

## Health Behaviour of Adolescents: A Study on High School Students

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### ABSTRACT

*Adolescence is the most crucial stage of human life, and puberty is its beginning. Adolescents during puberty go through several biological and socio-psychological changes. They encounter various health hazards, risks, and, sometimes, suffer from many physical and mental upsets, disarrays, and problems that shape their health behaviors in the future. This paper focuses on the exploration of health behaviors of high-school-going adolescents and how they adapt to changes occurred during adolescence. In order to elicit their health status and health behaviors, a cross-sectional study comprised of a sample of 160 high-school-going boys and girls aged from 12 to 16 years was conducted in four schools under four unions of four districts in Bangladesh. Significant findings show that high-school-going adolescents go through a series of physical, mental, and emotional changes in adolescence. Many have the knowledge and are aware of these changes and contemporaneous health problems, but some are not and get fears. While their health behaviors depend on how they perceive their health and whom they share with and receive suggestions. In most cases, girls first inform their mother or sisters or grannies; boys inform their friends and peer groups but share a little to their parents and seniors in the family. In both cases, they tend to hide their problems and seldom seeks healthcare from qualified healers. This study concludes that measures like health education and knowledge of puberty should exactly be provided to help them grow up smoothly throughout their future life.*

**Keywords:** Adolescence, high-school-going students, health behaviors, determining factors

### INTRODUCTION

Adolescence is the period of transition between childhood and adulthood (Allen & Waterman 2019). World Health Organization (WHO) defines the age group of 10-19 years as adolescence (Agampodi et al. 2008; Haque 2010). Adolescence is, termed as the second decade or of human life, an epoch of life when children transit from childhood to adulthood. Adolescent boys-girls permeate through major physiological and psychological changes in this stage of life (Shahid et al. 2012). It is the process of developing from a child to an adult. Adolescence is started with the inception of puberty (Bogin 2011) triggered by a change in hormone levels in human bodies. This period entails a vibrant process in which maturation takes place, keeping pace with rapid physical growth and development. Boys-girls gradually turn into adulthood with sexual, socio-psychological, and cognitive development. Adolescence starts from the age of about 11 or 12

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years continues to late teens or early twenties. Sexual organs related to gonad glands start to be grown up. Boys and girls begin to receive sexual maturity, or fertility or ability to reproduce. As a result, their bodies changes physically; the reproduction apparatus is matured and becomes capable of reproducing (Papalia et al. 2004).

## **LITERATURE REVIEW**

### **Adolescence and Its Changes**

Adolescence includes some stages and brings some significant changes—to the human body, and to the ways based on which young children relates them to the world. Children come across three stages in the period adolescence. Early adolescence can take place from the age of 10 to 13 years (Allen & Waterman 2019). During this stage, children often grow up more quickly; perceive other body changes, including hair growth under the arms and near the genitals, breast development in females and enlargement of the testicles in males. This stage may be started a year or two earlier in girls than boys, and it can be normal for some changes which begin as early as age 8 for females and age 9 for males. On average 2-3 years after the onset of breast development, the period of many girls may be started at around age 12 years. At this time, children become egocentric, have concrete, black-and-white thinking, and may inquiry their gender identity, and their body changes inspire them to be curious and anxious in most cases. Middle adolescence may be started from the ages of 14 to 17 years (Allen & Waterman 2019). The physical changes which begin from puberty continue during this middle adolescence. This stage may be a bit different for both male and female. Growth spurts in the body of a boy; puberty-related changes keep its continuation, and some get voice cracks and develop acne. A female body nearly completes its physical changes, and most girls get regular periods. Adolescents usually have more arguments with their parents for more independence and time with friends. Late adolescence begins with the ages from 18-21 years and beyond. This stage completes physical growth and development. Adolescents usually have more impulse control, become able to gauge risks and rewards accurately, a stronger sense of their individuality and values, become more focused on the future, friendships and romantic relationships become more stable, like to stay with more emotional and physical separation from their family (Allen & Waterman 2019).

### **Adolescents in Bangladesh**

Adolescents are about 20% of the world population. Out of 1.2 billion adolescents worldwide, nearly 90% live in developing countries (Shahid et al. 2012). Bangladesh had about 28 million adolescents aged 15–24 years estimated in 2000. Due to the effects of population momentum, the size of adolescents has been increasing even though the growth rate is declining. The country has now about 22% of adolescents of the total population. This age group will likely be reached to 35 million by 2020. Enrollment at different levels of education and educational attainment of both boys and girls is increasing from year to year. There has been a significant increase in the percent

of boys and girls who are obtaining secondary or higher education (Barkat, 2000; Barkat & Majid 2003). Secondary level school enrolment is also increasing. The dropout rate in secondary schools is much higher than in primary schools: about 48% among girls and 38% among boys. Evidence reveals that the overall dropout rate of adolescents is decreasing and the completion rate of different education levels is accelerating simultaneously (BBS, 2002; Ainul et al. 2017).

