

FACTOR RESULTING IN PROBLEMATIC BEHAVIORS AMONG ADOLESCENT

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Abstract

Based on the results of previous research, multiple factors in several domains (individual attributes of the adolescent, family attributes, and extra familial factors) were identified as possible risk and protective factors for development of problem behavior during adolescence. The results show that the individual attributes of the adolescent play an important role, both as a risk and as a protection, for the development of internalizing problems, but they appear to be of less importance for the development of externalizing problems. The first aim of this study was to examine the relative importance of these factors for the development of externalizing and internalizing problems. In addition to examining the role of particular risk and protective factors, we also tested the hypothesis that risk and protection have a cumulative effect. Finally, the relationship with peers (especially the association with deviant peers) has both a risk and a protective effect for the development of problem behavior. When index of the number of risk and protective factor is used, it appears that the amount of risk has a stronger relation to variation in problem behavior than protection.

Keywords: *Adolescent, Behaviors, Problematic, Physical Development, Self-Image*

I. INTRODUCTION

Traditionally oriented agencies that provide assist for families and youngsters with problems have problems addressing the wishes of these children and their households. one of the reasons for this is a "unmarried-difficulty" attitude (i.e., they often address only one unmarried risk issue, for example, incompetent parenting or the dearth of the child's social skills or a unmarried bad outcome, as an example, faculty problems or drug use)[1]. It will become more and more clean, however, that hassle behaviors are complexly decided, and that an intervention that aims at simplest one thing isn't always probably to be effective. Such fragmented interventions have terrible lengthy-term final results and often lead to pointless duplication of efforts. present day understanding shows that in place of dealing with separate, impartial and remoted troubles, it's

far essential to layout more complicated interventions characterized by means of extra complete and simultaneous efforts to regulate more than one domain names of functioning and to intrude in each of the applicable settings (i.e., family, faculty, and peer institution).

Moreover, consistent with the contemporary view, the interventions need to be centered now not most effective on elements main to elaborate functioning (danger factors), however also on strengths within the baby and in the child-rearing context (defensive elements)[2]. Preferably, interventions have to be derived from conceptual fashions concerning strategies leading to problem behaviors, and from basic research wherein those procedures are evaluated. although there exists a body of expertise and research regarding the disparate factors related to problem behaviors, multiple chance, and shielding elements are most effective rarely studied simultaneously in the identical research. In different words, the records that may be used as underpinnings for more conceptually and empirically informed interventions continues to be as a substitute scarce[3]. This shortage is in particular true for the duration of formative years. maximum of the studies on danger and safety have been conducted among preadolescent and younger youngsters.

The studies on hazard and protection for the duration of youth have targeted totally on externalizing trouble behaviors (e.g., substance use, conduct issues, faculty troubles, and juvenile delinquency). One viable cause for this is that externalizing problem behavior is greater visible and has extra direct poor consequences for individuals and for the network. some other cause is that many youths end up involved in some level of antisocial (delinquent) conduct throughout the course of their youth. any other type of hassle behavior, internalizing problems (e.g., anxiety, despair, withdrawal) has acquired lots much less interest, even though given its incidence (melancholy influences, depending on its definition and evaluation, between 7% and 33% of kids) and its effects (depressive mood is a sturdy predictor of suicidal ideation), this sort of problem conduct is hardly ever much less critical. the existing study extends previous work by inspecting the methods in which a couple of sources of danger and protection might also make a contribution to the development of each externalizing and internalizing issues at some point of childhood. As a framework for organizing these factors an ecological perspective changed into used, in which the kid is viewed as being nested inside a complicated network of interconnected systems[4].

On this examine, we cognizance on factors at individual degree—kids themselves—and elements within their essential interpersonal environments: own family and peer group. Given the complicated web of factors influencing teens' psychosocial adjustment, it isn't always easy to decide which of the factors are most important and which might be minor predictors of trouble conduct. Moreover, interrelations amongst these factors are infrequently taken under consideration in figuring out their relative predictive price. primarily based on the effects of previous studies, most always identified factors in numerous domains (person attributes of adolescent, own family attributes, and extra familial elements) had been identified as possible danger and protective elements. Chance factors are described as those situations which can be associated with a higher probability of poor final results (hassle behavior). At the level of the man or woman, threat elements continually observed across studies encompass low educational

aspiration and low[5]. Low seems indeed to be a sizable predictor of intellectual fitness issues and externalizing troubles including drug use. in the course of adolescence, as the adolescent's surroundings grows larger, so too do the elements that have an effect on adolescent's adjustment. due to the growth in the adolescent's independence and in his/her interplay with others, affects outside the family, particularly friends, might become more vital. One aspect of peer relationships that has consistently been found as a robust predictor of hassle conduct is the publicity to buddies who model deviant behaviors (i.e., involvement with a deviant peer institution)[6].

