

# Adolescents and Sexuality Development in the Nigerian Educational System: The Role of Parents and Teachers

Khadijatu Muhammad

Mohammed Goni College of Legal and Islamic Studies, Maiduguri, Borno State

## Abstract

Adolescence is a stage of physiological and psychological human development that occurs during the period of puberty to adulthood. It begins with onset of puberty from 11 or 12 years and ends with the assumption of adult responsibility at age 22. Pubertal period is characterized with accelerated growth in height and weight, secretion of hormones responsible for physiological activities of the cell in the body. Appearance of secondary sexual characteristics like menarche the first menstrual cycle, dispensation of semen or nocturnal emission by boys, Central to adolescent's sexuality is the attainment of interrelated biological processes that change the immature child into a sexual matured person. Unless adequate information about the body especially in the reproductive area is made available, teenage pregnancies will be on the increase and epidemic of unmarried mothers will continue to grow. This period calls for the need for parents and teachers to effectively communicate with young people openly and regularly to make them stand up for their values and be in better control of their lives and health.

**Keywords:** Adolescence, Sexuality, Education

## 1. Introduction

Many young people without guidance from responsible adult make decision daily about sexuality relationship and health issues and many times such decisions do not benefit from accurate information and are not based on clear, well-considered values. Adolescents are left on their own to make sense of the conflicting messages they receive from the media, their peers, families and schools (Action Health, Inc, 2003). To respond appropriately to these messages, adolescents require honest, open and informed communication. Adults need to communicate with young people about all aspect of sexuality openly, consistently and regularly. When these young people have access to facts, they can correct misinformation, challenge myths and clarify their own values. When they are assisted to communicate effectively with adults, and behave appropriately they are better able to express themselves and can ask for help when necessary, stand up for their own values, communicate their concerns to their parents and health providers, and be in better control of their lives and health. Thus, access to comprehensive sexuality education is essential to adolescents because it helps to achieve all these and more. This paper discussed educational implications of adolescents' sexual development.

## 2. Sexuality

Strong and Christine (1997) defined sexuality as a core dimension of being human which include sex, gender identity, sexual orientation, emotional attachment or love and production. It is much more than sexual intercourse. Rather, it includes all the feelings, sexual thoughts, attitudes, experience, learning, ideas, values, and behaviors of a person, whether female or male. It also refers to the totality of who you are, what you believe, what you feel and how you respond (Action Health, 2003). Sexuality involves all aspects of one's personality and behaviors that reflect one self and is affected by one being male or female.

Adolescence sexuality is a planned process of education that fosters the acquisition of factual information of positive attitudes, beliefs and values as well as the development of skills to cope with the biological, psychological, socio-cultural and spiritual aspect of human sexuality (Steinberg, 1995). The bottom line is to promote sexual health by providing learners with opportunities to cop and prepare themselves.

The testes primarily release testosterone and the ovaries predominately dispense estrogen, female gonads are activated and commence the mass production of the necessary chemical (Slap, 2001). The production of these hormones increases gradually until sexual maturation is met. Some boys may develop gynecomastia due to an imbalance of sex hormones, tissue responsiveness or obesity. (NYdick, Buston, Dale and Rawson, 1961). Changes in pubertal period for both boys and girls include:

- Growing taller (proximal-distal growth).
  - Voice changes in males
  - Growth spurt (accelerate growth in weight and height)
  - Development of breast (more noticeable in girls).
  - Hair growth on parts of the body.
  - Public hair on and around the genitals.
  - Under arm air appears.

- Body hair on arms and legs.
- Sweat glands cause increase in perspiration to rid of waste products.
- Acne eruption.

Girls usually mature faster than boys, but both experience an increase in height and weight changes in the structure of the body, development of sex organs, and great deal of emotional turmoil. Girl's thighs and hips become bigger and their breast begin to grow. Boys shoulders broaden and their muscles become bigger and stronger. Some boys experience temporary enlargement of the breast during puberty (Action Health, 2003).

### **3. Female Changes**

The sex hormones responsible for growth and development in females are estrogen and progesterone. Nydick et al, (1961) suggested that estrogen has several effects on pubertal development. The hormone stimulates the growth of the uterus and the thickening of the vaginal lining.

