



Review Article

Dealing with adolescent not a child's play

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ABSTRACT

Adolescents are one-third of the country's population and dealing with adolescents is not a child's play. According to the WHO, around 1.2 billion people, or 1 in 6 of the world's population, are adolescents aged 10–19. Adolescence is the second growth spurt of life and poses lots of challenges for the adolescent, parents, and caregivers. It marks a transition characterized by physical, emotional, and social changes. It is one of the most crucial and challenging periods of life with peak intelligence and stamina. The physical changes that herald adolescence are – the development of breasts, axillary and pubic hair, and first menstrual periods for girls and deepening of voice and broadening of shoulders for boys, which are the most striking markers of this stage. Developing brains bring new cognitive skills that enhance their reasoning ability and abstract thinking but these changes occur few years later than the physical development which brings in challenges for the adolescents and their caregivers. Adolescents develop cognitively, physically, socially, and emotionally. It prepares them to experiment with new behaviors. There is a high chance of adolescents getting into smoking, alcohol, and drug abuse. Changing sexuality predisposes for early unprotected and premarital sex. Some of the reasons for high- risk behavior in adolescents includes Living in increasingly sexualized societies, impact of media, rapid growth of cities, and breakdown of traditional family structure. HEADSS criteria are the best way to assess the characteristics of an adolescent (1) H – Home, (2) E - Education and employment, (3) A – Activity, (4) D – Drugs, (5) S – Sexuality, (6) S – Suicide/depression. Adolescents (20%) are important asset to our nation. Pediatricians with a little training can deal with the adolescent in a comfortable way.

Keywords: Understanding and dealing adolescents, Physical, Emotional and social changes, High-risk behavior in adolescents, HEADSS pediatrician

INTRODUCTION

Adolescents are one-third of the country's population and dealing with adolescents is not a child's play. According to the WHO, around 1.2 billion people, or 1 in 6 of the world's population, are adolescents aged 10–19.

UNDERSTANDING ADOLESCENCE

Adolescence is the second growth spurt of life and poses lots of challenges for the adolescent, parents, and caregivers. It marks a transition characterized by physical, emotional, and social changes. It is one of the most crucial and challenging periods of life with peak intelligence and stamina. This period plays a key role in the adolescence and it is the time for achievement, deciding profession, developing personality, etc. It is the most wonderful yet stressful period of life with emotional instability, lack of self-control, lots of societal, parental, and peer pressure.

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The physical changes^[1] that herald adolescence attain – the development of breasts, axillary and pubic hair, and deepening of voice and broadening of shoulders for boys, and first menstrual periods for girls, are the most striking markers of this stage. However, these physical changes represent just a fraction of the developmental processes that adolescents experience. From the teen's perspective, puberty puts a bright spotlight on body image which is the picture of physical appearance that they hold in their minds. It is normal for young people to feel conscious about their appearance. Once in a while, more serious difficulties arise as teens deal with physical changes.^[2] These include fear, confusion, or withdrawal, obsessive concern about appearance, excessive dieting or exercise, experiencing depression and eating disorders, being bullied, teased, or excluded. Understanding the changes – developmentally and knowing what is happening and why – can help both adults and teens enjoy the second decade of life.

Their developing brains bring new cognitive skills that enhance their reasoning ability and abstract thinking but these changes occur few years later than the physical development which brings in challenges for the adolescents and their caregivers. Studies^[3] using MRI analysis indicate that a wave of overproduction of gray matter – the thinking part of the brain – occurs just before puberty. This thickening of gray matter peaks at around age 11 in girls and 12 in boys, after which the gray matter actually thins somewhat. Previously, it was thought that the brain's wiring undergoes just one bout of "pruning" that was finished by the age of 3, but recently researchers have discovered that structural changes occur in adolescence and that teens gray matter waxes and wanes in different functional brain areas at different times in development. Brain development continues up to 25 years.

As adolescents develop their cognitive skills, however, some of their behaviors may be confusing to the adults who interact with them. Yes... It's Normal for Adolescents to Argue for the sake of arguing, jump to conclusions, be self-centered, constantly find fault and be overly dramatic. There are a number of ways that adults can help adolescents to make better decisions. One is to help them expand their range of options so they can consider multiple choices.^[4] Adults can foster the development of adolescents' sense of competence.

