Adolescence:

A. Early adolescence (11-14 years of age)

1. Puberty occurs in early adolescense and is marked by:

a. The development of primary and secondary sex characteristics and increased skeletal growth

b. First menstruation (menarche) in girls, which on average occurs at 11-12 years of age

c. First ejaculation in boys, which on average occurs at 13-14 years of age

d. Cognitive maturation and formation of the personality

e. Sex drives, which are expressed through physical activity and

masturbation (daily masturbation is normal).

2. Early adolescents show strong sensitivity to the opinions of peers but are generally obedient and unlikely to seriously challenge parental authority.

3. Alterations in expected patterns of development (e.g., acne, obesity, late breast development) may lead to psychological problems.

B. Middle adolescence (14-17 years of age)

1. Characteristics

a. There is great interest in gender roles, body image, and popularity.

b. Heterosexual crushes (love for an unattainable person such as a rock star) are common.

c. Homosexual experiences may occur. Although parents may become alarmed, such practicing is part of normal development.

d. Efforts to develop an identity by adopting current teen fashion in Tanner Stages of Sexual Development

Stage Characteristics Genitalia and associated structures are the same as in childhood; nipples, (papillae) are slightly elevated in girls Scant, straight pubic hair, testes enlarge, scrotum develops texture; slight elevation of breast tissue in girls Pubic hair increases over the pubis and becomes curly, penis increases in length and testes enlarge Penis increases in width, glans develops, scrotal skin darkens; areola rises above the rest of the breast in girls

Male and female genitalia are like adult; pubic hair now is also on thighs, areola is no longer elevated above the breast in girls

clothing and music and preference for spending time with peers over family is normal, but may lead to conflict with parents.

2. Risk-taking behavior

a. Readiness to challenge parental rules and feelings of omnipotence may result in risk taking behavior (e.g., failure to use condoms, driving too fast, smoking).

b. Education with respect to obvious short term benefits rather than references to long term consequences of behavior are more likely to decrease teenagers' unwanted behavior.

-For example, to discourage smoking, telling teenagers that their

teeth will stay white will be more helpful than telling them that they will avoid lung cancer in 30 years.

C. Late adolescence (17-20 years of age)

1. Development

a. Older adolescents develop morals, ethics, self-control and a realistic appraisal of their own abilities; they become concerned with humanitarian issues and world problems.

b. Some adolescents, but not all, develop the ability for abstract reasoning (Piaget's stage of formal operations).

2. In the effort to form one's own identity, an identity crisis commonly develops.

a. If the identity crisis is not handled effectively, the adolescent may suffer from role confusion in which he does not know where he belongs in the world.

b. With role confusion, the adolescent may display behavioral abnormalities with criminality or an interest in cults.

D. Teenage sexuality

1. In the United States, first sexual intercourse occurs on average at 16

years of age; by 19 years of age, 80% of men and 70% of women have had sexual intercourse.

2. About 65% of teenagers do not use contraceptives for reasons which include the conviction that they will not get pregnant, lack of access to contraceptives, and lack of education about which methods are most effective.

3. Physicians may counsel minors (persons under 18 years of age) and provide them with contraceptives without parental knowledge or consent.

E. Teenage pregnancy

1. Teenage pregnancy is a social problem in the United States. Although the birth rate and abortion rate in American teenagers are currently decreasing, teenagers give birth to over 500,000 infants (12,000 of these infants are born to mothers under 15 years of age) and have about 400,000 abortions annually.

2. Abortion is legal in the United States. However, in about half of the states, minors must obtain parental consent for abortion.

3. Factors predisposing adolescent girls to pregnancy include depression, poor school achievement, and having divorced parents.

4. Pregnant teenagers are at high risk for obstetric complications because they are less likely to get prenatal care and because they are physically

immature.

Special Issues in Child Development

A. Illness and death in childhood and adolescence. A child's reaction to illness and death is closely associated with the child's developmental stage.

1. During the toddler years (18 months to 2 Y2 years) hospitalized children fear separation from the parent more than they fear bodily harm, pain, or death.