### **4. Menarche and Menstruation**

This is the onset of menstruation is also called menses, is the blood and tissue that come from the uterus when fertilization does not occur. It is the self-cleaning action of a healthy uterus. Menstruation is an important developmental milestone for girls in much of the same way wet dreams are for boys (Al-Sahab, Ardern, Hamedeh, and Tamim, 2010).

### **5. Vaginal Secretions/Fluids**

At puberty, girls produce a certain amount of clear whitish, non-irritating, odorless fluid from the vaginal. Vaginal secretion results from discarded cells and droplets of mucous from the cervix, the mucous cleans and moistens the vagina and help protect the uterus from infection. A change in vaginal secretion is an indication of infection of an infection (Acetier Health, 2005).

### **Male changes in puberty**

The hormone responsible for changes in males is testosterone which is produced in the testes. Changes that stimulate the hormones are similar to that of the girls.

- Growth spurts: boys grow taller and increase in weight.
  - Body shape: broadening of the shoulders, muscle all over the body begin to grow larger, especially the thighs calves and upper arms.
  - Penis begins to grow longer.
  - Hip narrows. Facial hair: growth of beard and moustache.
  - Chest hair: the amount of hair may be a family hereditary trait.
  - Hair growth: this occurs on the armpit and legs, body hair tends to be coarse.
  - Voice change: voice deepens due to the enlargement of the larynx.
  - Can eruption due to increase in skin oil.
  - Wet dreams: the major landmark of puberty for male characterized by spontaneous ejaculation when the body is at rest.

### **6. Spontaneous Erection**

According to Tanner (1972) boys often experience erection during puberty. Due to the surge of hormones, erection occurs frequently and at the most inconvenient moments. Erection refers to a situation where the penis is filled with blood and becomes larger and harder: infants, boys and men can have erection (Carrera, 1981). During puberty, the male boy changes internally as well. The testicles and penis grow and produce sperm which is microscopic in size and protected by the whitish fluid called Semen. Adolescent male may be surprised or upset, it is important to prepare males for the changes that may occur in their bodies in the same way that adults need to prepare females.

### **7. Circumcision**

Circumcision is the removal of the foreskin around the end of the penis. In most Nigerian societies, male circumcision is carried out usually few days after birth, in many societies, the males are never circumcised, while yet in others, it is one of the rites of passage carried out upon attainment of puberty (Action Health, 2003).

### **8. Pubertal Development**

The development of adolescence is demarcated into three phases: pre-pubescence, pubescence and post pubescence. Strong and Christine (1997) maintained that secondary sexual characteristic develops in pre-pubescence period where both male and female are similar in strength and growth. It involves asynchronous growth, where limbs that are far away from body grow before those that are near the body. Pubescence period is

characterized by the evidence of sexual maturity, gradual maturation in size and functioning of the primary sexual characteristic (organs relevant for reproduction) and the appearance of secondary sexual characteristic like distribution of fats in the breast, hips and buttocks in girls, and enlargement of Adams apple, appearance of hair on chest in boys. The post pubescence period according to Strong and Christine is marked with the development of more advanced sexual characteristics and slow or decreasing rate of growth. Male and female sex organs matured, changes in facial configuration, increase in strength and in subcutaneous tissue, and spread of pigmented hair. (Wilson, 1999). As a result of these changes, adolescents feel awkward and clumsy which also make them anxious and wonder if they are normal.

Small and Schultz (1990) opined that the ratio between muscle and fat among post-pubertal boys is around three to one, while for girls is about five to four. This may help explain sex differences in athletic performance. Peterson and Taylor (1980) suggested that these changes lead to increase in strength and tolerance for exercise. Sex differences are apparent as males tends to develops larger hearts and lungs, higher systolic blood pressure, a lower resting heart rate, a greater capacity for carrying oxygen to the blood, a greater power for neutralizing the chemical product of muscular exercise, higher blood hemoglobin and more red blood cells,

Despite some genetic sex difference, environmental factors play a significant role in biological changes during adolescence. For example, girls tend to reduce their physical activity in preadolescence (Goran, 1998) and may receive inadequate nutrition from diets that often lack important nutrients, such as iron (Johnson, Wang, Smiciklas-Wrigh and Guthrie, 1994). Savage and Scott (1998) stressed that these environmental influences in turn affect female physical development.

