

## **THE CHALLENGES OF ADOLESCENTS' INAPPROPRIATE SEXUAL HABITS IN DELTA STATE: HEALTH EDUCATION IMPLICATIONS**

**Peter Suoke Onohwosafe**

Unit of Health, Safety and Environmental Education,  
Institute of Education, Delta State University, Abraka

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### **Abstract**

*Adolescence is the stage when children of between 10-18 years begin to experience transformation in their physique, emotions, cognitive and social interaction. This stage of the adolescents is characterized with at-risk behaviours such as abortion, tobacco, alcohol and drug use, poor eating habits, risky sex, suicidal behaviours, high level of anxiety, emotional and behavioural problems and stress disorders. Adolescents are sexually active to the extent that health impinging premarital sexual activity commonly begins at an early age of the children due to lack of knowledge and limited access to modern sexuality education. This trend exposes them to sexually transmitted infections such as gonorrhoea, syphilis, HIV and AIDS and other sexual health related problems, since majority of the adolescents are unaware of these risks and health complications. For these reasons, the knowledge of the aforementioned sexual activities of the adolescents is very important for appropriate monitoring, guidance and direction in order to prevent the inherent risks associated with adolescents' inappropriate sexual habits, especially in Nigeria generally and Delta State in particular where the problem is rampant. Adolescents need comprehensive sexuality education to enable them improve their sexual and reproductive health for healthy living through health and counselling education programmes. Thus, the more people know about their own health, the better they are able to take appropriate measures in such personal matters as inappropriate sexual habits and other health related issues. Based on the challenges facing the adolescents, the following recommendations are made: health educators should educate adolescents to acquire the necessary skills for making rational and informed decisions and choices about their sexual behaviours and ultimately healthy reproductive living. Parents should be well counselled on the need to provide the primary sexuality education to their children and communicate to them specific values about sexuality education to serve as a source of accurate information on sexual matters during Parents Teacher Association (PTA) meeting and in various community health centres.*

**Keywords:** Adolescents, Inappropriate Sexual Habits, Health Education and Implications

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### **Introduction**

Adolescence is the period in which the growing child experiences developmental changes. It is the stage when children of between 10-18 years begin to experience transformation in their physique, emotions, cognitive and social interaction (Fieldman, 2000; Eayombo, 2004; Adegoke, & Ayoade, 2007). The way adolescents feel about themselves as well as how others treat them have serious counselling implications due to many challenges confronting adolescents which include risky sexual behaviours that subsequently expose them to high risk of sexually transmitted infections, such as candidiasis, chlamydia, human papillomavirus (HPV), gonorrhoea, syphilis HIV and AIDS and other sexual health related problems such as abortion among others (Okanlowon, 2004 and American College Health Association, 2013).

Several researchers reported that the black African adolescents (60-70%) are sexually active and about 70% of girls have been pregnant at least once by the time they are 18 years of age (Arkutu, 1995; Uwakwe, Moronkola & Ogundiran, 2001; Owojaiye, Sunday, Funsho, 2007; Abel & Fiseha 2014). Adolescents are very sexually active and also involve in at-risk sexual practices with serious health complications. However, majority of these adolescent males and females are unaware of these risk and health complications as a result of their inappropriate sexual activity. Their ignorance may also be due to misinformation by peer groups about the likely consequences of their indiscriminate sexual behaviour (Olaleye, 2000 & Flood, 2007). The age at which the adolescents become sexually active, the degree or rate of sexual activity and the number of sexual (multiple) partners determine their risk of contacting HIV infection and other sexually transmitted infections (Okanlowon, 2001).

