- CHAPTER 4 -

ADOLESCENCE AS A LIFE PHASE WITH SPECIFIC EMPHASIS ON EARLY-ADOLESCENCE

4.1 INTRODUCTION

According to Gallahue and Ozmun (2002: 346) the term adolescence is difficult to define. Not only is it a period of rapid physical change, but it is also a period of social and psychological transition from childhood to adulthood. Sdorow and Rickabaugh (2002: 115) describe adolescence as the transition period between childhood and adulthood. It is a stage between the closing of childhood and the beginning of adulthood (Amanat & Beck, 1994: 2; Geldard & Geldard, 1999). The Social Work Dictionary (1999: 9) describes adolescence as: "The life cycle period between childhood and adulthood, beginning at puberty and ending with young adulthood." The term adolescence derives from the Latin adolescentia, which refers to the process of growing or growing up to adulthood (Hoge, 1999: 2; Louw, 1992: 377; Louw, van Ede & Louw, 1998: 384). According to Gallahue and Ozmun (2002: 346) adolescence is a period of preparing for life. The young person moves from being part of a family group to being part of a peer group and to standing alone as an adult. Therefore, while childhood is certainly important in shaping future growth, adolescence provides opportunities for fresh starts, for new directions that are not predictable from the events of childhood. It is an exciting, but sometimes difficult period in the life of most young people (Gladding, 1997: 105; Mabey & Sorensen, 1995 in Geldard & Geldard, 1999: 2).

According to WHO (2004: 1) one in every five people in the world is an adolescent. Out of 1.2 billion adolescents worldwide, about 85% live in developing countries and the remainder live in the industrialized world. Adolescents are generally thought to be healthy. By the second decade of life, they have survived the diseases of early childhood, and the health problems associated with ageing are still many years away. Death seems

so far removed as to be almost unthinkable. Yet many adolescents do die prematurely. Every year an estimated 1.7 million adolescents lose their lives- mostly through accidents, suicide, violence, pregnancy-related complications HIV/AIDS and other illnesses (WHO, 2004: 1).

Since the study is about AIDS orphans in their early-teenage years this chapter aims at examining adolescence, with specific emphasis on early adolescence, the time when individuals are still defined by their relationships within the family and ends as they cross the threshold to adulthood. In order to help adolescents effectively it is important to understand the nature of adolescence and the developmental processes that are involved. In this context the goal of this chapter is to present an understanding of adolescence. Understanding the experiences of adolescence leads us to a better knowledge of growth and development. Adolescence is a difficult period in a young person's life. A detailed description of the unique needs and problems of adolescents is beyond the scope of this study. Therefore, the focus in this chapter will be on the following:

- Adolescence as a developmental stage;
- Early adolescence;
- Adolescents risky taking behaviors;
- Pre-disposing factors that expose adolescents to risky behaviors;

4.2. ADOLESCENCE DESCRIBED

The age at which adolescence begins varies from 11 to 13 and the age at which it ends varies from 17 to 21 (Louw, van Ede & Louw, 1998: 384). According to Gillis (1999: 70) it is easier to determine when adolescence get under way than to decide when an individual is no longer an adolescent. The termination of adolescence cannot be defined in measured terms. Rather, it is considered to have come to an end upon culmination of those developmental processes, which lead to physical, sexual, social, cognitive and emotional maturity. The first transition is tied to specific bodily changes, while the second is marked by social and emotional changes. During adolescent years, young

people go through great emotional, cognitive and social transformations (Geldard & Geldard, 1999: 2).

Adolescence is considered to be one of the most highly elaborate dramas of life. The teen years are a time of tremendous growth and experience, and adolescents have more diverse experiences than do younger individuals. It is a time of unevenness and paradoxes marked by extensive personal changes. The beginning of adolescence is said to correspond to the onset of puberty when primary and secondary sexual developments make their first appearance. Hence, some adolescence may have a particularly difficult time of coping with the changes that occur. During this lengthy period of maturation, they may experience intense feelings of despair, anxiety, hopelessness, preoccupations, anger, impatience and oppression. Adolescent years can be extremely lonely ones, and it is not usual for an adolescent to feel that they are alone in their conflicts and self-doubts. Thus, all adolescents are assumed to experience emotional turmoil, conflicts with parents and risk-taking behaviors (Amanat & Beck, 1994: 11; Corey, 2004: 7; Corey & Corey, 2002: 306; Dworetzky, 1990: 529; Gladding, 1997: 105; Hoge, 1999: 2).

Adolescence is described as a time when self-concept may alter considerably. According to Louw, van Ede and Louw (1998: 425) the beginning of adolescence inevitably entails the adolescent losing the stable self-concept he had during childhood. Herewith adolescents struggle to find self-identity, and this struggle is often accompanied by erratic behavior. They experience to a greater or lesser extent, a sense of confusion, which could result in increasing tension and self-consciousness. Bezuidenhout and Dietrich (2004: 63) note that out of these changes emerges a pattern of thought and volition that defines self. At this point of development the pursuit of independence and an identity is prominent. During these years, the dependence-independence struggle becomes central. Although teenagers yearn for independence form their parents, they also long for their security (Corey & Corey, 2002: 307).

According to Corey and Corey (2002: 306) “one of the most important needs of this period is to experience successes that will lead to a sense of individuality and

connectedness, which in turn lead to self-confidence and self-respect regarding their uniqueness and their sameness." Adolescents need opportunities to explore and understand the wide range of their feelings and to learn how to communicate with significant others in such a way that they can make their wants, feelings, thoughts and beliefs known. They need to be trusted and given the freedom to make some significant decisions (Corey & Corey, 2002: 307).

Adolescence is also described as a time when key decisions are made that can affect the course of one's life. To make these choices wisely, they must have information both about their abilities and interests. These abilities could help them to resolve issues concerning their own value system. Furthermore, adolescence is known as a time of questioning, challenging, exploring, and critically examining the actions of peers and adults. These specific characteristics of adolescents' cognitive development play an important role in the formation of their identities. These pursuits are viewed as essential if the adolescent is to make a successful transition from childhood to adulthood (Corey, 2004: 7; Corey & Corey, 2002: 307; Gallahue & Ozmun, 2002: 347; Louw, van Ede & Louw, 1998: 430).

In order to grow towards adulthood adolescents have to accomplish certain developmental tasks or challenges (Gillis, 1999: 71; Louw, van Ede & Louw, 1998: 388). The successful completion of these tasks will enable them to function optimally in adulthood. Gillis (1999: 71-72) and Gladding (1997: 106) identified the tasks as follows:

- Adjusting to changing bodily growth,
- Mastering new, complex ways of thinking,
- Dealing with awakening sexuality, and the powerful drives which accompany it,
- Achieving a satisfactory sexual identity,
- Learning to relate to peers and to society in a mature way,
- Attaining emotional independence from parents, family and other adults,
- Accepting adult responsibilities, and socially acceptable values and behavior.

An important developmental task of the adolescents is to satisfy their sexual needs in a socially acceptable way so that it contributes positively to the development of their identity (Louw, 1992: 390; Louw, van Ede & Louw, 1998: 400). Their newly developed sexuality must also be integrated with their interpersonal relationships. These relationships that begin during adolescence offer the adolescent an opportunity to achieve a certain amount of sexual satisfaction and also the opportunity to develop his identity as a sexual being.

Gallahue and Ozmun (2002: 346) indicate that adolescence behavior is essentially exploratory and this exploratory behavior should not be viewed as unimportant for it helps adolescents to find their places in society. However, adolescence is characterized by exploration and experimentation, processes that may have lifelong consequences. Exploratory behavior carries high risks as a result; adolescence is often seen as a turbulent time full of heartaches and problems (Bezuidenhout & Dietrich, 2004: 63-69).

Adolescents often experience stressors associated with pubertal changes, demands for and engagement in sexual activity, and fears of early unwanted pregnancy. Sexual conflicts are also part of the adolescent period. Adolescents not only need to establish a meaningful guide for their sexual behavior but also must wrestle with the problem of their gender-role identification. Teenagers may have real difficulty clarifying what it means to be a man or a woman and what kind of a man or woman they want to become (Corey & Corey, 2002: 307).

Teenagers as a group are greatly misunderstood and stereotyped. Often adolescence is considered merely as an awkward phase of development characterized by rebellion and confusion, when the personality patterns of childhood are destroyed and reassembled. However, Corey and Corey (2002: 307) note that adolescence is a time for continually testing limits. During adolescence the young experiment with aspects of life and take on new challenges (Bezuidenhout & Dietrich, 2004: 63). They use this processes to define and shape their identities and their knowledge of the world. This period is characterized by an urge to break away from control or dependent ties that restrict freedom. Although

adolescents are often frightened of the freedom they do experience they tend to mask their fears with rebellion and cover up their dependency by exaggerating their newly felt autonomy. These defense mechanisms play an important role in a way early adolescents react to situation and interact with others. The rebellion of adolescents can be understood as an attempt to determine the course of their own lives and to assert that they are who and what they want to be rather than what others expect of them. Inappropriate behavior may often be a consequence of the internal struggles. Adolescents clearly have a difficult time dealing with the heightened intensity of their emotions and reactions (Corey & Corey, 2002: 307; Geldard & Geldard, 1999: 8-9).

In the following section the stages of adolescence are discussed. The stages in the life of an adolescent do not generally flow neatly and predictably in the order described below. In actuality there is considerable overlap between stages.

4.3 THE ADOLESCENT STAGES

According to Bezuidenhout and Dietrich (2004: 65) as well as Collins (1998: 167) the adolescent stage is divided into three overlapping stages, that is: child adolescence, mid adolescence, and adult adolescence. Gillis (1999: 70) refers to the three stages as puberty, middle adolescence, and late adolescence. According to Louw, van Ede and Louw (1998: 385) many authors are inclined to describe adolescence in terms of the following three phases:

- Early adolescence, between approximately 11 to 14 years
- Middle adolescence, between approximately 14 to 18 years
- Late adolescence, between approximately 18 to 21 years

The early, middle and later stages are differentiated by differences in cognitive, emotional and social thinking. During early adolescence the individual is learning to cope with the demands of rapid growth. Early adolescents normally ask the question, "What is happening to me?" In mid adolescence, adolescents experiment with

developmental changes in a number of different areas. In mid adolescence the statement "I'm almost grown-up, but I still need answers to a great many questions" occupies the adolescent's mind. This period has fewer physical changes but the adolescent must adapt to his or her new identity as a person with an adult body. In late adolescence, the adolescent is forming a meaningful and stable personal identity, and taking mature decisions with regard to one's future. During this stage, the adolescent is occupied with the question. "Who am I as a person, and where am I going in life?" As a group, late adolescents continuously reach out for growth and change and become the pioneers of each generation. By late adolescence many young people are psychologically ready for an active sexual life which includes intercourse (Bezuidenhout & Dietrich, 2004: 65; Collins, 1998: 167-168; Gillis, 1999: 72-75; Gladding, 1997: 107; Geldard & Geldard, 1999: 4).

Since the focus of this research is on early adolescence in the following section this stage is described fully.

4.4 EARLY ADOLESCENCE

According to Sdorow and Rickabaugh (2002: 115) change marks the entire life span; however it is more dramatic at certain stages than others. Most of the physical, emotional and social changes of adolescence occur in the early adolescent years (Simons, 1994: 260). Biological factors have a more obvious influence during early adolescence than during other stages of life. Early adolescence is dominated by a sharp acceleration in the physical rate of growth of the maturing body known as puberty (Gillis, 1999: 72). These changes are the only characteristics of adolescence that can be said, with certainty, to be universal.

During early adolescence the body changes from that of a child into that of an adult and this period is known as puberty. Puberty is known as a period during which sexual maturation takes place. Puberty refers to the biological events which surround the menstruation in girls and the first ejaculation in boys. The onset of puberty is generally

termed pubescence. The pubertal phase generally occurs between the ages of 11 and 15. It is characterized by rapid physical changes. For the majority of young persons, these years are the most eventful ones of their lives so far as their growth and development is concerned (Gallahue & Ozmun, 2002: 296; Geldard & Geldard, 1999: 3; Simons, 1994: 256; Louw, 1992: 383; Louw, van Ede & Louw, 1998: 388).

Simons (1994: 258) indicates that puberty is more than a physical event. It is viewed as not point in time, but rather a process. The fact that it is a process indicates that puberty is fairly gradual, usually lasting from 2 to 4 years. Louw (1992: 385) is of the opinion that this stage lasts for about two years and ends at point, which an individual is sexually mature and able to reproduce. During this process most early adolescents are in the junior high school or the first year of high school. They are undergoing the bodily changes of pubescence and mental changes of cognitive maturity (Specht & Craig, 1987: 149).

Puberty begins when the ovaries and related organs, such as the uterus in girls and the prostate gland and seminal vesicles in boys, begin to enlarge. According to Louw, van Ede and Louw (1998: 388) the rapid sexual maturation is initiated by gonadotrophin (sex hormones), which stimulates the gonads (testes in males and ovaries in females). The onset of puberty is usually attributed to the action of male and female sex hormones during adolescence. Males produce male hormones known as androgens and females produce female hormones estrogens (Louw, van Ede & Louw, 1998: 388-389). When the level of these hormones is sufficiently high, puberty comes to an end.

Furthermore, during pubescence primary and secondary sex characteristics begin to appear. Changes in the reproductive system (sex organs mature, changes in the endocrine system) are the primary sex characteristics. Other changes, from hair distribution to voice range, are changes in secondary sex characteristics. The first visible signs of the commencement of puberty are the development of breasts in girls and the appearance of public hair in boys (Louw, 1992: 385; Louw, van Ede & Louw, 1998: 389).

Table 7 gives the developmental sequence of the primary and secondary sexual characteristics for boys and girls during puberty.

Table 7: Developmental sequence of the primary and secondary sexual characteristics

FEMINE	MASCULINE
Enlargement of breasts	Enlargement of testes, scrotum and seminal vesicles
Appearance of straight pigmented armpit hair	Appearance of straight pigmented public hair
Rapid physical growth	Growth of penis
Appearance of curly public hair	Voice breaks
Enlargement and development of vagina, and clitoris and uterus	Growth of beard
Menstruation (initially at irregular intervals; ovulation unstable)	Growth of curly public hair and armpit hair
Localized fatty deposits	First ejaculation (sperm count low; infertile)
Sebaceous glands more active	Spermatogenesis (formation of spermatozoa)
Increasing maturity of reproductive organs	Seminal emissions

Adapted form Louw (1992: 385)

Hoge (1999: 18) notes that the sequence of development in the sexual maturation of boys and girls normally results in complete sexual maturity around the age of 13 for girls and 15 for boys. According to Gallahue and Ozmun (2002: 299) the onset of the preadolescent growth spurt and puberty marks the transition from childhood to reproductive maturity. The physical changes and appearance of secondary sex

characteristics are frequently a cause for heightened interest in one's body and a dramatically increased level of self-consciousness. The development of secondary sex characteristics is a focus of much adolescent concern because they are much visible than reproductive organs.

