

Study of Adolescent Stage and Its Impacts on Adolescents

Shelly Agarwal, Ruchi Srivastava, Manisha Jindal, Pooja Rastogi

School of Medical Sciences & Research,

Sharda University, Greater Noida, Uttar Pradesh

Email Id- shelly.agarwal@sharda.ac.in, ruchi.chauhan@sharda.ac.in, manisha.jindal@sharda.ac.in,
pooja.rastogi@sharda.ac.in

ABSTRACT: *Youngsters in their teens represent the world's largest age demographic, in a special period known worldwide as the bridge between childhood and maturity in the life cycle. Longitudinal surveys and accurate assessments of teenage activity in both developed and emerging countries are providing new perspectives. Throughout adolescence, physical and psychosocial shifts cause incarnate challenges of centuries and early childhood to appear in human differences in areas such as maturity, academic achievement, self-confidence, peer pressure, and family proximity. The wellbeing and well-being threats to parents are therefore foreseen. Multi-disciplinary methodologies, in particular biological-social science, socio-economic and cultural variability and determinants of positive results needed to raise understanding at that stage. Depression, anxiety, and eating disorders are especially common during the days of the puberty. Adolescents with anxiety or mood disorders may suffer from physical symptoms such as exhaustion or chronic fatigue, dizziness, headache and pain in the abdomen or arms. The five main features of puberty are biological growth and development, an unclear status, increased decision-making, increased anxiety, and self-search. Adolescence is a lifetime with specific needs and rights relating to health and development. It is also a time to develop awareness and skills, learn to control feelings and relationships, and gain qualities and skills that would be necessary for teenage years to be experienced and adult positions to take on.*

KEYWORDS: *Adolescence, Anxiety, Cultural Heterogeneity, Depression, Psycho-Social Changes*

INTRODUCTION

Nowadays, young adults aged in between ten to nineteen years are a generational bulge. This is the highest demographic era in the world and comprises around 20 percent of the world's 6.5 billion in 2005, with 85 percent residing in developing nations and about one-third comprising the country's national populations. Teenagers are often described as "demographically dense" – a time of life in which a large proportion of people experience a large proportion of the principal events in their lives. These involve quitting or completing college, holding a child and positive economic development. These may contain behaviors that are more prevalent in this age range than in others and can dramatically change the trajectories of life: non-consensual intercourse, alcohol and substance misuse, self-harm and physical aggression, and trouble with the law[1]–[7]. The lifestyle and work patterns, the relationship, the quality of schooling and the environment have a influence on society, jobs and existence in the household, which with enduring consequences on the well-being of individuals and potential generations.

Adolescence is the developmental period between the ages of thirteen and nineteen, from infancy to adulthood. But much earlier, during the preteen or all years, the physical and psychological changes that arise in adolescence begin at an age of nine to twelve years. Adolescence may be a period of disorientation and experimentation. Adolescence is the developmental era between the ages of 13 and 19 from infancy to adulthood. But much earlier, during the preteen or "all" years,

the physical and psychological changes that arise in adolescence begin: ages 9 and 12. Adolescence can be both a time of disorientation and of exploration.

Adolescence is a time of intense physical, mental, social, and emotional growth and development. Problems in development and hormone equilibrium are discussed, posing as short and tall adolescents, menstrual disorders, obesity and acne. Adolescents are reputed to be surly, uncommunicative, moody, argumentative and flippant-even all at once! Such habits can be common for teenagers when seen from time to time, because becoming a teen is difficult. Factors that impact teenage development involve growth of the physical, cognitive, mental, social, and behavioral facets.

Environmental causes of teenage mental illness are usually a product of stress at its heart. Social stress, loneliness, or drug misuse are important causes of stress in adolescences. Some that causes of stress include: depression-manipulation of the personality, psychological or physical. The most common conditions in teenage mental wellbeing include fear, depression, deficits in concentration and hyperactivity.

Concern for development and maturity revolves around a conviction that their own personal issues, thoughts and perceptions are special. Overreacting to mockery, humiliation and criticism. Looking for friends and those with attention-getting habits to support. Adolescent psychology can help children make much sense of the physical changes they are experiencing, and they can interact better with children. Adolescence introduces new ways of thought, in addition to the physical development. When adolescents develop cognitively, they learn logical reasoning.