## 9. Adolescence Sexual Development

Sexual behavior is a natural phenomenon. To the Freudian psychologists, this is in line with personality development (Hadfield, 1962). Generally speaking, sex urge is stimulated in adolescence at puberty. Shenker and Seildkrout (1974) observed that the internal pressures during pubertal changes lead to the development or sexuality in adolescent. These include, particularly, the development of secondary sex characteristic reflected in nocturnal emission in boys and menstruation in girls. Expatiation further, Anikweze (1998) observed that at puberty the gonadotropic hormone from the pituitary gland begins to excite the sexual organs to action. Many psychologist therefore, concluded that sexual development in adolescent has its roots in the biological development of an individual but that individual sexual behavior depends on the societal constriction and the level of cultural passiveness which determines mode of sexual gratification and forms of approved sexual appetites.

References (Hilgard et al, 1997) were made to the “Storm” and “Stress” supposedly experience by adolescent due to restrictions on sexual activities. Geathoals (1974) however, argued that societies determine their own acceptable sexual mores of the person who is biologically matured but not yet economically responsible. He maintained that stress and storm in relation to sexual activities of adolescents did not exists in the Africa traditional societies because the girls married early and boys became accepted as adults assuming adult roles by getting married too. He further observed that the African tradition placed high premium on chastity, purity and self-control and young one were bred up along that part of high moral values. Thus, he concluded, the adolescent in tradition African culture experience no stress and storm in transition to adulthood. Similarly Dreyer (1974) maintained that even in the contemporary African society, the incidence of sexual stress and storm is not experienced by Nigerian adolescents due what he termed “sexual revolution”.

## 10. Sexual Orientation

Sexual orientation has been defined as an erotic inclination towards people of one or more genders, most often described as sexual or erotic attraction (Saewye, 2011). In recent years, psychologists have sought to understand how sexual orientation develops during adolescence. Some theories believe that there are many different possible developmental paths one could take, and that the specific path an individual follows may be determined by their sex, orientation, and when they reached the onset of puberty (Seawye, 2011).

In 1989, Troiden proposed a four-stage model of the development of homosexual identity (Troiden, 1989). The first stage known as sensitization, usually starts in childhood, and marked by the child becoming aware of same-sex attraction. The second stage, identity confusion, tends to occur a few years later. In this stage the youth is overwhelmed by feelings of inner turmoil regarding their sexual orientation, and begins to engage sexual experience with same-sex partners. In the third stage of identity assumption which usually takes place a few years after the adolescent has left home, adolescent begin to come out to their family and close friends, and assumes a self-definition as gay, lesbian or biosexual (Floyd, Stein and Terry, 2002). In the final stage known as commitment, the young adult adopts their sexual identity as a lifestyle.

Many adolescents may choose to come out during this period of their lives. One an identity has been formed, many others may go through a period of questioning or denial, which can include experimentation with both home sexual and heterosexual experience (Morrow, 2004). However, most African adolescents come out as

hetromature sexual identity. Those that come out as gay, lesbians, bisexual or transsexual (LGBT) are often at risk of ostracism, hurtful jokes and even violence. Morrow (2004) maintained that the suicide rate amongst LGBT adolescents is up to four times higher, especially in the West, than that of their heterosexual peers due to bullying and rejection from peers of family members (Gaylife.com).

### **11. Adolescents and Sexual Misconduct**

a. Premarital Sex: It has already been pointed out that arousal of sexual feelings is natural and common among adolescents. Durojaiye (1976) maintained that such is the strong sexual urge in adolescents that “what they feel, its strength and frequency and how to suppress, express and live with it takes much of their time”. However, in the traditional society there was high moral standard reflected in specific rules. One of the most appreciated virtues which is unfortunately dying out, was for girls to keep her virginity till she is married. In the wake of civilization, sexual caution has been thrown to the winds as youth engage in sexual intercourse with reckless abandon. Thus, premarital sex resulting from mutual consent is a common place in secondary schools. Ugoji (2009) observed that sexual activity has increased in the last thirty years. Boys, Anikweze said, are more easily stimulated than girls. Findings by Ajala (1987) revealed that about 50% of the sampled adolescents experienced sexual intercourse before secondary school graduation. In our contemporary society it is, “sex in” and “virginity out”. It is to be noted that those involved in this wholesome attitude face the consequences of contacting sexually transmitted infections (STIs) HIV-AIDS, unwanted pregnancy or even death through abortion by quack doctors (Ugoji, 2004).