Adolescents' attitude will influence their lives and affect how they will judge or react towards sexual practice. Since they are amateur without experience, Okanlowon (2001) and Blum (2005), reiterated that adolescents tend to engage in sexual unhealthy practices that may lead to unwanted pregnancy, which might hinder them from completing their education as they may not be able to cope or cater for themselves due to rejection by their families. Inadequate information about sexuality has led to the adolescents forming a negative attitude towards sexual practice. Adolescents that are highly sexually active in nature have been reported to have committed several abortions. For instance, studies such as International Planned Parenthood,

Federation (IPPF) (1993), Fieldman (2000), Fayombo (2004), Adegoke & Ayoade, (2007) reported that 5 million females in Nigeria have abortions which accounts to 77% deaths of adolescent girls under the age of 17 years. Furthermore, lack of knowledge about the physiology of the adolescents' body and the health complication that emanates from inappropriate sexual practice before marriage make the adolescents to be sexually active and thus contact infectious diseases that are destructive to their lives (Inrvin, 2000 and Ihaji & Ben, 2014).

World Health Organisation -WHO (2002) and Data Report Fall, (2012) reported that most young people aged 10- 18years are sexually active to varying degrees. This was affirmed by Moronkola and Idris (2000) that in sub-Saharan Africa, children are initiated into sexual intercourse at a very early age. Nigeria Demographic and Health survey (2003), National Population Commission (2004) agreed that adolescents of the Niger Delta Region engage in unhealthy sexual behaviour. In addition, Izubara (2001) and Mulu, Yimer, and Abera, (2014) submitted that they keep multiple sexual partners and also engage in unsafe sexual activities. However, a social relationship between two young adolescents should not translate into heterosexual relationship because of the associated consequences with such a relationship (Iyang, Okpako, Akpan, 2011, Ofole, & Agokei, 2014).

It is pertinent to note that adolescents are sexually active and are usually curious and tend to explore themselves and other persons. They may also hide to look at family members when they are in their rooms, bathroom or changing clothes or try to listen outside the bedroom (<http://wwwstopitnow.org/age> appropriate sexual behaviour, 2011 and Ugoji, 2014). Consequently, personal experience has shown that in Delta State, many adolescent girls and boys engage in premarital sex at very tender age which makes them to drop out of school due the attendant consequences of their sexual activities such as teenage pregnancy for girls and gang sexual activity or rape for boys. In most cases, they roam around the streets doing nothing and in some instance, the boys engage in menial jobs, stealing and pick pockets to survive while the girls suffer and languish in abject poverty in their parents' homes. Personal experience has equally shown that majority of the adolescents who suffer severe consequences of premarital sex are girls and boys from very poor family background without any experience of what indulging in early sex entails and they have no knowledge of sexuality education.

### **Challenges of Adolescents**

Adolescence is a transition period between childhood and adulthood, when the body component changes especially at puberty. Puberty is a period

during which adolescents sexual organs develop and they become capable of having children. For instance, the girls develop breasts buds under the nipple, develop pubic and armpit hairs, the uterus and vulva get larger, menstruation begins, ovarian growth and buttocks within a year, as well as spurt growth which entails increase in height and broadening of the pelvic girdle (Moronkola & Okanlawon. 2003; WHO, 2005, Briggs, 2010 and Manning, Giordano & Longmore, 2016). In addition, the boys' voice breaks and penis enlarges, develops broad shoulder and increase in height. The physiological changes of the adolescents have health challenges that an individual adolescent cannot understand. At this period of adolescence, behavioural patterns which might have long-life consequences are formed and these changes need explanation at this transition period of the adolescents.

One of the challenges adolescents face is that they develop hormones which are major determinants of sex without adequate sexual knowledge of how to control their libido or sexual urges to avoid risky sexual behaviours and the negative effects in adolescents and adult lives. They are more likely to have multiple sexual partners, but with reduced changes of using contraceptive (Oviahon, Uwadiae, Owie, 2011 and Viatonu & Oladipupo-Okorie, 2014). Other challenges of the adolescents according to the authors are pre-marital intercourse, teenage pregnancy, ectopic pregnancy, and contacting of infectious diseases including HIV and AIDS; and vesicovaginal fistula (vuf), abortion, hysterectomy (womb removal), and death due to abortion or excessive bleeding in females. The authors further reported that adolescence period is also characterized with at risk behaviours such a tobacco, alcohol and drug use, poor eating habits, suicidal ideation/ behaviours, high level of anxiety, depression, emotional and behavioural problems and stress disorder are health challenges that can have deleterious effects on adolescents. Hence, Achalu (2000) recommended sexuality education programmes to provide accurate information to help the adolescents develop positive and healthy sex attitude, values, goals and practices to enable them express their sexual impulses and behaviours in a socially and ethically acceptable manner.

