

Early and late adolescence



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The manifest gulf in experience that separates younger and older adolescents makes it useful to consider this second decade of life as two parts: early adolescence (10–14 years) and late adolescence (15–19 years).

Early adolescence (10–14 years)

Early adolescence might be broadly considered to stretch between the ages of 10 and 14. It is at this stage that physical changes generally commence, usually beginning with a growth spurt and soon followed by the development of the sex organs and secondary sexual characteristics. These external changes are often very obvious and can be a source of anxiety as well as excitement or pride for the individual whose body is undergoing the transformation.

The internal changes in the individual, although less evident, are equally profound. Recent neuroscientific research indicates that in these early adolescent years the brain undergoes a spectacular burst of electrical and physiological development. The number of brain cells can almost double in the course of a year, while neural networks are radically reorganized, with a consequent impact on emotional, physical and mental ability.

The more advanced physical and sexual development of girls – who enter puberty on average 12–18 months earlier than boys – is mirrored by similar trends in brain development. The frontal lobe, the part of the brain that governs reasoning and decision-making, starts to develop during early adolescence. Because this development starts later and takes longer in boys, their tendency to act impulsively and to be uncritical in their thinking lasts longer than in girls. This phenomenon contributes to the widespread perception that girls mature much earlier than boys.

It is during early adolescence that girls and boys become more keenly aware of their gender than they were as younger children, and they may make adjustments to their behaviour or appearance in order to fit in with perceived norms. They may fall victim to, or participate in, bullying, and they may also feel confused about their own personal and sexual identity.

Early adolescence should be a time when children have a safe and clear space to come to terms with this cognitive, emotional, sexual and psychological transformation – unencumbered by engagement in adult roles and

with the full support of nurturing adults at home, at school and in the community. Given the social taboos often surrounding puberty, it is particularly important to give early adolescents all the information they need to protect themselves against HIV, other sexually transmitted infections, early pregnancy, sexual violence and exploitation. For too many children, such knowledge becomes available too late, if at all, when the course of their lives has already been affected and their development and well-being undermined.

Late adolescence (15–19 years)

Late adolescence encompasses the latter part of the teenage years, broadly between the ages of 15 and 19. The major physical changes have usually occurred by now, although the body is still developing. The brain continues to develop and reorganize itself, and the capacity for analytical and reflective thought is greatly enhanced. Peer-group opinions still tend to be important at the outset, but their hold diminishes as adolescents gain more clarity and confidence in their own identity and opinions.

Risk-taking – a common feature of early to middle adolescence, as individuals experiment with ‘adult behaviour’ – declines during late adolescence, as the ability to evaluate risk and make conscious decisions develops. Nevertheless, cigarette smoking and experimentation with drugs and alcohol are often embraced in the earlier risk-taking phase and then carried through into later adolescence and beyond into adulthood. For example, it is estimated that 1 in 5 adolescents aged 13–15 smokes, and around half of those who begin smoking in adolescence continue to do so for at least 15 years. The flip side of the explosive brain development that occurs during adolescence is that it can be seriously and permanently impaired by the excessive use of drugs and alcohol.

Girls in late adolescence tend to be at greater risk than boys of negative health outcomes, including depression, and these risks are often magnified by gender-based discrimination and abuse. Girls are particularly prone to eating disorders such as anorexia and bulimia; this vulnerability derives in part from profound anxieties over body image that are fuelled by cultural and media stereotypes of feminine beauty.

These risks notwithstanding, late adolescence is a time of opportunity, idealism and promise. It is in these years that adolescents make their way into the world of work or further education, settle on their own identity and world view and start to engage actively in shaping the world around them.

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