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HEM 701: BASIC OF FAMILY EDUCATION

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MODULE 1

UNIT 1: FAMILY LIFE EDUCATION: CONCEPT AND MEANING

1.0 Introduction

By now you should have read through the Course Guide, which was sent to you as part of your instructional package for this course. If you have not, please ensure that you read the Course Guide before reading your study materials as it provides a comprehensive outline of the materials you will cover on a unit-to-unit basis, starting with the topic you are about to study: Family Life Education. The unit will guide you through several meanings and concept of the family. Let us look at what you should learn in this unit, as specified in the unit objective below.

2.0 Objectives

By the end of this unit, you should be able to:

- * Explain meaning of the family
- * Define the concept of Family
- * Describe family life education
- * Discuss how an identity is established.

3.0 Main Content

3.1 Basic Unit of the Society

3.2 Meaning and Concept of the Family

Family usually involves a residence in which family members, friends, relatives interact with each other, which is how human beings are influenced by each other. The common meaning, all over the world about family, is that family is a nuclear family unit which is structurally composed of a man and a woman who are married and have children. Different people have defined family in different ways and the definition reflects some thinking about the concept of family.

Parents, children relatives, servants, visitors, and so on live as a household usually under the headship of one senior member and share the same food and environment. Throughout history, although differing in form from place to place and time to time, there has always been this type of a social unit, and it has played a key role as a basic biological institution. It changes and adjusts but remains central for reproduction, and the rearing of children. The definition of a family is 'those members of a household who are related to a specific degree through blood, adoption and marriage.

Exercise 1.1

How will you describe the rearing of children in your family? Do you want to suggest some changes?

Let us continue our discussion

Conceptually, the family is both a biological and socio-cultural unit. As a social group ‘the family is characterized by common residence, economic, cooperation and maintenance, reproduction. It is a unit for primary socialization. It includes adults of both sexes, at least two of whom maintain a socially approved sexual relationship and one or more children of the sexually cohabiting adults (Murdock, 1949:13). From a wider perspective, we may say that family refers to all relatives living together who are related by blood, marriage or adoption.

The literature reveals a tendency to classify families according to residence patterns, authority figures, or degree of extendedness. A matrilineal family is defined as the recognition of kin on the mother’s side only. However, in understanding how matriarchal systems work, it is clear that they are not matriarchal vis-a-vis male a trustee that is paternal kinsman (Nsugbe, 1974).

The concept of the family is perhaps the most basic one in social life. Families are a universal phenomenon. Almost all individuals are members of a family during their lifetime. In the United Nations instruments, the family is referred to as the basic unit of society as we discussed in the first section of this unit. It is appreciated for the important socio-economic functions that it performs. It is important for you to note that in spite of the many changes in society that have altered its roles and functions it continues to provide the natural framework for the emotional, financial and material support essential to the growth and development of its members.

The family remains a vital means of preserving and transmitting cultural value. In the process of wholesale, transformative change, the family in Africa has been both purvey on and recipient, sometimes acting as the agent or alternatively being transformed by external. In some cases, this process has been adaptive in other, destructive, threatening family survival.

Exercise 1.2

Why do you think the family is the most basic one in social life?

At this stage, you deserve commendation for your active participation in our discussion. We must go on with our discussion. By looking at the family’s functions.

3.3 Functions of the Family

It is important for you to note that the family is an active social unit always changing and always related to other families within the society of which it is a part. Its functions are complex and far-reaching, but specific areas can be described as shown in Table 1.1

Table 1.1: Areas of Family Functioning

Biological	Psychology	Social cultural	Economic	Educational
Reproduction and child rearing	Emotional security Members	The transform of values relating to behaviour, tradition language and more	Acquisition of resources to fulfill other functions	Inculcation of skills, attitudes and knowledge relating to other functions
Rearing	Sense of Identity for Members		Distribution of resources expenditure savings	Preparation for adult life fulfillment of adult role.
Protections of health of family members at all ages	Maturation of personality	Socialization of children	Economic buttering of members of family	
Recreation for family and its members	Psychological protection	The formation of worms of behaviour for all stages in development and adult life		
	Ability to make relation ships outside the family			

Source: World Health Organization (1999)

Let us go on.

One possible grouping of these is into biological, psychological socio cultural, economic and educational (Table 1.1), and under each heading further analysis is possible. This table must, however, be recognized as a simplification for the purposes of description for each area, and each item within that area are related to and affected by all the other; all effect family well-being.

Exercise 1.3

Will you say any of the functions discussed above is the most important?

We will continue our discussion by looking at a task facing a particular group of people within the family.

Establishment of an Identity

The most important task facing a teenager is the establishment of an identity – that is, a strong sense of self. However, just as adolescents search for their own identity, they must also manage relations with both their parents and their peers. It is to be noted that relationships with parents change over the years.

Parents are sometimes angered, and even more frequently puzzled, by teenagers conduct. Children who have previously accepted their parents' judgments, declarations, and guidelines begin to question – and sometimes rebel against – their parents' views of the world. One reason for these clashes is the shift in the roles that both children and parents must deal with during adolescence. Adolescents increasingly seek autonomy, independence and a sense of control over their lives. Not many parents intellectually realize that this shift is a normal part of adolescence, representing one of the primary developmental tasks of the period, and in many ways they welcome it as a sign of their children's growth. However, in many cases the day-to-day realities of adolescents' increasing autonomy may prove difficult for them to deal with.

In many families, teenagers' autonomy grows gradually over the course of adolescence. For instance, one study of change in adolescents' views of their parents found that increasing autonomy led them to perceive parents less in idealized terms and more as persons in their own right. At the same time, adolescents came to depend more on themselves, and to feel more like separate individuals. It is also important to note that parental influence is rivaled by peer influence. Heterosexual friendships and adolescents confront an awareness of their own sexuality. The emergence of heterosexual friendship leads to questions about the expression of sexuality in adolescence.

From the foregoing, let us consider some questions; what are the attitudes of Nigeria teenagers toward sexuality? Are there major changes from past generations? Today's teenagers seem to be more sexually active than were their parents. Most probably, the parents of today's adolescent were more sexually active than their parents. Vener and Stewarts (1984) states that sexual drives exist in all people, regardless of age, colour, class, or nationality and that sexual development is a continuum – a continuous part of life from conception until death. In this connection, sex is like human learning which is also a continuum. However, sexual drives are more powerful in the adolescents (teenagers) when their human development is rapid and pronounced.

It is important for you to note that becoming sexual is an important aspect of development during the adolescent years, not only because it transforms the nature of relationships between adolescents and their peers, but also because it raises for the young person a range of trying and difficult questions, including effort to incorporate sexuality into a still developing sense of self. Remember that the prevalence of masturbation among adolescent boys is extremely high, nearly universal by the age of nineteen, but it is only half as prevalent for girls by this age.

Adolescents in Nigeria in particular and in the developing countries in general, were caught between traditions and changing cultures, which media brought about saturated environment, urbanization and changing culture. Popular modern culture now glorifies and encourages sexual activity and also the advice and services that would help adolescents protect themselves against some of the adverse consequences of early sexual activities.

Effa-Heap (1990:88) observes that a few generations ago, Nigeria with no television services and limited newspaper reading, the media's influence on sexuality was circumscribed. People were conditioned by their upbringing and the prevailing circumspect cultural attitude to believe that sexual matters should not be discussed openly and that women should value their sexuality as a necessary precursor of reproduction. Sexual feelings were not to be flouted. Consequently, most parents withhold as much as possible information on matters on sex. But in modern times, with education, it is particularly difficult to expect young people to maintain sexual responsibility when the media constantly bombard them with sexual matters.

4.0 Conclusion

- * In this unit you have learnt the basic unit of the society.
- * You have also learnt the meaning of the family and the concept of the family
- * You similarly learnt the basic functions of the family: biological, psychological, socio-cultural, economic and educational.
- * Finally you learnt about the establishment of an identity with respect to teenagers (adolescents) within the family context.

5.0 Summary

- * What you have learnt in this unit concerns the basic unit of the society.

6.0 Tutor-Marked Assignment

1. (a) Complete this statement: The concept of the family is perhaps thein.....
- (b) Families are.....
- (c) Five major areas of family functioning are
.....and
- (d) What is the most important task facing a teenager (adolescent)?
.....
.....

- (e) State one reason why children who have earlier accepted their parents' judgments begin to question their parents' views of the world.

.....
.....
.....

7.0 References

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UNIT 2: NEEDS OF ADOLESCENTS

1.0 Introduction

In unit 1, we discussed family life education. The unit also served to introduce you to other units in this course. You can now explain the meaning of the family. You should also be able to define the concept of the family, and describe family life education. You are about to study another interesting and applicable unit: **The Needs of Adolescents**. We will now consider adolescent well being. Let us look at what other content you should learn in this unit as specified in the objective below:

2.0 Objectives

By the end of this unit, you should be able to:

- Identify the needs of adolescents
- Explain the concept of family life Education
- Discuss the importance of Family Life Education

3.0 Main Content

3.1 Adolescent's Wellbeing

3.2 Needs of Adolescents

There are a number of needs that ought to be considered by the referral society of the adolescents. An adolescent boy realizes that he is physically able to undertake the normal activities of an adult and he wants to be recognized on the basis of such ability. In most situations, however, these adolescents are seldom allowed the opportunity to realize their needs to be recognized by the elders of the society and their parents. For example, an adolescent boy in his late teens may feel that he is as good a car driver as his father, and he wants the opportunity to drive his father's car.

If he is not given such opportunities to manifest his ability then he may even one day steal his father's or some neighbours's car to experience some adventure. This very act of stealing which could have been prevented by providing opportunity to the adolescent boy concerned by allowing him to drive his father's car under supervision can be held to have been fostered by the lack of opportunity for the boy concerned to have his need to learn new things fulfilled. It is important for you to note that all adolescents have their needs of being accepted neither adults nor children.

There is a further need to understand the adolescents of our society as evidence show that our attitudes towards adolescence is really based on some double standard. That adolescents are distinct from adults and children must be understood before we can expect from them normal code, of behaviour. In teaching teenagers, care should be taken to treat them with dignity, and then only dignified behaviour can be expected from them.

Let us continue our discussion

In many modern schools of today with progressive outlook late adolescents years of children are treated with care and understanding that they are the potential adult citizens of the society, who will share responsibility soon after leaving schools. Discipline, if any, should be self-discipline for late adolescent years, and they should be given responsibilities to share in the school and at home. Teachers with this progressive attitude towards these adolescents are appreciated by the children, and they confront fewer problems in teaching. The same is true for parents and elders of our society. Giving understanding to these adolescents, a sense of responsibility will be internalized into their personality, and few deviant behaviour manifestations will be observed. The look on your face suggests that you find our discussion interesting. I also commend your active participation. We must continue our discussion now.