b. Masturbation: Grinder (1972) said that masturbation is the stimulation of the genital and gratification of an individual which is common among adolescent boys and girls. Hadfield (1962) and Stokes (1965) observed that regular masturbation could lead to impotence but Wilson (1965) observed that it enhances mental health adjustments. In the practice, female adolescents use candles to stimulate the male sex organ while the boys improve their ecstasy of gratification of the genital by using soap foam. The method is used by adolescents as an alternative to sexual intercourse when tensed up (Anikweze, 1998).

c. Homosexuality: A homosexual seeks for sexual gratification from somebody of the same sex. For example, two females could choose to have sexual gratification by indulging in homosexual activity. Some believe that people practice homosexuality to test their abilities to perform. Others argue that adolescents engaged in it when they have no access to the opposite sex. Cases of school mothers fingering their college daughters in boarding house, Anikweze observed were discovered by some college authorities. In my practical experience as a college counselor for many years, cases of lesbianism were reported and investigated and proved to be true in some cases. It is to be noted that homosexuality is unacceptable and considered an abomination in especially, African societies. People who indulge in it carry a social stigma. However in the western World, cases of gay marriages legally contracted have been reported although such marriages they are controversial even in the countries where they were carried out. Whatever the case, homosexuality is harmful and adolescents should be encouraged to develop acceptable sexual behaviors.

### **12. Sexuality Education**

The need for sexuality education in schools cannot be over emphasized due to the deviant sexual behaviors among adolescents thus, far discussed. The high rate of sexual activity among adolescents and its consequences call for urgent intervention. It may be argued that adolescent’s growth and development taught in schools will suffice but whether the information transmitted is of any value is questionable (Ugoji, 2009). Arguing further on the need to teach sexuality education in schools, she contended that teenage pregnancy had been rampant because teens are ignorant about the whole process of production and fail to associate sex with pregnancy. According to her, unless adequate information about the body especially in the reproductive area is made available, teenage pregnancies will be on the increase and epidemic of unmarried mothers will continue to grow. Moreover, findings from Nigeria, Cameroon and India revealed that adolescents indulge in self-medication by buying drugs off the shelf from patent medicine stores, home remedies; or visiting traditional healers which are all harmful. Shertzer and Stone (1976) observed the powerful force of sex. They maintained that the teens know how to go to bed but do not know how to get out of trouble. Adolescents, according to them, should be made to know its meaning in order to make realistic and rational decisions based on self-control and individual code of conduct. Ugoji (2009) opined that parents are reluctant to discuss sex related issues with their children. This development she further observed, leads them to get (most times) wrong information from peers, print and electronic media and even makes them more curious to find out what their parents hide from them. As a result, many adolescents become pregnant and teenage-parents. Shertzer and Stone (1976) emphasized the need for sexuality education to replace ignorance, secrecy and guilt with knowledge, understanding openness and rationality.

There are much controversies and misconceptions sexuality education as to the meaning, scope and methods of sexuality education. These controversies center on what to teach in sex education; who should teach

sex education and who sex education is taught to (Anikweze 1998, Egbule and Ugoji, 2000).

Nwajei (1995) defined sexuality education as a procedure which will assist young people to meet the challenges of life that center around sex instincts. It is a mechanism or procedure which enhances the protection, improvement and the development of the family on the basis of acceptable norms. Udoh (1981); Jackson and Julian (1997); Nwajei (1995) and Egbule and Ugoji (2000) presented the following as the scope of sexuality education:

- Provision of knowledge of human reproduction.
  - Check misuse and abuse of sex.
  - Provide adequate information on STIs.
  - Check activities of commercial sex workers.
  - Prevention and control of sex immorality.
  - Provision of information on the preparation for family life.
  - Use of contraceptives.
  - Marriage and relationship with the opposite sex.