In early adolescence, young people tend to form close relationships with friends of the same sex because they feel secure with them. During this time, some will become involved in sexual experimentation. However, for others the sexual feelings of early adolescence are managed through fantasy and masturbation. If young adolescents appear preoccupied with matters of sex, it is because a whole host of dramatic and rapid changes are occurring before their eyes. The young adolescent frequently feels like a spectator in his or her growth process. Each day seems to bring about changes that are whispered about, giggled over, and closely scrutinized. Therefore it is important that adults be sensitive to these physical changes and the impact that have on the social and emotional development (Gallahue & Ozmun, 2002: 299; Geldard & Geldard, 1999: 3).

The other noticeable event during early adolescence is the adolescent growth spurt. The growth spurt (i.e. the accelerated increase in height and mass) occurs during early adolescence. The average age for the onset of accelerated growth in boys is between 12 and 13, and in girls between 10 and 11. This spurt terminates sometime in adolescence and is generally followed by minimal changes in stature until growth is completed in late adolescence. During the 2 or 3 years of the adolescent growth spurt, gains of 2 to 4 inches in height and 10 to 14 pounds are not uncommon. The adolescent growth spurt is associated with the typical differences in height and skeletal structure that characterize men and women (Hoge, 1999: 18; Louw, 1992: 385; Louw, van Ede & Louw, 1998: 389).

According to Gladding (1997: 106) in addition to physical changes an early adolescent also experiences the normal problems that exist in the family, school and community. These might include pressure from peers, demands by the school for excellence, conflicting attitude of parents and other problems with establishing self-identity.

In summary Gillis (1999: 72) describes early adolescents as follows: They are the center of their own world, and tend to view everything almost exclusively through their very restricted, personal frame reference; parents are no longer automatically considered all-knowing; the peer group begins to increase in importance and influence, and there is pressing need for social acceptance by the group; their sex drive continues to increase hence there may be experimentation with what appear to be sexually appropriate or inappropriate sex roles. These characteristics will be discussed in detail in the following sections.

Adolescence is a critical juncture in the adoption of behaviors relevant to successful living. Therefore, Anderson (2000: 4) notes that teenagers must acquire good and healthy habits to live by. The early formation of life skills and healthy behavioral patterns enable them to learn the patterns of action required for participation in society. They must learn to allocate attention to various activities in a manner acceptable to adults. If they do not learn to concentrate on these tasks at the prescribed times in the prescribed ways, they will not be able to function as adults.

According to Louw, van Ede and Louw (1998: 384) since the age boundaries of adolescence vary it is important to demarcate the adolescent developmental stage on the basis of specific physical, cognitive, psychological developmental and socio-cultural characteristics. In the following section adolescent development will be discussed based on the specified characteristics.

4.5 ADOLESCENCE AS A DEVELOPMENTAL STAGE

Gallahue and Ozmun (2002: 354) state that the process of development is continual and multifaceted. As already mentioned tremendous changes are occurring during adolescence. It is a time of physical, cognitive, social and emotional changes. However, most apparent are the physical developmental changes.

4.5.1 Physical development

As already discussed earlier, adolescence is characterized by a period of rapid physical change known as puberty (Geldard & Geldard, 1999: 3; Louw, van Ede & Louw, 1998: 388; Sdorow & Rickabaugh, 2002: 115). The end product of the process called puberty is adult sexual dimorphism. Stevens-Long and Cobb (1983: 85) define sexual dimorphism as the physical distinctions between males and females. Focus here is on the differences between female and male development. Morphological changes occur in the ovaries and uterus of females, in the testes of males and in the genital tract of both sexes. These events signal the beginning of a process of profound physical change.

Females' development: According to Gallahue and Ozmun (2002: 300) the following are the signs of female journey to sexuality. Breast growth marks the first visible sign of the female journey to sexual maturity. Breast development begins around the age of 11 and is completed around age 15. Public hair is usually the second sign of progress toward sexual maturity. On the average, hair growth begins between 11 and 12 years of age. Furthermore, hairs may grow around the nipples of the breast, becoming coarser and more profuse with age. Changes in female genitalia are usually the third step in progress toward reproductive maturity. Some development of the external genitals is also common. The external sex organs (i.e., the vulva, mons, labia and clitoris) increase in size and become sensitive to stimulation. The internal sex organs of the female also undergo considerable change. The uterus and ovaries increase in weight. The vagina increases in size and the ovaries although structurally complete at birth, continue to moderately gain weight throughout adolescence. According to Geldard and Geldard (1999: 3) these changes trigger an increase in sexual arousal, desire and urge to have sex.

The highlight of puberty in females is marked by a clearly distinguishable event, menarche. Menarche is the most dramatic sign of sexual maturation for girls as is the beginning of menstruation, the monthly sloughing of the lining of the unfertilized womb. Furthermore, it is indicated that girls who have been prepared for menstruation usually accept it with a feeling of pride and enhanced status. However, for some especially those

who have not been prepared experience shock and repulsion and do not see it as a sign of womanhood but a negative experience (Louw, 1998: 389; Louw, van Ede & Louw, 391).

Other developments are the accumulation of body fat (which means a young girl increases in body weight), rapid height growth, hips becoming broader and softer in shape, slight deepening or lowering of the voice, and changes in the texture of the skin (Amanat & Beck, 1994: 5; Louw, van Ede & Louw, 1998: 390).

Males' development: Puberty begins in males with growth of testes. Increased testicular growth begins around 11.5 years of age and may range from ages 10 to 14. As the male reproductive gland, the testes produce sperm and male sex hormones. As the level of sexual hormones increases rapid growth may begin. Public hair growth begins as early as age 10 or as late as 15. Penis growth begins a year after the first onset of testicular and public hair growth. The scrotum first becomes larger, followed by the lengthening and then thickening of the penis (Gallahue & Ozmun, 2002: 301; Louw, van Ede & Louw, 1998: 392).

Louw, van Ede and Louw (1998: 392) note that the most symbolic sign of sexual maturation in boys is the first seminal emission (the discharge of seminal fluid). In adolescent boys an erection may sometimes occur spontaneously or it may occur as a response to a large number of psychosexual stimuli, such as erotic pictures, sounds, smells, words or even athletic activity. Adolescent boys may experience anxiety about increased frequency of erection or increased feelings of urgency at puberty. Ejaculation is often experienced for the first time during sleep and is most often accompanied by erotic dreams (Louw, 1992: 390; Louw, van Ede & Louw, 1998: 398).

Other noticeable secondary sex characteristics are axillary's hair, facial hair and deepening of the voice, beard growth, trace facial lip hair, appearance of other bodily hair and the broadening of the shoulders (Louw, van Ede & Louw, 1998: 392; Amanat & Beck, 1994: 5). These changes are all associated with progress towards reproductive maturity.

Changes in the length of the vocal cords are changes that are more noticeable in boys than in girls. Many boys complain about voice changes more often than any other aspect of puberty, with the important exception of penis growth. Furthermore, acne is related to androgen production, and because boys produce more androgen, they complain more often of profuse sweating and skin eruptions (Louw, van Ede & Louw, 1998: 392-399).

Obvious sex differences between males and females may have far reaching effects. All differences seem to have their advantages and disadvantages. Therefore Louw, van Ede and Louw (1998: 392) note that an important developmental task during this stage is the acceptance of changed physical appearance. There may be issues for the adolescent who may feel embarrassed, self-conscious, and awkward about his /her body.

The biological changes of adolescence result in emotional, social and cognitive changes. In the following section focus will be on emotional changes.

4.5.2 Psychological development

During adolescence, the rise in sexual hormones may influence the person's emotional state. Young people during adolescence stage mature physically and mentally, but they struggle with psychological issues related to their growth and development. Adolescents must cope with crises in identity; dramatic body changes; their desire for independence; career decisions and self-doubt. Research on early adolescence has been especially fruitful on such topics as how the timing of puberty affects the psychological development, the description of generational changes, and the influence of appearance or body image on the growth of personality (Geldard & Geldard, 1999: 4; Gladding, 1997: 105; Stevens-Long & Cobb, 1983: 96).

Louw, van Ede and Louw (1998: 394) note that adolescents in industrialized countries such as South Africa are very aware of their body shape and appearance. As already mentioned one of the developmental tasks during adolescence is the acceptance of a changed physical appearance. However this acceptance is not always easy for

adolescents. The biological changes during puberty present an important psychological challenge to adolescents and their implications will become clear in the following detailed discussion of the psychological challenges.

4.5.2.1 Body image and appearance during early adolescence

Body image is a person's mental representation of his or her physical body and includes the sensations, feelings and attitudes that a person has toward his or her body (Simons, 1994: 256). According to Olivier (2004: 137) females are frequently victims because of their preoccupation with slenderness. Most young teenagers are more concerned about their physical appearance than about any other aspect of themselves and many are dissatisfied of what they see in the mirror. Young adolescents focus primarily on their bodies and physical appearance because puberty has changed their appearance and bodily processes so much that they are forced to become body-oriented. Their self-image receives renewed scrutiny at this time.

According to Simons (1994: 258) pubertal change is most stressful when an early adolescent feels different from peers and when the changes are not seen as desirable. Whether a person sees himself or herself as thin or fat, tall or short, beautiful, average or unattractive reflects on part what he or she sees in the mirror is how others react to that person. Both sexes worry about their weight, their complexion, and their facial features. However, girls tend to be unhappier about their looks than boys of the same age. Most early-maturing boys have enhanced body image and improved moods; however, most early-maturing girls have decreased feelings of attractiveness. This makes it difficult for them to control and modulate their behavior responses which at times may be inappropriately extreme. The sex difference due to early-adolescent results in males feeling more positive about their body changes than females (Geldard & Geldard, 1999: 8; Simons, 1994: 258).

Given the pace of change in adolescence, sometimes body images are realistic helpful reflections, but sometimes are distorted as early adolescent boys often complain of awkwardness and feeling out of proportion whereas girls are more concerned about their

skin and with their figures, especially their weight. According to Stevens-Long and Cobb (1983: 139) because adolescents often believe that others are as concerned about them as they are, negative self-evaluations are likely to result in feelings of shame, a public oriented emotion. Geldard and Geldard (1999: 8) state that shame is a major disruptive emotion of early adolescence. Adolescents frequently experience feelings of ridicule, humiliation and embarrassment, and feel disgusted and ashamed of themselves. This is both stressful and anxiety provoking for them.

Self-consciousness dramatically increases in early adolescence and then gradually declines from middle adolescence through late adolescence (Simons, 1994: 261). Early adolescents may feel like they are on a display and that everyone is preoccupied with observing and critiquing them. Late adolescents are not as self-conscious and concerned with others' reactions and opinions. They no longer perceive themselves as unique.

4.5.2.2 Body image, self-concept and self-esteem

According to Hoge (1999: 24) self-concept refers to the image people hold of themselves and self esteem refers to the extent to which individuals place a positive or negative value on the way in which they perceive themselves. In other words self-esteem is the evaluative component of the self-concept. From a very early age children begin to form an image or picture of themselves and this is largely based on the way in which they are treated by significant people in their life. These people through their responses give them information about themselves and about their behaviors. As a consequence, they will develop both positive and negative attitudes toward themselves. People who have a positive self-esteem evaluate themselves as being worthwhile and capable (Baron & Byrne, 2003: 171; Collins, 1998: 314; Geldard & Geldard, 2004: 209; Gillis, 1999: 79; Van Niekerk, Van Eeden & Botha, 2001: 73).

Self-focusing is more pronounced during adolescence. According to Collins (1998: 314) the development of good self-image and positive self-esteem is considered important for adolescents. Between the ages of 10 and 14 young people are more self-conscious.

Adolescent's body image is to a great extent, linked to their self-esteem and their experience of how other people perceive them. Adolescents are acutely aware of the physical changes they experience. In order to form an idea of their identity they have to integrate these changes into their existing identity to form a unified whole (Corey & Corey, 2002: 308; Louw, van Ede & Louw, 1998: 393).

Evidence suggests that young adolescents show a marked disturbance of self-image, including heightened self-consciousness, instability of self image, low self esteem, and negative sense of perceived self that peaks between the ages of 12 and 14. The most serious feature of children suffering from low self-concept is their fear of 'not being good enough' to perform completely. If children hold on to inappropriate beliefs about themselves, they may become disempowered, anxious and also have difficulty with interpersonal relationships. Further, this could be quite destructive, and might set the child up for failure. Their fear of failure raises their anxiety and their self-esteem is threatened (Baron & Byrne, 2003: 174; Geldard & Geldard, 2002: 116; Gillis, 1999: 80; Louw, 1992: 387; Stevens-Long & Cobb, 1983: 187).

During early adolescence when the growth spurt, pubertal changes, cognitive and social changes occur, adolescents are inclined to experience a temporary decline in their self esteem. Furthermore, negative life events have negative effects on self-esteem. For example, when problems arise in school or within the family or among friends, self-esteem decreases. Children with poor self-esteem are especially vulnerable to criticism and praise in the classroom. However as they adjust to their physical, cognitive and social changes, their feelings of self-worth are restored again. The value and judgment they place on their self-concept, that is, the level of their self-esteem, will inevitably have a major influence on their adaptive functioning (Baron & Byrne, 2003: 174; Geldard & Geldard, 2002: 209; Gillis, 1999: 81; Louw, van Ede & Louw, 1998: 433).

Louw, van Ede and Louw (1998: 434) mention that adolescents are often described as being more emotionally unstable than young children. The views that adolescents develop about themselves begin to determine their emotional responses. They are also

described as often having emotional outbursts and that they are inclined towards intense mood swings. When adolescents feel threatened, they close up and defend their beliefs. For example, if adolescents value their independence, they can easily find themselves in a heated argument with someone who has told them they may not do something. Arguing is a way in which adolescents can be sure that they are deciding things for themselves. Some adolescents with low self-esteem strive for social approval by behaving in ways, which are over-compliant, or by pretending to be self-confident when they are not. They are struggling to feel good about themselves (Collins, 1998: 169).