Adolescents need security, particularly security of home, and security of life in their existence, both in the world of reality and in schools. There are many adolescents who cannot make up their minds as to what professions they should embark upon for themselves after they leave education. Counseling of the potential school leavers is thus a necessary concern of all educational programme. Lack of affection, love, and care of them in the home, and lack of recognition, dignified treatment in the school may create problems of emotional magnitudes in adolescent behaviour. Given the above discussion, the needs of adolescents can be stated as follows:

- (i) **Need for being accepted by his group:** This includes love from the intimate circle in the home, admiration by contemporaries, appreciation by teachers, and employers.
- (ii) **Need to learn new things:** Adolescents need to learn new things, to explore and experience new adventures.
- (iii) **Need to be understood:** If this need is not met, adolescents will take recourse to various antisocial activities.
- (iv) **Need to share responsibility:** This need implies that adolescents deprived of this opportunity, will satisfy these needs by stealing cars or objects, and so on.
- (v) **Need to have an overall sense of security:** In secure homes and environments will tend to create various emotional problems in adolescent behaviour.

In order to assess your level of understanding of our discussion, try your hand on this question.

EXERCISE 2.1

Which of the needs discussed above were met during your years of adolescence by your parents and your community? Why were others not met?

Let us go on with our discussion

3.3 Concept of Family Life Education

Family Life Education implies instruction about the family, human sexuality, parents and prevention of unwanted pregnancy. It deals with motivations for sexual behavior among adolescents, equality between sexes, hygiene during menstruation, nocturnal emissions and the dangers of unwholesome sexual activities. Knowledge of sexually transmitted disease/sexually transmitted infection, including HIV/AIDS and their prevention is also very useful for members of the family.

Exercise 2.2

What other topic(s) or area(s) of interest will you like us to discuss under Family Life Education?

We must go on with our discussion now.

Schools would seem to be the most logical place for a fully integrated programme of Family Life Education to be taught. Competent, relaxed personnel should handle such programmes. Teachers handling the subject should call uterus, uterus instead of ‘mummy’s tummy’. It is important for you to note that family Life Education is most effective whether handled by teachers, parents, religious, scholars, doctors or respected older young people if those doing the teaching are comfortable and are strong in insights by special formal training. As Fakunle (1986) sees it, family life education is not only a process of making the individual develop a positive and wholesome attitude toward sex, but also a process that will enable the individual to lead a full life, enjoy his/her life fully and of developing into a responsible member of the society to which he/she belongs.

3.4 Importance of Family Life Education

Alhassan (2000) states that, over the years, education has always been employed to remedy national ills in all societies. It was used to address the problems of racial discrimination in the United States of America and in Apartheid South Africa. It is being used to tackle the hydra headed problems of corruption, indiscipline and moral bankruptcy in Nigeria. The Federal Government in Nigeria should be commended for placing education as the first priority in the 1999 budgeting allocation. This is the second time in the history of Nigeria that the Federal Government would allow education its rightful place on the scale of national financial preference. However, this fitting investment is being threatened by many psychosocial problems such as teenage pregnancy, child sexual abuse, the scourge of HIV/AIDS, the burden of unwanted pregnancies among couple, and the sudden increase in the rate of sexually transmitted diseases, amongst others.

As has been argued elsewhere (Alhassan, 1993:90) if the school is a place to learn about life, there is nothing wrong with family life education programme in schools. Since it is natural to practice sex, it should be natural to practice knowledge about the act. We are on more solid ground if the major goal of family life education is not to affect the quantity of sexual encounters among youngsters, but rather to affect the quality and attitude the younger people have toward adulthood.

Data from several studies across Nigeria reveal that very few young people receive appropriate education and guidance about their sexuality. Surveys conducted nationally show that parents who ought to be the primary sexuality educators of their children, and communicate to them specific values about sexuality, play the least role in this area. Schools too provide little or no sexuality education for young people. Rather it has been found that the young people depend on their equally misinformed peers as the primary source of information on these issues (Eshiet, 1999). Yet, many studies and surveys carried out by Nigerian scholars reported that between 42 and 79 percent of adolescents are sexually active (Arkutu, 1999), Country Representative of the United Nations Population in Nigeria.

From your understanding of our discussion, what do you think should be the goal(s) of family Life education? Let us go on with our discussion

Any good programme of Family Life Education should include the following four objectives viz:

- 1) It should help the young person understand his sex organs and his sex feelings, and the organs and feelings of persons of the other sex.
- 2) It should help boys and girls understand the role that sexuality is probably going to play in enriching their lives through relationships with at least one particular person of the other sex.
- 3) It should help young people understand how married people are now learning to have only wanted children and the possible benefits of that new possibility.
- 4) It should help young people become aware of acts engaged in before marriage. They should be provided with enough insight about value to help them in their decision – making.

Let us look at the importance of family life education from the views of other experts.

Durojaiye (1976:24) recommends in the absence of initiation rites and other cultural practices, that family life education programme have the following aims:

- a) To cultivate correct reactions to sexual experiences
- b) To give correct and adequate factual information and

- c) Understanding of sex, its development, its function and its
- d) Expression
- e) To prevent the child from acquiring a sense of guilt, horror,
- f) Disgust or fear of sex
- g) To teach children continuing and widening sublimatory or sexual
- h) thoughts, feelings and acts,
- i) To cultivate in children self-respect and self-control, without
- j) blocking of repression, but with growing consideration for others.
- k) To introduce children to the role of parents.

The approach to family life education in both primary and post-primary schools may be constructive or preventive or both. Constructive education concentrates on giving factual information on such topics as physical and sexual maturation, reproductive anatomy and physiological and total development, and explaining the meaning of sexual behavior. Preventive education gives facts but concentrate on teaching children and adolescents what to avoid in sexual behavior and relationships. As of now, the nation losses greatly due to the incalculable harm done to Nigerians, especially teenagers, by quack doctors through the backdoor of their illegal clinics, carrying out illegal abortions.

Efforts to teach parents how to instruct their children must be intensified. Pamphlets for parents in various Nigerian and other languages must be published. In-school programme for teenagers who are already pregnant is another place for offering family life education. One immediate goal of such a programme is the prevention of a second unwanted pregnancy. But there are other important goals as well, such as completing secondary school and thereby reducing the disport rate, providing prenatal education to improve the chances of a successful pregnancy, and fostering good health for both mother and baby.

4.0 Conclusion

- In this unit you have learnt about adolescent wellbeing.
- You have also learnt the needs of adolescents. The most important of which are need for being accepted by his groups, need to learn new things, need to be understood and need to share responsibility as well as the need to have an overall sense of security.
- In addition, you learnt the meaning of family life education.
- Finally, you learnt the importance of family life education.

5.0 Summary

- What you have learnt in this unit concerns adolescent wellbeing
- The unit has served to introduce you to other units in the course.
- The major goal of family life education is not to affect the quantity of sexual encounters among youngsters, but rather to affect the quality of the attitudes the young people have towards adulthood.
- The approach of family life education could be constructive or preventive or both.
- The objectives of family life education were also discussed.

5.0 Tutor-Marked Assignment

1. a) identify four (4) needs of adolescents and briefly explain such needs.

- b) List any two (2) objectives of family life education programme

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UNIT3: MALE REPRODUCTIVE SYSTEM AND FUNCTIONING

1.0 Introduction

In unit 2, we discussed the need of adolescents. The unit also served to introduce you to other units in this course. You can now identify the needs of adolescents and explain the concept of **Family Life Education**. You should also be able to discuss the importance of Family Life Education. Time is now ripe for you to study a very interesting and revealing unit: male Reproductive System and Functioning. We will now consider physical growth and development. Let us look at what other content you should learn in this unit as specified in the objectives below.

2.0 Objectives

By the end of this unit you should be able to:

- Explain physical development in adolescent boys
- Describe what is meant by puberty in adolescent
- Identify the advantages and disadvantages of early maturation in adolescent boys

3.0 Main Content

3.1 Growth And Development

3.2 Physical Development

Two major psychological principles govern physical growth. The first of these principles is that growth generally begins from the head and moves towards the pelvic. This means that the development of the head precedes that of neck while the neck precedes that of the chest. This is referred to as cephalocaudal direction of development. The second principle is that the growth of the body proceeds in a proximodistal direction. This means that growth starts from central parts of the body and moves towards the outward or peripheral parts. This may explain why the forearm develops before the hand and fingers. Following this law, Sandstorm (1972:65) asserts that “At puberty a child has about 350 bones. After sometime some of the bones coalesce to form the fully developed skeleton which consists of 206 bones’

With this number of bones by late childhood and adolescence there is a more pronounced gain in muscular strength, physical size. Although, gains in strength, speed and capacity for coordinated movement occur in adolescence period yet it must be stated that the body reaches the maximum development of its physical powers at adolescence. In some motion areas, the zenith of ability in performance may be reached even before adolescence. This is why Jensild (1963:97) submits that one mark of maturity is a strong inclination to sit down, that is, to control unnecessary activities.

It is now time for us to discuss physical change in adolescent boys under primary and secondary characteristics to elicit understanding.

3.3 Primary Characteristics

The primary characteristic that ushers the adolescence period in boys is the growth spurt. This sudden rapid growth is often associated with pubertal growth at age 13 and lingers on up to age 17. It is usually observed that at the beginning of the growth spurt, around age 13 girls would tend to be taller and heavier. This trend generally seems to continue until age 15 when boys take over. The boys from 15/16 are generally taller and heavier than their female counter-parts. They hold on to this until adult. For boys, there is development round shoulder with hoarse voice. This hoarseness of male voice tends to make the female voice appear shrill but indeed sweet to listen to. Now, try your hand on this question.

Exercise 3.1

Take a closer, look at adolescent boys in your immediate surroundings. Will you say the adolescent boys are taller and heavier than adolescent girls?

How many of such adolescent boys are actually taller than adolescent girls.

You deserve commendation for active participation in our discussion. Let us go on now.

3.4 Secondary Characteristics

The secondary sex characteristics are all pronounced and connected mostly with reproductive organs. For the boys, the genital organs significantly increase in size. This significant growth in size is a preparation for the seemingly arduous job of effective and responsible activity and it is preceded by the growth of the testes and prostates organs. Public hair begins to grow around the age of 12, followed by the growth of under arm and facial hair.