### **Physiological Growth and Psychosocial Development of Adolescents**

Adolescent boys-girls during puberty go through an array of biological growth and development. The body mass is boosted up as a result of increasing their body cells in number and size. Biological development of the functions of their organs gets differentiation and maturation. Physical growth continues until the end of adolescence. Genetic and environmental (nutrition, living standard, geographical conditions, and socio-economic status) factors have an enormous effect on both the growth and development of boys and girls (Okyay & Ergin 2012). Changes (e.g., height and weight, development of primary and secondary sex characteristics, change in the amount and distribution of fat and muscle tissues, and changes in blood circulatory and respiratory system) in this stage are also taken place very quickly (Traggiari & Stanhope 2003; Okyay & Ergin 2012; Derman 2013). But the growth and development of girls are a bit different from those of boys. Adolescent girls have two characteristics. Their primary sexual distinctiveness involves the development of reproductive organs like ovaries, uterus, and virgin, and secondary distinctiveness is visible on the outside of the body that serves as additional signs of sexual maturity. The development of secondary sex characters in girls begins with the development of breasts and continue with pubic and axillaries hair development and menarche. Menstruation is the most visible changes among females. The puberty usually begins with the budding of the breasts and the growth spurts. Menarche typically happens around 19 years (Berk 2009; Özdemir et al. 2016).

On the other hand, the onset of puberty in boys is different and not visible and regular as menarche in girls. The development of secondary sex characters in boys is apparent in many ways such as the growth of testes and penis, pubic, axillaries and facial hair development, breaking of the voice, and spermatic formation. Boys' pubic hair growth is remarkable between 13 to 14 years of age (Berk 2009; Özdemir et al. 2016). The production of sperm and ejaculation in sleeping is the sign of complete fertility in boys. These changes during puberty cause children of the same age looking physically different. This bodily growth and development of both boys and girls in this transitory period significantly affect them; bring them lots of psychological and behavioral changes; and make them unrest in their thoughts, behaviors and daily activities (Berk 2009; Özdemir et al. 2016). Adolescence is also described as a period of physical maturity but social immaturity. Adolescents reach physical adulthood before they are capable of functioning well in social roles like fully functioning adults. Thus, the disjunction between physical capabilities and socially allowed independence and power, and the concurrent status ambiguities are viewed as stressful for the adolescent in modern society (Simmons 2017). This transitory period is marked by the maximum number of physical changes that automatically result in extremely disturb psychological conditions. World Health Organization (WHO 1997, 2008) indicates that the period between 16 and 19 years is an important formative time which gradually and enormously shapes the future course of boys' and girls' lives. This process of growth is not

only physical but also intellectual and emotional maturation in many ways (MOHFW 2016; Özdemir et al. 2016; Ainul et al. 2017).

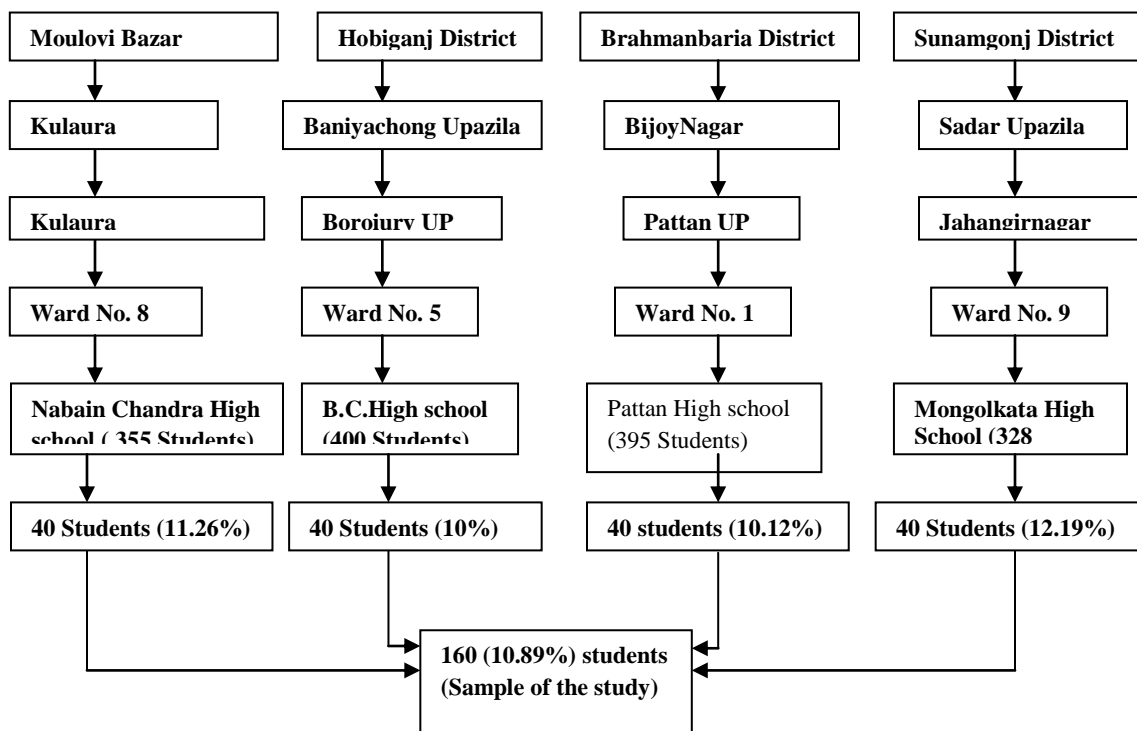
### **Needs and Problems of Adolescents**

