

Learning Objectives

This chapter will help prepare students to



EP 6a
EP 7b
EP 8b

- LO 1** Recognize the contributions of physical development, health status, and other factors to health during young adulthood
- LO 2** Describe the physical changes in middle adulthood, including those affecting physical appearance, sense organs, physical strength and reaction time, and intellectual functioning
- LO 3** Describe the midlife crises associated with female menopause and male climacteric
- LO 4** Summarize sexual functioning in middle age
- LO 5** Describe AIDS—its causes and effects; how it is contracted; how its spread can be prevented; and understand AIDS discrimination

LO 1 Recognize the Contributions of Physical Development, Health Status, and Other Factors to Health During Young Adulthood

Young Adulthood

It is difficult to pinpoint the exact time of life we are referring to when we talk about young adulthood. The transition into adulthood is not a clear-cut dividing line. People become voting adults by age 18. However, in most states, they are not considered adult enough to drink alcoholic beverages until 21. A person cannot become a U.S. senator until age 30 or president until age 35. All this presents a confusing picture of what we mean by adulthood.

Various theorists have tried to define young adulthood. Buhler (1933) clustered adolescence and young adulthood together to include the ages from 15 to 25. During this time, people focus on establishing their identities and on idealistically trying to make their dreams come true. Buhler saw the next phase as young and middle adulthood. This period lasts from approximately age 23 to age 45 or 50. This group focuses on attaining realistic, concrete goals and on setting up a work and family structure for life.

Levinson, Darrow, Klein, Levinson, and McKee (1974) broke up young adulthood into smaller slices.

They believed that in the process of developing a life structure, people go through stable periods separated by shorter transitional periods. The stage from ages 17 to 22 is characterized by leaving the family and becoming independent. This is followed by a transitional phase from ages 22 to 28, which involves entering the adult world. The age-30 transition focuses on making a decision about how to structure the remainder of life. A settling-down period then occurs from about ages 32 to 40.

The current generation of young adults is called the millennials, compared to past generations who held the titles of baby boomers, Generation X, and upcoming (Generation Z). Currently there are 50 million millennials who grew up in the twenty-first century and the digital age. These young adults have learned to navigate the ever-changing world of technology and have faced traumas such as the terrorist attacks of September 11, 2001, and the recession of 2008–2009 (Tanenhaus, 2014).

Ethical Question 10.1



EP 1

Are you taking good physical care of yourself?

For our purposes, we will consider young adulthood as including the ages from 18 to 30. This is the time

following the achievement of full physical growth when people are establishing themselves in the adult world. Specific aspects of young adulthood addressed in this chapter include physical development, health status, and the effects of lifestyle on health.

Physical Development

Young adults are in their physical prime. Maximum muscular strength is attained between the ages of 25 and 30, and generally begins a gradual decline after that. After age 30, decreases in strength occur mostly in the leg and back muscles. Some weakening also occurs in the arm muscles.

Top performance speed in terms of how fast tasks can be accomplished is reached at about age 30. Young adulthood is also characterized by the highest levels of manual agility. Hand and finger dexterity decrease after the mid-30s.

Sight, hearing, and the other senses are their keenest during young adulthood. Eyesight is the sharpest at about age 20. A decline in visual acuity isn't significant until age 40 or 45, when there is some tendency toward presbyopia (farsightedness). At that point, you start to see people read their newspapers by holding them 3 feet in front of them.

Hearing is also sharpest at age 20. After this, there is a gradual decline in auditory acuity, especially in sensitivity to higher tones. This deficiency is referred to as presbycusis. Most of the other senses—touch, smell, and taste—tend to remain stable until approximately age 45 or 50.

Health Status

Young adulthood can be considered the healthiest time of life. Young adults are generally healthier than when they were children, and they have not yet begun to suffer the illnesses and health declines that develop in middle age. (Papalia & Martorell, 2015)

Most young adults report they are in good to excellent health (Papalia & Martorell, 2015). However, rates of injury, homicide, and substance abuse peak at this time (Papalia & Martorell, 2015). In the past, this age group has lacked access to health care, often aging out if they did not go to college or if there were age limits on their parents' insurance, but with the Affordable Care Act of 2010, most young adults can stay on their parents' insurance plan until the age of 26. This change has resulted in 5.7 million

young adults having health care coverage (The White House, 2015) and allowing young adults the health care they require to prevent or address health concerns. However, the Trump administration has indicated it plans to repeal/replace the Affordable Care Act, which could impact the health care of young adults.

Many people in all socioeconomic classes show a significant interest in measures that promote health. For example, running and other forms of exercising, health foods, and weight control have become very popular.

It has also been found that adults in the United States are using more complementary medicine approaches, including dietary supplements, yoga, chiropractors, meditation, acupuncture, massage therapy, and/or osteopathic manipulation. In 2012, in the National Health Interview Survey, it was found that 33.2 percent of adults used complementary health approaches (NCCIH, 2016).

