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Chapter 7

Adolescence, Puberty, And Propensity For Sexual Activeness: Implication For Supportive Counselling Intervention

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Abstract

Adolescence as an season of life interesting to observe or experience, is characterized by and synonymous to puberty; beginning at the end of childhood, and spanning the entire teenage years. At puberty, adolescence maturation indices falsely projects adolescents as fully matured, ready to participate in rights accorded adults, including sexual rights. On the contrary, adolescence is better viewed as a growth period of the human sexual organs, and human sexuality, among others; in preparation toward adulthood, rather than a developmental stage in lifespan when teenagers' body should be cheaply sexually explored and exploited, before full sexual rights are accorded its victim. Ironically, the average adolescent already-saddled-with-conflicts, seeking to cope with the psychological impact of the changes at that developmental period is vulnerable to premature initiation into unwholesome sexual activities, and sexual activeness, resulting into additional complexities. Resulting complexities tend to become perpetual

distractions to life goal pursuits, among other effects. The implication of this is adolescents' need of supportive counselling, and counselling intervention by counselling professionals.

Keywords

*Adolescence *Sexual *Counselling *Teenage *Adolescent

Introduction

The adolescent need adult support. This is why the developmental stage, adolescence, coincides with educational exposure at High School, College, and/or Higher Educational Institution, a stage when guidance and counseling is still needed, as well as received, prior to and towards adulthood. Human adults need to understand the adolescents' make up (and so be able to prevent conflicts) Evbuoma (2011) or help manage them when the set in). Adolescence is the developmental stage at which adolescents' development is characterized by turbulence, owing to conflicts that have arisen from complexities resulting from response of the adolescent to abrupt/sudden changes initiated by hormones in his/her body. As a result, the adolescent is easily and often vulnerable to confusion, anger, and frustration, owing to mood swings; often needing adult help, and clarification on own perceptions, and impressions. However surprisingly, they outwit and out think the adult, having great analytical skills; this also due to accelerated hormonal activity altering their cognitive capabilities.

Characteristics of Adolescent, Sixteen years old and younger

A look at the adolescents' spiral growth pattern by Gesell (1982). It is at this stage that the adolescents' educational exposure of 5 or 6 years of secondary school culminate in the final examination Ordinary Levels examinations.

Gesell, Ilg, and Ames (1982) Spiral growth patterns of adolescents describes the norms of adolescents behavior in chronological sequence summarizing a few of the characteristics of adolescents of the age bracket so described, that is, age sixteen and younger as found below:

The Sixteen-Year Old: Prototype of pre adult: self aware, more independent, self confident, more balanced and integrated personality, more self control, thought more oriented towards the future. Cheerful, friendly, outgoing, and well adjusted. Boy girl companionship on a non romantic basis.

The Fifteen-Year Old: Large individual differences, difficult to describe. Rising spirit of interdependence, desire for freedom, increased tensions, and conflicts with parents and school personnel can lead to defiance, behavior problems, delinquency. Some perfectionist tendencies, beginning of self control.

The Fourteen-Year Old: Introversion now replaced by extroversion, characterized by energy, exuberance, a degree of self-assurance, sociability, interest own and other personalities. Bases friendship on similar interests and personality traits. Frequent identification with heros.

The Thirteen-Year Old: Become introspective, reflective, sensitive to criticism, overly conscientious, more critical of parents. Body changes affect posture, motor coordination, voice, facial expressions. Mood fluctuates from despair to self acceptance. Fewer but closer friends.

The Twelve-Year Old: Much of the turbulence of eleven-old has disappeared. Becomes more reasonable, tolerant, positive, companionable, sociable and enthusiastic. Trying to act grown up, be more independent of parents. Influenced by peers, aware of appearance, wants to wear what the crowd wears. Antagonism toward opposite sex is fading, plays kissing games at parties.

The Eleven-Year Old: Marks dawn of adolescence, beginning of biological changes that cause psychological changes: moodiness, impulsiveness, anger, enthusiasm, negativism, quarreling with siblings, rebellion against parents.

The Ten-Year Old: In a state of equilibrium and balance. Recognizes authority, accepts life as it comes, is confident and obedient, fond of home and friends of the same sex. Joins groups and organization. Strong sense of fairness. Careless in appearance. Near end of childhood.