In some ways, a boy's first ejaculation is roughly equivalent to menarche in a girl. However, while girls generally tell their mothers about the onset of menstruation, boys rarely mention their first ejaculation to either their parents or their friends. Moreover, there is little evidence that the first ejaculation causes boys much anxiety or worry (Gaddis, 1985). What are the explanations for this? I am sure you are eager to know. Let us go on. There are several possible explanations for this:

- i) It may be that the event is actually of little concern or interest to boys, and therefore not worthy of mention.
- ii) However, it seems more likely that boys see the first ejaculation as part of their sexuality, and area about which they are therefore reluctant to discuss with others.
- iii) Ejaculation is a private affair, but changes in body shape and size are quite public. Consequently, causing embarrassment by the changes that are occurring.

Exercise 3.2

Are all adolescents in your community developing at the same level of maturation?

We will continue our discussion now.

3.5 The Consequence of Early and Late Maturation

What are the social consequences of early or late maturation? One of the most persistent questions addressed by developmentalists who specialize in adolescence is whether early and late maturation bring with them any particular advantages or disadvantages.

For boys, early maturation is largely a plus. Early-maturing boys tend to be more successful at athletics. Presumably because of their larger size. Furthermore, they tend to be more popular and to have a more positive self-conception.

It is important for you to remember that early maturation in boys does have a downside. Boys who mature early are more apt to have difficulties in school, and they are more likely to become involved in truancy, delinquency and substance abuse. The reason: their larger size makes it more likely that they will seek out the company of older boys who may involve them in activities that are inappropriate for their age.

Overall, though, early maturation appears to be generally beneficial for boys, ultimately, early maturers end up being more responsible and cooperative in later life (Anderson & Magnusson, 1990; Ducan, 1985)

As with early maturation, the situation with late maturation is mixed, although in this case boys fare worse than girls. For instance, boys who are smaller and lighter than their more mature peers tend to be viewed as less attractive. Because of their smaller size, they are at disadvantages when it comes to sports activities. Furthermore, because of the social convention that boys should be taller than their dates, the social lives of late-maturing boys may suffer. Ultimately, these difficulties may lead to a decline in self-concept. Alhassan (2000:169) states that the self is a complex bundle of ideas, attitudes, opinions and values that the individual has to himself. He becomes aware of what and who he is. Consequently, it is obvious that the formation years are crucial in the construction of a positive or negative self-image. According to Livson & Peskin, (1980) the disadvantages of late maturation for boys may extend well into adulthood.

The change referred to above, seem to be ‘centers of attraction’ for the males and earn male comments and/or attention. The resultant self-concept becomes a function of whether the attention-seeking devices from males are negative or positive. Among other changes, hairs begin to appear particularly around the upper limbs and they begin to have beards. The pubic hair which is a characteristic for boys are found in the armpits and around the penis.

Exercise 3.3

As a person, I know you have some attitudes and values. Two of such attitudes are.....and.....

Two of such values are.....and

We will now continue our discussion.

It is important for you to note that the physiological changes, which begin in adolescence, affect the adolescence systems. All the human systems such as the respiratory, circulatory and digestive systems tend to attain their full growth and development at adolescence. This

is also true of the adolescent's heartbeat, blood pressure and pulse rate. After full adult stage recession of the power of these systems sets in, although, their rate or degree of recession differs from individuals to individual.

4.0 Conclusion

- In this unit you have learnt growth and development in adolescence.
- You have also learnt physical development
- In addition, you learnt primary characteristics in adolescent boys.

5.0 Summary

- What you have learnt in this unit concerns growth and development in adolescence.
- Adolescence is a period of rapid physical growth, including the hormonal and bodily changes associated with puberty.
- Puberty, whose timing is due to a combination of biological, cultural, and environmental factors can cause reactions in adolescents ranging from confusion to increased self-esteem.
- Early or late maturation can bring advantage and disadvantages.

6.0 Tutor-Marled Assignment

a) State and explain two important psychological principles that govern physical development in adolescent boys.

b) Complete this statement:

The primary characteristics that usher the adolescence period in boys is the

c) State two advantages of early maturation in adolescent boys

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UNIT 4: FEMALE REPRODUCTIVE SYSTEM AND FUNCTIONING

1.0 Introduction

In unit 3 we discussed male reproductive system and functioning. The unit also served to introduce you to other units in this course. You can now explain physical development in adolescent boys. You should also be able to describe puberty in adolescent boys and identify the advantages and disadvantages of early maturation in adolescent boys. It is now time for you to study another very interesting and very revealing unit: Female Reproductive system and Functioning. We will now consider physical growth and development. Let us take a look at what other content you should learn in this unit as specified in the objectives below.

2.0 Objective

By the end of this unit, you should be able to:

- Explain physical development in adolescent girls
- Describe what is meant by puberty in adolescent girls
- Identify the advantages and disadvantages of early maturation in adolescent girls.

3.0 Main Content

3.1 Growth and Development

3.2 Physical Development

Two major psychological principles govern physical growth. The first of these principles is that growth generally begins from the Head and moves towards the pelvis. This means that the development of the head precedes that of the neck while the neck precedes that to the chest. This is referred to as cephalocaudal direction of development. The second growth principle is that the growth of the body precedes in a proximodistal direction. This means that growth starts from central parts of the body and moves towards the outward or peripheral parts. This may explain why the forearm develops before the hands and fingers. Following this law, Sandstrom (1972:65) asserts that “At puberty a child has about 350 bones, after sometime some of the bones coalesce and the fully developed skeleton consists of 206 bones’

With this number of bones by late childhood and adolescence there is a more pronounced gain in muscular strength than in physical size. Although, gains in strength, speed and capacity for coordinated movement occur in adolescence period yet it must be stated that the body reaches the maximum development of its physical powers at adolescence. In some motion areas the zenith of ability in performances may be reached even before adolescence.

This is why Jersild (1963:97) submits that one mark of childhood is a strong desire to be active but also the most stable marks of maturity is a strong inclination to sit down, that is control unnecessary activities.

It is now time for us to discuss physical changes in adolescent girls under primary and secondary characteristics to elicit understanding.

3.3 Primary Characteristics

The primary characteristics that usher the adolescence period in both boys and girls is the growth spurt. This sudden rapid puberty is often associated with pubertal growth at age 13 and lingers on up to age 17. It is usually observed that at the beginning of the growth spurt, the girls whose ages are around 13 would appear to be taller and heavier. This trend generally seems to continue until age 15. The girls are generally shorter and heavier than their male counterparts. This phenomenon tends to give credence to the unscientific generalization that male are generally taller and heavier than females. Note that this generalization does not seem to take note of the fact that most modern girls take more care in “watching their weight” by controlling the quantity of carbohydrates they take than most of their male counterparts.

Exercise 4.1

Take a closer look at adolescent girls in your neighbourhood, will you say all of them seem to be ‘watching their weight?’ How many seem not to be ‘watching their weight’.

We must continue our discussion now:

For the female, their pelvic bones become broadened while their waist becomes circular. It is at this point in time that Nature prepares them for the arduous task of childbearing. As part of the growth spurt, the arms and the legs grow in length in preparation for other characteristics.

3.4 Secondary Characteristics

The secondary sex characteristics are all pronounced and connected mostly with the reproduction organs. For the girls, all the sex and reproductive organs develop to full maturity. The vagina develops for the penis and childbirths. The ovary and the womb all develop to their full size in order to perform their reproductive functions. The breast grows very significantly larger than the male breast and in some cases the growth is so pronounced that it begins to cause some concern to the young female adolescent. Generally, this occurs among the early maturers who sometimes are referred to as having ‘big breast’.

At this stage, we need to ask ourselves a relevant question: what triggers the start of puberty? Although we know what happens when it begins, no one has yet identified the reason that it begins at a particular time. You must remember, however, that it is clear that environmental and cultural factors play a role. For example, menarche, the onset of menstruation, and probably the most conspicuous signal of puberty in girls, varies greatly in different parts of the world. In developing countries of Africa, Asia and Latin America, menstruation begins later than in more economically advantaged countries of the United Kingdom, the USA, Europe (both Eastern and Western). Note also that even within wealthier countries, girls in more affluent groups begin to menstruate earlier than less

affluent girls. In the same manner, girls in more affluent groups within developing countries begin to menstruate earlier than less affluent girls. Consequently, it appears that girls who are better nourished and healthier are more apt to start menstruation at an earlier age than those who suffer from malnutrition or chronic diseases.

Exercise 4.2

Will you say adolescent girls in your neighbourhood are better nourished and healthier? How many can you count in either category?

That is good of you. Now, let us continue

It is important for you to note that other factors can affect the timing of menarche. For instance, environmental stress can bring about an earlier onset. To illustrate, one study found that girls from divorced families or families high in interpersonal conflict tended to begin menstruation earlier than girls from families with lower levels of stress (Grabber et.al. 1995).

Remember that secondary sex characteristics are the visible signs of sexual maturity that do not involve the sex organs directly. The pelvic bone to be able to perform well widens to match the physical size of the young girl. You must note that all these ‘rapid’ developments have significant influence on the adolescent girls’ self-concept. Remember that in unit 3 we learnt that the self is a complex bundle of ideas, attitudes, opinions, and values that the individual has to herself (himself) (Alhassan, 2000:169). This means that the adolescent girl become aware of what and who she is.

The adolescent girl notices the marked changes in and on her body with the resultant emergence of a new gait. These changes seem to be ‘centers of attraction’ for the males and earn male comments and/or attention. The resultant self-concept becomes a function of whether the attention-seeking devices from male are negative or positive. The pubic hair which is a characteristics for girls (and boys) are found in the arm-pits, and cover the external parts of the vagina for very hairy individuals the quantity is quite substantial even as early as age 16. In particular for female who posses much of the hair enzymes, the pubic hair over-flows on to their faces (beard), hands, legs and in some rare cases to the chests with their positive or negative psychological effects depending on the female adolescents’ personality and self concept.

The physiological changes, which bring in adolescence, affect the adolescence systems. All the human systems such as the respiratory, circulatory and digestive systems tend to attain their full growth and development at adolescence. This is also true of the adolescent’s heartbeat, blood pressure and pulse rate. After full adult stage recession of the power of these systems sets in, although, their rate or degree of recession differs from individual to individual while in some the recession has sex bias. The menstrual cycle that we mentioned earlier may appear as early as age 13 or wait as late as age 16. You must note here that girls tended to react menarche with anxiety. Today, however, society’s view of menstruation

tends to be more positive, in part because menstruation has been demystified and discussed openly. (For instance, television commercials for tampons are commonplace). As a consequence, menarche is typically accompanied by a rise in self-esteem, status, and self-awareness.

Girls generally tell their mothers about the onset of menstruation. This is not surprising because menstruation is a private affair, while changes in body shape and size are quite public. Consequently, teenagers entering puberty are frequently embarrassed by the changes that are occurring.