According to Louw (1998: 388) because of the profound physical changes, adolescence is a critical period in the development of the self-concept. The adolescent can only construct concepts of self within the context of relations with others, yet is also seeking to establish separateness through boundaries. Thus the adolescent development of self-concept is based on a balance of formation of personal identity and integration with society. Unless this balance is achieved there are likely to be personal crisis for the individual (Geldard & Geldard, 1999: 8).

While adults of teenagers dismiss adolescents' feelings about their looks, such feelings can have long lasting repercussions. The adolescents' body image is linked to their self-esteem and is also determined by their experience of how other people perceive them. The way adolescents view themselves is important for their self-concept and self-esteem. Unfortunately most of the children's negative feelings about themselves are formed from adult's evaluations. Negative feelings about themselves can affect their motivation to live and work as well as interpersonal relationships and future successes. Once formed, a poor or negative self-concept is difficult to reverse (Louw, 1992: 387; Thompson & Rudolph, 2000: 534).

Overcoming inferiority and helping young people build good self-esteem have emerged as significant for adolescents. Therefore attempts to change poor self-esteem should be directed towards bringing about more positive self-evaluations. Group work is generally

considered the most effective way of enhancing their self-esteem. Children can realistically and positively evaluate themselves through the process of group interaction. Specific area of skill development can easily be targeted through exercises and activities (Baron & Byrne, 2003: 175; Collins, 1998: 314; Geldard & Geldard, 2002: 210).

4.5.2.3 Internalized patterns of thought

Some authors suggest that adolescents engage in risky behaviors to demonstrate a mature status. They often become preoccupied with themselves and their thoughts, frequently fail to distinguish their own concerns from those of the people around them. They seem to have exaggerated feelings of self-consciousness. Because adolescents perceive themselves as special and unique, they think that they are invulnerable and indestructible. This attitude is linked and related to high-risk behavior such as drug use, heavily drinking, engaging in sex despite the fact that they see their friends overdose, or getting pregnant. They may not be trying to destroy themselves; they may believe that they are special and that what is happening to their friends will not happen to them (Bezuidenhout & Dietrich, 2004: 66; Louw, van Ede & Louw, 1998: 419).

4.5.2.4 Adolescents' identity development

One of the most fascinating aspects of development through adolescence years is the way in which the individual evolves a sense of self and self in relation to others in the social environment. Simons (1994: 291) defines identity as the sense of knowing yourself. The development of an identity seems to be a universal requirement for adolescence. It includes congruence between a person's view of himself and how others view him. It involves a sense of continuity between ones' past, current identity and future life plans (Hoge, 1999: 24; Louw, van Ede & Louw, 1998: 425).

Identity development is a lifelong process. Although identity development begins during infancy and continues till the end of the life cycle, the greatest degree of identity development occurs during adolescence. The process of identity development starts in

infancy until late adulthood. The process is accentuated in early adolescence because of the biological changes and new societal demands that bring the self to new awareness. Thus adolescence is known as a period of searching for an identity and clarifying a system of values that will influence the course of one's life (Corey & Corey, 2002: 306; Geldard & Geldard, 1999: 8-9; Gillis, 1999: 72-73; Louw, van Ede & Louw, 1998: 425; Zastrow, 2000: 65).

The adolescent has the task of forming personal identity which is unique and individual. The adolescent moves into a separate space of relative independence from family relationships, the weakening of ties to objects which were previously important to the young person when a child, and the increased capacity to assume a functional role as a member of society. To develop success identity, a person must experience both love and worth. Worth comes through accomplishing tasks and achieving success in the accomplishment of those tasks. A failure identity is likely to develop when a child has received inadequate love or been made to feel worthless. Failure to achieve a satisfying personal identity is almost certain to have negative implications. People with a failure identity are likely to be depressed, lonely, anxious and reluctant to face everyday challenges. Escape through drugs or alcohol, withdrawal, criminal behavior and the development of emotional problems are common (Zastrow, 2000: 65; Geldard & Geldard, 1999: 8).

The goal of adolescence is establishing personal identity and having this chosen identity confirmed by others. Teenagers display a development tendency for fluctuation in their self-esteem. They feel more needy, inadequate, and insensitive if not supported. At times when they receive adequate approval, praise and attention, they feel superior and exhibit a smart-alecky self-confidence. On the other hand, when they are humiliated, shamed or exposed to narcissistic injury, their self-esteem decreases rapidly and they feel depressed, inferior and full of shame (Amanat & Beck, 1994: 7).

According to Louw, van Ede and Louw (1998: 426) and Zastrow (2000: 64) the process of identity development implies that adolescents need to define who they are, what is

important to them, and what directions they have to take in life. During adolescence, teenagers develop a unique, integrated, and continuous identity, and use this growth in identity to develop a new role within their families and peer groups (Louw, 1992: 441). The adolescent is increasingly able to reevaluate parental rules and values to make independent choices about behavior. They begin to take a more active role in deciding things for themselves and in living with the consequences of their decisions and actions. Stevens-Long and Cobb (1983: 149) note that the process of achieving an identity involves some risk. There is a risk in making commitment to a course if action is based on one' own decisions. Not all early adolescents are willing to take these risks, and for some the process will continue into adulthood.

4.5.2.5 Adolescents' identity crises

Simons (1994: 291) notes that progress towards one's identity is achieved through identity crises. According to Louw, van Ede and Louw (1998: 428) the identity developmental crisis occurs early in adolescence and is resolved between 15 and 18 years. Identity crisis is viewed as useful since it can lead to complementary blending of an individual's energy or, unfortunately, to prolonged identity confusion, in which individuals regress or stay in unsatisfactory stand. In early adolescence, individuals are struggling to form a sense of personal identity.

One of the great paradoxes of adolescence is the conflict between a young person's yearning to find an individual identity, to assert a unique self different form anyone else in the world, and an overwhelming desire to be exactly like his or her friends. They do not wish to be perceived as being dependent, passive or weak. Peer group is a powerful influence in the adolescent's life, and acceptance by peers is a central concern. Many adolescents have conflicting loyalties between their families and their peer group. As individuals become increasingly independent of their families in early adolescence, they come to depend more on friendship. With this process of separation from parental figures and becoming independent persons, they relinquish many of the attachments of the past in order to achieve new bonds with their peers (Amanat & Beck, 1994: 9; Hoge,

1999: 29). However, many theorists argue that children experience the strength and freedom to step away from their parents and explore the world for themselves only when they can carry some of the parents' strengths along with them. Adolescents must sort through their feelings, needs, beliefs and attitudes and discover those, which are really theirs. Their emerging identities must reflect continuity with their past as well as a projection of themselves into the future (Stevens-Long & Cobb, 1983: 143).

"Identity confusion occurs when adolescents are indecisive about themselves and their roles. They cannot integrate the various roles, and when they are confronted by contradictory value systems they have neither the ability nor the self-confidence to make decisions" (Louw, van Ede & Louw, 1998: 427). They turn to have anxiety and hostility towards roles and values.

People arrive at their identities both by taking on new ways of being and by excluding others. Thus for adolescents, peers' perception becomes particularly important during this stage and parents perception less influential (Gillis, 1999: 73). They conform not only to the social behavior of their peers but also their norms concerning physical appearance and skills. Anything that obviously sent an adolescent apart from the crowd is apt to be unsettling.

4.5.2.6 Adolescents' sexuality

According to Simons (1994: 273) although sexuality has been part of the growing child, it takes a more urgent and enhanced role during adolescence. Because of the extensive physical development during puberty, adolescents become increasingly aware of their sexuality. Physical sexual growth increases the need for sexual interaction. Their newly developed sexuality also begins to form a part of their interpersonal relationships. Overall, adolescents' sexual attitudes become more permissive. Unfortunately, because adolescents are inexperienced they are likely to engage in sexual activity without fully understanding the social, psychological and physical consequences of this behavior. Adolescents who initiate sexual intercourse are likely to have poor health later on in life,

lower educational attainment, and are less economically productive than their peers (Amanat & Beck, 1994: 13; Bezuidenhout & Dietrich, 2004: 79; Geldard & Geldard, 1999: 39; Louw, van Ede & Louw, 1998: 400).

In early adolescence biological changes and new social pressures to become independent coincide with sexual freedom. Louw, van Ede and Louw (1998: 400) mention that the important developmental task of adolescents therefore, is to satisfy their sexual needs in a socially acceptable way so that it contributes to the development of their identity. Specht and Craig (1987: 161) describe early adolescent as a trial period where young people can form basic attitudes about sex roles and sexual behavior without feeling pressured to become too deeply involved.

During this phase, adolescents also discover their sexual orientation. Sexual attraction is usually focused on the opposite sex and heterosexual relationships which, provides adolescents with the opportunity for sexual gratification. They may become too attached and obsessed with opposite sex relationships. However it is noted that in early adolescence, masturbation and homosexuality are common sexual behaviors. Teenagers, in experimenting with sexuality, may have some homosexual experiences. Early male sexual impulses are most often expressed through masturbation. Although children masturbate from infancy, there is sharp increase in the frequency and prevalence of masturbation in early adolescence. Masturbation is described as a practice that teaches the adolescent to accept sexual longings and excitement more readily (Amanat & Beck, 1994: 8; Bezuidenhout & Dietrich, 2004: 76; Geldard & Geldard, 1999: 39; Gillis, 1999: 98; Thompson & Rudolph, 2000: 76; Louw, van Ede & Louw, 1998: 400; Zastrow, 2000: 245).

Stevens-Long and Cobb (1983: 111-112) note that although overall, relatively few adolescents report homosexual experience, many adolescents not only do not oppose homosexuality but in fact support it for any young people who have these reactions. They see laws against homosexual behaviors as labeling people. Most homosexual people become aware of their homosexual feelings in early adolescence. According to the

above-mentioned authors, the average age of such awareness is 13.8 for girls and 12.8 for boys.

According to Louw, van Ede and Louw (1998: 403) there is widespread evidence that adolescents are more sexually active and are becoming sexually active at a younger age than previously. Reasons that South African adolescents give for indulging in early sexual activity are: seeking physical pleasure, trying to prove that they are normal, to prove their love for someone, and getting carried away by passion and peer group pressure (Buga et al., 1996 in Louw, van Ede & Louw, 1998: 405). Research conducted among Xhosa-speaking adolescents in the rural areas of the Transkei indicated that 90.1% of the boys and 76% of the girls in the research groups were sexually active (Buga et al in Louw, van Ede & Louw, 1998: 405).

Louw, van Ede and Louw (1998: 413) state that a number of studies done on sexuality to South African adolescents have proposed the following guidelines to help adolescents cope with their sexuality:

- A holistic approach to sexuality education should be adopted. School-based programmes should include sexuality education, health education and life skills training. These life skills should include communication skills, conflict resolution skills, tolerance and negotiation skills.

- Sexuality education should start from preschool upward to dispel misinformation and lack of knowledge. This sexuality education should focus on loving relationships, power relationships between men and women, and respect for one's body and another's body, and not only on the physical aspect of sexual activity.

- Adolescents should receive instruction regarding the different sexual value orientations. This can provide some guidance in their confusion about norms and values and help them make responsible choices.

- Because of the tremendous influence of the peer group, peer-guided programmes could be used to instruct peers regarding the risks involved in making irresponsible choices. Many researchers believe that adolescents should be encouraged to delay sexual activity. Peers could also be utilized to guide such discussions.

4.5.2.7 Parental attitudes towards adolescence sexuality

According to Bezuidenhout and Dietrich (2004: 78) parents' attitudes toward sex influence adolescent adjustment. Parents are regarded as the primary socialization agents through modeling, identification and the establishment of mores for their children. It is noted that parents who hold traditional attitudes to sex and communicate those to their adolescents will influence their sexual behavior. Adolescents want to receive information from their parents about sex but often do not. In turning to adults for guidance there is inevitably a degree of embarrassment in discussing topics or behavior which are perhaps considered socially taboo or which are viewed in some way as being undesirable (Gillis, 1999: 97).

Mogotsi (1996: 78) noted that this situation exists because many parents are unable or unwilling to meet this need. They often feel confused, embarrassed, or emotionally inhibited to do so because their own parents rarely gave them information regarding physiological changes or sexual behavior. Furthermore, middle-aged parents have no models for teaching about sex, and what information they do have may be inaccurate. Sex as a subject is considered a taboo in most black cultures.

According to Baumrind (1990) and Lamborn et al. (1991) in Louw, van Ede and Louw (1998: 447) the social behavior of adolescents is influenced positively by parents who lay down certain rules for behavior. Simons (1994: 276) notes that the majority of researchers believe that parents should be actively involved in their children's sex education. Parent-child communication about sex influences the onset of the first sexual intercourse. Parents who discuss sexuality with their children help them to make better

behavioral choices and to avoid pregnancy. Further, today with prevalence of STD's and AIDS discussing sex with them may even save lives.

Therefore, Mogotsi (1996: 89) suggests that programmes are needed to ensure that accurate information is effectively communicated. These programmes might also provide a formal setting, which participants feel less emotionally inhibited by any cultural taboos.

4.5.3 Cognitive development

Along with physical changes, adolescents develop broadened cognitive capacities. In contrast to the physical changes that are conspicuous and occur universally, cognitive changes are less conspicuous and more variant (Geldard & Geldard, 1999: 4; Louw, van Ede & Louw, 1998: 412). Hoge (1999: 19) defines cognition as the mental processes used by humans to acquire knowledge and solve problems. The most important of these changes for adolescents has to do with the period of formal operational thought. Their thinking is concerned with the here and now. Individuals are assumed to reach this stage sometime during early adolescence. Its most significant feature is that the individual now acquires the ability to process information in purely abstract terms, discovers how to think about relationship issues, learns how to think creatively, critically and to reason logically (Geldard & Geldard, 1999: 4; Gillis, 1999: 73; Hoge, 1999: 19; Louw, van Ede & Louw 1998: 412).