Adolescents during puberty encounter various needs greater than those of other periods of life. Their body starts to physiological development along with cognitive development. They want to spend more time with peer groups during the socio-psychological development. They consider friends more important; tend to be more generous; and practice altruism almost in all behaviors and activities. They want to mould their behaviours and try to find relations between the super-ego and the norms, values, and rules of society. Their social circles tend to be widened gradually. On the other hand, sexual development gets its maturity and also reaches its peak. They keen to make friendship or establish even sexual relationship with members of the opposite sex (MOHFW 2016; Barkat 2000; Barkat & Majid 2003; Ainul et al. 2017).

The rights and needs of adolescents are largely ignored regardless of religion and society. This is especially true for girls. They straightly move from childhood to adulthood, and many of them dream for marriage in or around the time of puberty. Both boys and girls are poorly informed about their bodily changes, health, and desirable behaviors. They are not adequately aware of their physical, cognitive, and behavioral changes as well as social and gender rights. They have limited mobility and access to opportunities for meeting their needs and exchanging their ideas and knowledge among friends. Whatever experience they have is mostly incomplete and confused. Insufficient or no health education is one of the main obstacles for their ignorance and incomplete knowledge. Though health education has been incorporated in curricula almost in all western countries, many conservative and religiously restricted societies still defy its necessity. Many determinants like low rates of educational accomplishment, limited or no health education, and inhibited attitudes toward sex contribute to this ignorance. While the reproductive health needs of girls are quite different from those of boys. As a result, child or early marriage has become a social devil in most of the developing and least developed countries (Barkat 2000; Barkat & Majid 2003). Evidence shows that over 67% of adolescent girls are married early in Bangladesh. The incidences are common among the girls living in rural areas. About 5% of girls aged 10-14 years and 48% aged 15-19 years are married due to many socio-economic reasons, especially poverty, a dropout from education, and gender discriminations in family and society. The ignorance of puberty-related changes become apparent through the incidences of marriage at childhood or youth that adversely affect their young body and push them to complex reproductive health hazards and problems, and even to death. According to WHO, worldwide, girls younger than 18 are up to five times more likely to die in childbirth than women in their twenties (Barkat 2000; Barkat & Majid 2003).

On the other hand, adolescent boys are prone to many psychosocial risks and problems. They desire to make close ties to peer groups outside the family and society and keen to anti-social activities. This peer pressure sometimes leads the adolescent boys into organized crime and violence. The dangerous habits such as smoking, drinking, and narcotic substance abuse are particularly rampant among teenage boys (Ainul et al. 2017). Therefore, these changes occurring in adolescence must be followed; anomalies must be determined, and measures should be adopted accordingly.

Adolescents are assumed to be disengaged from parents but seen close to peer groups during adolescence. Whenever they move into puberty, the major transitions from childhood to adolescence are made up (Shahid et al. 2012). Many physiologists characterize the period as an exceptionally stressful event in the life course. Many researchers treat this view of adolescence as ‘straw man’; and the hubbub of adolescence is just mythical and imaginative. Evidence acknowledges that behavioral changes, especially health behaviours, are more likely to be remarkable to others of society. Health and moral education, proper guidance, and counseling, the role of socialization agents and the like can be the major driving forces to control their behavioral and cognitive changes. However, evidence attests that most adolescent boys and girls in Bangladesh have limited access to health education before going to puberty. They have a lack of acquiring knowledge and skills for their self-development and protection. They do not know much about their bodily changes, and after that, psychological conditions and behavioral transformations occurred in adolescence. The traditional constraints surround the growing girls and rob them off healthy and natural adolescence. In case of child and early marriage, huge responsibilities for domestic works, sometimes unwanted pregnancy turns their usual fate into risks.



**Figure 1:** A Flowchart of Sampling

On the other hand, boys have a little knowledge about their physical changes and sometimes show their craziness to sex. Many of them have adequate recreational facilities to control their thrills and desires while many suffer from the lack of recreational amenities. As a result, they try to find the opposite sex or be accustomed to see pornography or go to the brothel. Girls are encircled to family surroundings and sometimes treated as a burden devoid of basic rights even

in their family. Thus, they encounter gender discriminations prevailed in every sphere of education, nutrition, health care, freedom of movement, and social discourse (Petersen et al. 1993; Berk 2009; MOHFW 2016; Özdemir et al. 2016; Ainul et al. 2017).