Background to The Make-Up of The Adolescent Accounting For Adolescents' General Needs and Sexual Identity in Particular

As a developmental period, adolescence falls between childhood and adulthood, and it is marked, and defined by biological, social, and cultural variables. Three domains interact in the adolescent as he/she advances toward adulthood namely, the cognitive domain, the biological domain, and the social domain.

First, adolescence begins with a biological marker characterized by accelerated deep biological processes initiated in the brain, specifically in the hypothalamus which sends messages to the pituitary glands informing it "childhood is over"; also, stimulating the adrenals, relevant endocrine glands and reproductive glands of the body for hormones production, such as androgen and estrogen to bring on the onset of puberty.

Externally, puberty manifests in deep biological processes results breasts develop, so do the onset of menstruation, nocturnal emissions and growth of testes, scrotum and penis results in boys. At the same time, adolescent boys experience emergence of secondary sexual characteristics a deepened voice, facial and chest hair in boys and pubic hair in both sexes. Skeletal [growth spurt] and muscular development, and circulatory and respiratory systems are also all greatly altered.

Secondly, cognitively, undergoing rapid changes, the adolescent can analyze issues, outline them, and outthink the adult; he is able to abstract and to formulate hypotheses. The adolescent carry the brain of the adult, so to say, in a body yet growing towards adulthood.

Thirdly, socially, effect of psychological storms reputedly carried over from biological storms characteristic of the adolescent manifest themselves in interpersonal relationship with their peers and with adults. Also insecurity about self in relation to friends, fierce and unhappy struggle for self identity and a distrust and dislike (or preference of peer- above- parent) of parent representing the turmoil theory of adolescent development sees adolescent anguish as necessary, inevitable and means of separating selves from parents to form own identities. Seen as truly overwhelming and possibly difficult for some, extreme turmoil in adolescence is an exception rather than the rule; much depending on their temperament, childhood experiences, coping skills and social life.

Edo-Olotu (2006) lists growth indices typifying physical changes at puberty in boys, and girls:

Boys

- * Experiences rapid body growth.
- * Muscles becomes much more like those of men.
- * A dramatic increase in overall body size.
- * The beginnings of Beard on his face at inception.
- * Hair growing under arm and pubic region
- * Sex organs becoming larger like adult male's.
- * Voice different and deepens.
- * Skin eruptions common acne, pimples.
- * Fatigue because body invests so much in the growth process.

Girls

- * Growth Spurt occurs prior to first menstruation
- * Onset of Menstruation
- * Breast enlarge, and sometimes become sore
- * Hair grows under arm, legs, and in pubic region.

Physical changes at Puberty

- * Hormonal changes secretion of growth hormones which lead to tremendous gain in body size, and attainment of skeletal maturity.
- * Testosterone contributes to gain in body size of boys.
- * Estrogens released by girls' ovaries cause the breasts, uterus and vagina to mature, the body to take on feminine proportions and body fat to accumulate.
- * Estrogens help regulate the menstrual circle.
- * Adrenal Androgens, released from the adrenal gland on top of each kidney, influence girls height spurt, and stimulate growth of under arm and pubic hair.
- * Pubertal growth spurt takes place on the average, two years, earlier for boys than for girls.
- * Sleep deprived adolescents tend to perform less well in school.

Background to Understanding Adolescent Propensity for Heightened Sexual Expression

Factors resident within the adolescents (intrinsic factors) as well as factors without the adolescents (extrinsic factors) exerts on the adolescents mindset and aspiration generally speaking. Because of the upsurge of hormones within, and accelerated growth of physical features visible to the adolescent, he/she feels a heightened emotion for sex, which emotions are bottled within. Puberty therefore predisposes normal adolescents to propensity for sexual aliveness, sexual buoyancy, and sexual alertness; making some to be rather withdrawn, and others more outgoing.

Normal adolescents are susceptible to sexual exploration, and activities except that developmental tasks - getting education, aspiring toward a career, obligations to parents, family members and civil society - put a check on sexual pervasive excesses, and exploration. Adolescents who gainfully redirect libidinal energy to tasks disseminate energy elsewhere.

Nature's own way of achieving same result is nocturnal emission in boys. Susceptible to sexual exploration, and activities such as self sexual arousal/masturbation, pre marital sex, and in extreme cases, rape of others, are among sexual behavioral tendencies adolescents exhibit to release the pressure of built up sexual drive or libido.