Between the ages of 11 and 14 adolescents develop efficient convergent problem solving and the ability to do abstract thinking. They tend to be more concrete in their thinking. At about age 11 there is a critical shift in children's thinking from the use of elementary logic with reference to concrete objects and events to the use of more sophisticated logical thinking about abstract ideas. They become passionately interested in abstract concepts and notions and are therefore able to discern what is real from what is ideal. Generally adolescents' thinking becomes different from children. At their early teens, adolescents solve problems. At the highest level of thinking, individuals are able to

differentiate between theory and evidence, and they can coordinate the two. Practically every aspect of adolescents' thinking undergoes subtle change (Corey & Corey, 2002: 308; Geldard & Geldard, 1999: 4-5; Louw, van Ede & Louw, 1998: 416; Simons, 1994: 258).

Dworetetzky (1990: 511) notes that in most individuals, the ability to reason and to think becomes fully developed during adolescence. By the time children reach adolescence their cognitive development is advanced. They can understand metaphor, appreciate multiple meanings, and formulate counter-factual statements. They can imagine things that have never existed, set goals for the future, follow a philosophical discussion. They are able to think beyond the present, as the empirical world to be viewed as only one of an infinite number of possibilities. Above all, they can appreciate the fact that they can do all of these things (Simons, 1994: 259-260).

According to Papadou and Papadatos (1991: 24) adolescents are capable of prepositional and hypo-deductive thinking. These abilities are needed because at this stage the young person is developing a new identity, new roles, and new relationships. During this period of transition, previously held perceptions and understanding are reexamined, analyzed and changed. According to Specht and Craig (1987: 154) adolescents' new cognitive skills allow them to analyze a problem in their heads and determine all the possible solutions to it before they start to work on it. They also tend to anticipate the reactions of those around them and assume that their own self-assessment is matched by the approval of others.

Falvell (1977) in Geldard and Geldard (1999: 5) suggested a number of ways in which adolescent thinking progress beyond that of childhood. Included among these were the ability to:

- Imagining possible and impossible events,
- Thinking of a number outcomes from a single choice,
- Thinking of the ramifications of combination of propositions,

- Understanding information and to act on that understanding,
- Solving problems involving hypothesis and deduction,
- Problem solving in a wider variety of situations and with greater skill than in childhood.

Adolescence is described as a time for existential confrontations: Who am I? Who do I want to be? Where am I going? What is life? Adolescents scrutinize themselves, their changing body image, new feelings, new abilities, and new needs. Adolescents are more acutely aware of themselves. Furthermore, adolescence is a time of intense questioning. Parental authority is challenged, and parents find themselves compared to newly formulated ideals. The new intellectual changes that occur in adolescence have a profound effect on almost every aspect of life (Papadou and Papadatos, 1991: 24; Stevens-Long & Cobb, 1983: 120).

Childhood beliefs and existing values are subjected to close scrutiny, and there is a probing interest in the nature of God and of good and evil. Standards for behavior are constantly questioned and evaluated against more general life principles. At certain times, this awareness takes the form of painful self-consciousness; at other times, it produces feelings of self-importance and power. At times the intellectual changes of adolescents affect their behavior in ways that are less than easy to live with. However, these cognitive skills play a major role as they risk and learn to understand and value the sequences of their behavior (Bezuidenhout & Dietrich, 2004: 63; Louw, van Ede & Louw, 1998: 459).

4.5.4 Social development

According to Geldard and Geldard (1999: 90) a major challenge for adolescents is concerned with their need to find their place in society and to gain a sense of fitting in that place. This is a process of socialization involving an adolescent's integration with society. Gallahue and Ozmun (2002: 354) state that socialization is a lifelong process that is particularly important during adolescence. It refers to the modification of one's

behavior to conform to the expectations of a group. According to Sage (1986: 344) socialization is defined as the process by which persons learn the skills, attitudes, values and behaviors that enable them to participate as members of the society in which they live. A major characteristic of socialization is the transference of the beliefs, attitudes and values of a culture to its citizens. To become productive members of society, children must be socialized into the culture. Furthermore, socialization enhances the sense of personal identity and the development of personal identity assists the adolescent in dealing with society's expectations and standards (Gallahue & Ozmun, 2002: 350; Geldard & Geldard, 1999: 9; Zastrow, 2000: 203).

According Gallahue and Ozmun (2002: 352-354) many factors influence the process of socialization, including people, institutions, and activities. Each of these is briefly discussed in the following paragraphs.

- **People**

An Adolescent can only construct a personal identity in the context of relationships with others. Family members, peers, friends and significant others play critical roles in the social development of the adolescent. The family remains the dominant agent of socialization from childhood well into adolescence. It is a setting in which people learn how to deal with other people. It is the primary provider of the emotional, intellectual and physical environment in which a child lives. The family is responsible, among other things, for fostering a sense of autonomy, love and trust in the adolescent. It also has tremendous influence in introducing children to physical activity and sports. The family is regarded as the most important vehicle for promoting values in adolescence, enabling them to be successful at school and to have confidence in peer relationships. The socioeconomic status of the family, parental attitudes, encouragement, and personal participation have also been found to be important factors in adolescence development (Baron & Byrne, 2003: 300; Geldard & Geldard, 1999: 11-12; Gallahue & Ozmun, 2002: 352; Gutierrez, Parsons & Cox, 1998: 146; Zastrow, 2000: 6).

As adolescence approaches and childhood wanes, the dominance of the family is frequently diminished by a rise in the influence of the peer group. Building strong ties to a peer group is regarded as a first giant step toward autonomy for the adolescent. Gallahue and Ozmun (2002: 352) state that special friends and significant adults outside the family frequently play important roles in the process of adolescent socialization. The influence of these individuals sometimes even overshadows that of the family and the peer group. The respected friend or the revered coach affects the social maturation of the adolescent. According to the Carnegie "Council Report on Adolescent Development (1995) peer counseling and modeling behaviors of respected mentors offer promise as effective techniques for inspiring behaviors changes in adolescents.

- **Institutions**

Adolescents come into contact with a variety of societal institutions that affect how they are socialized. Society's expectations pose a challenge for adolescents and are valuable in helping them to progress along the path to adulthood. The school is probably the primary agent if for other reason than that is occupies the greatest portion of the day for the longest period. The primary influence of the school is in the acquisition of academic skills and knowledge, but its influence extends far beyond academic matters. School activities help adolescents to develop the skills necessary for healthy lives. This is an environment in which social attitude and social problem-solving skills are developed (Gallahue & Ozmun, 2002: 353; Geldard & Geldard, 1999: 10; Zastrow, 2000: 203).

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According to Hoge (1999: 30) because the school plays such a critical role in development, it is also the context in which many problems of development originate or, at any rate, express themselves. Adolescents might find the pressures of school stressful. Academic underachievement, delinquency, social rejection, and negative self-concept are all problems that may be associated with the school environment. The school also represents a useful venue for introducing interventions designed to address these problems. However school programs not relevant for adolescents' needs and interests, or that fail to promote learning enjoyment, are doomed to failure. If the school fails to offer

consistent direction and positive goals adolescents drift towards undesirable behaviors, tend to become confused and experience a generally diffused sense of self (Geldard & Geldard, 1999: 10).

- **Activities**

The activities that adolescents engage in are important in cultural socializations. Skills of daily living, recreational activities and competitive sport experiences play a major role in the socialization process.

According Gallahue and Ozmun (2002: 354) ensuring optimal development of adolescents should be a priority commitment of all socializing agents. No one group can be responsible for the successful integration of adolescents into society. All must work in concert to affect a maximum positive transition into adulthood. The following five recommendations have been adapted from the 1995 report of the Carnegie Council on Adolescent Development.

- Re-engage families with their adolescent children. Parents need to remain actively involved in their adolescent's education.

- Create developmentally appropriate schools for adolescents. Health education programmes that are developmentally appropriate need to be an integral part of the educational programme.

- Develop health promotion strategies for young adolescents. To reverse the dramatic increase in behavior-related conditions such as sexually transmitted disease, teen pregnancy, and teen suicide, proactive steps must be taken to instill in adolescents the knowledge, skills, and values that promote positive mental and physical health.

- Strengthen communities with adolescents. The community as a socializing agent must provide safe, attractive, positive growth-promoting settings during the out-of-

school hours. Youth organizations must expand their reach in offering more activities that teach adolescents about life, responsibility, and respect.

Overall adolescence is a difficult period in a young person's life. The difficulties faced by adolescents may be both stressful and rewarding. For most adolescents there is frustration and stress in being dependent on their parents and their school/community authorities and dealing with their environments. Vulnerable youth may be exposed to high-risk behavior as a way of escape. Reaching adulthood successfully and unscathed will be influenced by environmental stresses and hazards discussed in the following section.

4.6 ADOLESCENTS RISK-TAKING BEHAVIOURS

According to Bezuidenhout and Dietrich (2004: 63) adolescence is a time of risk taking. Risk taking behavior holds on the possibility of chance of negative consequence or loss. Adolescent behavior is often characterized by exploration. At times such exploration is unacceptable and even dangerous. "Adolescents are at moderate to high risk when engaging in one or more self-destructive behaviors that include unsafe sex, teenage pregnancy and childbearing, drug and alcohol use, under-achievement, failure and dropping out of school, delinquent or criminal behaviors, suicide, practicing satanism, violence, unsafe driving, fighting using foul language and running away form home" (Bezuidenhout & Dietrich, 2004: 66).

South Africa is experiencing a high rate of pathologies, which are threatening the lives of individuals especially the youth. These pathologies among others include: HIV/AIDS, substance abuse, child sexual abuse, juvenile delinquency, satanism, teenage pregnancy etc. (Anderson & Okoro, 2000: 7). Brack (2000: 12) adds by stating that many South African youths are not fully prepared for life and how to cope and as result, many of them end up being vulnerable or victims of life itself hence their social functioning becomes impaired.

According to Gallahue and Ozmun (2002: 346) it is naïve to assume that the period of adolescence will be as smooth and placid as childhood. Clearly, the choices made have powerful implication and lifelong consequences.

4.6.1 Indiscriminate sex and Sexual Transmitted diseases (STDs)

As already mentioned adolescence is a time of sexual exploration and experimentation; of sexual fantasies and realities; and of incorporating sexuality into one's identity. During early adolescence sexual interest and experimentation develop (Bezuidenhout & Dietrich, 2004: 75; Santrock, 2001: 183).

According to Dworetzky (1990: 546) attitudes toward adolescent sexuality and dating have become more permissive. Many teenagers are engaging in high-risk sexual behaviors such as unprotected sex, sex with multiple partners and the consumption of drugs or alcohol before sex. Clearly, there are significant risks in sexual behavior. Due to these unsafe sexual practices, these young people are exposed to many dangers or become more vulnerable to various pathologies. One of the most unfortunate results of an increase in sexual activity among adolescents is the resultant increase in sexually transmitted diseases. All diseases can be contracted by general poor health, lack of hygiene, and low resistance, but all genital infections labeled STDs can be contracted by sexual contact with an already infected person. The best known of these diseases are syphilis, gonorrhea, cancroids, herpes, chlamydia and HIV/AIDS (Baron & Byrne, 2003: 329; Geldard & Geldard, 1999: 39; Simons, 1994: 269; Tsatsi, 2001: 64; WHO, 2004: 1).

Lachman (2000) in Tsatsi (2001: 65) noted that each year approximately three million cases of sexually transmitted diseases occur among teenagers and approximately one million become pregnant. Furthermore, Drum's (200) as mentioned by Tsatsi (2001: 65) shocking findings showed that roughly 20% of South African teenagers were HIV positive and experts warn that the figure is bound to rise unless youngsters are given proper sex education. According to (WHO, 2004: 1) an estimated 10.3 million young people worldwide are living with HIV/AIDS and half of new infection - over 7000 daily -

are occurring among young people. The reasons for the high rates of venereal diseases among young people are many: increased sexual activity, substance abuse, refusal to use a condom, complacent attitude that STDs can be cured easily; adolescent beliefs that make the youth think they and their lovers are immune to the diseases that affect other people and the willingness to take risks because people want sexual intercourse more than they fear diseases. Many others do not know how to protect themselves (Bezuidenhout & Dietrich, 2004: 76-80; WHO, 2004: 1).

Various studies found that boys and girls become sexually active from the age of 14 years (Anderson, 1994; Mogotsi, 1996; The Girl Child Survey, 1998). Some teenagers end up being involved in prostitution and most of them lacking the facts and knowledge about sex. Mogotsi (1996: 86) further found that most children received their sex information from peers and exclaimed that the "most threatening finding is the minimal role played by parents". When she asked the school children about their attitude with regard to premarital sex, 60.2% said that it was completely acceptable; 23.1% were uncertain and only 16.7% were against premarital sex. This scenario leads to a high level of ignorance and misinformation for girls and boys regarding their sexuality. Consequently, their sexual education may be incomplete as much of their information originates from peers. Therefore they are likely to be unaware, for example of the subtle forms that venereal diseases can take whereas many will not seek medical attention unless they have more recognizable and more serious symptoms of the disease.

Mogotsi (1996: 87) concludes that her findings support the concept that health sex education should be introduced at an early stage of a child's life. Sapire (1994: 47) supports this statement by saying that although it is tempting to start sexual education late in a child's life, adolescents start experimenting with sex at an early stage. According to Gladding (1997: 109) adolescents could be helped to avoid contracting HIV/AIDS and other sexually transmitted by employing both an informational and skills-based intervention system. Adolescents could be offered opportunities for interpersonal skill building through simulating potentially hazard situations.

4.6.2 Drug abuse

Pharmacologically, a drug is any substance that chemically alters the function or structure of a living organism (Zastrow, 2000: 270). For the purposes of this study, a definition based on context is more appropriate. According to Zastrow (2000: 270) in a social problems approach, "a drug is any habit-forming substance that directly affects the brain and nervous system. It is a chemical that affects moods, perceptions, body functions, or consciousness and that has the potential of misuse because it may be harmful to the user." According to Bezuidenhout and Dietrich (2004, 67) different drugs are freely available on the South African black market. The news media, both television and newspapers, report on arrests of persons who traffic in drugs.

Zastrow (2000: 307) mentions the following as the most commonly used drugs: depressants (alcohol, barbiturates, tranquilizers), stimulants (cocaine, crack, caffeine butyl nitrate), narcotics (opium, heroin, morphine), hallucinogens (peyote, psilocybin), tobacco, marijuana, and anabolic steroids. Alcohol is by far the most widely abused drug in our society. The attitudes are formed or reinforced by the treatment of drinking on television. Furthermore, South African society has become more permissive in the sense that beverages containing alcohol are readily available and in abundance. There is a great deal of drinking without any negative consequences. Moreover, beer and wine are advertised extensively on television, and there is evidence that the more people see such advertisements, the more they are likely to drink (Bezuidenhout & Dietrich, 2004: 69; Brewis, 2001 in Brandt, 2002: 122; Lauer, 1998: 105).