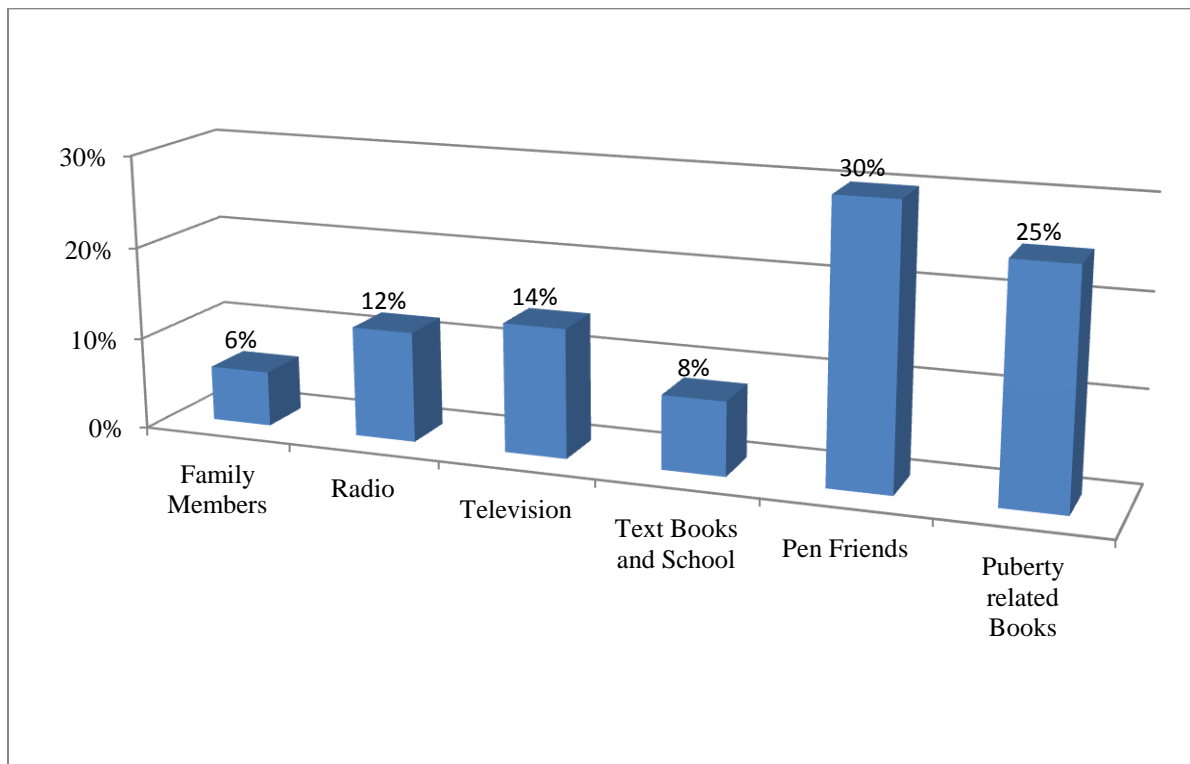
Health problems of adolescence have been a concerning issue all over the world. The significant findings concluded from many empirical studies acknowledge that substantial controversy is generated within the behavioral sciences concerning the difficulties of adolescence in the transitional period. Problematic behaviors - contribute to health risks and problems that can occur in this period—adversely affect their health and hygiene in the future discourse of life (Shahid et al. 2012). But no mentionable study has been conducted to explore the health and health behaviors of adolescents in Bangladesh. Proper health education could become a preventive measure, but it is almost absent in the curricula of high-school-going students. Though essential health policy and programs are literarily included in the country's health care system, these are not timely delivered and insufficient as they need. These were the impetus to conduct a study on the health behaviors of high-school going boys and girls in four districts of Bangladesh.

## **METHODOLOGY**

The goal of this study was to elicit the health behaviors of high-school-going adolescent boys and girls of some districts in Bangladesh. The secondary objectives were to find out the health status, health behaviors and problems of high-school-going boys and girls, and identify their thinking and ways of adapting with their biological and psychological changes to be found in adolescence. The study was quantitative. Quantitative methods and techniques were followed to complete the investigation. A cross-sectional study was designed to collect primary data applying the observation, interview (face-to-face interview), and informal discussion techniques. Data were collected from both primary and secondary sources. The study area was identified by multi-stage sampling—four districts, four Upazilas, four Union Parishads, four Wards, and then four high schools. Each class was considered a stratum, and thus, all students of a high school were divided into five strata. The study population was 1478. A sample of 160 adolescent boys and girls were selected following stratified and simple random sampling techniques (a sampling frame is given in Figure 1). The adolescent boys and girls aged from 12 to 16 years were selected as respondents. The students who showed interests to come before an interview were chosen as respondents. Verbal consent was also taken from them whether they would appear before an interview. The Master of Social Sciences (MSS) students were recruited and trained up for data collection. The duration of each session of the interview lasted for about one hour. Descriptive statistics were used to analyze the data. Some secondary data were extracted from different articles and research papers for interpreting the primary data from different perspectives.