Adolescence refers to the era of human development that takes place between puberty and adulthood. Adolescence starts at about 10 years old and finishes at about twenty-one years old. You can divide puberty into three stages: early puberty, middle adolescence and late adolescence. Every stage has its own peculiarities. Furthermore, improved teenage wellbeing offers economic gains and broader social gains. Eventually, investment in teenage wellbeing is important because it is a critical period in human development, and also because of the different challenges of illness and disability faced by teenage populations.

For a long time, adolescence was considered to be an American cultural phenomenon, a by-product of the process called as industrialization. An intimate and socially divisive era results in creation of situations like young people dependency on their families after dropping out of school and wait for jobs. Hundreds of society's studies, however indicated that the adolescence stage is a widely accepted period of development, starting at or just after maturity, perhaps with various signs, behavioral indications and social inferences.

Rituals relating to future adult positions like reproduction, obligation and job, or religious rituals, sometimes differentiated from age, indicate puberty in most societies. The transit rituals are less systematic and more fluid in the society, but improvements in schooling, changes in family rules in the sense of autonomy and first-time experiences, for example alcohol intake or triggering events, will help to cross the distance between puberty and maturity.

Following the publishing of a highly influential book by Hall in 1904, there was a perniciously held belief that puberty's "raging hormones" ultimately lead to revolt, confrontation with parents and other authority, etc. This naive notion proved to be incorrect. Most teens do not go through a "sturm und drang" phase. Alternatively, the phase of development to adulthood is generally a

socially defined age, with an initiation typically precipitated by obvious physical changes associated with adolescence including numerous encounters between physiology and culture (or the collection of social structures and relationships that existed at the time.

Unidirectional structures suggesting whether hormones are activating actions (e.g., testosterone induces aggression) or activities stimulate hormone alteration (e.g., tension enhances cortisol), have given way to hormone / conduct correlations and conceptual conclusions. For eg, poor commitment, family conflict and insufficient involvement in children suppose that the timing of the initiation of puberty is affected. The mixture of these pressures and early adolescence, in effect, leads to dissatisfaction with parents, reduced self-esteem, and deviant peer's interactions. Neuro-physiological and brain imaging experiments reveal that reorganization of the brain coincides with the onset of adolescent puberty, which could make adolescents more likely to receive stimuli affecting their judgment.

New Methods for study of Adolescent phase

Because they are costly to maintain and complicated as knowledge is to be processed, potential experimental systems are better suited for the analysis of human growth, particularly the understanding of transformation processes and the sequential organisation. Youth monitoring their life cycle as they interact with family, school, peers and the larger social community creates knowledge that reaches well beyond the dream provided by measurement at any point of time.

Several major birth cohort research in developing countries , including Brazil and South Africa, are currently in development, offering information on the long-term and quantitative effects of diet and family life on a social and health basis [8], [9].

At the start of 1990, the Birth to Twenty (Bt20) project in South Africa enrolled in Soweto-Johannesburg a population of more than 3,000 babies. Nicknamed "Mandela's Babies" this project has been collecting knowledge from pre-born to the ages of 15 (the project is scheduled to hit the age of 20), regarding children (born soon after Nelson Mandela escapes from jail) and their relatives. The youngest mother was only 14 when she delivered her child, and the second-generation cohort youth started to be raised. This young group is the first generation of children residing in South Africa in a democratic way and this studies seeks to reflect the development of individuals and groups as they change their lives over a certain significant time.

OUTCOMES OF THE STUDY

In the first two years of life, a small number of children may be identified who adjustment challenges remains for most of their adolescence, primarily in the form of issues relating to peers. Such factors can only be modeled in fairly specific terms via the combination of physiological (low birth weight), socioeconomic (single parenthood and societal (poverty). Father parent deficiency is very strong in Southern Africa, mostly due to migrant work. The single-parent female-headed households are poorer than others and people who are not legitimately or traditionally married to the mother at the time of the birth have been born tend to provide less and less care to their children when they mature.

In both regions, there are major variations in physical development, most obviously in both childhood and adolescence. However, the trends created by the clustering of the personal profiles, circumstances and contexts can be observed not just with time. The antecedents, consequences and outcomes of such incidents will be addressed with young people with unique

physical growth, or with signs such as preñedness or sexual behavior. For starters, infants with increased weight changes during infancy tend to have higher body weight, decreased glucose tolerance and a greater likelihood of overweight, diabetes and cardiac disease afterwards. Boys and girls in Bt20 who were 13 at a more mature point of adolescence were more vulnerable to engaging than their less-developed peers of different behaviors like smoking, substance usage and sexual intercourse.