Drug abuse is the regular or excessive use of a drug when, as defined by a group, the consequences endanger relationships with other people, are detrimental to the user's health, or jeopardize society itself (Zastrow, 2000: 270). Sue (1997: 251) describes substance abuse as a maladaptive pattern of recurrent of substances that extends to distress and continues despite social, occupational, psychological or safety problems. Drug abuse has become one of the most pervasive problems facing the community especially young people.

By far, the greatest teen drug of dependence and perhaps the most difficult social problem of adolescent chemical dependency is alcohol. The highest illicit use of alcohol is found among the youth. Adolescent alcoholism is a major problem encountered by physicians, psychologists, social workers, counselors, teachers and other professional dealing with teenagers. Adolescents who are moderate to heavy drinkers have more positive and more liberal attitudes about the use of alcohol. In South Africa alcoholic beverages are available at homes, restaurants, hotels, shebeens, bottle stores and shack shops, to name but a few. This makes it difficult to enforce the statute that states an individual has to be 18 years or older to buy alcohol (Amanat & Beck, 1994: 279; Anderson & Okoro, 2000: 8-9; Dollar & Dollar, 2002: 356; Gillis, 1999: 107; Lauer, 1998: 105).

Drugs and especially legal drugs have become an increasingly common part of the youth everyday life style and hence has become a major concern. It is a well-known fact that some teenagers use drugs when they get together. It is not uncommon to read research articles that give evidence of drug use in schools by learners. Furthermore, there have also been reports of drugs being sold on school property. Some adolescents take alcohol to school in their juice bottles. Legal drugs can harm or kill just as effectively as the illicit ones. Being legal does not mean that a drug is harmless (Amanat & Beck, 1994: 274; Bezuidenhout & Dietrich, 2004: 67; Gillis, 1999: 107; Lauer, 1998: 95; Louw, 1992: 187; Van Rensburg, 2002: 14).

Potgieter, Roos and Du Preez (2001: 325) state that alcohol consumption is on the increase among adolescents. Available statistics of drug abuse, which are totally inadequate and only touches the tip of the iceberg reveal that locally 2 out of every 3 children, are currently using drugs. (Fourie, 2001 in Brandt, 2002: 122). A substantial proportion of adolescents and children have been found drinking. A study conducted in 1995 among adolescents indicates that between 40% and 83% of high school pupils report having taken alcohol at some time during their lives (Morojole, 1997 in Potgieter, Roos & Du Preez, 2001: 325). Furthermore, a school survey undertaken by UNISA

reported that about one in four Grade 7, 10 and 11 learners get drunk occasionally during the course of a typical month (Pary, Pluddemann, Bhana, Matthysen, Potgieter & Gerber, 2000 in Brandt, 2002: 122). It is therefore impossible to determine the full extent of the drug problem in South Africa.

Bezuidenhout and Dietrich (2004: 68-70) and Gillis (1999: 108) have identified the following as reasons why adolescents use drugs. Some of the reasons are: a desire for acceptance by the peer group, curiosity as adolescents want to explore adult ways of behaving, copycat behavior i.e. adolescents copying the behavior of their parents, inadequate methods of coping with stress or tension by creating an artificial sense of well being through drugs, readily availability of drugs and the media portraying alcohol use in an appealing and social way.

Youthful drug-taking patterns generally follow those of the adult society. Children naturally imitate the behavior of others. Children of parents who drink alcohol will very probably also use alcohol. Some adolescents learn from their parents that drinking is a sophisticated activity. Just as adults take drugs to alleviate unhappiness, depression, anxiety, problems and day-to-day pressures, so do the youths. Most young people are said to have their first drink before they get to high school. They drink and smoke because it seems as a grown-up thing to do. The above-mentioned authors also state that adolescents start to use hard drugs like marijuana because they are curious, and they want to do what their friends are doing, and they want to hurtle into adulthood (Bezuidenhout & Dietrich, 2004: 68).

Norman (1986) as quoted by Anderson and Okoro (2000: 8) exclaimed that nearly every organ in the human body could be damaged by excessive and prolonged consumption of drugs. These include amongst others brain damage, heart diseases, high blood pressure and strokes, cancer of the throat, mouth and lungs diabetes, pancreatitis and cirrhosis of the liver. Furthermore, the use of addictive substances over a long period of time may impair the memory and problem-solving abilities of the individual. This will have consequences for scholastic and other academic achievements. Scholars who are

identified as substance abusers or addict could be asked to leave their school voluntary or could be expelled. The social costs of drugs include property crime and violence (generally committed to support the habit), motor accidents, economic losses, health problems, disrespect for the law, family disruption, spouse and child abuse, neglect, financial crises for users and adverse psychological effects on individuals. Teenage drinking is also closely linked to delinquent behavior (Amanat & Beck, 1994: 281; Bezuidenhout, 2004: 128; Dollar & Dollar, 2002: 356; Zastrow, 2000: 307).

Specht and Craig (1987: 170) noted that there is a need of services for troubled youths and their families. Some families can tolerate and successfully help a teenager who gets into all sort of trouble; however, others lack the resources to handle the situation. Of prime importance is the need for the adolescents to develop greater understanding of substance abuse. By increasing their knowledge base and learning what substance is, how it develops, its effects on the body and how to break out of an addiction, adolescents stand a better chance of keeping themselves out of harm (Dollar & Dollar, 2002: 377). According to Tsatsi (2001: 90) life skills are essential for young people who are perceived to be at risk of starting to experiment with drugs. The aim is to prevent the initiation of drug use. Gladding (1997: 109) states that these programmes work best when they are started early in adolescents' lives.

4.6.3 Teenage Pregnancy

According to Bezuidenhout (2004: 33) teenage pregnancies have reached epidemic proportions in Africa. It is estimated that approximately one million teenagers fall pregnant each year – about 30 000 of them before reaching the age of 15 years. South Africa is noted as experiencing a skyrocketing rate of teenage pregnancies coupled with increasing rate of HIV/AIDS infection among the youths. Although statistics of teenage pregnancies are not available in South Africa researchers have published figures that range from 13-25% (Bezuidenhout, 2004: 33). As in other developing countries, teenage pregnancies resulting in illegitimate births in South Africa have increased.

Teenage pregnancy is perceived as an "epidemic of adolescent child and child having children. It includes a pregnant person under the age of 18 who does not enjoy adult or legal status (Potgieter, Roos & Du Preez, 2001: 316). The pregnancy is most often not planned and constitutes a crisis. The highest risk groups are early-adolescents and those from socially and economically disadvantaged backgrounds. Furthermore, it is noted that teenage pregnancy in South Africa is more common amongst black teenagers than white teenagers. Reasons to this could be family disorganization within black families; rapid urbanization and westernization, which have eroded, many of the traditional norms and values of black families; and the poor socio-economic situations (Bernstein & Gray, 1997: 113; Bezuidenhout, 2004: 37-38; 2001: 16).

In a research undertaken by Preston-Whyte and Louw in Bernstein and Gray (1997: 113-114) the following were identified as the general factors that contribute to the high rate of teenage pregnancy among black teenagers in urban areas:

- Lack of supervision when both parents are working or in female-headed households where the mother is at work for long hours.

- Children becoming involved in helping their mothers make money in the informal sector. Girls would thus come into contact with adult men who had money available for drink or food, and would flatter the girls and "give them a good time".

- Poor or inadequate recreational facilities.

- Late entry to school and high failure rates which mean that many scholars are nearer 20 years old and many over 20 when they leave school.

- Sexual experimentation and involvement beginning at an early age.

- Peer group pressure against the maintenance of virginity for both sexes.

- Absence of formal sex education at school and reluctance among parents to raise the subject with their children.

Teenage pregnancy is viewed as detrimental to the teenager as it limits his/her future career prospects and therefore contributes to a lower socio-economic status for her and the newborn child. The implications of teenage parenthood are enormous for the young parents and the society at large as they are usually emotionally and socially immature and dependent. The major problem is that so many teenage mothers are poor. Hence the majority of pregnant teens never finish high school; as a result, they often become unemployed relying on social security grants. A teenage mother's socio-economic status, her education, health and family development are affected (Anderson & Okoro, 2000: 17; Bezuidenhout, 2004: 39-40; Gladding, 1997: 112; Louw, van Ede & Louw, 1998: 410; Potgieter, Roos & Du Preez, 2001: 317).

Teenage parenting is filled with many socio-emotional issues. Tsatsi (2001: 73) describes a teenager who becomes pregnant as having 90% of her life script written for her. Mdaka, Mbatha and Sejaramane in Tsatsi (2001: 73) outlined the following as the consequences of teenage pregnancy: disruption of schooling; loss of opportunity e.g. career; dangers associated with maternal health; and abandonment, foster care or adoption of the child. McWhirter et al. (1993: 143-144) further note that teenage girls who keep their babies are likely to suffer consequences such as standard housing, poor nutrition, ill health, unemployment, lack of education and financial dependency. A further problem that teenage mothers endure is the responsibility of raising the child alone. According to McWhirter et al (1993: 145) "many teenage fathers never acknowledge parenthood." The consequences of teenage pregnancy could cause a syndrome of failure, i.e. "failure to fulfill the functions of adolescence, failure to remain in school, failure to limit family size, failure to establish a vocation and become self supporting and failure to have children who reach their potential in life" (Blum & Godhagen, 1981 in Louw, van Ede & Louw, 1998: 410; Potgieter, Roos & Du Preez, 2001: 318).

Papalia and Olds (2002: 355) note that because pregnancy in adolescence can be so devastating to parents and the baby, it is up to the educators and government officials to do everything within their power to help teenagers avoid becoming children who bear children. The process of working with teenage parents is usually accomplished through collaborative efforts. In conclusion Tsatsi (2001: 63-64) notes that to minimize the prevalence of teenage pregnancy sex education should be part of a holistic life skills education programme. The implementation of these efforts might break this dysfunctional cycle. The following are guidelines based on findings from research studies and recommendations by those who work with adolescents (Papalia & Olds 2002: 355).

- Parents should discuss sex with children from an early age, instilling healthy, positive attitudes, and being "ask able," so that their children will feel free to go to them with questions. Such children are likely to delay sexual activity to an appropriate time.

- Schools, churches, and the mass media should offer realistic sex education, including information about the risks and consequences of adolescent pregnancy, the different kinds of contraception, and the places where teenager can obtain family services.

- Peer counseling programmes should be instituted to encourage sexually active teenage girls to use contraceptives, since research has indicated that they are more responsive to girls chose to their own age than they are to nurse counselors.

- Community programmes encouraging teenagers to delay sexual activity should be instituted. Such programmes can help young people stand up against peer pressure urging them to be more sexually active than they want to be, can give adolescents ways to "no" gracefully, and can offer guidance in problem solving.

4.6.4 Adolescent violence

Violence is the use of great physical force or intimidation, which at time is unlawfully exercised. The result of violence is outrage or injury. By acting in a violent manner, an individual disrespects and violates the rights of the victim. Adolescents are constantly exposed to violence in popular literature, television shows, video games and cult hero movies. In addition with the breakdown of many communities norms regarding conduct, many adolescents act aggressively and engage in destructive behaviors toward other people. Young people might even use a weapon such as knife or gun when having conflicts with others (Bezuidenhout & Dietrich, 2004: 72; Gladding, 1997: 110; Zastrow, 2000: 211).

Hickson (1992) and Mlazi (1994) in Van Niekerk and Prins (2001: 11) state that South African children are exposed to high levels of violence, with far reaching consequences for their lives. Magwaza, Killian, Petersen and Pillay (1993) as mentioned by Van Niekerk and Prins (2001: 11) found that 84% of children included in their study on intra-community violence appeared to be preoccupied with violence. This type of violence is frequently accompanied by the following, which all impact on most aspects of children's lives:

- The death or injury of family and friends,
- The loss of homes and belongings,
- The destruction of schools,
- The disruption of social services, and
- Increased levels of malnutrition (National Children's Rights Committee, 1994).

According to Gladding (1997: 110) young adolescents most prone to engage in violent behaviors include those with low self-esteem, asocial behavior, family abuse, resistance to counseling and depressive or suicidal behavior. These young people have little respect for social norms and hence they sometimes engage in violent behavior either to protect themselves or to harm someone else. Adolescents who have developed an impersonal

and insensitive attitude towards human life can and resort to violence and killing to settle their disagreements. Where adolescents have become members of a gang, they also learn to participate in violent activities, as violence is characteristic of most gang-cultures (Bezuidenhout & Dietrich, 2004: 72; Gladding, 1997: 110).

In conclusion causes of adolescent violence include among others lack of family structure - adolescent grow with no order around them; television violence that promotes youth violence; learnt behavior – aggression is a learnt behavior; child abuse – the majority of juveniles who kill others come from disorganized families; rock lyrics – there's strong relationship between antisocial and preference for rock music wiry destructive themes; greed or poverty; drug use and youth gangs (Bezuidenhout & Dietrich, 2004: 72-74). Anderson and Okoro (2000: 39) advocate an accelerated approach promoting the development of young people in the second decade of life. Central to this approach is that young people need to acquire life skills to safe guard them against harm. According to Gladding (1997: 110) these skills will empower young people to act in socially responsible and non-violent ways when faced with conflict or provoked.

4.6.5 Crime and Juvenile Delinquency

A crime is simply an act committed or omitted in violation of a law (Zastrow, 2000: 311). According to Bezuidenhout and Tshiwula (2004: 87) as well as Van Niekerk and Prins (2001: 11) crime is one of the most serious problems facing the nation. Further, it is noted that South Africa has a high rate of crime. A review of available statistics for 2003 shows a gradual increase in crimes such as attempted murders, robbery, rape accidents and a sharp increase in the number of indecent assaults (Bezuidenhout, 2004: 167).

A juvenile delinquent refers to a person under the age of 18 who has been arrested and found guilty of an offence punishable by law (Bezuidenhout, 2004: 176). The offence may be the kind of behavior that would be a crime no matter who did it, like robbery, rape or murder. Young people appear to commit far more than their share of crime, including the crimes that are classified as most serious such as rape, murder, robbery,

arson, burglary, aggravated assaults, auto theft, and larceny. Other adolescents come under the jurisdiction of the juvenile justice system for statuses offences such as truancy or refusing to accept parental supervision. Juvenile delinquency can therefore be understood to be an umbrella term that covers both juvenile crime and other antisocial actions (Bezuidenhout & Tshiwula, 2004: 87; Zastrow, 2000: 313).