3.5 The Consequences of Early and Late Maturation

What are the social consequences of early or late maturation? One of the most persistent questions addressed by developmentalists who specialize in adolescence is whether early and late maturation bring with them any particular advantages or disadvantages. The answer, it turns out, differs for girls and boys.

In the case of early-maturing girls the obvious changes in their bodies such as the development of breasts may lead them to feel uncomfortable and different from their peers. Moreover, because girls, in general, mature earlier than boys in the first place early maturation tends to come at a very young age in the girl's life. Early maturing girls may have to endure ridicule from their less mature classmates.

On the other hand, early maturation is not a completely negative experience for girls. Girls who mature earlier tend to be sought after more as potential dates, and their popularity may enhance their self-concepts. Still, they may not be socially ready to participate in the demands and challenges of dating, and such situations may be psychologically challenging for early-maturing girls. Deviance from their later-maturing classmates may have a negative effect on them (Simmons & Blyth, 1987).

It is important for you to note that whether girls face difficulties with early maturation depends in part on cultural norms and standards. For instance, in the United States, the notion of female sexuality is looked upon with a degree of ambivalence. Consequently, the outcome of early maturation may be negative. On the other hand, in countries in which attitudes about sexuality are more liberal the results of early maturation may be more positive. Let us cite an example: in Germany, which has a more open view of sex, early-maturing girls have higher self-esteem than such girls in the United States. Furthermore, the consequences of early maturation vary even within the United States, depending on the views of girls' peer groups and on prevailing community standards regarding sex (Richards et.al., 1990).

Exercise 4.3

1. a) Do you know if some adolescent girls in your community face difficulties with early maturation?

b) How will you describe the socio-economic background of such girls?
Let us go on with our discussion.

The picture for late-maturing girls, on the other hand, is a bit more complicated. Girls who mature later may be overlooked in dating and other mixed-sex activities during junior secondary school and senior secondary schools years, and they may have relatively low social status. It is to be noted that late maturing girls' satisfaction with themselves and their bodies may (later) be greater than that of early maturers.

4.0 Conclusion

- In this unit you have learnt growth and development in adolescent girls
- You have also learnt physical development of adolescent females
- In addition, you learnt primary characteristics in adolescent boys
- Finally, you learnt secondary characteristics in adolescent girls.

5.0 Summary

- What you have learnt in this unit concerns growth and development in adolescent
- Adolescence is a period of rapid physical growth, including the hormonal and bodily changes associated with puberty.
- Puberty, whose timing is due to a combination of biological, cultural, and environmental factors, can cause reactions in adolescent girls ranging from anxiety to increase self-esteem.
- Early or late maturation can bring advantages and disadvantages.
- Adequate nutrition is essential in adolescent girls because it fuels physical growth.

6.0 Tutor-Marked Assignment

1. a) Complete this Statement

For the females, their pelvic bone becomes broadened while their waist becomes circular. It is at this point in time that-----

b) Two major factors that trigger the start of puberty are:

c) Two disadvantages of early maturation in adolescent's girls are:-----

-----and-----

d) State two advantages of early maturation in adolescent girls:-----

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UNIT 5: SEXUAL DEVELOPMENT IN ADOLESCENCE

1.0 Introduction

In unit 4, we discussed female reproductive systems and functioning. The unit also served to introduce you to other units in this course. You can now explain physical development in adolescent girls. You should also be able to describe what is meant by puberty in adolescent girls. Similarly, you should be able to identify the advantages and disadvantages of early maturation in adolescent girls. Time is now ripe for you to study a very interesting and revealing unit: sexual development in adolescence. We will now consider Human Sexuality. Let us take a look at what other content you should learn in this unit as specified in the objectives below.

2.0 Objectives

By the end of this unit, you should be able to:

- Explain adolescent sexuality
- List sexual moves
- Describe the crisis nature of the period of adolescence.

3.0 Main Content

3.1 Human Sexuality

3.2 Adolescent Sexuality

Sexual behavior is a natural phenomenon and the manifestation of sex behavior is quite common even among children of 5 & 7. To the Freudian psychoanalysts, this is in line with the child's personality development. However, note that most adults would regard infant sexuality as unacceptable monstrosities (Hadfield, 1962: 189). But quite naturally, babies even at the first year of life do play with themselves. The 'play' of course amounts to masturbation but without any interest in sex attached to it. The society becomes alerted when the incidence of sexual intercourse and obvious promiscuity become associated with growing children although reactions to such moral laxity depend on the cultural contexts. For instance, many parents in some parts of Nigeria would take very strong exception with the discovery that their daughters engage in sex before puberty is common. Whatever may be the case, adolescent sexuality is a theme of interest to educationist and schools personnel because adolescence coincides with the period of secondary level of education in Nigeria.

Sexual behavior emanates from physiological drive to seek for pleasure and the release of tension but it is also an expression of social motive leading most often to 'abiding personal attachments' (Hilgard, 1971:8). The development of heterosexual interest during adolescence is natural and the development of a satisfactory sexual relationship is a significant milestone in the emotional life of the adolescents.

Exercise 5.1

Is child marriage a problem in your community? What do you think should be done to remedy the situation?

Let us continue our discussion

Generally speaking, sex feelings tend to be stimulated in adolescence at puberty. Shenker (1974) states that the internal pressure attendant to pubertal changes lead to development of sexuality in adolescents. The level of experience, in any case, depends on the influence of the society and the peer group.

At puberty, the gonadotropic hormone from the pituitary gland begins to excite the sexual organs to action. It is, therefore, recognized by many psychologists that sexual development in adolescence had its roots in the biological development of the individual while sexual behavior depends largely on societal constrictions and the level of cultural permissive. This determines the modes of sexual gratification and the forms of approved sexual appetites. Thus, while strong influence on individuals' sexual behavior, the agents of socialization consisting of the family, peers, religious institutions and even the mass media, are man-centred and community-centred'.

Exercise 5.1

How will you describe the moral values among adolescents of today and those of ten years ago in your community?

Let us go on with our discussion

To many psychologists, the period of adolescence is viewed as a period of crisis. Crisis develops from the onsets of puberty manifested in bodily changes and secretion of hormones, and physical maturity when the cognitive maturity is still to come.

Although, Oladele (1989:43) writes that adolescence is a time of frequent turmoil, frustration, insecurity and struggle as the adolescent has to face many major conflicts, and decisions, adolescence is not by nature a period of storm and stress. The values of adults in Western culture lead it (the period of adolescence) to be one (of storm and stress).

Western culture patterns (except those of Scandinavia and perhaps a few other European Countries) are such that adolescents tend to find themselves in social environments full of continuing restrictions and frustrations for which have powerful repressive effects on sexual behaviour. We will now move on to the next section of our discussion.

3.3 Sexual Moves

Geothals (1974) maintains that every society prescribe its own 'acceptable sexual moves of the person who is biologically mature but not yet economically responsible'. In many traditional African cultures, sex behavior was guarded by specified taboos and abominations. There were little or no evidence of storm and stress because the girls married early, and the boys had limited developmental tasks to overcome to become accepted as

adults the attainment of which was accompanied by marriage. More significantly, the traditional culture was heavily laden in moral values and young ones, right from childhood, were groomed and nurtured in these moral values, which included chastity, purity and self-control.

The adolescent in traditional African society experienced no storm and stress in his transition to adulthood because, according to Akinpelu (1983:26) ' the African values are very practical and pragmatic: they are products of individual and community experiences and hence they are inadequately prepared and commonly have no satisfactory solution to.

Bigge and Hunt (1972) writes that although parents and other grown-ups have definite ideas of how childhood to adulthood should proceed. Usually these ideas seem rather nonsensical to adolescents, who must accomplish the change. In the light of the fact that adolescents consider dealings with their own age group signally important, the transition to adulthood can be very painful and difficult. Added to this is the fact that adolescents must find their place in a society, which is composed not only of their own peers but also adults to whom they, as citizens, job seekers, jobholders, parents, and voters must adjust. They must learn to be socially acceptable, to accommodate themselves to customers, and moves of their group. Also, and acting are out of true with adolescent peer-group ideals and values, adolescents are expected to adjust to those patterns.

It is also important for you to note that adult-adolescent conflict is a common phenomenon in Western culture, where to a large degree expediency determines patterns of thought and behavior. This situation generates many inconsistencies makes it doubly difficult for and adolescent to understand and adjust. The important point for you to note, therefore is that the amount of difficulty adolescents' encounter in relating themselves to their peer and adult groups largely determines the degree to which the adolescent period is characterized by storm and stress.

Note that the viewpoint expressed above has little empirical evidence to support it. We know that some studies of adolescents have indicated that adolescents do not regard their lives as filled with crises. For example, Coleman et.al. (1977). Summarize five large-scale surveys which concluded that there was little evidence to support the view that adolescents are more psychologically disturbed than other age groups.

In addition, Conger (1977:28) quotes an investigation in this area, which came to the conclusion that the typical teenager is a reasonably well-adjusted individual whose daily functioning is minimally manned by psychological incapacity. We also know that some adolescents are confused, but this is not because adolescence in itself produces confusion, but because they have no clear roles to follow and no assurance of continuity in the world in which they live. Also, we know that some adolescents do feel alienated from the world around them, but in most cases this is because their own parents themselves have serious doubts about the values of the world in which both generations live. Siann and Ugwegbu (1980) write that adolescence is not in itself a period of storm and stress, but it coincides with a number of rapid social changes, then adolescents will reflect these difficulties. We

can therefore say that the trauma of adolescence does not arise largely determined by external forces.

Let us continue with our discussion

In a non-western culture where transition into adulthood is gradual and relatively easy, there is little need for youth to be conscious of this participation in developing a new role for himself. Mead (1939) has described the developmental pattern of the mountain-dwelling Arapesh of New Guinea among whom transition from childhood to adulthood is easy. Both men and women are affectionate, trusting, and unaggressive. They consider bearing children and growing food the principal ends of life. The total community is the group to which all Arapesh feel they belong. All children refer to all adults by the same terms they use in speaking of their fathers and mothers.

After an initiation, which involves much ceremony but little hardship, boys gradually take over adult economic and social responsibilities. At age 7 or 8 a girl is betrothed to a boy several years her elder. During their adolescent years, both she and her betrothed are members of the same family and community groups. Thus, there are no sudden shifts from one group to another, and the transition from childhood to married life is very gradual. Here is very important example of how, in a non-western culture, a young person settles with little fanfare into his appropriate adult role shortly after puberty. In addition to performing adult social and economic duties he functions sexually as an adult. In societies such as this, the passage from childhood to adulthood is so smooth that it goes unrecognized as a special period.

