

UNIT 8 : Adolescence Period(12 – 18 years) •

During which the person becomes physically •
and psychologically mature and acquires
personal identity . At the end of this period ,
the person is ready to enter adulthood and
assume its responsibilities .

Puberty is the first stage of adolescence in •
which sexual organs begin to grow and mature
. Menarche (the onset of menstruation)
occurs in girl . Ejaculation (expulsion of semen
) occurs in boys . For girls, puberty normally
starts between 10 – 14 years , for boys
between 12 – 16 years .

Physical development :

Growth is markedly accelerated compared to the , steady growth of the child . this period marked by sudden and dramatic physical changes , which is referred to as the adolescent growth spurt (in boy at 12 – 16 years , in girl at 10 – 14 years) , because growth spurt begins earlier in girls , many girls surpass boys in height at this time .

Physical Growth

Growth is fastest in boys at about 14 years , • and maximum height is often reached at about 18 or 19 years . the fastest rate of growth in girls occur at about age 12 , they reach their maximum height at about 15 – 16 years . During the period from 10 – 18 years male double his weight (gains about 32 kg) and grows about 41 cm , female gains about 25 kg and grows about 24 cm .

Glandular changes:

Sweat glands become fully functioning during adolescence , sebaceous glands also become active under the influence of androgens in both sex . •

Puberty begins with a surge in hormone • production, which in turn causes a number of physical changes. It is also the stage of life in which a child develops secondary sex characteristics (for example, a deeper voice and larger Adam's apple in boys, and development of breasts and more curved and prominent hips in girls) as his or her hormonal balance shifts strongly towards an adult state. This is triggered by the pituitary gland, which secretes a surge of hormonal agents into the blood stream, initiating a chain reaction.

The male and female gonads are subsequently activated, which puts them into a state of rapid growth and development; the triggered gonads now commence the mass production of the necessary chemicals. The testes primarily release testosterone, and the ovaries predominantly dispense estrogen. The production of these hormones increases gradually until sexual maturation is met.

Sexual characteristics :

During puberty both primary and secondary sex characteristics develop . The primary one related to the organs necessary for reproduction such as the testes , penis , vagina , and uterus . the secondary one differentiate male from female . the first noticeable sign that puberty has begun in males is the appearance of pubic hair and the enlargement of scrotum and testes . the milestone of male puberty is conserved to be the first ejaculation . Sexual maturity is achieved by age 18 .

Often the first noticeable sign of puberty in females is the appearance of the breast bud , although the appearance pubic hair may precede this . the milestone of female puberty is the menarche , which occurs 2 years after breast bud appearance •

Psychosocial development :

Establishment of identity , confusion , inability •
to settle on an occupational identity , sexual
identity , concerning about their body , their
appearance and their physical abilities . Hair
styling , skin care and clothes become very
important

Cognitive development :

Cognitive abilities mature during this stage , •
they can think beyond the present and
beyond the world of reality . they are highly
imaginative and idealistic . use new
information to solve every-day problems , can
communicate with adult on most subjects .
capacity to absorb and use knowledge is great
. study habits and learning skills developed in
them are used throughout life

Legal issues, rights and privileges

Internationally, those who reach a certain age •
(often 18, though this varies) are legally
considered to have reached the age of
majority and are regarded as adults and are
held to be responsible for their actions.
People below this age are considered minors
or children.

The legal working age in Western countries is usually 14 to 16, depending on the number of hours and type of employment. In the United Kingdom and Canada, for example, young people between 14 and 16 can work at certain types of light work with some restrictions to allow for schooling; while youths over 16 can work full-time (excluding night work).

The age of consent to sexual activity varies •
widely , ranging from 13 to 21 years, the
average age is 16.

The age at which people are allowed to marry • also varies, from 17 in Yemen to 22 for males and 20 for females in China. In Western countries, people are typically allowed to marry at 18, although they are sometimes allowed to marry at a younger age with parental or court consent.

In developing countries, the legal •
marriageable age does not always correspond
with the age at which people actually marry;
for example, the legal age for marriage in
Ethiopia is 18 for both males and females, but
in rural areas most girls are married by age 16

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In most democratic countries, a citizen is •
eligible to vote at 18. For example, in the
United States, and Iraq .

The sale of selected items such as cigarettes, •
alcohol, and videos with violent or
pornographic content is also restricted by age
in most countries (18 and even 21 in some
.countries).

The legal gambling age also depends on the •
.jurisdiction, although it is typically 18

The minimum age for donating blood in the •
U.S is 17 although it may be 16 with parental
permission in some state .

Scope of care

Providers of care for adolescents • generally take a holistic approach to the patient, and attempt to obtain information in variety of different domains. This approach, is encapsulated in the HEADSS assessment ,which includes:

Home -- how is the adolescent's home life? •
How are his/her relationships with family members? Where and with whom does the patient live? Is his/her living situation stable?

Education (or Employment) -- how is the •
adolescent's school performance? Is he/she well-behaved, or are there discipline problems at school? If he/she is working, is he/she making a living wage? Are they financially secure?

Eating* (incorporates body image) -- does the patient •
have a balanced diet? Is there adequate calcium
intake? Is the adolescent trying to lose weight, and (if
so), is it in a healthy manner? How does he/she feel
about his/her body? Has there been significant
weight gain/loss recently?

Activities -- how does the patient spend his/her •
time? Are they engaging in dangerous or risky
behavior? Are they supervised during their free
time? With whom do they spend most of their time?
Do they have a supportive peer group?

? •

Drugs (including alcohol and tobacco) -- does the patient drink •
caffeinated beverages (including energy drinks)? Does the
patient smoke? Does the patient drink alcohol? Has the patient
used illegal drugs? If there is any substance use, to what degree,
and for how long?

Sex -- is the patient sexually active? If so, what form of •
contraception (if any) is used? How many partners has the
patient had? Has the patient ever been pregnant/fathered a
child? Do the patient and their partners get routine reproductive
health and STD checks and physical examinations? Are there any
symptoms of a sexually transmitted infection? Does the patient
identify as heterosexual, homosexual, or unsure? Does the
patient feel safe discussing sexuality issues with parents or other
caregivers

Suicidality (including general mood assessment) -- what is the patient's mood from day to day? Has he/she thought about/attempted suicide? In broader terms, is their mental and emotional state so dysfunctional that the activities of daily living are largely impaired or they present a risk to themselves or others? •

Safety* -- does the patient regularly wear a bicycle helmet? seatbelt? Does the patient drive while intoxicated or with a driver who is intoxicated? Does the patient wear safety equipment while participating in sports? •

Some providers favor the addition of Strengths to the list, in an effort to avoid focusing on issues of risk or concern, and reframe the patient interaction in a manner that highlights resilience. •

In addition to a detailed history, adolescents •
should have a comprehensive physical exam
(including a developmental and neurological
assessment, STI testing, and a reproductive
system exam) and mental health status exam
on at least a yearly basis, in addition to yearly
dental and ocular exams. Developmental
progression, including an assessment of
Tanner stage, should be noted at every yearly
visit, and appropriate endocrinological work-
ups undertaken for patients that fail to