As adolescents develop in various aspects such as – cognitive, physical, social, and emotional, it prepares them to experiment with new behaviors. There is a high chance of adolescents getting into smoking, alcohol, and drug abuse. Changing sexuality predisposes for early unprotected and pre-marital sex. Some of the reasons for high-risk behavior in adolescents living in increasingly sexualized societies, impact of media, rapid growth of cities, and breakdown of traditional family structure. Adults must become comfortable talking with

adolescents or seek professional help for decision-making in these sensitive areas such as – sex, drugs and alcohol, and other safety concerns. The goal is to help the adolescent weigh the dangers and benefits of a particular situation, consider his/her own strengths and weaknesses that may affect decision-making and then make the best decisions possible. Factors associated with positive outcome are stable and positive relationship with at least one caring adult, religious and spiritual anchors, positive family environment, emotional intelligence, and ability to cope with stress.

THE FOLLOWING WERE THE MANAGEMENT OF ADOLESCENT PROBLEMS INCLUDES HEALTH SCREENING AND MANAGEMENT

1. Screening for adult onset diseases, screening and managing anemia and malnutrition, screening for refractive errors, deworming, thyroid disorders, and management of medical problems including growth and pubertal issues
2. Answering cosmetic queries, skin care including acne, hair care including dandruff, excessive hair growth, pigmentation, scars, liposuction, and plastic surgery
3. Management of S.T.D's and H.I.V's
4. Sexual and reproductive health empowering adolescents with responsible sexual behavior – abstinence, safe sexual practices, etc.
5. Adequate information and guidance about common concern
 - Knowledge about handling their growing bodies without harming others and not getting victimized to abuse
 - Concept of healthy relationships with peers, opposite sex, parents, teachers, etc.
 - Awareness about legal issues – age for marriage, consent for abortions, driving, alcohol, social networking, and child labor including domestic work
 - Rights and responsibilities – Right for education, information, privacy, confidentiality, right to health and life, and no gender discrimination.
6. Management of unwanted pregnancies in both married and unmarried.

DEALING WITH PARENTS – THEY ALSO NEED HELP

Authoritative type of parenting (both parent and adolescent are assertive and scope for reasoning, love, and warmth) is the need of the hour. Parents need to trust, empathize, and give unconditional love. Consistent disciplinary methods are extremely necessary. The channel of communication needs to be open.

DEALING WITH ADOLESCENT – EMPOWERING PEDIATRICIAN

1. Pediatrician should empower themselves with knowledge about adolescent growth development and concerns
2. Pediatricians should follow WHO adolescent-friendly criteria
 - Ensure privacy
 - Confidentiality
 - Non-judgmental.
3. Art of communication (adult to adult communication should follow with open-ended questions)
4. Consent and assent of both parents and adolescent should be taken (separate time should be given to adolescent)
5. Screening for HEADSS criteria – every pediatrician should take detail history including menstrual history and follow heads criteria for psychosocial screening
6. Taking the BP and BMI and checking for anemia and malnutrition, screening for refractive errors, deworming, thyroid disorders, and management of medical problems including growth and pubertal issues.

TIPS FOR TALKING WITH ADOLESCENTS

The following were some of the tips while talking with adolescent – Engage adolescents with nonthreatening questions. Listen non-judgmentally. Ask open-ended questions. Casually model rational decision-making strategies. Discuss ethical and moral problems without challenging his or her point of view. Active listening is very important while talking with adolescents.

HEADSS criteria are the best way to assess the characteristics of an adolescent. The following are the components:

1. H – Home
2. E – Education and employment
3. A – Activity
4. D – Drugs
5. S – Sexuality
6. S – SUICIDE/DEPRESSION

It is also important to seek professional help whenever necessary. Such help can be sought at centers like YUVA,

The future...An Information, Guidance and health center for teens (10–19 years) established at Niloufer Hospital, Hyderabad, Telangana, or trained pediatricians in public or government sector.

Key points

1. Adolescents (20%) are important asset to our nation
2. Adolescent-friendly centers are needed to take care of their special health needs
3. All doctors and pediatrician can extend help to the adolescents with little training.

Declaration of patient consent

Patient's consent not required as there are no patients in this study.

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Conflicts of interest

There are no conflicts of interest.

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