Clap for yourself for active participation in our discussion. Let us continue, now

Even nowadays, the incidence of storm and stress among adolescence in Nigeria appears rarefied due to what Dreyer (1974), has described as sexual revolution. There seems to prevail amongst contemporary adolescents and unfitted permissiveness to indulge in sexual intercourse leading to consequences that are regretted for many years during adulthood.

4.0 Conclusion

- In this unit you have learnt human sexuality.
- You have also learnt adolescent sexuality
- In addition, you learnt that adolescents in non-Western culture may not necessarily experience crisis. The initiation rites and ceremonies are capable of ensuring that all activities go on smoothly.

5.0 Summary

- What you have learnt in this unit concerns human sexuality in general and adolescent sexuality in particular.
- Every society prescribes its own acceptable sexual moves of the person who is biological responsible.
- Adolescence is not in itself a period of storm and stress, but if it coincides with a number of rapid social changes, then adolescents will reflect these difficulties.

6.0 Tutor-Marked Assignment

1. a) Complete this statement:

.....emanates from physiological drive to seek.....and the release of tension but it is also an expression of.....leading an expression of.....leading most often to abiding.....

b) Explain two reasons why there were little or no evidences of storm and stress in traditional African cultures.

c) Answer Yes or No

Western culture patterns are such that adolescents tend to find themselves in social environments full of continuing restrictions and frustrations for which they are inadequately prepared and commonly have no satisfactory solution to.

Adolescence is not in itself a period of storm and stress, but if it coincides with a number of rapid societal changes, then adolescents will reflect these difficulties.-----

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UNIT 6: DEVIANT SEXUAL ACTIVITY DURING ADOLESCENCE

1.0 Introduction

In unit 5, we discussed sexual development in adolescence. The unit also served to introduce you to other units in this course. You can now explain adolescent sexuality. You should also be able to describe what is meant by sexual moves. Similarly, you should be able to describe the nature of the crisis that adolescents may experience. It is now time for you to study a most relevant and useful unit: Deviant Sexual Activity during adolescent well being. Let us take a look at what other content you should learn in this unit as specified in the objective below.

2.0 Objectives

By the end of this unit, you should be able to:

- Identify culturally accepted forms of sexual behaviours
- Describe masturbation
- List beneficial methods of letting off the steam during adolescence.

3.0 Main Content

3.1 Adolescent Wellbeing

3.2 Culturally Accepted Forms of Sexual Behaviours

The first point that you must remember in this unit is that the arousal of sex feeling is a common feature in the daily life of the adolescent especially after pubescence, Hadfield (1962), attribute the arousal to congestion of blood, which produces erection in boys and seductive behaviours in girls. Sexual play could occur if the boy and the girl have cordial relationship.

In developing countries of Africa, Asia, and Latin America, the sex play could be in form of the boy bullying the girl, twisting her arm, snatching her scarf, or sometimes pinching her breast while the girl delights in 'screaming', giggling. Pretentious arising, hitting the boy on the back and attempting to run away. These are culturally accepted forms of sexual behaviours amongst unmarried youths. However, contemporary youths have been implicated in their major forms of deviant sexual activity. These are masturbation, (which we will discuss in this unit) and homosexuality and promiscuity (which we will discuss in units 1 and 2 of the next module of this course. Now, try your hand on this question.

Exercise 6.1

Take a closer look at adolescents in your neighbourhood. Are the culturally acceptable forms of sexual behavior still being manifested?

Which of such behavior are more manifested?

It is now time for us to continue our discussion.

3.3 Masturbation in Adolescence

The maturation of the sexual organs during the start of adolescence opens a new range of possibilities in relations with other: sexuality. In fact, sexual behavior and thoughts are among the central concerns of adolescents. Almost all adolescents think about sex, and many think about it a good deal of the time (Coles & Stokes, 1985). So, what is masturbation?

For most adolescents, their initiation into sexuality comes from **Masturbation**, sexual self-stimulation. Grinder (1972), describe masturbation as the genital stimulation and gratification of oneself. It is quite common among most adolescent boys and majority of female adolescents (sterling, 1982, Hadfield 1962). While some authorities (Hadfield 1962, Stokes 1961), argue that frequent masturbation may lead to impotence and other destructive effects on the body and mind of the adolescents, Wilson (1965) suggests that masturbation facilitates mental health and social adjustment.

It is important for you to note that although masturbation is widespread, it still may produce feelings of shame and guilt. Why is this so? We will explain this now: There are several reasons for this.

- i) One is that adolescents may believe that masturbation signifies the inability to find a sexual partner. You must note that this is an erroneous assumption, since statistics show that three quarters of married men and 68 percent of married women report masturbating between 10 and 24 time a year (Hunt, 1979).
- ii) Another reason is the Legacy of shame remaining from misguided past views. For instance, nineteenth – century physicians and lay persons warned of terrible effects masturbations, including spinal disease, headache, epilepsy, various kinds of fits....., impaired eyesight, palpitation of the heart, pain in the side and bleeding at the lungs, spasm of the heart, and sometimes sudden death’ (Gregory, 1856).

I know you are eager to find out if anything can be done in situations we have just described. You will soon know. Suggested remedies included bandaging the genitals covering them with a case, tying the hands, male circumcision without anesthesia (so that it might be better remembered), and for girls, the administration of carbolic acid to the clitoris. One physician, Kellogg, believed that certain grains would be less likely to provoke sexual excitation – leading to his invention of corn flakes (Michael et. Al 1994).

Exercise 6.2

How do parents and elders react to the problem of masturbation among adolescent males and females, in your locality?

Well done for your active participation in our discussion. Let us continue now.

Most successful adults today would confess having adopted masturbation as an adjustment mechanism during adolescence, particularly when pressed by sexual desires at moments that, either they had no access to partners or they were simply scared dead by the possible consequences of 'irresponsible sexual intercourse' It is to be remembered that in the 1960s, methods of improved masturbation were freely discussed among peers. The boys used soapy foam to improve the ecstasy of gratification of the genital while the girls stimulated the male organ with candles during masturbation. Crystal (1990), describes masturbation as ' a normal process' and also adds that 'it is usually accomplished by sexual fantasies' Grinder (1972:10) suggests that such fantasies ' augment the adolescent's arousability in an affectionate heterosexual relationship'.

Some experts view masturbation as normal, healthy, and harmless activity (Leitonbery et.al. 1993). In fact, some suggest that it provides a useful means of learning about one's sexuality. You need to remember that much as masturbation may guarantee safety from the unwanted consequences of indulgence in sexual intercourse, it is a deviant behavior which should be replaced by more beneficial methods of letting off the steam during adolescent. So, what are these other measures? These other measure include participation is sports and games, and other pastime such as scouting, debating music, social service and the activities of school clubs and religious organizations.

4.0 Conclusion

- In this unit you have learnt culturally accepted forms of sexual behaviours. Examples of these are the boy bullying the girls, twisting her arm, and snatching her scarf amongst others. You have also learnt masturbation in adolescence. You have learnt opinions of experts on this.

5.0 Summary

- What you have learnt in this unit concerns identification of culturally accepted forms of sexual behaviours.
- You also learnt masturbation in adolescence.
- You similarly, learnt expert views on as masturbation in adolescence and adult groups.

6.0 Tutor-Marked Assignment

1. a) List 4 forms of sex play prevalent in developing countries of Africa, Asia, and Latin America.

- b) List 4 forms of reaction from the girl in any of the countries mentioned in a) above.

- c) Complete the sentence
For most adolescents, their initiation into sexuality comes from

- d) List 5 measures through which adolescent boys and girls could
let off the steam without any deviant behaviour.

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Congratulations! You have now completed your study of all the seven units (Course Guide + Units 1 - 6) in Module I. You will find the units in Module II equally interesting and more relevant: Enjoy it!

MODULE II

UNIT 7: HOMOSEXUALITY IN ADOLESCENCE

1.0 Introduction

In unit 6, we discussed and identified culturally acceptable forms of sexual behaviour from the perspective of Adolescence well being. You can now describe masturbation. You should also be able to list the beneficial methods of letting off the steam during adolescence. Time is now ripe for you to study another very specific deviant sexual behavior manifested by some adolescents: HOMOSEXUALITY IN ADOLESCENCE. Let us take a closer look at the other content you should learn in this unit as specified in the objectives below.

2.0 Objective

By the end of this unit, you should be able to:

- Explain the sexual orientation of adolescent boys and girls
- Define what is meant by homosexuality
- List the factors that induces people to develop as homosexual

3.0 Main Content

3.1 Adolescent Wellbeing

3.2 Sexual Orientation

When we consider adolescents' sexual development, the most frequent pattern is heterosexuality, sexual attraction and behavior directed to the opposite sex. Yet some adolescents do not follow this path. Instead, they experience homosexual feelings, sexual attraction to members of tier own sex. Alfred Kinsey, a pioneer sex researcher argued that sexual orientation should be viewed as a continuum, in which 'exclusively homosexual was at one end and 'exclusively heterosexual' at the other (Kinsey et.al., (1945) In between are people who show both homosexual and heterosexual behaviour.

Exercise 1.1

Is there anyone or group of individuals whom you know to experience homosexual feelings in your neighbourhood? How would you describe the social economic background of such (an) individual or individuals?

Let us continue our discussion.

3.1.1 Homosexuality

We now know that a homosexual is a person who seeks for sexual gratification from a partner of the same sex. Homosexual behavior in adolescence may be considered as a transitory phenomenon in the young persons' march to emotional maturity. Shenker and Schidout (1975:10), argue that homosexual interests often represent a 'temporary retreat from mounting heterosexual desires and anxiety concerning ability to perform'. There is also a belief that some homosexual activity may be induced by situation in which adolescents have no access to members of the opposite sex.

However, it becomes a deviant behavior when the adolescent is obsessed daily to indulge in homosexual activity. Let us cite specific examples to enhance your level of understanding: For instance, cases of painful over-fingering of 'school-daughters by their school mothers', have compelled some authorities of Girls' Secondary Schools in Nigeria to order or classes rather than in Houses that combine pre-pubertal girls with those noted that in the Houses, the older students, by virtue of their superior forms, relate with the younger students as fags and, those with homosexual interests abuse such relationships by indulging their fags in homosexual activities.

We have already pointed out in unit 5 that the development of heterosexual interest during adolescence is natural and normal. Hence, any form of homosexual behavior is abhorrent to the society and the community and may be treated like an outcast for denying his anatomical sex and behaving contrary to conventional morality. Note that the female homosexual (a lesbian) may exhibit passive interest in sexual relations, which will affect her marriage, or she may assume masculine roles and become a sex invert. Adolescents should be assisted to develop socially acceptable sexual behavior.

Exercise 1.2

Cast your mind back to your secondary school years. Were there cases of homosexual behaviour?