According to Bezuidenhout and Tshiwula (2004: 87) juvenile delinquency is a universal phenomenon. Criminal behavior among adolescents is on the increase. In some countries, juvenile offence currently accounts for 60% to 70% of all recorded crimes in both the most and least developed countries including South Africa (Cilliers & Du Preez, 1991 in Bezuidenhout & Tshiwula, 2004: 87).

There are a number of explanations as to why adolescents participate in delinquent behavior. Lauer (1998: 155) notes that various family factors have been associated with delinquency. In essence, there is less delinquency among those youths whose parents value, love and accept them as well as spend time with them. In contrast, rates of delinquency are higher among those youth whose parents define them in negative terms.

Bezuidenhout and Tshiwula (2004: 92) hold that most people stay out of trouble because they are bonded to society's norms through their affiliations with their family. This bond is significant because it has the power to shape pro-social behavior. The children adhere to the society's norms because they do not want to fail their parents. However, the picture of the family of young offenders that emerges from many different studies is one of parents who are harsh, rejecting, or indifferent, and rarely affectionate; who neglect or beat their children, are erratic in their discipline, and rarely exercise consistent firm guidance. Poor relationships mean that the parents' moral and emotional authority over the children is weakened. That tends to weaken the children's bonds to the social order and increases the likelihood of delinquency (Lauer, 1998: 156).

According to Bezuidenhout and Tshiwula (2004: 92) delinquents sometimes become victims of indifference or actual hostility from their parents hence become less attached

to their parents. In addition, such parents are themselves unhappy, insecure, inadequate at coping with life, and unable to offer their children qualities to admire and copy. They are often so burdened with their own emotional and social problems that they have little time, energy, or sensitivity for their children. Adolescents may engage in antisocial, deviant behavior to increase their self-esteem.

Burchard and Burchard (1987) in Bezuidenhout and Tshiwula (2004: 90) identified the following factors as associated with juvenile delinquency:

- Being male rather than female, especially in a society that glorifies violence, power and winning, and makes cultural heroes out of the "cool and lawless",
- Living in a slum,
- Experiencing harsh, rejecting and inconsistent parental discipline, coupled with inadequate supervisions,
- Growing up in a home where there is martial discord and a lack of family affection and cohesions,
- Being rejected or abandoned by parents and, for males, perhaps particularly by fathers,
- Having a difficult temperament and exhibiting hyperactive, aggressive and other externalizing problem behavior as a child,
- Experiencing repeated failure in school,
- Being disadvantage and unemployed with little stake in mainstream society,
- Having a negative self-concept, and
- Associating with delinquent peers

The above factors clearly indicate that adolescents from poor families do not have the same probability of becoming successful adults, as do children of the middle class. Adolescents from poor families often lack the social or academic skills, even when they are able to achieve these, overt or covert discrimination may still block their way. Such circumstances may increase their drive and therefore the potential for lawlessness and

violence as a means of coping with failure. Similarly, troubled family relationships are more likely to result in adult criminal behavior (Lauer 1998: 156).

Lauer (1998: 161) mentions that there is a desperate need to curb juvenile delinquency alternative to the present system. However, studies of juvenile correctional treatment show that virtually nothing works (Whitehead & Lab, 1989 in Lauer 1998: 161). Diversion programmes take into account the fact that offenders are extremely unlikely to be rehabilitated in the existing correctional system. In conclusion Lauer (1998: 163) notes that it is important to ensure that the youth of the community have meaningful activities and opportunities. Programmes that stress self-improvement and responsibility would bring positive benefits. It is important, then to try to prevent crime among juveniles through community programmes targeting their behaviors.

4.6.6 Diet and eating disorders

Nutrition is of special importance in adolescence. Van Niekerk and Prins (2001: 78) mention that diet has a direct bearing on the state on one's health, moods and ability to perform. Because of the tremendous physical growth that occurs, nutritional requirements are increased during adolescence. Emotional needs and social pressures also feature in adolescent's eating habits. Adolescents can have enormous appetites hence gain weight. Dollar and Dollar (2002: 377) state that in a society that glorifies thinness, an enormous amount of pressure is put on adolescents to obtain the perfect body.

According to Oliver (2004: 137) eating disorders affect many adolescents and females are frequently victims. For example, about 95% of all anorexia nervosa cases are females. The most vulnerable age group is 12-30 usually with onset during puberty and reaching it peak during late adolescence. Teenagers are vulnerable probably because they become occupied with analyzing their bodies as they are undergoing revolutionary changes. As adolescents, especially girls, put on weight this leads to a lifelong struggle to get down to levels that are most desirable for both health and beauty. Being fat leads to more body

self-consciousness and fewer social activities. Careful scrutiny in mirrors reveals many imperfections that teenagers want to overcome (Oliver, 2004: 137; Simons, 1994: 264; Zastrow, 2000: 162).

Many girls entering adolescence find it hard to appreciate the attractiveness of their new curves. According to Oliver (2004: 137) teenagers who are self-critical about their physical aspects, thinking abilities fashion tastes may decide that improving their bodies is the area to tackle first. Individuals either driven by a deep-seated need to conform to societal pressure are known to suffer from eating disorders (Dollar & Dollar, 2002: 377).

The three primary disorders are anorexia nervosa, bulimia nervosa and compulsive overeating. However, in recent years, the different kinds of eating problems likely to affect adolescent girls are anorexia nervosa and bulimia. Both reflect the society's stringent standards of female beauty, exalting the ideal of slenderness above all else. Both also reflect individual pathologies trying to meet those standards through bizarre patterns of eating. These eating problems are regarded as strategies adopted by youngsters to escape from an unbearable situation of being over weight. These teenagers subject themselves to intense dieting, either to counteract overweight or to achieve idealized body proportions. Others embark upon rigorous regiments of physical fitness and strength training such as weight lifting, athletics, and exercise (Dollar & Dollar, 2002: 377; Oliver, 2004: 136; Zastrow, 2000: 162).

Anorexia nervosa is a disorder characterized by the relentless pursuit of thinness through voluntary starvation. Anorexia nervosa is described as an eating disorder in which individuals diet and exercise until their body is significantly below normal, which leads to serious, life threatening health risks. Anorexics do experience hunger pangs, but deny and suppress them with a strong will and self-discipline. Although anorexics look very thin and unhealthy to others, they usually have a disturbed body image and view themselves as overweight. They also erroneously believe that having a perfect body (defined by society as a thin body) will ensure happiness and successes. Anorexia

nervosa has an extremely high death rate (Dollar & Dollar, 2002: 378; Oliver, 2004: 136; Simons, 1994: 266; Zastrow, 2000: 162).

Another eating disorder that teenagers may acquire is bulimia nervosa, which is characterized by obsession and craving for food accompanied by binge eating followed by purging (Dollar & Dollar, 2002: 378; Oliver, 2004: 136). With bulimia an individual may binge-eat from 1,000 to 10, 000 calories and then use fasting, self-induced vomiting, laxatives and diuretics to purge themselves of feelings of being bloated, nauseous, and physically sick. Bulimics typically binge on high calorie junk food, such as sweets and fried foods. The most common way of purging that bulimics use is vomiting. Vomiting may be introduced initially by putting the fingers down the throat. Some bulimics use cotton swabs or drink copious amounts of fluids. With practice, many bulimics gain control of their esophageal muscles so they can induce vomiting at will. This is also accompanied by compulsive exercise, such as swimming running and working out with barbells and weights. Bulimia, although it is much common than anorexia, went unrecognized for a long time because the binging and purging cycle is almost always done in secret. Furthermore, many bulimia sufferers do not have an abnormally low body weight unlike those suffering from anorexia nervosa (Dollar & Dollar, 2002: 379; Oliver, 2004: 136; Zastrow, 2000: 162).

Anorexics and bulimics have some similarities. For example for the most part, they were good children, eager to obtain the love an approval of others. Both tend to lack self-esteem, feel ineffective, and have a distorted body image that cause them to view themselves as fatter than others perceive them. Anorexics and bulimics differ in that anorexics also are very thin, whereas bulimics are not as underweight and may even be overweight. Furthermore, bulimics' health may be gravely affected by binging and purging, but their lives are not necessarily in imminent danger as is often the case with anorexics (Zastrow, 2000: 162).

Eating disorders are the result of distorted self-perception. Often the individual compares himself or herself to an impossible and faulty standard of beauty or fitness. Adolescents

want thin bodies because these represent fashionable sliminess. They forget that everyone's genetic makeup is unique. Their insecure status increases their need for conformity, and they are extremely intolerant of deviations in body types such as obesity. They begin their journey of dieting, binging and purging as a way to cope with painful emotions. They also see this as a way to be in control of their life. However these acts cause damage not only to their physical health, but also to their self-esteem. Professional help is recommended because professionals are aware of life-threatening risks of these disorders (Dollar & Dollar, 2002: 381; Simons, 1999: 266; Zastrow, 2000: 162).

4.6.7 Adolescents and death

Death is a universal and inevitable process that must be faced by people of all ages. Sadly experiencing death is part of the lives of some adolescents. In recent years, the specter of HIV/AIDS has added a new pattern of deaths. It is now common for children and adolescents to lose members of their immediate family such as parents or siblings. According to AIDS Epidemic Update (2004: 2) there were about 3.1 million AIDS deaths worldwide in 2004. About 2.6 million people who died were adults. From these statistics it is clear that parents die in great numbers living their children. Coping with death is difficult for most adolescents because both death and adolescence are transitional phases (Papadatou & Papadatos, 1991: 43). In this ground they further argue that adolescents who loose their loved ones experience a double crisis owning to the death of a loved one and their developmental age. Therefore adolescents face a need to find meaning and purpose both in their lives and the deaths.

Grief arises because someone of value has been lost and the griever is faced with the emptiness and difficult task of re-adjusting. For most adolescents the grief over the loss of a close family member is difficult. Their reactions depend greatly on their understanding of death, their relationship with the deceased, and the existing family support systems. Adolescents who suffered the loss of a parent by death report intense shock, disbelief and a sense of loss usually accompanied by profound feelings of aloneness and despair. These experiences are found to be more intense than those of

adults. Bereaved children often feel "diminished, ashamed, and lonely". Peers are less able to identify with the bereaved child because bereavement is not part of their own experiences. Lack of empathy, in turn, makes it more difficult for them to give comfort and support to the bereaved peers. This perceived loss of peer status compounds their primary loss (Collins, 1998: 346; Geldard & Geldard, 1999: 23; Gillis, 1999: 163; Papadatou & Papadatos, 1991:29).

Collins (1998: 351) mentions that bereavement can be bad for one's health. Grief can put a lot of stress on the griever at a time when he/she is least able to resist the onslaught of illness. Furthermore, bereavement has also a negative impact on school performance. Papadatou and Papadatos, (1991:29-30) note that bereaved children and adolescence have difficulty concentrating on their work, loose motivation to learn, lack energy and as a result their school performance suffers. In addition they may become disruptive and act out in class. When teachers are unaware of the underlying cause of this school behavior, they may discipline and punish them when what they need is understanding, patience and support.

According to Geldard and Geldard (1999: 23) it is becoming increasingly recognized as important for adolescents to work through the grieving process so that their developmental process is not impeded by their grief. Papadatou and Papadatos (1991: 46) state that helping adolescents to cope effectively with death and bereavement begins in societies with principles of good communication and with accurate information about these subjects. The most widely available sources of help are family members, friends and pastors. However, there is a need of programs of education that help children to cope. Furthermore self-help groups, especially where there is a bond of shared experiences, can be a particularly valuable resource (Collins, 1998: 355; Papadatou & Papadatos 1991: 46).

4.6.8 Depression and suicide

According to Dollar and Dollar (2002: 367) depression and suicide are epidemics that touch the lives of thousands of people every year. Although a majority of people

consider suicide to be highly undesirable, a considerable minority at one time or another during their lives welcome or seek suicide. According to WHO (2004: 1) suicide is a huge public health problem, causing almost half of all violent deaths and resulting in almost one million fatalities worldwide every year. Estimates suggest fatalities could rise to 1.5 million by 2020. According to Potgieter, Roos and Du Preez (2001: 320) no official statistics have been available in South Africa since 1993. A survey conducted in 1992 reflected 1 039 suicides (Statistics SA, 2001 in Potgieter, Roos & Du Preez, 2001: 320).

Many individuals experience some level of suicidal ideation at some point during adolescence thus is considered a common problem among adolescents. Every year between 600, 000 to one million teenagers attempt suicide worldwide. Estimates indicate, for every successful suicide in the general population, 6 to 10 attempts are made. For adolescents, the figure is as high as 50 attempts for every life taken (Amanat & Beck, 1994: 213; De Leo, Schmidtke & Diekstra, 1998: 11; Santrock, 2001: 191).

Marcus (1996) and Cole and Siegel (1990) in Van Niekerk and Prins (2001: 320) define suicide as an act initiated and performed by a person in the knowledge or expectation of its fatal outcome – the act of killing oneself on purpose. This implies that suicide is the act of taking one's own life voluntary and intentionally. Suicidal behavior has a large number of complex underlying causes, including poverty, arguments, breakdown in relationships, family history of suicide as well as alcohol and drug abuse. A common factor among suicidal youth is depression. Highly stressful circumstances, such as loss in relation to family, parental separation, death, illness or poor progression at school, can trigger youth suicide attempts. Furthermore, family quarrels, lack of affection and emotional support as well as the pressure from adults are related to adolescent depression, which ultimately leads to suicide attempts. Adolescents who choose suicide as their option for coping obviously are seriously emotionally disturbed (Amanat & Beck, 1994: 200; Dollar & Dollar, 2002: 367-368; Gillis, 1999: 161; Gladding, 1997: 109; Geldard & Geldard, 1999: 49; Santrock, 2001: 191; WHO, 2004: 1).