Anikweze in his definition of the term observed that sexuality education implies instruction about sex and related issues such as the sex organs and their functions; the reproduction process; equality between sexes; hygiene during menstruation; nocturnal emissions and dangers of wholesome sexual activities. He further suggested that the scope of sexuality education should include sufficient details such as the structure and functions of the sex organs, pregnancy and its traumatic experiences, marriage and parenthood. He, however, disagreed with the aforementioned researcher on the inclusion of the use of contraceptive and the method of dealing with STIs and unwanted pregnancy in sexuality education syllables. This, according to him will encourage and motivate sexual intercourse among adolescents with avoidance strategies. This writer strongly opposes particularly the inclusion of contraceptive use in sexuality education because it is indeed an encouragement for youngsters to indulge in sex. Abstinence should be the watch word.

On the issue of who should teach sexuality education, findings by Castilo (1993), Hawkins and Ojaka (1992) revealed that parents and young people reported that they would prefer parents to be the main source of adolescent's information about sexuality. Anikweze suggested that sexuality education should be taught by subject teachers to demystify the concept about sex as essentially esoteric. This writer is of the opinion that sex education should be taught by all stakeholders (parents, teachers, NGOs, religious leaders) who have the right information. Who should be taught sexuality education? Castilo, Hawkins and Ojaka observed that it should be taught to all young people married or single; male or female; rich or poor and sexuality active or inactive. Boys and girls; Anikweze suggested, it should be taught together in order to illustrate set roles in taking responsibilities for marriage, family and children.

## 12. Implications of Sexuality Education for Teaching

Teachers should not hesitate to talk openly about sex education when the need arises; they should call a spade a spade.

- Government should make the teaching of sexuality education compulsory in schools.
  - Male and female teachers should teach it in schools to both sexes. A situation where the female teachers teach only girls and vice versa will further mystify it.
  - Teachers should encourage adolescent to channel their energy to sports, games, clubs and societies for an idle mind is the devil's workshop.

### Implications for Counseling

- Counselors in schools should organize talks on sexual to supplement the regular lessons.
  - They should organize visits to motherless Babies Homes to make students see the realities of unwanted pregnancies resulting from pre-marital sex.
  - Pair educators could be used by counselors to disseminate information about sexuality in schools.

### Implications for Parenting

- Parents should be open about sexuality issues rather than treat them as taboos.
  - They should give prior information about pubertal changes and its implication for reproduction to their children.
  - Adolescent male and female children should not be allowed to sleep in the same room.
  - They should watch out for the books, magazines and films their children read and watch.
  - Their access to the Internet should be strictly monitored; be aware of "sex shop".

## 13. Summary and Conclusion

The paper has discussed sexual development during adolescence and sexual deviant activities among adolescents. Light was also shed on sexuality education, the need to teach it in schools and its implications for teaching,



counseling and parenting. Based on the stark realities on ground, therefore, it can be concluded that the teaching of sexuality education in schools is imperative to guarantee the future of our teenagers.