How did the school authorities handle such cases?

Let us go on with our discussion.

3.3 Factors that Induce People to Develop as Homosexual

The factors that induce people to develop as heterosexual or homosexual are not well known or understood. For instance, evidence from studies of twins shows a higher joint incidence of homosexuality in identical twins than in non-twins. Other research finds that various structures of the brain are different in homosexuals and heterosexuals. Hormone

production also seems to be linked to sexual orientation (Berenbaum & Snyder, 1995 and LeVay, 1993).

On the other hands evidence of a biological cause is not yet conclusive, given that most findings are based on small sample, (Byne & Parsons, 1994). Consequently, some researchers have suggested that family or peer environmental factors play a role. For example, Freud argued that homosexuality was the result of inappropriate identification with the opposite-sex parent (Freud, 1922/1959).

Note that the difficulty with Freud's theoretical perspective and other, similar perspectives that followed his is there simply is no evidence to suggest that any particular family dynamic or childrearing practice is consistently related to sexual orientation. Similarly, explanations based on learning theory, which suggest that homosexuality arises because of rewarding, pleasant homosexual experiences and unsatisfying heterosexual ones do not appear to be the complete answer (Isay, 1990). That this does not mean that all homosexuals lean toward creative fields of endeavour. They can be found as steel workers, accountants, clerks, and secretaries (Alhassan, in print). As history revealed, homosexuality increases in direct proportion to the spread of affluence and civilization in Greece at the height of its glory. By 1986, Greece has one of the lowest per capital homosexuality rates in Europe (Wilde, 1986).

Some psychologists focus on the period of puberty as a factor in homosexual development. According to Sullivan (1983), a child grows into puberty; he/she is faced with a number of crises of an intimate, personal nature. However, the youngster finds it difficult to discuss them in depth with parents, especially, with members of the opposite sex. This period has been called the 'buddy stage', because adolescents turn to members of their own sex with intimate problems.

Relationships with same-sexed friends at this time are quite intense and emotional, involving affection or physical contact, the kind seen when footballers hug or pat rear ends. At the same time, hormonal and psychological sex desires as rearing their heads, and these same-sex relationships increase in intimacy, at least, on an emotional level.

It is generally believed that homosexuals dominate the creative professions and industries. Time magazine, quoting Broadway Producer, David Merrick, states that in Hollywood, you have to scrape them off the ceiling'. It is true that in the worlds of art, entertainment, fashion, publishing, and advertising, there are a great many talented homosexuals, both male and female.

In essence, there is no accepted explanation for why some adolescents develop a heterosexual orientation and others a homosexual orientation. Most experts believe that sexual orientation develops out of a complex interplay of genetic, physiological and environmental factors (Gladue, 1994). But it must be remembered that adolescents who find themselves to be homosexual are of greater risk for depression, and suicide rates are significantly higher for homosexual adolescents than heterosexual adolescents (Rotheram Borus.et.al., 1995).

4.0 Conclusion

In this unit, you have learnt adolescent well – being. You have also learnt sexual orientation. You must have also learnt homosexuality and the factors that induce people to develop as homosexual.

- You have learnt expert opinions on the deviant behavior of homosexuality.

5.0 Summary

- What you have learnt in this unit concerns adolescent well – being.
- You also learnt sexual orientation in adolescence.
- You similarly learnt expert views on homosexuality
- You also learnt factors that may induce people to develop as homosexual.

6.0 Tutor-Marked Assignment

1. a) What is the most frequent sexual development among adolescents?

b) How do you describe sexual attraction to members of one’s own sex?

c) Describe who a homosexual is.

d) How do you describe sexual attraction to members of one’s own sex?

e) Complete this sentence; Adolescents who find themselves to be homosexual are of greater risk of

_____and_____

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UNIT 8: PROMISCUITY IN ADOLESCENCE

1.0

Introduction

In unit 7, we discussed Homosexuality. You can now explain the sexual orientation of adolescent boys and girls. You should also be able to define what is meant by homosexuality. In addition you should be able to list the factors that induce people to develop as homosexual. It is high time for you to study another very current, very meaningful and very applicable unit **Promiscuity in Adolescence**. Let us take a closer look at what unit as specified in the objectives below.

2.0 Objectives

By the end of this unit, you should be able to:

- Explain sexual perversion among adolescent boys and girls
- List sexually transmitted Diseases
- Discuss sexually transmitted diseases.

3.0 Main Content

3.1 Adolescent Wellbeing

3.2 Sexual Perversion

There are instances from the home that tend to generate clandestine sex behavior among adolescents. For example, poor homes with a number of children sleeping in the same room with the parents will be factors responsible for some of the children who would imitate their parents' sexual behavior quite early little attention to their own responsibilities towards their children's moral behavior and yet want the same behavior unquestioned all the time from them. Further the mass media in various forms. Make available to the children sex behavior of others reported in the press. In brief, inhibitions put on the curiosity of the children to know about sex would tend to generate powerful tendencies among them to satisfy sex urges in secret. If they are caught in the process of such deviant behavior they are classified as delinquents.

Exercise 2.1

Take a closer look at your immediate neighbourhood; will you say parents around their pay full attention to their own responsibilities towards their children's moral behaviour?

Let us continue with our discussion.

Sexual perversion or promiscuity is clearly the worst form of deviant sexual behavior during adolescence. Jersild (1970), noted that promiscuity among adolescents can arise as adjustment towards resolving anxiety generated conflicts. However, the consequences could be grave and overwhelming for the implications could remain with the victims for life. Of great significance are the repercussions of unfettered

sexual activity on the emotional biological and social (marital) life of the adolescent.

The results of complicated sexual relationship could be tragic for young persons. Ajala (1987) reported that only 20% of adolescents who engaged in sexual intercourse before graduation from secondary school indicated that they had always used contraceptive during sexual intercourse. Studies by Kanter and Zelnick (1972), suggest that a greater percentage of sexually active teenage women had incorrect notion about the period of greatest risk of pregnancy in their monthly cycle. Consequently, they become involved in teenage pregnancy with doubtful prospects for successful motherhood. The victims of either sex are bound to suffer unimaginable emotional stress particularly in traditional societies in southern parts of Nigeria where unwanted teenage pregnancy is regarded as an abomination.

Neither the adolescent boy nor the girl could face the shame brought to the family by such irresponsible misbehaviours. One possible outcome is that the pregnant teenage may be forced into uncelebrated marriage with any man that agrees to salvage her. Similarly, a teenage boy who impregnates girl may be forced to marry his partner in spite of his economic and social unpreparedness.

In some cases, teenagers with the problem of unexpected pregnancy in their hands had attempted to induce abortion through secret and crude means that often resulted in fatal consequences. Even where abortion has been successfully procured, it scare may leave the woman barren for the remainder of her life. Anyakoha (1991), provides five adverse effects of undisciplined sexual indulgence on the female adolescents. They include loss of self-respect especially contraction of venereal diseases, the scourge of unwanted pregnancy, the malady of uncontrolled prostitution and the difficulty to adjust to sexual fidelity in marriage.

Exercise 2.2

What has been the response of the Ministry of Education in your State to the problem of teenage pregnancy?

That is a very good response from you. Let us continue our discussion.

The results of an unintended pregnancy can be devastating to both mother and child. Without financial or emotional support, a mother may have to abandon her own education, and consequently she may be relegated to unskilled, poorly paying jobs for the rest of her life. An adolescent mother's physical and mental health may suffer as she faces unrelenting stress due to continual demand on her time.

The children of teenage mothers also do not fare well when compared to children of older mothers. They are more likely to suffer from poor health and to show poorer school performance. At this stage, let us ask ourselves a relevant question: but why do so many teenagers get pregnant given the fact that contraceptive information somehow widespread? There are several possible answers:

- a) Serious emotional problems such as lack of social adjustment, extreme isolation and loneliness.
- b) An extreme embarrassment about sexual matters, causing a gross lack of information about the sexual cycle and contraceptive especially in the girl, so that she rejects time and efforts necessary to prepare for safe intercourse.
- c) Religious beliefs that suggest practicing birth control during intercourse would be a double sin.
- d) A desire to punish a parent toward whom they have many angry feelings.

It is now time for us to discuss some of the dangerous effect of promiscuity in adolescence.

3.3 Sexually Transmitted Diseases

Because AIDS is spread primarily through sexual contact, it is classified as a sexually transmitted disease (STD). A major ailment that is ravaging the lives of Nigerians is STDs. 70% of people including teenagers have STDs. This is one of the reasons why some people fall sick often, complaining of typhoid, joint pains back pains, and so on.

According to Agual, (1992) a person's chances of acquiring and of developing sexually transmitted diseases depend on the following:

- i) The different number of sexual partners that one has: the greater the number of sexual partners, the greater the chances of infection;
- ii) The manner in which a person selects his/her sexual partners: This implies that persons selecting mates in discriminatory run a greater risk of getting infected.
- iii) The frequency of intercourse: This suggests that as the number of intercourse increases so does the chances of one's exposure to infection if one of the partners is infected (for example, picking up mates from the street, or prostitutes).
- iv) Specific sexual practices such as anal intercourse. Homosexuality, which we discussed in unit 7, is associated with a high risk of HIV infection, the virus that causes AIDs.
- v) The timing of intercourse can affect the likelihood of infections especially blood can easily be transmitted from the woman to a man.

It is important for you to note that sexually transmitted diseases are on the increase in all countries of the world, including Nigeria. At this juncture, we should be able to ask a relevant question: why are these diseases on the increase? I know you are eager to read the answer to this question. You will not wait for too long.

Hogan (1985) suggests that such increases are due to socio-cultural, psychological, biological, and demographic factors, which may be summarized as followed:

- a) The breakdown of traditional moral codes: Adolescents and youths and in some instances adults, nowadays just do what they like. Not only do they not listen to their parents and elders, they do not take advice from them- contrary to African tradition and culture.
- b) Not only had the rapid increase in social and economic development in the modern world generated conditions conducive to the spread of sexually transmitted diseases, the widespread societal tolerance and permissible attitude towards sex has also resulted in increased sexual activity – quantitatively marital and extra-marital intercourse. Note permits. Promiscuity and multiple sexual contacts that increase the change of infection (Achale, 1993).

The most common STD is Chlamydia, a disease caused by a parasite. Initially, it has few symptoms but later it causes burning urination and a discharge from the penis or vagina.

Another common STD is genital herpes, a virus whose symptoms are not unlike the cold sores that appear around the mouth. The first symptoms of herpes are often small blisters or sores around the genitals, which may break open and become quite painful.