Even though young adulthood is generally a healthy time of life, health differences can be seen between men and women. For example, women of all ages tend to report more illnesses than do men (Lefrancois, 1999). However, these health issues may be related to gender (such as contraception, pregnancy, or an annual Pap test), rather than more general health problems. Perhaps women are also more conscientious about preventive health care in general.

Of all the acute or temporary pressing health problems occurring during young adulthood, approximately half are caused by respiratory problems. An additional 20 percent are due to injuries. The most frequent chronic health problems of young adulthood are spinal or back difficulties, hearing problems, arthritis, and hypertension. These chronic problems occur even more frequently in families of lower socioeconomic status. For example, young African Americans experience hypertension more frequently than their white counterparts (Papalia & Martorell, 2015).

Other health concerns are also on the rise for young adults. Alarming, people ages 15–24 account for half of the 20 million newly diagnosed sexually transmitted infections yearly in the United States (CDC, 2015). Obesity rates are of concern with young adults, along with increases in stress levels, lack of sleep, smoking, and alcohol use (Papalia & Martorell, 2015).

Men and Health

A 21-year-old male, who has been healthy his entire life, has a pain in his groin area. As he is a student athlete, he assumes it is a pulled muscle and ignores it. Despite the continued discomfort it causes, he believes it is not healing properly due to his continued training. By the time he seeks care, it is too late. He has untreatable prostate cancer. The following year, his family accepts his college diploma on his behalf as he died several months prior to graduation.

This case highlights the need for males to seek medical care. In 2014, 83.2 percent of adults visited a physician; however, the majority of these visits were made by females (CDC, 2015b). Despite recommendations that men visit their primary physician once every two years. (However, it is recommended they go more routinely if they smoke, have high blood pressure, or have high cholesterol.) Between the ages of 18 and 39, men do not visit the physician as often as women, especially for preventive care (CDC, 2015b). The leading causes of death for men are heart disease, cancer, and accidents (CDC, 2015c). Of cancer, the most frequent diagnoses are prostate, lung, and colorectal; however, lung cancer causes the most deaths (CDC, 2015a). Many of the health issues faced only by men, such as prostate cancer or low testosterone, can be prevented or treated successfully if caught early (NIH, 2016b). It is critical that young males be encouraged to seek routine, preventive health care in order to live to their fullest potential.

Women and Health

Although women do tend to visit the physician more than men, as indicated above, women have unique needs, such as pregnancy, conditions of female organs, and breast health that need to be routinely monitored. Women also have a higher incidence than men of certain health risks; for example, women are more likely to die following a heart attack than men, are more likely to show signs of depression, are affected more often by osteoarthritis, and are more likely to have urinary tract problems (NIH, 2016c). The leading causes of death for women are heart disease, cancer, and chronic lower respiratory disease (CDC, 2016b).

Breast Cancer

Within the context of health status, an extremely important issue confronting women is the incidence of breast cancer. According to the American Cancer

Society (ACS, 2016b), breast cancer is the most common form of cancer among women, except for skin cancer. Approximately 1 out of 8 women will get breast cancer during their lifetime, and about 40,450 women will die from it in every year (ACS, 2016b). It is the second leading cause of cancer death in women, second only to lung cancer (ACS, 2016b). Although men can get breast cancer, the numbers are significantly lower than those of women, with 2,600 cases diagnosed in men each year and 440 reported deaths (ACS, 2016d).

Although older adult women are much more likely to get breast cancer than their younger counterparts, because of its general prevalence it will be discussed here.

Being knowledgeable about the issue of breast cancer is especially important in helping your female clients become aware of risks, prevention, and treatment. If you are a woman, it's important for your own health. If you are a man, it's important for the women who are close to you.

Benign Lumps

To begin with, it's important to note that 80 percent of all breast lumps are benign (not cancerous) (Hyde & DeLamater, 2017). These usually take one of two forms (Crooks & Baur, 2014). First, there are **cysts**, which are pouches of fluid. The other form of lump is a **fibroadenoma**, which is a more solid, rounded growth of cells resembling scar tissue (Crooks & Baur, 2014, p. 81).

Symptoms

A number of symptoms other than identification of a lump or tumor can indicate malignancy. Tumors can assume a number of shapes and forms. Generally, any change in the external appearance of the breasts should make one suspicious. For instance, one breast becoming significantly larger or hanging significantly lower than the other is a potential warning sign. Discharges from the nipple or nipple discoloration are additional indications, as is any pain in the breast. Dimpling or puckering of the nipple or skin of the breast should be noted. Nipple retraction (where the nipple turns inward) is also a potential sign of cancer. Finally, any swelling of the upper arm or lymph nodes under the arm should be investigated.

Risk Factors

Numerous factors are involved in getting breast cancer (ACS, 2016a). Some are variables that can't be