Adolescents' desire to be treated more like adults generate often tentative conflicts; conflicts, because even though they carry on with bodies like adults, yet they are granted partial adult status. Adolescents experience mood swings, and would rather hang out with friends, who they perceive are sharing same experiences, than stay home with parents. Characterizing puberty therefore is a rise in parent-child conflict or authority-child conflict

Adolescence does end with a social marker in much the same way it begun with a biological marker puberty. Having felt that 'adult privileges' due them were not accorded them throughout adolescence stage, that denial ends when the full power of social status of the adult are accorded him at maturity age 18 years; 21 years.

Discussion

Sexually active adolescent clients seem to qualify to be tagged 'at risk' patients/clients, possessing great potential to contact and transmit infectious diseases at will or unwillingly. A variety of reasons would be responsible for why an adolescent would get initiated to premature sexual exposure and activeness: Appropriate parenting or lack of it, environment and influences, genetic and hereditary traits and predispositions are all factors that interact. Factors that all influence what the petals in a flower of the particular

adolescent bud in question as would open up to be, and be perceived by others are viewed from Erickson's Epigenetic principle.

The epigenetic principle says that we develop through a predetermined unfolding of our personalities in eight stages. The progress we make through each stage is determined in part by our success or lack of success in all the previous stages.

The task during normal adolescence is to achieve ego identity as well as avoid role confusion. Adolescence interested Erickson first and foremost of all eight stages; patterns manifested in adolescence were his basis for his thinking for all the stages. That is to say, The adolescent knowing who he/she is as well as how he/she fit into the rest of the society is what Ego identity imply. It also requires that he/she mould into a unified self image that his/her community finds meaningful, all of whatsoever he/she has learnt about life and about himself/herself. Erickson has it that, when the adolescent is confronted by role confusion, it signifies that he or she is suffering from identity crises, meaning that not only is an adolescent who is preoccupied with sexual activeness before season considered most due must probably be suffering identity crises, he or she may have lost out somewhere at preceding stages viz a viz Erickson Infancy or oral sensory stage (0-1 or 0-1 and a half: *Trust and mistrust*); Anal muscular stage or childhood(18 months-3years:*Autonomy vs shame and doubt*); Genital-locomotor stage or play age (3 or 4 to 5 or 6: *initiative without too much guilt*). Latency stage or the school-age child, 6 to 12 years: *develop the capacity for industry, while avoiding an excessive sense of inferiority.*) BEFORE (Adolescence, which begins with puberty, ends about 18 and 20 years: task during adolescence is to achieve ego identity as well as avoid role confusion.). Adolescence, of all eight stages, interested Erickson first and foremost simply because patterns he saw during adolescence were his basis for his thinking for all the stages before (and even after adolescence).

Erik Erikson's theory is personality based. He is a Freudian ego-psychologist. By this, we mean that he accepts Freud's ideas as basically correct, including the more debatable ideas like oedipal complex; and accepts the ideas about the ego by Heinz Hartmann by other Freudian loyalists like Anna Freud.

Nevertheless Erikson's peculiarity in comparison to most Freudians is that he is more society and culture oriented owing to his anthropological interests. He often pushes the instincts and the unconscious practically out of the picture.

Need For Support of Adolescence

Adolescents who, particularly, girls who lack adult guidance and/or counselling of some sort at this stage may get trapped in the promiscuity web of opportunistic adult male persons, or of those of other boys often in the same shoes; much owing to ignorance. Much heartaches could be spared the adolescent that is informed of the consequences of their sexual sensation seeking actions and behavior. It is at the developmental stage of adolescence that a host of counselors at the practitioner base develop psychotherapeutic intervention programmes either precaution or therapeutic based. Also sex education is never too late in so far as it is information based to prevent sexual excesses perversion which will generate regret on the tomorrow of the adolescent. However timely sex education is best.

Adolescents' parents, guardians, families, instructors, as well as their peers influence adolescents' motives and perspectives towards life's choices. This is because in some way or the other, all these entities exert some sort of influence or pressure on the young person's mind. While some of them are worthy example, and great, standing in the shoes of counsellors, available to allay the fears that characterize adolescents at the developmental period, and give direction to the species, others are the cause of adolescents increased vulnerability to sexual pervasions; the latter, a sad scenario, on adolescent sexuality.