## References

- Abbassi, V.(1998). Growth and Normal Puberty *Pediatrics* 102 (2 Pt 3); 507-11. PMID 9685454.
- Action Health Incorporated(2003).*Comprehensive Sexuality Education Training Resource Manual*.
- Al-sahab, B. Arden C.L, Hamadeh, M.J, and tamin H. (2010). Age at menarche in Canada results from the national longitudinal Survey of children and youth. *BMC public Health*.
- Ajala, J.A. (1987). "The current patterns of adolescents sexual Behaviors" *Journal of Teacher Education*, 1, 93-102
- Anikweze, C.M. (1998). "Sexuality in Adolescence" in Orji, A.S and Anikweze, C.M. (Eds.): *Adolescents psychology*, 188-125. Ibadan: De Ayo Publishers
- The Development of Person Perception in Childhood and Adolescence; From behavioral Comparisons to psychological constructs to psychological comparison".
- Brown, B, (2004). Adolescents' relationship with peers. In R. Lemer and L. Steinberg (Eds.), *Handbook of Adolescent Psychology*. New York Wiley.
- Castillo, S. (1993). "Costarica: Tools for Teens" *Populi* 20(2)" 89.
- Dreyer, P.H. (1975). "Sex, Roles and Marriage Among Youth-the 1970s" in Havighurst, R.J and Dreyer, PH. *Youth, the 74th yearbook of the National society for the Study of Education (NSSE)*, Chicago: University of Chicago: Press, 195-223.
- Durojaiye, M.O.A. (1972). "Attitude of Nigerian School children to Discipline and Authority" in *Psychology Guidance of the Child*, Ibadan: Evans Brothers Ltd.
- Egbule, J.F. and Ugoji, F.N (2000). *Understanding Adolescent, Psychology*. Ibadan: Entire Publishers.
- Floyd ,Frank J.; Stein, Terry S. (2002). "Sexual orientation identity formation among Gay, lesbian, and bisexual youths: Multiple patterns of milestone experiences".
- "Gay, lesbian, bisexual, transgender and Questioning Teen suicides-gay Teen suicide statistic".
- Goran, M. (1998). Developmental changes in energy expenditure and physical activity in children: Evidence for a decline in physical activity in girls before puberty. *Pediatrics* 101 (5), 887-891
- Grinder, E.R. (1972) ,"Adolescence: Variations on a theme", in Havighurst and Dreyer: *Youth, 74th yearbook of NSSE*, Chicago: University of Chicago Press, pp. 46-60.
- Grotevant, H.(1997). Adolescent development in family context. In N. Eisenberg(ED),*Handbook of child psychology(5th ed)*, vol 3; social emotional and personality comparison".
- Hadfield, K. and Ojaka, D. (1992), Review of the youth Programme of the family planning association of Kenya. Nairobi: International Planning parenthood federation, African Regional Secretariat.
- Hawkins, K. and Ojaka, D. (1992). Review of the youth Programme of the family Planning Association of Kenya. Nairobi: International Planning parenthood Federation, Africa Regional Secretariat.
- Hilgard, E.R. Atkinson, R.C. and Atkinson, R.L. (1971). *Introduction to psychology*. New York. Harcourt Brace Javanovich Inc.
- Johnson, R., Johnson, D., Wang.M; Smiciklas, Wright, H; Guthrie, H. (1994). Characterizing nutrients intakes of adolescents by socio demographic factors, *Journal of Adolescent Health* 15 (2).
- Kaplowitz, P.B, Slora E.J., Wasserman, R.C, Pedlow S.E, Herman-Giddens M.E (2001) Earlier onset of puberty in girls *pediatrics* 108 (2)
- Marshal, W. (1978). Puberty. In F. Falken and J. Tanner (Eds.), *Human growth*, Vol 2 NY: plenum.
- Moorow, Deana(Jan-March 2004). "social work practice with gay, lesbian, bisexual ant trans gender adolescent"
- Nwjei, S.D. (1995). "The Need for Sex Education in Nigeria Secondary Schools" *Nigerian. Journal of Physical Education*. 6(4), 54-61.
- Peterson, A., and Taylor, B. (1980). The biological approach to adolescence: Biological change and psychological adaptation. In J. Adelson (Ed), *Handbook of adolescence psychology*. New York; Wiley.
- Saewye, E.M.(2011). "Research on adolescent sexual orientation: Development, Health Disparities, Stigma, and Resilience"
- Savage M., Scott L. (1998). Physical activity and rural middle school adolescents *Journal of Youth and Adolescence* 27(2) 245-253.
- Shenker, R. and Schild Drrout, M. (1975). *Physical and Emotional Health of Youth*. Pp. 61-68.
- Slap, G.B. (2001). *Breast Enlargement in Adolescent boys*. M.D, University of Pennsylvania, School of Medicine.
- Smoll, F., schutz R. (1990). Quantifying gender differences in physical performance. A developmental perspective. *Developmental Psychology*. 26 (3): 3,
- Simmons, R. and Blyth, D. (1987). *Moving into adolescence*. New York: Aldine de Gruyter.
- Sisk, C.L, Foster, D.L (2004). The neural basis of puberty and adolescence *Nature Neuroscience* 7 (10).

- Steinberg,L.(2008). Adolescence, 8th ed . 270. New York, NY: McGraw-Hill. Troiden, R.R(1989). “The formation of homosexual identities”.
- Ugoji, F.N. (2009). “The Attitude of Parents Towards Sexuality Education in Secondary Schools in Delta State in The Counselor, Journal of the Counseling of Nigeria Association of Nigeria (CASSON)