### **Inappropriate Sexual Habits of Adolescents**

Inappropriate sexual habits encompass various sexually aggressive behaviours that include obscene gesturing, touching or hugging another person, exposing body parts or disrobing and compulsive masturbating in public (Philo, Richie & Kaas, 1996); and it often breeds feelings of anxiety, embarrassment and unease to others. Inappropriate sexual habits also include sexual preoccupation/ anxiety; chronic use of hard core pornography with sadistic or violent themes; indiscriminate sexual activity/intercourse; twinning

of sexuality and aggression; sexual graffiti relating to individuals or having disturbing content; single occurrences of exposure, peeping, frottage or obscene telephone calls; sexually explicit conversations with significantly other adolescents; touching another adolescent's genitals without permission; sexually explicit threats; forced sexual assault or rape; inflicting genital injury and sexual contact with animals (Ryan & Lane, 1991; Morrison, Erooga & Beckett, 1994). Interestingly, Briggs (2010) summarized inappropriate sexual habits of the adolescents as follows:

1. Homosexuality: This refers to sexual relations, either overt or psychic, between individuals of the same sex (male to male sexual anal intercourse). This act can result to infectious diseases including HIV and AIDS.
2. Lesbianism: This is another form of Homosexuality practice by adolescents especially between two females. The use of objects and fingers are common in this practice.
3. Masturbation: This is common both for males and females. The male usually masturbates by manipulation of the penis with the hand, coital/pelvic movements or thrust against a variety of objects and fingering of the rectum. The female on the other hand masturbates by manipulation of the clitoral area such as thigh rubbing, squeezing of the thighs to mount pressure to the sensitive glands of the clitoris, fingering the vagina, the rectum and stimulation of the breasts.
4. Cunnilingus: This is act of oral stimulating of female genitals by another female.
5. Fellatio: This is the opposite of cunnilingus whereby, penis of a male is stimulated by another male.

Other inappropriate sexual habits of the adolescents include oral stimulation of female genital by male or oral stimulation of male penis by females. This creates excitement of the erection of the penis or clitoris and enlargement of the penis, the length and diameter of the vaginal canal. Reasons adolescents engage in inappropriate sexual habits such as unprotected sex indiscriminately are due to ignorance about their bodies and protective measure, traditional and emerging gender and sexuality norms, which encourage unsafe sexual activity among adolescents and gender inequity resulting in a high prevalence of non consensual sexual activity. In addition, poverty results in risky economic strategies including sex work, transactional sex between younger girls and older men. However, when it was established that condoms are capable of preventing pregnancy and sexually transmitted infections (STIs) according to Ekure, (2007), Igbudu, (2008) Crosby and

Yarbe (2010), many adolescents choose not to use condoms and instead practice risky sex. The reasons why young persons refuse to use condoms include cost of regular condom use, feeling of not being at risk as a result of ignorance of myths about HIV and AIDS and requesting condoms means you do not trust your partner. While others see condom as an awkward and unpleasant necessity, it looks dirty and messy after use.

Adolescents are sexually active and as such premarital sexual activity is common and begins at an early age which may result to pregnancy due to lack of knowledge and limited access to modern contraception (Briggs, 1994). Teenage pregnancy refers to a pregnancy which occurs below the age of 18 years and in most cases it is unwanted, unplanned and out of wedlock. This was affirmed by Nwankwo (2011) that teenage pregnancies occur as a result of inadequate information about reproductive health and contraception and risk of pregnancy. Adolescents engage in indiscriminate sexual activities which sometimes result to early pregnancy. Teenage pregnancy has many consequences on the adolescents, the new born baby, the family, community and the society at large. There are also higher mortality rates for infants born to teenagers than to women, who delay childbirth until their twenties and adolescent/teenage pregnancy causes damage to the bladder that leads to vesicovaginal fistula- vvf (a condition where the teen continuously lick urine uncontrollably as a result of immature uterus and pressure of the baby on the bladder). In addition, teenage pregnancy may have numerous adverse effects on the social, emotional and cognitive development of these infants (Simkins, 1984; Wallace, Miller & Forehand, 2008; Nwankwo, 2011).