## FINDINGS

Age of the respondents (high school going adolescent boys-girls) was ranged from 12-16 years. Among them, about 11% had been reading in grade seven, 23% in grade eight, 27% in grade nine, and 39% in grade ten. Around 4% of their parents were illiterate, and 46% had primary education, 26% secondary education, 14% passed secondary school certificate examination (SSC), 7% passed higher secondary school certificate examination (HSC), and only 3% completed graduation. About 93% of adolescents were from the Muslim and 7% from Hindu families. About 35% of their families could earn from BDT 3000 – 5000, 23% from 5000 - 8000, and 18% from 8000 - 10000 monthly.



**Figure 2:** Sources of Knowledge about Puberty

Puberty is one of the most critical transitory periods in human life. The incidences of pubertal disorders differ between sexes. The rates of precocious puberty were ten times greater in girls than in boys. The knowledge of puberty also differ between rural and urban areas (Saputra et al. 2017). The adolescents who are from educated and nuclear families have some awareness about the changes in puberty. But boys and girls who are from the uneducated rural families often have a lack of knowledge about it. The study gathered almost reverse data from the investigation. Approximately 98% of the high-school going adolescents living in rural areas knew while 2% no knowledge about their puberty and its related changes. Among them about 6% got the idea of puberty from family members (girls especially from mother or sister or

grandparents), 12% from Radio, 14% from television, 8% from daily newspapers, 6% from the textbooks and educational institutions like school, 30% from their pen friends, 25% from other sources like puberty related books (Figure 2).

Both boys and girls go through several biological and psychological changes in the adolescence. Many of them take these transformations easily while others do not. The changes adolescent boys and girls they encounter during their puberty make them tensed and upset about the sudden physical changes. Those who were worried about physical changes provided multiple answers. Some of them seemed these changes as physical diseases, while 79% receive these as standard in this period.

Adolescent boys and girls had a little knowledge on various sexually transmitted infections (STIs) and sexually transmitted diseases (STDs) like acquired immune-deficiency syndrome (AIDS), Chlamydia, Gonorrhea, Gouts, Syphilis, Genital herpes, Human papillomaviruses (HPVs) and genital warts, Chancroid, Pubic lice and scabies (ectoparasitic infections), Hepatitis B, Hepatitis C, Zika virus, Trichomoniasis, , Human Immunodeficiency Virus (HIV), AIDS and the like. Of them, symptoms of the STIs aren't always clear and remarkable from outside (Medline Plus, 8 April 2019). The study reveals that about 34% of adolescents knew sexually transmitted diseases, whereas 48% knew these diseases moderately, and 18% had no knowledge about STIs and STDs. Majority of the adolescents (58%) were suffering from skin diseases, wounds in the leg or foot, allergenic symptoms in eyes, purity (itches), eczema, eczema in armpit, gouts, hives, urticaria (an outbreak of swollen, pale red bumps, hives or wheels on the skin), inflammation of the sweat glands and shawl in face (pimple) (Medline Plus, 8 April 2019; Stöppler & Shiel Jr. 1996-2019). About 43% did not have any disease.