According to Cunningham (2004: 109) negative parental attitudes towards the child increase the number of suicides among adolescents. Parents who are ambivalent in their demands upon their children often create uncertainty in their children. These adolescents may develop depressed feelings or be emotionally withdrawn to turn towards suicide as a means of coping with their situation. Adolescents suffering the loss of a friend who has committed suicide appear to be more likely to experience major depression occurring as a complication of the bereavement process. These adolescents may also develop an increased risk of suicide themselves after someone they loved has committed suicide. Guilt plays a greater role in bereavement when death has been by suicide as compared to natural causes. Many depressed teenagers do not admit to sadness or guilt, rather they withdraw from human contact. For them time passes slowly and life becomes meaningless or dreary (Amanat & Beck, 1994: 210; Geldard & Geldard, 1999: 23).

In addition Pillay in Cunningham (2004: 109) indicates that the cause for para-suicide among adolescents is associated with problems with their parents. Such problems include a lack of emotional involvement, intimacy and affection between parents and child, the reluctance of parents to allow their children their independence and low level of trust between parents and adolescent. Children turn to feel depressed if they receive little stimulation, attention, or affection. Furthermore, children or adolescents may also learn depressed behaviors such as self-criticism and low self-esteem from their parents through modeling or where approval is contingent upon making self-deprecating remarks. They can feel self-worth only when they have received approval, love and support from someone else (Amanat & Beck, 1994: 200).

There are various reasons why adolescents ponder thoughts about suicide. However, most experts agree that the majority of depressive reaction can be traced to some traumatic event. For example, the grief reaction of a bereaved person can be intense enough to threaten life. Furthermore unfavorable social and economic circumstances such as poverty similarly may produce increased risk in adolescents. Suicide is considered as a cure for their obvious worthlessness (Cunningham, 2004: 112; Gladding, 1997: 109). Therefore, suicide attempts are often a kind of last-resort problem solving

aimed at changing someone else's behavior rather than true reflections of a wish to die young.

Depression is characterized by significantly impaired mood with loss of interest or pleasure in activities that are normally enjoyable. Depressed people feel extremely sad, grief-stricken and also report anxiety or apprehension and feelings of hopelessness. Their unpleasant thoughts include negative reactions to the self, ranging from disappointment and criticism to deep self-loathing. Pessimism about one's own future and the state of the world in general is characteristic. Depressed people may also become obsessed with ideas of disease and death. Sleep disturbances, difficulty in concentrating, tension, hostility, low tolerance for stress, and strong guilt feeling are all indicators of depression. In a very severe depression, an individual may begin to lose contact with reality, to prefer isolation; experience delusions and hallucinations cease conversing in a normal way. However, it is important to mention that depression in young people is not always identifiable as such, often manifesting itself in disguised forms such as restlessness, boredom, listlessness, pervading feelings of worthlessness, or even belligerency. Therefore suicide becomes a major concern when dealing with depressed young people (Dollar & Dollar, 2002: 368; Geldard & Geldard, 1999: 47; Gillis, 1999: 162; Stevens-Long & Cobb, 1983: 432).

While successful suicide ends in death, unsuccessful suicide may affect adolescents' mental and physical abilities and his or her psychosocial functioning. The adolescents may permanently scar their body, with lasting psychological effects, especially if they are asked about the reason for the scarring. Some injuries may be so severe that the individual may have to spend his or lifetime suffering the consequences (Cunningham, 2004: 109: 112).

According to Amanat and Beck, (1994: 215) and Gillis (1999: 161) any suicide attempt should be considered in terms of an urgent plea for help. Deep down the youngster does not want to end his life. Most teenagers desire to ask for help when they are suicidal but are fearful, ashamed, lonely, and often think others might consider them as crazy or

cowards. Stevens-Long and Cobb (1983: 439-40) note that if concerned, sympathetic, genuine efforts are made to deal with the problems in the family, another suicide attempt is unlikely. It is important to note that suicide is preventable. However, the above-mentioned authors mention that suicide prevention is still sadly neglected today by many governments and public health authorities. Suicide reduction requires a multi approach including improved management of depression and education. Intervention programmes tailored to the needs and circumstances of potential suicide victims are essential. The programmes dealing with suicide potential should be as broad-based, stressing the seriousness of such a self-destructive act. Discussion of death, dying and suicide in-group settings would seem to be proactive and a likely preventative step. If people understand that suicide is often a cry for help, then they may be able to consciously seek other more direct, less risky alternatives (De Leo, Schmidtke & Diekstra, 1998: 1; Gladding, 1997: 109; Stevens-Long & Cobb, 1983: 439-40; WHO, 2004: 1).

Having discussed risk behaviors that adolescents engage in, there is a general awareness that not all risk taking behavior is harmful. According to Bezuidenhout and Dietrich (2004: 63) some view risk-taking behavior during adolescence as a normative, healthy developmental behavior. Experimenting with new behaviors and feelings can encourage more complex thinking, increase confidence and help to develop their ability to assess and undertake risks in the future (Ponton, 1998 in Bezuidenhout & Dietrich, 2004: 63). Additional to this, there is an awareness that the majority of adolescents do not participate in unhealthy risks and that adolescents need to take risks in order to develop into, no-risk taking adults.

In this section a number of risky behaviors associated with adolescents' development have been considered. Risk taking behaviors such as substance usage can have life threatening consequences for the adolescent. Ways that people can employ to help prevent potential problems have been explored. Adolescents can be assisted in meeting the challenges they face through preventive means such as life skills initiatives. Through preventative means adolescents can be helped in dealing with the potential problems such as HIV/AIDS and other sexually transmitted diseases; substance abuse; teenage

pregnancy; sexual abuse, violence; suicide and depression. Following is a discussion of factors that expose young people to the above-discussed behaviors.

4.7 PREDISPOSING FACTORS THAT EXPOSE ADOLESCENTS TO RISKY BEHAVIOURS

While adolescents experience the developmental changes, they are also influenced by situational factors that shape their current behavior and future course of development. According to Bezuidenhout and Dietrich (2004: 66) there are numerous reasons why adolescents participate in risk behaviors that are self-destructive in nature. Various risk-taking behaviors are caused by social environmental factors. These factors include: poverty, disturbed family life, peer pressure, parent-child conflict, sexual abuse and lack of recreational faculties. These factors influence adolescents decision-making on daily basis hence have critical impact on adolescent development. Below is a brief discussion of the above-identified factors:

4.7.1 Poverty

According to Bezuidenhout (2004: 181) in South Africa the majority of the population does not live in responsive environment; poverty is still deep and widespread (Bernstein & Gray, 1997: 27). Duncan (1997) in Van Niekerk and Prins (2001: 14-15) comes to the conclusion that since the first democratic elections in 1994, the quality of life for the large majority of black South Africans has not improved significantly. While he agrees that the economy shows signs of growth and the inflation rate is down, he argues the South Africa has the highest gap between the rich and the poor in society. Zastrow (2000: 137) state that in 2000 about 20% of children under the age of 18 were living in poverty and nearly 40% were children under 16. Van Niekerk and Prins (2001: 14) note that these children are not exposed to situations that would promote the development of the coping skills required to the meet the demands of an increasingly complex society.

According to Zastrow (2000: 157) an agreed definition of poverty does not exist. The usual definitions are based on a lack of money with annual income almost commonly used to gauge who is poor. Poverty does not mean simply that poor people are living less well than those of average income. It means that poor people are often hungry. Many are malnourished. Poverty may means not having running water, living in substandard housing. It means not having sufficient heat in the winter. It means great susceptibility to emotional disturbances, alcoholism and victimization by criminal as well as a short life expectancy. It also means lack of opportunity to advance oneself socially economically or educationally. The pain of poverty involves not only financial hardships but also the psychological implications that being "poverty stricken" have for a person (Zastrow, 2000: 128). Therefore in this study poverty refers to a condition in which people live below acceptable minimum standard of living and find themselves socially, economically and psychologically excluded from the mainstream of society.

As is the case with many social phenomena in society, it is difficult to determine a single causative factor for poverty. The causes of poverty are numerous. Poverty is viewed as the result of collective effective factors such as unemployment; low income; low standard of education and training; poor physical health, large families; absence of the breadwinner as a result of divorce, desertion or death of a spouse; substance abuse; retirement; war and other forms of violence (Bezuidenhout, 2004: 184-185; Zastrow, 2000: 138). This list is not exhaustive. However, it shows that there are many causes of poverty.

According to Walker and Walker (2000: 50) poverty is not confined to any particular group or place, but it is not a random experience. Certain groups of people are particularly vulnerable because of their economic or family status. Children and young people are amongst the largest segments of the poor population. Their poverty status is a consequence of the low income or lack of income of their parents(s) (Bezuidenhout, 2004: 182).

Compared to children of the non-poor, children of the poor are more likely to fail in school even when they are intelligent. Schools in poor areas are of lower quality and have fewer resources. As a result, the poor achieve less academically and are more likely to drop out of schools. They are more likely to be arrested, indicated, and imprisoned and they are given longer sentences for the same offences committed by the non-poor. They are more likely to experience hostility and distrust rather than neighbourliness with those around them. They are less likely to participate in meaningful groups and associations. Thus it can be said that vulnerability to poverty is closely associated to family status (Lauer, 1998: 219; Walker & Walker, 2000: 54; Zastrow, 2000: 128).

While many adolescents aspire to good jobs and adequate incomes, with all the security that these imply, the reality is that many are trapped in a cycle of poverty. This lack of options and desirable alternatives for the future lead some adolescents to increased sexual activity as a way of achieving immediate, if short-lived pleasure. Thus living in poverty is associated with early sexual activity (Bezuidenhout & Dietrich, 2004:78).

Some studies have shown that the socio-economic conditions that a teenager is exposed to, have an influence on his/her sexual behaviour (Anderson, 1994; Mogotsi, 1996). A study conducted by the National Research Council revealed that a large number of teenagers of all classes and races are sexually active, however most poor teenagers may be initiated into sex at a slightly younger age than the non-poor (Tsatsi, 2001: 69). Furthermore it was found in poor neighbourhoods, teenagers experience less control over many aspects of their lives than the non-poor (Tsatsi, 2001: 69). Similar findings from a national survey of young boys suggested that lack of economic resources and job opportunities at that neighbourhood level was associated with sexual activity (Kiy, Sonestein & Plek, 1994 as cited in Smith, 1997: 355).

According to Hambright as cited in McWhirter et al (1993: 140-141) girls with greater career and life options were significantly less likely to engage in sexual intercourse and are more likely to use contraceptives when they do engage in sexual activities. A study conducted by Jesser as cited in Smith (1997: 336) done with a predominantly white high

school sample found that higher expectations for academic achievement was associated with later sexual initiation. Due to poverty some teenagers are forced to resort to one of the oldest methods of earning money in order to survive i.e. prostitution. According to Lachman, (2000) in Tsatsi (2001: 39) because of lack of life skills, these children live on the streets and may simultaneously be infected with HIV/AIDS.

Children raised in poor families are likely to live in poverty in their adult years. The pain of poverty involves not only financial hardships but also other aspects of life. Living in an environment characterized by poverty, crowded housing, and serious family and social disorganization often exposes children to many forms of deviant behavior at a very young age. Further, poverty leads to despair, low self-esteem and stunted growth including physical social, emotional, and intellectual growth. Poverty hurt most when it leads to a view of the self as inferior to others. Because poverty relates to nearly every other social problem, almost every effort should be taken to tackle the problem and people should be encouraged to improve their circumstances (Bezuidenhout & Dietrich, 2004: 79; Zastrow, 2000: 140-142).

4.7.2 Disturbed family life

The second factor that exposes adolescents to risky behavior is a disturbed family life. Families are regarded as the primary agents of socialization. A disorganized family implies a breakdown of interpersonal communication. A disorganised family cannot fulfil this function adequately. Many children at risk of neglect come from dysfunctional families where there are problems of alcohol/drug abuse, violence or financial problems. It is the younger children, in particular, who may be deprived of important primary socialization development (Bezuidenhout, 2004: 9; Geldard & Geldard, 1999: 18; Zastrow, 2000: 233).

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Family disorganization includes the weakening maladaption or dissolution of ties that bind the members of the family as a group. This implies that the reciprocal relationship that should exist between the members of the family to create a smooth functioning social

group has been damaged. Factors such as violence, unemployment, imprisonment, natural catastrophes, diseases, desertion of a marital partner and death of one or more members of the family may lead to disorganization. Such an environment may provide the young person with feelings of insecurity during a period in life when much is changing. At a time when the adolescent is trying to establish independence it can be very disturbing for the family to be faced with these challenges (Bezuidenhout 2004: 3; Geldard & Geldard, 1999: 27; Potgieter, Roos & Du Preez, 2001: 328).

According to Bezuidenhout and Dietrich (2004: 66) the home environment of South African adolescents has gradually changed increasing adolescents' potential exposure to unhealthy behavior. Among a number of reasons for this change is poverty, influx of mothers into the labour market, the rise in single-parent families and a high unemployment rate that forces breadwinners to seek employment elsewhere, away from the family. According to the above-mentioned authors, all these factors create opportunities for adolescents to spend more time unsupervised or with theirs peers. This in turn increases the incidence of risk-taking behaviors.

Family disorganization may prompt members to engage in deviant acts, such as truancy, prostitution, drug abuse, suicide attempts and child battering (Bezuidenhout, 2004: 10). Such acts are often symptomatic of the disorganized state of the family. People who come from disturbed families tend to have various difficulties. According to Lauer (1998: 470) sexual variance, drug and alcohol abuse, and juvenile delinquency have been associated with a disturbed family life. Other kinds of difficulties include antisocial behaviors such as aggression and bullying, insecurity, over conformity to one's peers, a tendency to withdraw from relationships; difficulties in relations to others; problems with one's personal identity; and other various problems. Family members may also experience fear, anxiety and feelings of guilt about their situation (Lauer, 1998: 471).

Some parents engage in behaviors which are unacceptable to society with consequent damage to their children. Unfortunately when parents engage in anti-social and maladaptive behavior they increase the possibility of their children doing the same. Both

criminal behavior and alcoholism in parents especially particularly fathers, is related to adolescent anti-social behavior. Divorce, severe parental conflict, and abuse all are associated with higher rates of conduct disorder among children. Children may experience emotional problems and may run away from home in search of stability and security. Adolescents from divorced families tend to have higher rates of drug use and premarital sexual activity, poorer academic performance, and higher rates of dropout from school (Bezuidenhout, 2004: 10; Geldard & Geldard, 1999: 17).