Sexual incontinent adult of the opposite sex and uninformed, careless or frivolous unguided adolescents tend to tangle, and engage in illicit sexual activity to the hurt of the already conflict ridden adolescent.

Adult professionals who double as 'caregivers' and instructors to adolescents being trained and charged with the responsibility of manning adolescents are better able to forestall potential crises peculiar to the adolescent.(Evbuoma,2011) This is because, basically they are better equipped with knowledge of the adolescents' make up, and so operate from the background of that knowledge when interacting with them.(Evbuoma, 2011).

Counselling Intervention and Sexually Active Adolescents

Though counselling services are basically services that counsellors offer sexually active adolescents, specialized counseling services are advised. Other mental health professionals must contribute in counselling intervention too. Psychologists primarily provide assessment. Other services which counselors offer clients include, assessment, teaching, diagnosis, and case management. Primarily, mental health counseling are provided. For instance, counselling practitioners provide sexually active teenage clients with information by equipping them through teaching by which information is passed on to victims. Information on sexually transmitted diseases are an example of such. Knowledge is power, they say; therefore information dissemination creates insight into the world of the sexually dynamic, preventing on one hand outright sexual perverseness through information dissemination (a point of possible return), and on the other hand displaying the realities, and responsibility accruing to the behaviour vital in the guidance and the counseling process (possibly appoint of no retur). When a client needs serious psychological testing, it is necessary that the client be sent to the appropriate professionals; the same should be the case if

the intervention of medical professionals will be needed in other than counseling intervention or other expertise needed will translate to progress of the counseling encounter.

Clients who are victims of, and who need intervention on sexual perversion may need the intervention and expertise of psychiatrists, and specialized sex counselors. However for clients with a high propensity of sexual activeness, group and individual guidance sessions, and individual counseling sessions, exposes them to a wide variety of information and to details on communicable diseases; basically though, counselors cannot but make referrals to the professionals in the health sectors since the clients are at risk patients of some sort, being generally susceptible to sexually transmitted infections (STI).

STI are a group of infections that are caused by microbes or viruses often transmitted from one partner to another during intercourse (vaginal, anal, or oral). Following its entry of infection via initial transient manifestation of signs of illness, STI remains inside the body, damaging the reproductive organs.

Sexual Activeness, Teenage Pregnancy, and Adolescent Reproductive Health

Sexually active adolescents most often get caught in teenage pregnancy conflicts in spite of engaging in the use of contraceptives, and may have to mortgage educational career for premature family life. Adolescents comprise about a fifth of Nigerian National population, many of whom are caught between traditions, and changing cultures brought about by urbanization, globalised economies and media influences. It is sad to note that norms of chastity which are traditional mechanisms for coping with and regulating sexuality are being eroded resulting in early unprotected intercourse.

Nigeria National HIV/AIDS and reproductive Health Survey (NARHS) Nigeria (2007) report, show that a quarter of adolescent males, and half of the females were recorded to be sexually active, with 20.3% of the females and 7.9 percent of the males already engaging in sexual intercourse by the age of 15 years. National HIV/AIDS and reproductive Health Survey (NARHS) Nigeria (2007) reports NPC [Nigeria] & ORC Macro. (2004) as reporting that forty six (about 46%) of women nationally and about 70% in some regions give birth before 20th birthday. NARHS(2007) further report that among women aged 15-24 years who have given birth, only half received care from trained health care professionals during their pregnancy, an less than half received,, and less than a third received such care during their delivery.

National HIV/AIDS and reproductive Health Survey (NARHS) Nigeria (2007) reports the Allan Guttmacher Institute (2004) as reporting sexual intercourse among adolescents as carried on mostly only in the absence of contraception. "Consequently," it says, "incidence of unwanted pregnancy, unsafe abortions, HIV, and other STIs are high among adolescents". Overall, 17 % of women aged 15-19 years, have an unmet need for effective contraception.

Conclusion

Normal adolescents and challenged one need support from adult members of the society, because of easy proneness to crises and conflict. Nevertheless, those that are sexually behaviourally challenged need more understanding from the more matured adult members of society, particularly, from those trained to better intervene in there sexual behavioural concerns. With counseling interventions, coming from the expertise of such helpers, adolescents burdens will be generally lighter in terms of adjustments.

Recommendation

Stakeholders on the concerns of adolescents should be more empathic towards their challenges, and take up the challenge of given the specie an enviable future through profound timely interventions

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