Puberty has significant human variation, as with other developmental periods. A variety of cultural, socioeconomic, and biological influences affect Pubertal Staging. The age at which teenagers reach adolescence has declined worldwide, largely due to socio-economic factors and diet changes. In South Africa , for example, the menarche has declined by 0.73 years per decade among urban people, although the last average age reported in the US remains 13.2 years, which still is considerably older than that of American Girls. At the same period, adult risk effects, including illness in the reproductive and breeding area, socioeconomic problems and chronic disorders in later life and the associated physical and psycho-social influences are important risk factors. Of example, the initiation of sexual activity in early menarche is connected, early and late adolescence are correlated with increases in self-esteem of children and girls and the rise in adolescence of girls is connected to later risk of hypertension and diabetes.

The accurate measurement of pubertal stage in social studies in non-Western societies, especially in Africa, is only recently realized by careful confirmation of growth in hair, breasts and gonads, personality evaluation against certain parameters like the Tanner Scale of Sexual Maturation. The above often ought to be adequately assessed for aggressive actions in accordance with pubertal staging. The greatest tendency for unreported queries pertaining to criminal or generally recognized practices (such as sex, drug usage and truancy).

These patterns can be evaluated and corrected by new techniques. Those involve the application of biological indicators such as salivary cotinine or thiocyanate to determine the under-report of smoke. Because cotinine, produced inside your body, is a nicotine by-product, cotinine measures are a good substitute for ingestion or absorption to nicotine. As a predictor for HIV infection and to assessing under-reports of orientation in young adults in addition to the consistency of evidence across the years. They do use cotinine for urinary leukocyte esterase (ULE) studies with Bt20. "ULE" studies in women are more responsive than in males and involve microscopic evidence. Usually, urinary tract diseases may be produced from other types than from age.

However, at the age of 13, ULE findings were shown in twice the amount of girls reported sexually involved and in 50% of girls disclosing sex at the age of 14 and 15. The optimistic ULE findings were linked to the following information, indicating that seventeen proportion of adolescents at 13 and around 21 percent of adolescents at 14 years of age who did not mention becoming sexually involved are expected to undergo early puberty.

In teenage self-reports efforts are similarly important to increase the accuracy of extremely sensitive information. Latest scientific advancement has contributed to machine audio (CAASI) self-interview. Young people interpret or address on-screen questions in a language of their preference by way of headsets and type their answers into a standard or modified keyboard directly. Comments Bt20. Zimbabwe and Kenya say that respondents prefer privacy and some young people feel more truthful about their responses. Consumer concerns with the platform are also obstacles, pending easier-to-use solutions before being able to extend its use to teens with

low educational levels. Other creative methods involve asking critical questions and answering them by voice activated assistants and cell phones.

The planet is now approaching a time where people will rely on advanced data collection skills. The crucial basis for a systematic evaluation of strategies targeted at improving opportunities for better development for youth is accurate and detailed review of evidence gathered from the self-reports of young people in particular. For the next 5 years of the Bt20 project, the researchers concentrate on progress results; success in education or retirement; getting unwanted teens pregnant or finishing preparation, rising weights, rising signs of diabetes, failure of the law, etc. The researchers are now beginning to recruit young Bt20 boys and girls of the next generation and this gives us an outstanding opportunity to examine inter-generational advantages and drawbacks.

Bt20 and other clinical research give insight into predisposing factors in the teenage years for positive and detrimental outcomes. Most of these study results stress the significance of early and systematic action. A good beginning in life, friendly and healthy family connections and encouragement for the growth of young people through school and locality and so on are all expected in terms of academic success, transition, community participation and future ambition to achieve positive results for young people. Nonetheless, there are often causes for optimism, particularly as children are exposed to extremely dangerous environments.

Three decades earlier, Garmezen and his collaborators, for example, noticed that when a schizophrenic parent raised the risk of children being impacted by the condition, 90 percent of the students surveyed were "good friends, academic success, dedication to learning and purposeful lives, early and successful jobs." That also refers to conditions of deprivation, strife and crime, and misuse and corruption of parental substances; most children subject to these circumstances grow up to lead productive lives as adults, with the opportunity to love and function.

Self-stabilizing strategies allow other adolescents and young adults, who grow up in rough environments, to have only the lowest possibility of participating with others in social activity, of doing and enjoying what they do, and of contributing to the health of others. Opportunity niches may be created by winning a game, selecting a team or casting in a school production, or having a family member to help the project, even though the parent or the instructor is of concern. -- all these affects the way a child looks at himself and how people look at him and handle him[10]–[17].