2. During the preschool years (2!~ to 6 years) the child's greatest fear when hospitalized is of bodily harm.

a. The preschool-age child does not fully understand the meaning of death.

b. The child may expect that a dead friend, pet, or relative will come back to life.

3. School-age children (7-11 years of age) cope relatively well with hospitalization. Thus, this is the best age to perform elective surgery. Children of this age can understand the finality of death.

4. Ill adolescents may challenge the authority of doctors and nurses and resist being different than peers. Both of these factors can result in noncompliance with medical advice.

5. A child with an ill sibling or parent may respond by acting badly at school or home [use of the defense mechanism of "acting out"

B. Adoption

1. An adoptive parent is a person who voluntarily becomes the legal parent of a child who is not his or her genetic offspring.

2. Adopted children, particularly those adopted after infancy, may be at increased risk for behavioral problems in childhood and adolescence.

3. Children should be told by their parents that they are adopted at the earliest age possible to avoid the chance of others telling them first.

C. Mental retardation

1. Etiology

a. The most common genetic cause of mental retardation is Down syndrome;

the second is Fragile X syndrome.

b. Other causes include metabolic factors affecting the mother or fetus, prenatal and postnatal infection and maternal substance abuse; many cases of mental retardation are of unknown etiology.

2. Mildly [intelligence quotient (IQ) of 50-69; see Chapter 8] and moderately

(IQ of 35-49) mentally retarded children and adolescents commonly know

they are handicapped. Because of this knowledge, they may become frustrated and socially withdrawn in part because of poor self-esteem due to difficulty in communicating and competing with peers.

3. The Vineland Social Maturity Scale can be used to evaluate social skills and skills for daily living in mentally retarded and other challenged individuals.

4. Avoidance of pregnancy in mentally retarded adults can become an issue particularly in residential social settings (e.g., summer camp). Longacting, reversible contraceptive methods such as subcutaneous progesterone implants can be particularly useful for these individuals.

N Early Adulthood: 20-40 Years

A. Characteristics

1. At about 30 years of age, there is a period of reappraisal of one's life.

2. The adult's role in society is defined, physical development peaks, and the adult becomes independent.

B. Responsibilities and relationships

1. The development of an intimate (e.g., close, sexual) relationship with another person occurs.

2. According to Erikson, this is the stage of intimacy versus isolation;

if the individual does not develop the ability to sustain an intimate relationship

by this stage of life, he or she suffers emotional isolation in the

future.

3. By 30 years of age, most Americans are married and have children.

4. During their middle thirties, many women alter their lifestyles by returning to work or school or by resuming their careers.

V Middle Adulthood: 40-65 Years

A. Characteristics. The person in middle adulthood possesses more power and authority than at other life stages.

B. Responsibilities. The individual either maintains a continued sense of productivity or develops a sense of emptiness (Erikson's stage of generativity versus stagnation).

C. Relationships

1. Seventy to eighty percent of men in their middle forties or early fifties exhibit

a midlife crisis. This may lead to:

a. A change in profession or lifestyle

b. Infidelity, separation, or divorce

c. Increased use of alcohol or drugs

d. Depression

2. Midlife crisis is associated with an awareness of one's own aging and death and severe or unexpected lifestyle changes (e.g., death of a spouse, loss of a job, serious illness).

D. Climacterium is the change in physiologic function that occurs during

midlife.

1. In men, although hormone levels do not change significantly, a decrease in muscle strength, endurance, and sexual performance occurs in midlife.

2. In women, menopause occurs.

a. The ovaries stop functioning, and menstruation stops in the late forties

or early fifties.

b. Absence of menstruation for one year defines the end of menopause.

To avoid unwanted pregnancy, contraceptive measures should be used until at least one year following the last missed menstrual period.

c. Most women experience menopause with relatively few physical or psychological problems.

d. Vasomotor instability, called hot flashes or flushes, is a common physical problem seen in women in all countries and cultural groups. It may continue for years and can be relieved by estrogen replacement therapy.