Zastrow (2000: 313) identified family disorganization, especially the rapid increase in the number of female-headed families as one of the factors that contribute to high rates of crime among young people. Single parents and their adolescents are under potentially significant amounts of stress due to a combination of factors. According to Zastrow (2000: 205) divorced people have a shorter life expectancy. Suicide rates are higher for divorced men than for married man. In such families children lack male role models with legitimate jobs, leaving open the possibility that children will be influenced by others in the community, including individuals who engage in criminal activities. Children may have to adjust to lower standards of living, losing a mother full-time work. Children in situations such as those described need to be assisted and empowered to develop protective behaviors that can be used in times of crisis (Geldard & Geldard, 2002: 226-227; Geldard & Geldard, 1999: 27).

4.7.3 Parent-Adolescent conflict

As an infant becomes a child and then an adolescent, parenting can constitute more of a challenge. While attachment to parents remains strong during adolescence, the connectedness is not always smooth. Most parents do not know what is normal and realistic with regard to the expectations which they might have of their adolescent children. As their children grow through adolescence many parents become worried and at times distressed, by behaviors which are normal for adolescents. This leads to conflict between parents and their children (Geldard & Geldard, 1999: 11).

Early adolescence is a time when conflict with parents escalates beyond childhood levels. Teenagers beginning with puberty at age 12-13 become somewhat oppositional, secretive, and fight with family members over trivial issues. Adults are particularly distrustful of the influence of friends during adolescence. Intense interest in sexuality sometimes makes adolescents appear somewhat "wild eyed" to their parents. Both boys and girls have increased conflict with their mothers and feel less close to their fathers. Girls' level of conflict with their fathers increases notably (Santrock, 2001:471; Simons, 1994: 258; Amanat & Beck, 1994: 9). Geldard and Geldard (1999: 11) argue that the parents' negative response towards their children may create negative feelings and catapult the adolescent into anti-social behavior.

Also a natural part of the adolescent's growing up is gaining independence from his or her family (Bezuidenhout & Dietrich, 2004: 66). Because the adolescent is dependent on parents while seeking an independent identity tension emerges between parents and their children during this stage. Some adolescents have problems communicating their feelings, frustrations and needs and often use anger or other unacceptable behavior to cover up their feelings of hurt or frustrations. They would rather become violent, use drugs and alcohol, engage in sexual intercourse or drop out of school rather than admit that they hurt emotionally. Parents on the other hand might be shocked by adolescents' preferences in dress, music and vocabulary. Their own perception of adolescence is of children who mirror their parents, but adolescents' values oscillate between those of their parents and those of their peers (Santrock, 2001: 117; Stark, 1995 in Bezuidenhout & Dietrich, 2004: 66).

Adolescence is considered the stage in which parents or adults and their adolescent counterparts are meant never to understand each other. The parent-child relationship must always be seen as an interaction between two changing systems. Adolescents are coping with new demands, asking for new freedom, taking on new responsibilities, and learning to accept a changing physical self. Their parents on the other hand are often middle-aged. Middle-aged parents are in crisis too, going through their own identity crises, dealing not only with changes in their family system and the development of their

child but also with personal biological, occupational, and ideological changes. These changes sometimes raise parents' fears of waning sexuality and physical attractiveness at the same moment that adolescent children are blossoming (Bezuidenhout & Dietrich, 2004, 63).

According to Bezuidenhout and Dietrich (2004: 2004: 63) parents and adults assume that all risk taking is dangerous or harmful to the life of the adolescent. Furthermore, many of these parents hold fairly negative expectations about adolescence in general because they themselves grew up in a very different world that they perceived as less threatening. They worry about drugs; sexual promiscuity and the rejection of materialism that they believe characterize the young. Parents become distressed because their adolescent children do not want to discuss personal issues with them. Therefore, communication becomes strained by feelings of guilt and frustration, especially when an adolescent child is already likely to be critical and faultfinding. Honest sharing between a child who feels ambivalent and defensive and a parent who feels rejected or guilty is unlikely and may not even be helpful. When parents and adults hold such views, this may sometimes create behavioral patterns that severely disrupt the relationship between them (Bezuidenhout & Dietrich, 2004: 63; Geldard & Geldard, 1999: 12).

However, even when there are tensions in family life, the family remains one of the most important influences in an adolescent life. Thus an important challenge for adolescents is to maintain positive relationship with their parents (Geldard & Geldard, 1999: 11-12).

4.7.4 Peer pressure

At every age, people are influenced by their friends. Beginning at childhood, people establish friendships with peers who share common interests. However, there can be no doubt that peers play an increasingly important role in an adolescent's development. During adolescence parental influence is expected to reduce and the influence of peers to increase. The youth's self-identity, his or her social, academic, political attitudes,

relationships with parents and behavior are all profoundly affected by relations with peers (Gillis, 1999, 73; Geldard & Geldard, 1999: 33; Hoge, 1999: 29).

In the adolescent years peers become more important in forming adolescents' beliefs and regulating their behavior. As adolescents are striving for independence from their parents they have a need for acceptance. Because of this need to be accepted by their peers they are highly susceptible to peer pressure. The strong desire of many young people to be like their admired peers and part of a group can lead them to engage in anti-social behavior, that they perceive as characteristic of a particular group. Adolescent with high self-esteem and self-confidence are better able to resist negative peer pressure because they are more easily able to form and maintain friendships and to be accepted by others (Bezuidenhout & Dietrich, 2004: 78; Corey & Corey, 2002: 307; Geldard & Geldard, 2002: 226; Geldard & Geldard, 1999: 34).

Peer pressure plays an important role in many aspects of an adolescent life, including sexual decisions. According to Geldard and Geldard (2002: 226) most children want to be accepted by their peers and are therefore highly susceptible to pressure. This is particularly true for pre-adolescent and early adolescent children. Tsatsi (2001: 70) notes that teenagers sometimes feel isolated and want to feel that they belong to a particular group or want to be accepted by a certain group of people. In order to achieve this they must "blend" in with the members of these groups, and they therefore often engage in activities that they would not normally engage in.

Hoge (1999: 30) notes that the most extreme expression of peer group influence may be found in the effects of gang membership. All aspects of members' attitudinal and belief structures and their behavior are dictated by the peer group context. A major problem for gang members is the possibility of abuse. Gang members generally, but especially females can become victimized by other gang members and be subjected to physical, sexual and psychological abuse. Clearly adolescents in peer groups or gangs will generally be subjected to strong social pressures to conform to group behaviors. Where

these behaviors are self-destructive or anti-social there are likely to be negative consequence for the young person (Geldard & Geldard, 1999: 36; Gillis, 1999: 73).

In sum, a central part of the adolescent experience is peer group pressure, a force that pulls at the person to conform to the standard of friends. Because of the exaggerated need for approval, there is a danger that they will sell themselves out and increasingly look to others to tell them who and what they should be. This can lead to a range of behaviors that cause problems such as dependence on drugs. According to Geldard and Geldard (2002: 227) protective behavior education must include information about how to resist inappropriate peer pressure and learn skills as well as strategies to deal with peer pressure. Through education young people can become more self-reliant and less pressured by their peers.

4.7.5 Child sexual abuse

Childhood is a time of innocence, discovery, spontaneity, security and happiness. Unfortunately for some children including adolescents, unscrupulous adult abusers abruptly change the beauty of being a child. Sexual abuse occurring during childhood has been widely documented as contributing to later adolescent and adult adjustment problems. Long-term effects include depression and low self-esteem. Sexual victimization of children contributes to the risk of suicidal attempts and delinquency which may later develop into more serious criminal activity (Dollar & Dollar, 2002: 386-387; Geldard & Geldard, 1999: 20).

Bezuidenhout (2004: 4) defines child sexual abuse as "the involvement of dependent, developmentally immature children and adolescent in sexual activities that they do not truly comprehend, and to which they are unable to give informed consent." It is the exploitation of a child for sexual gratification of an adult. Sexual abuse involves misuse of power and control, making it hard for children to protect themselves because they do not have adult strength. Sexual abuse includes sexual intercourse (genital or anal) but also oral-genital contact, fondling and behaviors such as exposing oneself to a child and

photographing or viewing a child for the molester's erotic pleasure. Experts believe that this type of child abuse is the most unreported due to the "code of silence" that often exists in these cases (Bezuidenhout, 2004: 4; Collins, 2004: 1; Dollar & Dollar, 2002: 386; Geldard & Geldard, 2002: 226; Gillis, 1999: 148).

Danya and Stephen (1988) in Anderson and Okoro (2000: 14) note that child sexual abuse normally occurs within families and that most of the abusers are known to the child victims, often being relatives and even adult friends. Children are abused by someone they know and trust. Children become vulnerable because of lack of knowledge and experience to make a properly informed decision about the subject. Furthermore, children do not have the freedom to give or refuse their consent in a truly independent manner (American Academy of child & adolescent psychiatry, 2004: 1; Anderson & Okoro, 2000: 14; Bezuidenhout, 2004: 49; Geldard & Geldard, 1999: 21; Gillis, 1999: 145; Zastrow, 2000: 255).

Sexual abuse within the family circle is known as incest whereas the act occurring outside the family (e.g. a neighbor, caretaker or stranger being the perpetrator) is termed child sexual molestation (Zastrow, 2000: 255; American Academy of child & adolescent psychiatry, 2004: 1). According to Bezuidenhout (2004: 49) the sexual abuse of sons by their fathers is considered a rare phenomenon. However, there is a high incidence of abuse between stepfathers and stepdaughters. Often a daughter will be manipulated into wrongly believing that the abuse is all her fault. In addition she may be threatened that if she talks to anyone about the abuse she will be seen as a bad person and may be arrested and jailed. Unfortunately, the outcome of such a situation is often for the adolescent to withdraw socially or run away from the family (American Academy of Child & Adolescent Psychiatry, 2004: 1; Zastrow, 2000: 255).

According to Zastrow (2000: 254) over 90% of child molesters are males and in most cases the offender is an acquaintance, friend, or relative. Force is rarely used. The abuser generally gains sexual access to the child by manipulation and enticement rather than by use of a threat of force or harm. The perpetrators may threaten to harm children

physically if they attempt to resist or if they disclose abuse. When sexual abuse occurs there is a high risk of physical harm hence children live in fear. Sexual abuse has devastating effects also on the intellectual, social and psychological development of children and recovery can be long and difficult. The scars are deep and can last for a lifetime. A child who is the victim of prolonged sexual abuse usually develops low self-esteem, a feeling of worthlessness and an abnormal distorted view of sex. Victims are at high risk for becoming abusers themselves or prostitutes (American Academy of Child & Adolescent Psychiatry, 2004: 1; Dollar & Dollar, 2002: 387; Geldard & Geldard, 2002: 226; Zastrow, 2000: 254).

Bezuidenhout (2004: 53) mentions that children who are sexually abused find it difficult to cope with their schoolwork. The parent child relationship may also be adversely affected. Children may experience feelings of depersonalization, and may regard themselves as sexual objects. The child may be accused of lying or be blamed for seducing the father or mother's lover when reporting the incident. A child may become withdrawn and mistrustful of adults and can become suicidal (American Academy of Child & Adolescent Psychiatry, 2004: 1).

Hunt and Baird (1990) in Bezuidenhout (2004: 53) found that when children do not experience adequate trust, love and stability, they are unable to predict event that may occur in the social environment. Therefore to address child sexual abuse a well preventive programme should be directed towards children and the youth when they are still in their most formative years (Anderson & Okoro, 2000: 17). Children need to be taught simple rules to deal with unfamiliar approaches, not to obey adults if their request or actions such as "bad touches seem to threaten their self esteem; and to differentiate between good and bad secretes with an adult they trust. Geldard and Geldard (2002: 226) suggest that counselors need to educate children with regard to appropriate sexual boundaries, and to help them to develop strategies for protecting these boundaries. They also need to empower children so that they are able to report instances of inappropriate behavior.

In conclusion Dr Darleen Edwards in Sunday Times (24 October, 1999) emphasized that children should be taught specific life skills to safeguard them against sexual molesters. Amongst others she suggested the following skills: "I am special; everyone deserves to be safe and happy; my body is special; I have the right to privacy; 'good' and 'bad' touches; how to keep my body safe; how to say 'no' and how to find help and report incidents".

4.7.6 Lack of recreational facilities

According to Bezuidenhout and Dietrich (2004, 67) the physical environment in which adolescents find themselves may, together with its social context, also trigger risk-taking behaviors. For example, adolescents who grow up in a physical environment with few or no facilities for recreation, may resort to other forms of recreation should those be available to them. Such recreation may expose them to risk-taking behaviors associated with negative consequences for the adolescent and his or her family.

Furthermore, the physical- social environment may also provide access to various adolescent groups such as gangs that do not adhere to society's norms and values. According to Bezuidenhout and Dietrich (2004, 67) such groups provide opportunities for peer association and participation in various antisocial behaviors. Participating in gang activities increases risk-taking behavior, especially when in return the adolescent receives continuing membership status, increased social standing among peers and financial rewards.

According to Bezuidenhout and Dietrich (2004, 67) the list for adolescent risk-taking behavior is never ending. To the above, they add lack of appropriate adult guidance, lack of understanding especially from those close to them. Their inability to resolve personal problems can cause unmanageable stress in their lives, lack of adequate decision-making training, and a general lack of understanding of the fare-reaching consequences that certain-risk-taking behavior may have on their current and future quality of live.

4.8 CONCLUSION

Early adolescence is the time in life when people first take notice of themselves and become aware that they are caught up in a process of change. Early in adolescence the individual develops new social skills with peers, tries socially defined sex roles, incorporates physical changes into a concept of self, and reduces his or her emotional dependence on parents. For most people adolescence is a difficult period characterized by paradoxes: they are typically self-centered and preoccupied with their own world, yet they are expected to cope with societal demands; they are not given complete autonomy, yet they are often expected to act as though they were mature adults; they rebel against control, yet they want direction and structure; although they push and test limits imposed on them, they see some limits as an sign of caring. With all these polarities it is easy to understand that adolescence is typically a turbulent period. Life skills programmes are viewed as very useful in helping teenagers deal with these feelings and make constructive choices for a satisfying life.

Due to the devastating effects of pathologies on the lives of the youth, all young people especially AIDS orphans need to be prepared at all levels i.e. physically, emotionally, spiritually and socially. Often this involves learning different ways of relating to others so that they can make friends, get their needs met, be appropriate assertive, identify and within sensible boundaries, and cooperate with others. Life skills groups provide support systems that can offer counsel and encourage adolescents to develop adaptive skills. Therefore in the next chapter an in depth review of life skills with specific emphasis on early adolescents will be done.