

Problems experienced by early and late adolescent boys and girls

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ABSTRACT

Problems experienced by early adolescent boys and girls in family, school, social, health and personal areas were studied in the present research. The data was collected from 120 subjects of Udaipur city. Socio personal problems inventory was used. The data was subjected to per cent and mean per cent score analysis. The study has revealed that the extent of problems experienced by early adolescent and late adolescent girls and boys were found to be low.

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INTRODUCTION

Adolescence can be defined biologically- the physical transition marked by the onset of puberty and the termination of physical growth, cognitively, as changes in the ability to think abstractly and multidimensional, or socially, as a period of preparation for adult roles. Major pubertal and biological changes include changes in the sex organs, height, weight and

muscle mass, as well as major changes in brain structure and organization. Cognitive advances encompass both increments in knowledge and in the ability to think abstractly and to reason more effectively. According to Berk (2005), Adolescence is a time of emotional turmoil, because some of the most complex and rapid changes of development take place during adolescence. This period is vulnerable to many problems. During this time, they are exposed to some overwhelming external and internal

struggles. Teens are expected to cope with hormonal changes associated with puberty, social and parental forces, work and school pressures. As adolescent girls and boys grow, they take on additional responsibility, experiment with new ways of doing things and push for independence. It is time in which value and skills are developed that has great impact on well-being. Developmental transition of young people makes them vulnerable particularly to environmental, contextual or surrounding influences. Environmental factors, including family, peer group, school, neighborhood, policies and societal cues, can both support or challenge young people's health and well-being. A myriad of biological changes occur during puberty including increase in height and weight, completion of skeletal growth accompanied by an increase in skeletal mass, sexual maturation and changes in body composition. The succession of these events during puberty is generally consistent among the adolescents often influenced by age of onset, gender, duration, along with the individual variations. These changes are also accompanied by significant stress on young people and those around them, while influencing and affecting their relationships with their peers and adults. It is also an age of impulsivity accompanied by vulnerability, influenced by peer groups and media that result in changes in perception and practice and characterized by decision making skills/abilities along with acquisition of new emotional, cognitive and social skills. Problems which the adolescent face for most part centre around physical appearance, health and physical development, school work, relationship with member of their families, their teacher and peers of both sexes and money and personal adjustment. Not secure in themselves, adolescent must make decisions concerning how they will act, with whom they will associate and what life decisions they will choose. Mathew (2006) opined that adolescent face many problems of demands, uncertainties and competition. Those who are unable to face these demands experience are more mental health problems.

The environment provided to the adolescent plays a significant role in emergence of extent of problems. Adolescents studying in government schools may face areas types of problems. Further the stage at which adolescent are may affect problems they face. Gender could also be one of the variable affecting problems encountered. Thus, the present research was undertaken

with the objective to assess problems of early and late adolescent boys and girls.

MATERIAL AND METHODS

The present investigation was conducted in randomly selected (2 girls and 2 boys) government schools located in Udaipur city. The total sample for the present study consisted of 60 boys and 60 girls between the age range of 13-15 years (early adolescent) and 16-18 years (late adolescent) thus, making a total of 120 respondents studying in 9th, 10th, 11th and 12th, standard in all four schools. The inventory developed by Bhateja and Nandwana (2001) and modified for under privileged adolescent by Kaur and Audichya in 2008 was utilized for the present research. The problems in the inventory are related to five major areas *i.e.* family, school, society, personal and health. Total number of statements in inventory was 104 out of these there were 26 in family area, 20 in school area, 17 in society area, 24 in personal and 17 in health area. The response options given are yes, sometime and number per cents and mean per cent score was calculated to assess overall extent of problems experienced by early and late adolescent boys and girls in each area *i.e.* family, school, society, health and personal area.

OBSERVATIONS AND ANALYSIS

The results obtained from the present investigation as well as relevant discussion have been summarized under following heads :

Problems experienced by early adolescent and late adolescent boys and girls :

The objective of the research was to identify problems experienced by early and late adolescent girls and boys in family, school, society, personal and health areas. The extent of problems experienced by early and late adolescents girls as well as boys is presented in the following section.

Extent of problems experienced by early adolescent girls :

Information regarding problems experienced by early adolescent girls is presented in Table 1.