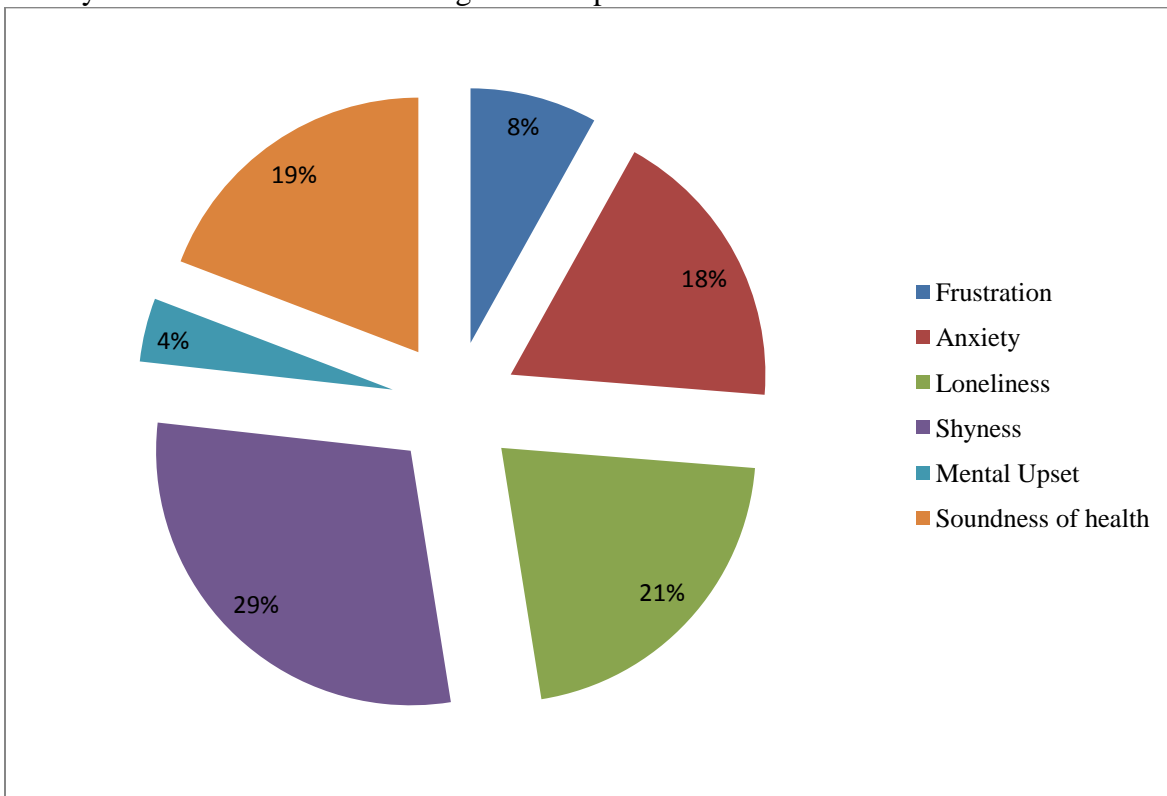
When adolescent boys and girls are grown up, they need to have a balanced diet such as egg, fish, meat, milk, and various fruits sufficiently. Since, balanced diet follows the recommended energy and nutrient intake range is desirable for chronic disease prevention and management (Lim, 2018). They need to take these nutritious foods to build their body and cope with the changes. The type and source of foods can be different, but they should have taken these foods much in quantity, and thus they can avoid malnutrition in the changing life. The current study found the nutritional status of the adolescent boys and girls quite well. Approximately 89% of them could consume nutritious food sufficiently like meat, egg, milk, fishes, vegetables because of all the villagers had their lands to grow vegetables, cows to get milk, ponds to catch fish, opportunities to get meat and eggs from hens and ducks. About 11% did not have enough sources from where they could collect much nutritious food because of the limited earnings of their parents. Consequently, they were suffering from vivid sicknesses. About 14% of respondents were suffering from physical illness generated from anemia, pains in waist, weakness, burning in the chest, stomach upset, and headaches.

Children in the adolescence receive various physiological and psychological changes. Many of them can adjust to the changes because of the parents' knowledge, awareness, and counseling to them. The adolescents whose parents are poor, illiterate, and unconscious about the puberty-related changes cannot get proper directions and guidance as they need, which causes of their psychological maladjustment with the concurrent changes and sufferings. The study findings reveal that adolescent boys and girls were suffering from various psychological problems followed by frustration (8%), anxiety (18%), loneliness (21%), shyness (29%), and mental upset



due to the severe familial restriction (4%). About 19% were found a sound in physical and psychological health (Figure 3).

When adolescents get their puberty and permeate through a series of changes, share the information to others. Almost all adolescent girls used to share their physical and mental issues with their family members like a mother at first, sister and grandmother. Those who had mother were taken care of them in all circumstances. Boys used to share their biological changes with cousins and close friends. When they shared the affairs of their bodily changes and its consequences on health, about 51% family received them cordially and carefully and guided them accordingly, 28% family paid a little attention, and 22% ignored the issues because most of the family found these as normal changes in this period.