The degree to which this is so much surprised everyone within the Bt20 Community. For 2300 children who had been tracked before the age of 16, over 50% had very bad conditions (within \$1 a day a person), 20% went to sleep frequently hungry in their early days, over 40% had a parent or assistant experience of community violence or family abuse, and only 2 out of 5 children lived with their mothers. Given these circumstances, prediction is made at the moment that only about five percentage of children have experienced chronic behavioral problems.

However, when teenagers reach their teenage years, move farther away from home to school, are subject to fewer parental control and guidance, and are disproportionately subjected to peers engaged in unsafe behaviour, the levels of potentially harmful habits are growing. Of example, while only 1.6 percentage of thirteen-year-old (3.3 percentage of the boys and 0.8 percentage of

girls) have had sexual contact, this figure increases to approximately 20 percentages at age fifteen (twenty-seven percentages among boys and twelve percentages among girls).

A composite risk ranking in tandem with drinking, alcohol and substance usage, foreplay and arms rates showing a significant improvement with increased adolescence development and the shift from elementary to high school. Young adults, who are more prone to take risks while they are early adulthood, are young in childhood and where they are exposed to older youth without sufficient control and advice on parental treatment.

CONCLUSION

Human results by the effects of evolution and early childhood experiences in puberty and, in particular, puberty. Longitudinal patterns suggest that it is also age of opportunity: healthy diet and healthier lifestyles, support for the families and educational effects of people and the access to community programs that enable young people to break up early habits which lead to poor health and poor social integration. Current methods enhance the consistency and efficiency of the data of young people and provide incomparable possibilities in both biological and social sciences.

Yet we know a lot more about what is wrong with young people, and also about how difficulties can be prevented or how young people can get on the road, especially with countries around the world that are in the greatest difficulty for young people. New work is driven by the need to develop and explore solutions that can help and minimize the risks of young people's sexual and psychological well-being.

REFERENCES

- [1] L. Foulkes and S. J. Blakemore, "Studying individual differences in human adolescent brain development," *Nature Neuroscience*. 2018.
- [2] A. Brizio, I. Gabbatore, M. Tirassa, and F. M. Bosco, "'No more a child, not yet an adult': Studying social cognition in adolescence," *Front. Psychol.*, 2015.
- [3] K. S. Scherf, M. Behrmann, and R. E. Dahl, "Facing changes and changing faces in adolescence: A new model for investigating adolescent-specific interactions between pubertal, brain and behavioral development," *Developmental Cognitive Neuroscience*. 2012.
- [4] P. B. Jones, "Adult mental health disorders and their age at onset," *British Journal of Psychiatry*. 2013.
- [5] S. Hashmi, "Adolescence: An Age of Storm and Stress," *Rev. Arts Humanit.*, 2013.
- [6] J. K. Larsen *et al.*, "Emotion Regulation in Adolescence," *J. Early Adolesc.*, 2013.
- [7] L. Rogers, "Underlying factors in perceptions of studying during adolescence," *Res. Pap. Educ.*, 2013.
- [8] S. L. Weinstein, L. A. Dolan, J. G. Wright, and M. B. Dobbs, "Effects of bracing in adolescents with idiopathic scoliosis," *N. Engl. J. Med.*, 2013.
- [9] K. Mmari *et al.*, "Exploration of Gender Norms and Socialization Among Early Adolescents: The Use of Qualitative Methods for the Global Early Adolescent Study," *Journal of Adolescent Health*. 2017.
- [10] I. Wise, *Adolescence*. 2018.
- [11] A. Thapar, S. Collishaw, D. S. Pine, and A. K. Thapar, "Depression in adolescence," *The Lancet*. 2012.
- [12] R. J. R. Levesque, "Obesity and Overweight," in *Encyclopedia of Adolescence*, 2018.
- [13] R. M. Viner *et al.*, "Adolescence and the social determinants of health," *Lancet*, 2012.
- [14] S. M. Sawyer *et al.*, "Adolescence: A foundation for future health," *The Lancet*. 2012.

- [15] S. M. Sawyer, P. S. Azzopardi, D. Wickremarathne, and G. C. Patton, "The age of adolescence," *The Lancet Child and Adolescent Health*. 2018.
- [16] D. Fuhrmann, L. J. Knoll, and S. J. Blakemore, "Adolescence as a Sensitive Period of Brain Development," *Trends in Cognitive Sciences*. 2015.
- [17] S. J. Blakemore and T. W. Robbins, "Decision-making in the adolescent brain," *Nature Neuroscience*. 2012.