Indian Contribution National Conference on Indian Psychology, December 2004, retrieved from http://www.ipi.org.in/texts/ipyc/ipyc-full/s-jgala.php

7. Deb, S., Chatterjee, P., Walsh, K. (2010). Anxiety among high school students in India: Comparisons across gender, school type, social strata and perceptions of quality time with parents., *Australian Journal of Educational & Developmental*

Psychology. Vol 10, 2010, pp18 - 31, retrieved from http://www.newcastle.edu.au/__data/assets/pdf_file/0012/100290/V10_deb_et_al.pdf

8. *Fact Sheet on Youth Reproductive Health Policy Gender-Based Violence.,* November 2009., Health Policy Initiative of USAID., retrieved from http://www.healthpolicyinitiative.com/Publications/Documents/974_1_GBV_FINAL_acc.pdf

9. *Gender-Based Violence.,* retrieved from http://www.open.edu/openlearnworks/mod/oucontent/view.php?id=67

10. Heise, L., M. Ellsberg, and M. Gottemoeller. 1999. "Ending Violence against Women." *Population Reports* XXVII (Series L, Number 11). Available at: www.infoforhealth.org/pr/l11/violence.pdf (accessed October 14, 2009).

11. *Helping teenagers build personal hygiene habits,* retrieved from http://raisingchildren.net.au/articles/hygiene.html

12. Holmqvist, K. et.al. *Body image and child well-being.* http://www.case.edu/artsci/anth/ documents/ BodyimageandchildwellbeingINPRESS.pdf

13. http://en.wikipedia.org/wiki/Stress_(biology)

14. http://paulkuehn.hubpages.com/hub/Teaching-Moral-Values-in-School-A-Necessary-Part-of-the-Curriculum

15. http://www.adaa.org/living-with-anxiety/children/childhood-anxiety-disorders

16. http://www.nios.ac.in/media/documents/secpsycour/english/chapter-11.pdf

17. *Interpersonal Relationships.,* retrieved from http://www.nyu.edu/life/safety-health-wellness/live-well-nyu/priority-areas/interpersonal-relationships.html

18. Interpersonal Relationships., retrieved from http://www.schoolclimate.org/guidelines/interpersonal_relationships.php

19. Moksnes, U.K. (2011). *Stress and health in adolescents: The role of potential protective factors.,* Norwegian University of Science and Technology. retrieved from http://www.diva-portal.org/smash/get/diva2:408593/FULLTEXT02

20. Omran, A.R. & Hafez, G.A. (2001). *Health education for adolescent girls.* Cairo: WHO. retrieved from http://applications.emro.who.int/dsaf/dsa722.pdf

21. Sharma, J. *Moral Values Among Adolescents.,* retrieved from http://www.dailyexcelsior.com/moral-values-among-adolescents/

22. *Social & Cognitive Development: Impact on Interpersonal Relationships.,* retrieved from http://education-portal.com/academy/lesson/social-cognitive-development-impact-on-interpersonal-relationships.html#lesson

23. *Understanding Violent Behaviour In Children and Adolescents.,* American Academy of Child and Adolescent Psychiatry., retrieved from http://www.aacap.org

24. Thamarasseri, I. (2015). *Adolescence Education.* New Delhi: Dominant Publishers & Distributors (P) Ltd.

25. Walker, J. (2005). Adolescent Stress and Depression. retrieved from http://www.extension.umn.edu/youth/research/adolescent-stress-and-depression/