According to Briggs (2010), sexually active adolescent females stand the risk of pregnancy, and since pregnancy usually occurs when least expected, many adolescents resort to clandestine and illicit abortions. Abortion is sometimes performed by unskilled practitioners leading to irreparable health damage such as hysterectomy (womb removal) or even death of the adolescent girl. Briggs (2010) attributed adolescents' resolution of abortion as an act as helplessness, a means to continue her education, to avoid societal stigmatization because pregnancy out-of-wedlock is considered a taboo in some communities, to avoid early motherhood and economic and financial implications of teen pregnancy. The knowledge of the aforementioned sexual activities of the adolescents is very important for appropriate monitoring, guidance and direction in order to prevent the inherent risks associated with adolescents' inappropriate sexual habits.

Similarly, some of these inappropriate sexual habits or behaviours of the adolescents have other negative and devastating effects which are contraction of infection and diseases such as chlamydia, candidiasis, human

papillomavirus (HPV), gonorrhoea, syphilis, chancroids, lymphogranuloma venereum and HIV and AIDS among others (Philo, Richie & Kaas, 1996). The modes of transmission of these infectious diseases are mostly through sexual intercourse, the number of sexual partners and the number of acts of intercourse with an infected person. In case of HIV and AIDS, injections, infected mothers and blood transfusion may lead to contact of the disease. In most cases, the diseases are spread rapidly by bacteria or virus (Briggs. 1994; Oviahon, Uwadiae & Uwie, 2011, National Society for Prevention of Cruelty to Children, 2015).

### **Concept of Health Education**

Omateseye (2001) defined health education as the core element in health in general groups, its recipient with appropriate knowledge, skills and moral rectitude with a view to impacting other aspects of the conglomerate called health. Udoh in Omateseye (2010) defined health education as the sum of all experiences which favourably influence habits, attitudes and knowledge related to individual and community health. Health education is any intentional activity that is designed to achieve health and illness related learning that brings relatively permanent change in an individual capability or disposition (Tones, 2002). Health education may produce changes in knowledge and understanding or way of thinking; it may influence or clarify values, it may also facilitate the acquisition of skills that may affect changes in behaviour and or lifestyles (Owie, 2003 & Owie, 2005).

In the present generation in Nigeria generally and Delta State in particular, the level of understanding of basic health knowledge particularly as it affects adolescent inappropriate sexual habits is very low. The role of the health educators today includes drawing attention to the paradigm shift from traditional teachings about adolescent sexual health by the uneducated parents to modern health knowledge occasioned by science and technology where health educators teach sexuality education to adolescents in schools and organize public enlightenment programmes on adolescents sexual health that will enable them control their irrational sexual behaviours and also be conscious of their own health. This was affirmed by Tone (2002) that health education is to develop in people a sense of responsibility for health consciousness for themselves as individuals, as members of families and as communities. For inappropriate sexual habits to be controlled, health education should encourage adolescents to value health as a worthwhile asset and to let them know what they can do as individual and communities to promote their own health (Lucas & Gilles, 2006). In effect, health education is designed to alter attitudes and behaviours in matters concerning inappropriate

sexual habits of the people. The more people know about their own health, the better they are able to take appropriate measures in such personal matters as inappropriate sexual habits and other health related issues. The essence of health education cannot be overemphasized but a comprehensive school health education programme represents one effective way of providing adolescents with the knowledge and skills to prevent health impairing behaviours such as inappropriate sexual habits that can lead to unwanted pregnancy, abortion, infectious diseases including HIV and AIDS.