Deviant friends provide opportunities to have interaction in hassle behavior, provide considerable social pressure and advantageous reinforcement for deviant behavior, and supply the adolescent with attitudes, motivations, and rationalizations to assist antisocial conduct. chance factors inside peer family members are not most effective confined to the involvement with deviant friends. extra usually, it seems that sturdy peer orientation and the strangely dominant function of peers within the lives of teenagers are associated with a greater terrible self-idea and problem behaviors together with substance use. Our discussion of patterns of adolescent development begins with viewing adolescence in the context of physical, social and emotional, cognitive, and moral domains of growth and change considers three domains of potential upheaval during adolescence: (1) conflict with parents, (2) mood disruptions, and (3) risk behavior.

II. DISCUSSION

Physical Development

Heightened pituitary sensitivity to gonadotropin releasing hormone, leading to increased gonadal androgens and estrogens, triggers rapid changes in height, weight, body shape, and genital development. Different maturational patterns are recognized for boys and girls[7]:

- Girls in the United States begin the physical changes of puberty between 8 and 13 in the following sequence: breast buds and additional breast development; enlargement of the ovaries, uterus, labia, and clitoris; and thickening of the vaginal mucosa.
- Menarche characteristically occurs 2 to 2½ years after breast buds, at an average age of 13.
- Boys develop most observable signs of puberty later than girls. Testicular enlargement usually begins around 12, followed by appearance of pubic hair and growth of the penis.
- Following the onset of puberty for both sexes, growth in weight and height usually begins distally in the hands and feet before moving proximally to the arms and legs and finally to the torso.
- Increase in muscle mass often lags behind growth in height, thus contributing to a period of awkwardness for some teens.
- On average, girls meet their peak in growth velocity around 12, two years before boys.

- The timing of puberty is influenced by health and nutrition. For example, puberty in girls has an earlier onset as compared to 30 years ago, with rates of precocious puberty in girls (defined as the appearance of secondary sex characteristics before the age of eight or the onset of menarche before the age of nine) rising[8].
- African American girls enter puberty slightly earlier than European American girls.

Gender Differences in the Psychological Impact of Puberty

There are salient gender differences in the psychological impact of variations in the timing of puberty. Early-developing males have greater self-confidence and are likely to have greater academic, athletic, and social success than their peers, especially when compared to late-developing males. In contrast, early pubertal development in girls is correlated with lower self-esteem and heightened concern over body image[9].

The Need for Sleep

Contrary to what teenagers would like their parents to believe (or let them get away with), adequate sleep is essential for healthy development during adolescence: about 9 to 9½ hours per night. Working against a good night's rest are (1) hormonal changes, including melatonin secretion, which causes a relative sleep phase delay with a natural tendency toward later onset of sleep and later waking times; and (2) increased academic and social demands. In addition to fatigue and impaired performance in class, inadequate sleep may increase the risk of health problems such as obesity.

Emotional and Social Development

Developmental demanding situations are bipolar crises that force the man or woman to choose a greater adaptive (practical) emotional stance; as an instance, during infancy—agree with versus distrust—if babies do no longer research to believe caretakers, they will expand a suspicious, even paranoid stance when transferring alongside the developmental trajectory. From a psychosocial perspective, Erikson views early life as a period of identification formation and position diffusion. An incoherent experience of self and values will bring about the lack of a experience of identity. In essence, childhood represents a 2d separation from grownup caretakers, with the primary having took place whilst the children attained the motor and cognitive capability to transport away from the dad and mom' regular watch. Youth marks the period where kids are biologically, albeit no longer normally psychosocially, able to surviving on their very own[10].