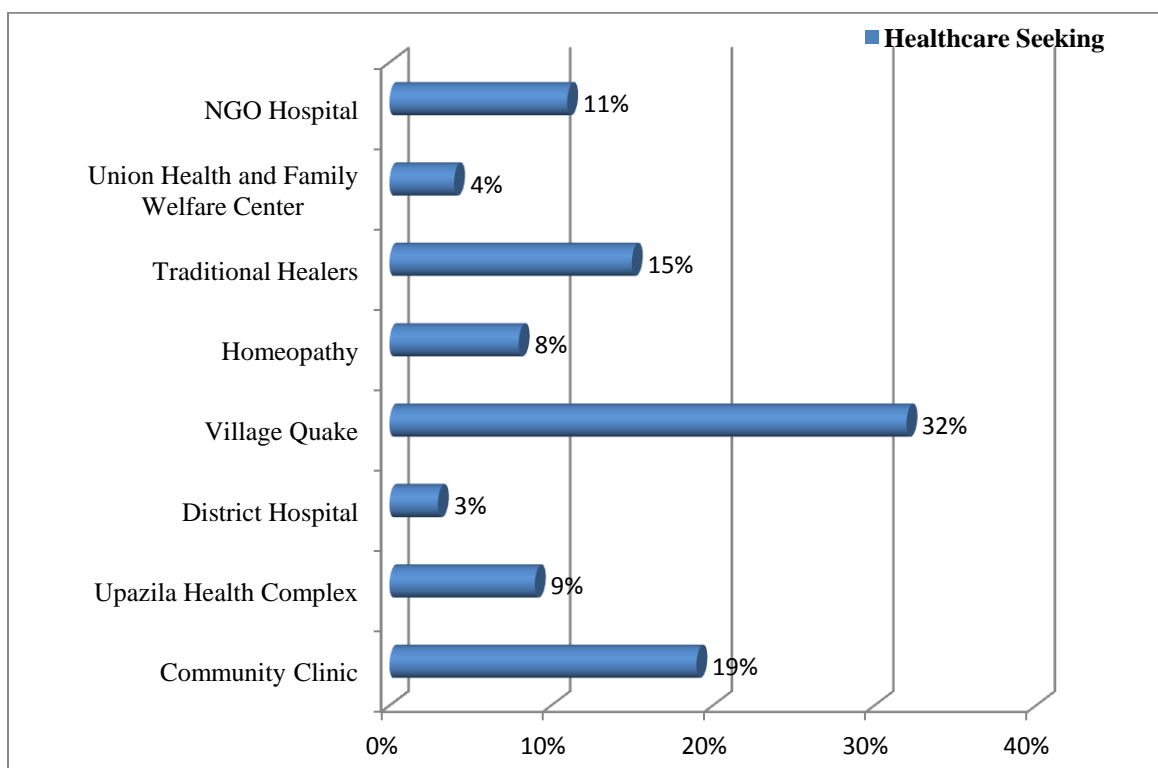


**Figure 3: Psychological Problems of Adolescents**

Different factors were responsible for the health behaviors of high school going boys and girls. About 9% of girls were facing gender discriminations in terms of getting medical assistance when they needed, taking a meal, and decision making about the puberty issues. Their health behaviors were also affected by many factors. For health care seeking about 19% adolescents went to a community clinic, 9% Upazila health complex, and 3% district hospital, 32% village quakes, 8% homeopathic doctor, 15% traditional healers, 4% union health and family welfare centre and 11% NGO’s hospital (Figure 4).

There were some factors encouraged adolescent boys and girls to access healthcare during their puberty and its diseases. About 29% of students went to health care settings because of having better education, personal health consciousness (39%), knowledge of puberty (10%),

disease symptoms (21%). Family health consciousness, the family decision to puberty disease and treatment, economic solvency encouraged respectively 53%, 30%, and 17% of adolescents to receive health care. While about 18%, 29%, 21%, 32% adolescents could have accessed health care because of the economic solvency and better income of their family members, low cost of care, and minimum doctor's fees respectively. There were some geographical factors like location of the hospital, less distance, comfortable hospital's environment, well transportation and communication persuaded them to receive health care.



**Figure 4:** Healthcare Seeking of Adolescents

Data reveals that there were many determinants responsible for not accessing health care during their puberty. About 11% of adolescents could not obtain essential health services from a hospital or any health care settings because of no knowledge regarding puberty-related changes and its diseases. About 48% could not receive because of having little understanding of puberty and illness and fears of treatment. About 37% avoided the medical pathways due to feeling shy to disclose their changes and 5% owing to unconsciousness. Unaffordable cost, hurdles of joint family, unequal attitudes and lack of family decision dispirited consecutively about 18%, 21%, 22%, and 35% girls not to access healthcare in case of diseases in the adolescence. Economic factors followed by financial insolvency of their parents (23%), less income of the family members (8%), inability to bear expenses (19%), high cost of care (39%) as well as other factors like long distance of healthcare setting, bad transportation and communication, unhealthy hospital's environment discouraged them not to contact health care providers.

## DISCUSSION

Adolescence is a crossroad in the development of life. Children at this stage gradually receive the maturity on the way of being adults (Shadhna & Achala 2006; Haque 2010). It is a vital part of life when children undergo biological transformations. World Health Organization (WHO) has defined the age group of 10-19 years as adolescence. As estimated, one-fifth of the world population is now between 10-19 years. Bangladesh bears the legacy of the 32 million adolescents, approximately 23% of the total population (Agampodi et al. 2008; Haque 2010). This period is characterized by puberty-related changes in physical appearance and the attainment of reproductive capabilities. They factually have a lack of knowledge about their reproductive health and its concomitant changes, access to health care services as they need. As a result, they tend to be exposed to various reproductive health problems and even sexually transmitted infections (STIs) or sexually transmitted diseases (STDs) including HIV/AIDS (Bhuiya 2003; Haque 2010).