Results clearly reveals that nearly 50 per cent of the subjects faced the family problem to a low extent

Sr. No.	Categories	Extent of problems %			MPS*	Overall extent assessment
		Low	Moderate	High		
1.	Family	50	50	-	50	Low
2.	School	63.33	36.67	-	45.55	Low
3.	Society	46.67	53.33	-	51.11	Low
4.	Personal	56.67	43.33	-	47.77	Low
5.	Health	50	50	-	50	Low

*33.33-55.55 (Low extent)*55.56-77.77(Moderate extent) *77.78-100(High extent)

and other half faced the problems to a moderate extent. Majority *i.e.* 63.33 per cent of the girls faced problem to a lower extent in the school area and nearly one third of girls faced to moderate extent. In personal area more than half (56.67%) of the girls faced problems at lower extent. Nearly half of the respondents experienced problems related to society and health area to lower extent and other half to moderate extent. The MPS depicts that the extent of problems range between 45.55 to 51.11 per cent. Thus, the extent of problems falls in the low category. Thus, amongst Society related problems emerged as the first in the list of problems though faced to a lower extent because subjects expressed that in-view of their belongingness to lower caste and/or lower socio economic strata sometimes they were not being offered equal opportunities and were subjected to discrimination.

Extent of problems experienced by late adolescent girls :

Information regarding problems experienced by late adolescent girls is presented in Table 2

Results clearly reveals that majority of subjects faced family problems to low extent. Further, 56.67 per cent late adolescents girls also suffer with school and society problems to a lower extent. Personal problems were experienced by nearly 53.33 per cent to a low extent but 46.67 per cent to a moderate extent, in health area also 53.33 per cent of its subjects experienced moderate level of problems and 46.67 per cent at low level. The

MPS depicts that the extent of problems range between 35.55 to 51.11 per cent with highest in health area, moderate in personal, school and society and lowest extent in family area. Thus, amongst Health problems were rated more by late adolescent girls. The reason could be that the adolescent girls have physical problems in menstruation and hesitated to seek suitable advice for these problems from adolescent as well as family members and hence, keep struggling with these issues.

Extent of problems experienced by early adolescent boys :

Information regarding problems experienced by early adolescent boys is presented in Table 3.

Results clearly reveals that in family and health areas majority of boys experienced problems to a lower extent. School related problems were experienced to a low extent by 63.33 per cent but to moderate extent by 36.67 per cent for adolescents' boys. Nearly, 50 per cent of the subjects experience society related problems to a moderate and the other 50 per cent to a low a extent. Personal problems were also experienced by nearly 50 per cent to moderate degree and 50 per cent to a lower degree. Overall MPS score depicts that the extent of problems range between 35-55 to 50 per cent. Thus, the extent of problems falls in the low category with greater being society related problems. In family and health area, problems were found to be low. Thus, amongst in early adolescent boys societal problems were rated highest

Sr. No.	Categories	Extent of problems %			MPS*	Overall extent assessment
		Low	Moderate	High		
1.	Family	93.33	6.67	-	35.55	Low
2.	School	56.67	43.33	-	47.77	Low
3.	Society	56.67	43.33	-	47.77	Low
4.	Personal	53.33	46.67	-	48.88	Low
5.	Health	46.67	53.33	-	51.11	Low

*33.33-55.55 (Low extent)*55.56-77.77(Moderate extent) *77.78-100(High extent)

Table 3 : Extent of problems experienced by early adolescent boys (n=30)

Sr. No.	Categories	Extent of problems %				Overall extent assessment
		Low	Moderate	High	MPS*	
1.	Family	93.33	6.67	-	35.55	Low
2.	School	63.33	36.67	-	45.55	Low
3.	Society	45	55	-	50	Low
4.	Personal	51	49	-	47.77	Low
5.	Health	93.33	6.67	-	35.55	Low

*33.33-55.55 (Low extent)*55.56-77.77(Moderate extent) *77.78-100(High extent)

amongst five areas because of lack of good friends and conflicts with age mates. Personal problems which were found second in list were due to lack of adequate space for regular studies.

Extent of problems experienced by late adolescent boys :

Information regarding problems experienced by late adolescent boys is presented in Table 4.

Results clearly reveal that majority of 96.67 per cent of the subjects faced the health problems and 73.33 per

cent of the subjects faced the family problems to a low extent. School related problems were experienced to a low extent by 60 per cent but to moderate extent 26.67 per cent adolescent boys. Nearly 55 per cent of the respondent experienced society related problems to a moderate and the other 45 to a low extent. Personal problems were also experienced by nearly 57 per cent of a low degree and 43 per cent of a moderate degree. Overall MPS depicts that the extent of problems range between 34.44 to 51.77 per cent. Thus, the extent of problems fall in low category with lowest in family and