Several other STDs are frequent among adolescents. Trichomoniasis, an infection in the vagina or penis, is caused by a parasite. It causes a painful discharge. Gonorrhea and syphilis are the STDs that have been recognized for the longest time; ancient historians recorded cases. Until the advent of antibiotics both diseases were deadly, today both can be treated quite effectively.

Exercise 2.3

Take a look back at your village (or town); Is it likely that you may record a high incidence of STDs among the adolescents? What about the adults as a group

4.0 Conclusion

In this unit, you have learnt Adolescent well – being. You have also learnt sexual perversion among adolescent boys and girls. In addition, you have learnt sexually transmitted diseases – the most deadliest being AIDs. Other are Trichomoniasis, Gonorrhea, and Syphilis

5.0 Summary

- What you have learnt in this unit concerns the need for society to ensure adolescent well – being
- You also learnt sexual perversion
- In addition, you learnt sexually transmitted diseases.

- You similarly learnt possible causal factors of sexually transmitted diseases.

6.0 Tutor-Marked Assignment

1.a) State a possible instance on the home front that may generate promiscuity among adolescents

b) The worst form of deviant sexual behavior during adolescent is _____

c) State 3 major reasons why teenage pregnancy is on the increase in Nigeria:

c) Complete this sentence:

_____ is the deadliest of the STDs.

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UNIT 9: MOTIVATIONS FOR SEXUAL BEHAVIOUR

1.0 Introduction

In unit 8, we discussed Promiscuity in Adolescence. You can now explain sexual perversion. You should also be able to list and explain sexually transmitted diseases. It is now time for you to study another exciting, relevant and applicable unit: Motivations for Sexual Behaviour Among Adolescents. We will now consider adolescent well – being. Let us take a closer look at what other content you should learn in this unit as specified in the objectives below.

2.0 Objectives

By the end of this unit, you should be able to:

- Describe sexual behavior among adolescent boys and girls
- Identify the motives for sexual behavior among adolescent boys and girls
- Explain motives for sexuality in adolescence

3.0 Main Content

3.1 Adolescent Well – Being

3.2 Sexual Behaviour

Why do we eat? Why is sexual behavior necessary? The motivational basis for eating is very well apparent. We eat because it satisfies a basic physiological need. If we do not eat for an extensive length of time, death may result. But we cannot make the same argument for you on sexual behavior. Although sexual behavior can also satisfy some basic human need, abstinence from it does not cause death as sexual behavior does not replenish nutrients for males than females, sexual behavior is necessary for and thus deletes nutrients. We know that sexual behavior is necessary for survival of the species. In addition, sexual behavior is dependent upon an interaction of genetic factors, hormones, and experience. Experience and learning play an important role in human sexual behaviour.

Today's adolescents are much more aware than their predecessors of sexual practices and types of sexual behaviours. They are much more accustomed to discussing them or hearing them discussed. We know that sexual activity among them is on the increase. Explaining the factors affecting teenager's behaviour, a top British psychologist, D. Spun (cited in Fox, 1998) claimed that:

- i) Children are being robbed of their innocence through constant exposure to sexual images. Magazines and newspapers are full of sexual innuendos and the clothes children are encouraged to wear are mini versions of adult clothes.
- ii) The unwillingness or inability of parents to set their boundaries of behavior for their children. This can happen as parents are naïve about how worldly-wise their children are. Parents are too busy sorting their own lives out to give sufficient time to their children.

iii) Children are brought up in a culture, which promotes instant gratification. People around them (children), often parents, are getting divorced at the drop of a hat and then they see the country's politicians having affairs, left, right, and centre.

Exercise 3.1

Given our discussion, and your understanding of same, would you want to make a suggestion on the frequency of sexual behaviour among married men and women? What will be the nature of your suggestion to adolescent boys and girls?

Well done

You can see what I mean by indicating that this unit is exciting, relevant, and applicable. Let us go on with our discussion.

3.3 Motives for Sexuality

Some persons are able to practice complete celibacy without apparent harmful effect to their personalities. The great majority, however, becomes highly irritable when their sexual needs are not met in some way. Sebald (1987), adapting the ideas of Mitchell, suggest six motives for sexuality.

- i) **The need for intimacy:** This need often conflicts with other such as independence and self-protection, but if unmet, it can cause intense depression. Traditionally, sexual interaction took place only when two people had achieved intimacy. Today, many youths believe that sexuality can help bring about a sense of intimacy.
- ii) **The Need for Belonging:** Most adolescents have a strong need to identify with group behaviour. The headers of an adolescent peer group, usually the more mature members, tend to engage in sex first. They offer a powerful model for the others, who wish to emulate their behaviour. Adolescents often date and go steady not so much because they sincerely like their partner as because it is the expected thing to do. Although dating and going steady are no longer expected, sex certainly is.
- iii) **The Desire for Power:** Both sexes have a need for control, sometimes expressed in the behaviours of male domination and female manipulation. The more mature form of this behaviours is the feeling of personal importance that each partner can get from giving the other satisfaction in lovemaking.
- iv) **The Desire for Submission:** Submission is the complementary need for power. Just as we sometimes like to have control, we also like to have the feeling of being taken care of.
- v) **Curiosity:** When a person's other needs are reasonably well taken care of, they have a desire to explore their environment and their capabilities in relation to it. It is natural therefore, for healthy adolescents to want to find out more about their new sexual feelings and to learn what directions their feelings can take (Alhassan, 1991).

vi) **The Desire for Passion and Ecstasy:** The Greek word ecstasy means ‘to be outside of oneself’. Medical researchers have suggested that people occasionally need to experience transcendence, the feeling of getting outside of and rising above themselves.

According to Sebald (1987), there are three benefits deriving from sexual passions: intense self-awareness, intense awareness of the other persons, and confirmation of the other person as someone who is intensely important to you.

Money (1990), divides our social attitudes toward sex using the beltline. That is,

- Sex above the belt
- Kissing, and
- Petting is romantic. However, because sex below the belt is dirty, lustful, and nasty, we should save it for the one we love. Dacey (1998), suggests a fitting seventh reason for sexuality.

vii) **Socially Approved Playfulness:** Society equates playfulness with being irresponsible and foolish. Yet all of us who are no longer children seem to feel the need for going back to that relaxed and happy period.

Exercise 3.2

Given your familiarity with some adolescents in your immediate community, which of the motives explained above are likely to be experienced by some of such adolescents

You deserve commendation for your active participation in our discussion. Let us continue with our discussion.

Adolescents are changing their orientation and concentration from productive activities is on the decline. A recent study found that most sexually experienced adolescents had their first sexual experience before the age of ten years (Lema, 1990).

4.0 Conclusion

In this Unit, you have learnt adolescent well – being. You have therefore learnt sexual behaviour among adolescent boys and girls. In addition, you have learnt the motives for sexual behaviour among adolescent boys and girls. You should therefore be able to explain motives for sexuality in adolescence.

5.0 Summary

What you have learnt in this unit concerns the need to ensure adolescent well-being

- You also learnt sexual behaviour among adolescent boys and girls.

- In addition, you learnt motives for sexuality in adolescence.

6.0 Tutor-Marked Assignment

1. State 4 motives for sexual behaviour among adolescent boys and girls.

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UNIT 10: SEXUAL HEALTH EDUCATION

1.0 Introduction

In unit 9, we discussed motivations for sexual behaviour among adolescent boys and girls. You can now describe sexual behaviour among adolescent boys and girls. You should also be able to identify the motives for sexual behaviour among adolescents. Also, you should be able to explain motives for sexuality in adolescence. Time is now ripe for you to study a most relevant, and applicable unit: Sexual Health Education. Let us take a closer look at what other content you should learn in this unit as specified in the objectives below.

2.0 Objectives

By the end of this unit, you should be able to:

- Define the concept of Health
- Define health in a most widely acceptable way
- Describe the experience of the unwed Teenage Parent

3.0 Main Content

3.1 Adolescent Well – Being

3.2 Definitions of Health

We understand the meaning of health but still we find it difficult to define it. Different people have different perceptions of health. Some feel that when an individual is free from any sickness or diseases he is healthy. Others feel that an individual is said to be healthy if he is well adjusted in social life and can function effectively even in stressful situations. Let us ask ourselves a relevant question:

What exactly is meant by health? You will be able to understand better if you go through the following definitions.

Health is defined as:

- a) The conditions of being sound in body mind or spirit and especially free from physical disease or pain (Webster).
- b) Soundness of body or mind: that condition in which their functions are duly and efficiently discharged (Oxford English Dictionary)
- c) A condition or quality of the human organism expressing its adequate functioning in given conditions – genetic and environmental.
- d) ‘A state of relative equilibrium of body, form and function which result from its successful dynamic adjustment to forces tending to disturb it. Remember that it is not passive interplay between body substance and forces impinging upon it but an active response of body forces working towards readjustment’ (Perkin cited in Indira Gandhi National Open University, 2000).

It is clear that the above-mentioned definitions give varied views of health.

We shall now try to look into the most widely accepted definition of health given by World Health Organisation. (WHO) which states that:

Health is a state of complete physical, mental and social well – being and not merely an absence of diseases or infirmity.

If you look at the definition carefully, you will realize that three aspects on dimensions emerge from it. These are:

(a) Physical (b) Mental and (c) Social.

Physical well – being means having the physical strength, endurance and energy to work towards your goals.

Mental well – being is ability to cope with the world in a way that brings your satisfaction;

Social well – being means development of relationships with others both with people in your immediate surroundings and with the larger community through cultural spiritual and political activities.

This also implies that the goal of health now calls for not only the cure or alleviation of disease. It calls for even more than prevention of disease. Rather, it looks beyond, to strive for maximum physical, mental, and social efficiency for the individual, for his family, and for the community.

Exercise 4.1

From what you have learnt so far in this unit, to what extent would you say that?

- a) Your state is inhabited by healthy looking Nigerians?
- b) Nigeria is inhabited by healthy looking Nigerians?

Well done. Let us continue our discussion.

The increasing incidence of psychosocial problems such as delinquency, truancy, teenage pregnancy, and so on makes it imperative for adolescents that should be protected from the harmful effects of deviant sexual behaviours. Now, let us look at the situations of adolescents who suddenly become parents.

3.3 Unwed Teenage Parents

What are the teenagers like who become unwed parents? The images of the fast and easy girl and sex-observed boy are surly false. Most of these couple may have had substantial relationships prior to the pregnancy, usually between three and six months. The idea that

unwed parents are usually from the lower socio-economic class and from one-parent families is not completely true.

The unmarried mother may be from a low or a high socio-economic background, live with either parents or neither live with sister/brother or guardian, have a firm or non-existent attachment to the father of the child, use contraceptives or fail to do so.