Adolescents are one of the driving forces for the future development of a society. They are considered as the capital by which tomorrow's world is built. In contrary, adolescent health of a community is an asset that can be invested for making a sustainable society. Their health is remarkably influenced by genetic, nutrition, social, economic, and environmental determinants. The structural determinants of health including national wealth, income inequality, educational status, sexual or gender norms, and ethnicity - set up concerning country's social, economic, and political contexts - indicate the ways of population health development. There is a propensity that these contexts can create divisions and also lead to gender differences in status, power, privilege, and access to resources and information. Proximal determinants consisted of the quality and nature of family and peer relationships, availability of food and housing, opportunities for recreation, and school environment are the circumstances of daily life. These manipulate a person's attitudes and behaviors more directly. The proximal determinants - are partly formed by stratifications resulting from structural determinants as well as cultural, religious, and community factors - can lead to wide variations in adolescents' exposure and vulnerability to health risks (Naik 2014).

Moreover, a complex display of personal, family, community, and national factors also shape the health behaviors and hygiene practices of adolescents in a society. Some primary factors, such as gender, family, ethnicity, knowledge, and attitudes, directly shape the health behaviors of adolescents. The sufficient health education and increasing knowledge of these factors impact on adolescent health behaviors. These are also essential for public health and other health professionals, making them more responsive to developmental and lifestyle factors that ultimately influence the health of youth within families and communities (Spear & Kulbok 2001).

With the viewpoint of finding the determinants of adolescent health behaviors, a study with a sample of 160 high school-going students was conducted in four high schools under four districts in Bangladesh. This was a cross-sectional study. The researcher encountered many problems while conducting this study. It can be noted that researcher communities in Bangladesh pay a little attention to conduct studies, particularly on this issue. Empirical studies are also hardly found which cover the health behaviors of adolescents in the sphere of education. The researcher did not have ample experience as to working on adolescent health and behaviours.

High school going boys and girls were much conservative to provide data for the study. Majority of the adolescents did not want to usually disclose their matters to others and also felt afraid of appearing before an interview. Each study area was a bit far from another. As a result, the nature of data seemed different, and the process of data collection claimed a lot of time. Nonetheless, the study has elicited significant findings which indicate that high school-going adolescents are not much aware of their puberty and adolescence. Many get afraid of the sudden physiological changes and cannot ascertain their roles with their friends and even parents or family members in this period.

On the contrary, many adolescents used to think that they are with a disease and eventually suffer from emotional breakthroughs, tensions, anxieties, and physical health problems. Boys and girls are found different in their opinions. Almost all of the adolescent girls whenever they get puberty to feel shyness but share their biological changes at first with their mother, or grandmother and granny who primarily take care of them. Boys, in this case, are found different. They used to share the biological changes with their friends and peer group. They tend to hide their puberty to their parents or family members or seniors in society. The health status of both boys and girls depends on what knowledge they have, with whom they share, and how they consider their changes. In both cases, they have a lack of awareness regarding biological changes, health, and hygiene. They become less attentive to reading, food, rest, and sleeping, which cause an upset in their daily activities. Indifference and malnutrition pose significant concerns about their health problems. Their health and health-seeking behaviors are poor compared to others in society and depend on many structural and proximal determinants. Adolescents with whom they share their changes and problems work as a significant factor for their access to health care. When girls find any health problem share it with their mother at first or grandmother. Boys used to share their changes with close friends, and if find any problem, go to traditional healers, sometimes, qualified doctors or nearby health care settings. The unmet needs of adolescents for reproductive health information are many and multi-faceted and meager both in terms of quality as well as quantity. The psychological and social behaviors, including ignorance, fear, indistinctiveness, and shyness facade as threats to treat reproductive health issues. They tend to keep their reproductive health problem secret. Traditional values, norms, and myths about sexuality deter them from sharing their health issues with parents, guardians and elderly people (who remain uninformed but act as a gatekeeper about their reproductive health needs) (McKee et al. 2004; Haque 2010).

Adolescent health and health behaviors are complex in the transition period. Several factors or determinants, e.g., genetic make-up, physical condition, physical activity, childhood injuries or diseases, relationship with their parents and peer groups, the stress of school-related issues make their behaviors more complicated (Kuntsche & Ravens-Sieberer 2015). In terms of adolescents' health and health behaviors, many personal, physical, social, economic, cultural, and environmental factors are found to be responsible and interrelated in the study. These findings are crucial for policymakers in charge of improving adolescents' health and health-seeking behaviors. There was not a 'fixed point' or 'standpoint' for comparison.

## CONCLUSION

Puberty is the onset of adulthood, and adolescence is an integral part of human life. Adolescents pass through many crucial changes in human life during puberty. They own improper behaviors due to age, education, knowledge, understanding, and experiences. They encounter a range of physical, mental, and emotional changes. Their health behaviors depend on genetic as well as many personal, familial, emotional, and psychological factors and the natural and social environment where they grow up. Their health behaviors are likely to be strange that cannot be accumulated in a formula but should be well taken care of. In conclusion, they must have some different needs and problems in social life. Without ensuring these needs of adolescence, their grown up in all aspects might be hampered, and the generation could adopt ill manners and encounter age-related problems from the puberty to aging.

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