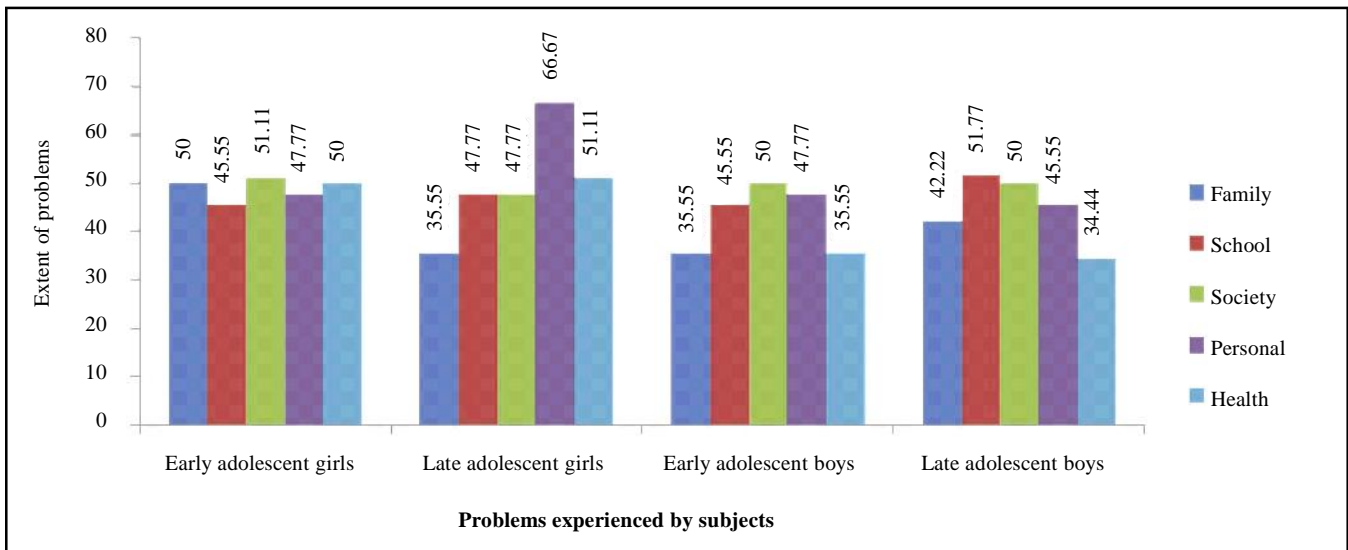


Fig. 1 : Combined states of extent of problem faced by early and late adolescent boys and girls in all five areas

Table 4 : Extent of problems experienced by late adolescent boys (n=30)

Sr. No.	Categories	Extent of problems %				Overall extent assessment
		Low	Moderate	High	MPS*	
1.	Family	73.33	26.67	-	42.22	Low
2.	School	60	26.67	13.33	51.77	Low
3.	Society	45	55	-	50	Low
4.	Personal	57	43	-	45.55	Low
5.	Health	96.67	3.33	-	34.44	Low

*33.33-55.55 (Low extent)*55.56-77.77(Moderate extent) *77.78-100 (High extent)

health related problems. Thus, amongst late adolescents boys were more affected by school problems sometimes because of quality of education imparted in schools, lack of adequate help by teachers and unhealthy peer group relationships. Society related problems were mainly in the area of inadequate accessibility of entertainment resources.

Fig. 1 clearly depicts that combined states of extent of problem faced by early and late adolescent boys and girls in all five areas. It can be concluded that in all its five areas the problems faced by early as well as late adolescents boys and girls were low level of problems.

Conclusion :

The present study depicted that extent of problems experienced by early and late adolescent girls and boys in all five areas- family, school, society, health and personal areas was low. In contradiction to the present study Bhateja and Nandwana (2001); Soundarvalli (2001); Nancy and Dwary (2003); Kour and Audichya (2008) and Shahmohammeds (2014), depict those adolescent faced problems to a higher extent in areas like Family, School and Society. These studies reveal that the reason behind the problems were parental pressure, harsh parental behaviour and low self esteem, School curriculum related problems inadequacy in teaching and gender inequity. Whereas, in the present research the supportive and authoritative parenting attitudes, reasonably good school atmosphere, unbiased gender attitudes, awareness regarding health practices resulted in low depiction of problems. Therefore, the results of the research indicate a positive trend in the changing scenario of parent-child relationship, teacher student relationship, societal attitude and general awareness in individuals.

Recommendations :

The present study was limited to 30 subjects of each specific category *i.e.* boys and in early and late adolescents, which is a very small representation for making any generalization. To get the crystal clear picture and to get better understanding of the present research it is recommended to extend this investigation to a large sample size.

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