### **Implications for Counselling and Health Education**

The paper reviewed that the period of adolescents is characterized by different types of sexual activities and experimentations. They engage in unsafe sexual activities. They also keep multiple sexual partners as well as embark on risky sexual activities ignorantly without knowing the consequences. This demands the services of the health educators and counsellors and parents to start early enough to monitor, guide, advice and provide sexuality education for adolescents at all levels namely primary, secondary and tertiary institutions. This is necessary because sexual activities at this developmental stage are risk laden. Adolescents should be given factual information that inappropriate sexual intercourse involves risk of contacting sexually transmitted infections or facing expulsion from homes and schools, teenage pregnancies with all its attendant problems including child abandonment, abortion and death (Omobude-Iyadi, 2008).

The knowledge of these consequences of inappropriate sexual practice among adolescents is very important because most parents are erroneously of the opinion that their adolescent children do not have any idea about sexual issues. This will empower parents to be aware of what the adolescents are capable of doing so as to guide them properly. All hands must be on deck with conscious efforts to deliver the adolescents from the problems or temptation of premarital sexual activities.

Sexuality education should be taught in schools right from primary and secondary level so as to prevent children from being sexually assaulted by paedophiles who are relatives of the victims or strangers or even school teachers or classmates. This should be complemented by parents, teachers and religious leaders through organizing seminars and workshops on how to relate appropriately to sexual issues by adolescents. Parents should be taught on how to relate with their children to improve parent-child communication so that the child will not hide issues affecting him/her to them and it will also enable the child to open up when sexually harassed by anybody; parents especially mothers should show love to their children and teach their children sexuality



education so that they will have no reasons whatsoever to look elsewhere for sexuality education where they will be misinformed. According to social learning theory, adolescents learn by observation, experimentation and imitation, as a result parents should become good models to their children. Guidance Counsellors and health educators should continue to educate and guide adolescents towards proper conduct and modification of their sexual behaviour.

From the foregoing, adolescents need comprehensive sexuality education in order to improve their sexual and reproductive health and enable them to live balanced and well-adjusted lives. Health educators and counsellors can educate adolescents to decide consciously whether, when, and with whom to become sexually active in order to avoid non consensual sex, sexual violence, rape and abuse, to plan pregnancies and to avoid acquiring and transmitting sexually transmitted infections (STIs) including HIV and AIDS, to know when they need preventive and curative services, among other things (Moronkola & Aremu, 2004).

### **Conclusion**

Adolescence is a period of rapid physical and emotional change characterized by stresses and tensions including biological, social, emotional and cognitive changes that take place over a relatively short period of time. Ego-proned life that is characterized with crises of the adolescents should be a concern for all stake holders such as counsellors, health educators, psychologists, social workers, policy planners and parents to guide the adolescents properly so as to make informed and right decisions concerning their sexual behaviours through sexuality education at home and in the school. The teachings and guidance will enable the adolescents to desist from indulging in inappropriate sexual habits and its attendant life threatening consequences and death.

### **Recommendations**

Based on the challenges facing the adolescents, the following recommendations are made.

1. Through health programmes, health educators should educate adolescents to acquire the necessary skills for making rational and informed decisions and choices about their sexual behaviours and ultimately healthy reproductive living.
2. In schools, during Parents Teacher Association (PTA) meeting and health centres, parents should be well counselled on the need to provide the primary sexuality education to their children and communicate to them

specific values about sexuality education to serve as a source of accurate information on sexual matters.

3. Since most adolescents are ignorant about the physiological as well as the psychological developments of their bodies, health education and counselling should be used to increase their knowledge about their inappropriate sexual habits that may lead to unwanted pregnancies, abortions, death and infections including HIV and AIDS.
4. Health education teaching and counselling services must be given great attention in all institutions in the country generally and Delta State in particular in order to face squarely the serious challenges adolescents are contending with and their health consequences as a result of inappropriate sexual habits.

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