Group Membership

In phrases of organization alignment and social belonging, early teenage lifestyles aren't always a lot worried with identification formation as it's far with group concord. Junior excessive school students (a while 12–14) who place a high priority on reputation are manifesting socialization patterns consultant of an ordinary developmental stage. A success membership within organizations paperwork the prototype for later self-belief to move to unique groups. whereas healthful early childhood is characterized by using identity with particular organization values and norms, “wholesome later early life is characterized by way of increasing consolation with one’s capability to pick out amongst many one-of-a-kind corporations and to advise selectively the values that have particular relevance to the character”. The medical implication of those divergent tendencies is that during counseling younger youngsters, it's miles important to remember accelerated susceptibility to see strain as a method of preserving institution identity. Older teens may have a much more wonderful response to challenges to resist peer stress forth sake of forming their very own particular experience of identity

Self-Image

A healthy and stable self-image is of primary importance in healthy adolescent development. Problems in the formation of a positive sense of self show significant correlations with disturbed peer and family relationships; depression and mood instability; and risky sexual or other acting-out behaviors, including substance abuse, crime, and poor school performance. Overt manifestations of physical illness (e.g., deformity) or less visible symptoms (e.g., diabetes) can have a negative impact on an adolescent’s confidence and self-esteem. During the peak of reliance on group acceptance, illness may crystallize underlying fears of being unwanted, alienated, and flawed. During these threat points, individual counseling, peer support groups, and increased parental nurturance and support can impact healthy teenage development.

Impulsivity and Risk Taking

During the earlier phase of adolescence, a heightened sense of grandiosity and invulnerability is merged with a more limited capacity to anticipate immediate danger and to foresee long-term negative consequences. Risk potential may be increased by advances in physical maturity, heightened sex drive, increased intellectual capacity, and greater earning potential and geographic mobility. The offshoot of these potentiating factors may be increased experimentation and involvement in sexual activity, use of alcohol or other drugs, and courting of danger. In the United States and other Western countries, the teen years and early 20s are times of highest probability for the emergence of risk-taking activity (engaging in behaviors with potential for harm to self and/or others). This pattern is generalized for dangerous driving, risky sexual activities, and criminal conduct. In fact, adolescence has long been recognized as a period of “heightened rates of antisocial, norm-breaking, and criminal behavior, particularly for boys” (Arnett, 1999, p. 321). In the first decade of the 20th century, formulated danger

seeking as part of a usual pattern of adolescent storm and stress, arguing that “a period of semi criminality is normal for all healthy [adolescent] boys”. Even though a significant proportion of adolescent risk taking has a neurologic substratum, clear messages about healthy and safe lifestyles along with firm limits are required from parents, teachers, counselors, and other adult role models. Although teenagers may find adult rules and admonitions off-putting, limit setting can also be perceived as a sign of protection, love, and support. When danger is not an issue, most experts view adolescent experimentation and environmental exploration as integral to the development of a healthy and individuated sense of self

III. CONCLUSION

In this study we examined the relative importance of several possible risk and protective factors for two types of adolescent problem behavior: internalizing and externalizing problems. These factors cover three conceptual domains: individual attributes, family factors, and extra familial (peer) factors. Previous studies concerned with the importance of individual attributes relative to the environmental factors produced inconsistent results. It has been suggested that resilience reflects the characteristics of the individual (with substantial levels of heritability), and that family and social environment contribute little to resilience. Individual attributes of the adolescent play an important role, both as a protection and as a risk in the development of internalizing problems, but they appear to be of much less importance for the development of externalizing problems. Several attributes of the adolescent's family (parental support, monitoring, and adolescent's attachment to parents) seem to be important for both types of problem behavior.

These effects, however, were relatively small. It could be that family factors had their greatest effect on problem behavior prior to our assessment. In several studies it has been found that, from late childhood to adolescence, factors outside the family become more salient predictors of problem behavior. Regarding the differential importance of these factors for the occurrence of the two types of problem behavior in adolescence, it appears that there may be some risk factors that contribute to a wide range of negative developmental outcomes (for example, association with deviant peers), whereas other factors may be specific markers of increased vulnerability to specific problems (for example, low self-esteem for internalizing problems). In general, we found that individual characteristics are more important for internalizing problems: adolescents with lower self-esteem and low school achievement tend to report more depressive moods, less satisfaction with life, and less general well-being. Externalizing problems were much better predicted by familial and extra familial factors than by the individual characteristics of adolescent. When index of the number of risk and protective factor was used, it appears that the amount of risk has a stronger relation to variation in problem behavior than protection. The severity of the problem behavior increases proportionally with the number of risk factors present.

IV. REFERENCES

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