Several impulses are expressed in the pregnancy of an unwed girl. According to Josslyn (1985) the most frequently are – Feeling of inadequacy;

- the wish to be loved by someone, (such as an infant);
- a subconscious wish to give a gift to one's parents;
- a wish by the mother to use the baby as a substitute for her own father;
- a wish to be a better mother than her own mother was or is to her; and hostility toward men.

We can see very clearly that her problems will have to be dealt with by some group in society.

At this stage, a most relevant question arises: what should the adolescent girl faced with single parenthood do? Dresen (1996) offers some useful suggestions:

- i) Reach out to people for help when you need it.
- ii) Government should encourage the establishment of parents without partners (PWP) and other social groups in urban centers and large towns. Adolescents girls faced with single parenthood can gain tremendous support by listening to what others in similar situations have done.
- iii) Engage in some thoughtful and long-range planning about jobs and careers. Perhaps a return to school should be considered
- iv) Increase your knowledge about contraception and human sexuality.

We can now say that with more comprehensive education on human sexuality, with increasing knowledge and acceptance of contraception, it should be possible to decrease the number of unwanted children. It should also be possible to better prepare parents of those children who are wanted.

4.0 Conclusion

In this unit, you have learnt adolescent well – being. You have therefore learnt definitions of health from different perspectives. In addition, you have learnt the impulses expressed in the pregnancy of an unwed girl.

5.0 Summary

- What you have learnt in this unit concerns the need to ensure adolescent well – being.
- You also learnt definitions of health from different perspective.
- In addition, you learnt the impulses expressed in the pregnancy of an unwed girl.

- Finally, you learnt that with more comprehensive education on human sexuality, it should be possible to decrease the number of unwanted children.

6.0 Tutor-Marked Assignment

1. a) State two definitions of health.

b) State the most widely accepted definition of health.

c) Complete this statement:

The _____ teenage _____ lack
the _____
_____ and _____
Necessary to carry her through the present illegitimate pregnancy.

7.0 References

Dresen, A. (1996) **Premarital Experience of Boys and Girls in Sweden**, International Journal of Biology, Vol. 6, 28 – 34

Josselyn, P. (1985) **Sexual Behaviour of young People**. Chicago: McGraw-Hill.

World Health Organization (1990) New York.

UNIT 11: PREVENTION OF UNWANTED PREGNANCY

1.0 Introduction

In Unit 10, we discussed Sexual Health Education. You can now define the concept of health. You should also be able to define health in an acceptable worldwide scale. In addition, you can describe the experience of the unwed teenage parent. It is now time for you to study another relevant, applicable and most current unit: **Prevention of Unwanted Pregnancy**. Let us take a closer look at what other content you should learn in this unit as specified in the objectives below.

2.0 Objectives

By the end of the unit, you should be able to:

- Identify methods of preventing unwanted pregnancy that requires no medical supervision
- Identifying methods of preventing unwanted pregnancy that requires medical supervision.

3.0 Main Content

3.1 Adolescent Well – Being

3.2 Methods that requires no Medical Supervision

The best age for a woman to have a child is between 20 and 35 years. In younger mother, there is a much bigger chance of premature birth, while older mothers risk chromosomal errors. Preferably, a man should beget children before he is 45. Ideally, there should be an interval of at least two years between children; otherwise, the younger one may be of lower intelligence.

Prevention of unwanted pregnancy is otherwise referred to as family planning because it is designed basically as birth control methods within marriage context. However, within the context of Adolescent well – being, the youth ought to know about them, for the following reasons:

- i) In order to avoid unwanted pregnancy,
- ii) To avoid possible criminal abortion of unwanted pregnancy,
- iii) To avoid contracting sexually transmissible diseases in general and HIV/AIDS in particular.

You can see from what you have studied so far that this unit is relevant to the prevailing societal situation.

Today women have reliable and hygienic control over the number of children they have. Thus, the decision to use contraceptive should be a family matter. There is a choice of contraceptive alternatives: From a medical standpoint, there are two groups of birth control methods:

Group A: Those that do not require medical supervision.

Group B: Those that requires medical supervision.

The different methods in both groups will now be identified and explained to ensure that you have a clear understanding.

3.3 Methods that do not require Medical Supervision

The most important of these methods are:

- i) **Abstinence:** this method means one should not have sex. It is the best and safest method, particularly for single persons. It is important for you to note that present day pressure make its practice difficult but certainly not impossible.
- ii) **Coitus Interrupus:** This is another method for which the male is responsible. It interferes with intercourse more than any other method because it requires the man to withdraw his penis from the vagina prior to ejaculation. This may be difficult to practice and it may inflict some psychological trauma on either partner.
- iii) **Rhythm Method:** This means the avoidance of sexual intercourse during the mid – cycle, that is, during the fertile period, which lasts about a week in between the cessation of the last cycle and the beginning of the next. The advantages of this method are its simplicity, cheapness and acceptability of the Roman Catholics. Its major disadvantages are accidental release of female egg, which makes safe period unpredictable. The unsafe period may occur with a successful exam result on the news of the death of a dear person.
- iv) **Vagina Douches/Sponges:** The objective of this method is to flush out, and not to kill the spermatozoa. Consequently, water or soapy water is preferred to chemicals. The necessity of getting out of bed immediately after husband's ejaculation is psychologically unfortunate. Its advantage is being cheap and easy to perform. However, both have high failure rates.
- v) **Spermicidal Foam and Cream:** In recent times some spermicidal chemicals have been made into gels, creams, aerosol forms and foam tablets as means of contraception for the female partners. These are salts of heavy metals like silver or mercury. Women insert those about thirty minutes before intercourse. This method has been found effective especially for older women close to menopausal age when used consistently.
- vi) **Vaginal Diaphragm:** The vagina contains few nerve endings. Hence, use of a rubber diaphragm by the wife does not interfere with her enjoyment of intercourse with discs, which fit tightly into the mouth of the womb. Its advantages are its cheapness and lack of side effects. Of its disadvantages, one must be intelligent to use it.
- vii) **Condom:** Condom is an ancient method that is effective if properly manufactured. The rubber is best put on the penis at the beginning of erection. When used once, it should never be used again. Its advantages are ease of use and cheapness. Major disadvantages are that it is readily contaminated with semen; some people dislike the artificial barrier, which it creates. Remember that the effective use of condom is said to depend on the motivation of the male. Condom has the potential of preventing not only pregnancy but also sexually transmitted diseases and infections, including HIV/AIDS (Jersild, 1970).

Exercise 5.1

As a closer observer of adolescent boys and girls, which of the methods you have just studied would you recommend to adolescents in your community? State one reason in each case.

Let just continue our discussion

3.4 Methods that requires Medical Supervision

i) The Pills: This have three actions: They stop egg-release (ovulation), hinder the implementation of fertilized egg, and make the secretion at the mouth of the womb hostile to male eggs. This method is simple, cheap, and effective. It is the most reliable form of reversible contraception. Used correctly, it gives 100% protection against pregnancy. However, it may lead to irregular bleeding, unusual clots in the blood, fluid retention, weight gain, rise in blood pressure, and severe headache. These potentially dangerous side effects make medical supervision of oral pills essential.

ii) Intra-Uterine Contraceptive Devices (IUCD): This is a synthetic loop of various shapes (coils, bows, etc) and sizes. It may be inserted by a medical specialist tightly into the womb, with a short thread showing at the mouth of the womb. Essentially, it acts by preventing the implantation of a fertilized egg. In this regard, it is a form of abortion and that is why the Catholics reject it. IUCD is cheap and its insertion is simple and painless. A disadvantage is its tendency to lead to irregular and or excessive bleeding. Infection is very common

iii) The injection: One of such is Depo provera. The chemical substance is given by a deep intra-muscular injection once every three months. It prevents the release of the egg from the egg factory and the implantation of a fertilized egg. It could lead to common irregular bleeding. It is expensive.

iv) Sterilization: This is an operation on fallopian tubes, which stops eggs passing from ovaries to the womb. The normal menstrual cycle continues, but the operation is hardly ever reversible (Wright, 1981).

Exercise 5.2

Which of the methods studied would you recommend for women who have reached their menopause? Why?

Well done!

4.0 Conclusion

In this unit, you have learnt Adolescent well – being. You have therefore learnt Pregnancy measures that require no medical supervision. In addition, you have learnt Pregnancy Preventive Measures that require medical supervision.

5.0 Summary

- What you have learnt in this unit concerns the need to ensure adolescent well – being
- You also learnt pregnancy preventive measures that require no medical supervision such as vagina douches and spermicidal foam and cream.

In addition, you learnt pregnancy preventive measures that require medical supervision such as the intra uterine contraceptive devices and the injection.

6.0 Tutor-Marked Assignment

- a) Complete the statements:

The best age for a woman to have a child is between _____

- b) Preferably, a man should beget children before he is _____

- c) Prevention of unwanted pregnancy is otherwise referred to as _____

- d) Within the context of Adolescent well-being, the youth ought to know about contraceptive methods for the following reasons:

i) _____

ii) _____

- e) Two advantages of IUCD are _____

- f) Three advantages of condom are _____

7.0 References

Jersild, A. T. (1970) Emotional Develop-Development in C. E. (ed.)

Skinner Educational Psychology. New Dehi: Prentices Hall of India Private Ltd.

Wright, D. (1981) The Psychology of Moral Behaviour. London: Pengium Books.

UNIT 12: SEXUALLY TRANSMITTED DISEASES/SEXUALLY TRANSMITTED INFECTIONS (STDs/STIs)

1.0 Introduction

In Unit 11, we discussed prevention of unwanted pregnancy. You can now identify methods of preventing unwanted pregnancy that requires no medical supervision. In addition, you can identify methods of prevention unwanted pregnancy that requires medical supervision. Also, you should by now be able to explain both methods of prevention unwanted pregnancy. Time is now ripe for you to study another very interesting, practical, and most current Unit: Sexually Transmitted Diseases/Sexually Transmitted infections. Let us take a closer look at what other content you should learn in this unit as specified in the objectives below.

2.0 Objectives

By the end of the unit, you should be able to:

- Explain what we mean by sexually Transmitted Diseases/Infections
- List specific types of sexually Transmitted Diseases/Infections
- Identify factors responsible for increase in the incidence of STDs

3.0 Main Content

3.1 Adolescent Wellbeing

3.2 Venereal Diseases

In the traditional society, virtue and abstinence were glorious and cultural ethos precluded pre-marital sex experience. Today, permissiveness has broken the bonds of conformity with norms cherished in our traditional society. Premarital sex is therefore practiced by both sexes with reckless abandon. The situation has even been worsened by economic pressures such that many young women trade on sex and so constitute healthy carriers of Venereal diseases otherwise called sexually transmitted diseases/sexually transmitted infection. This aspect of threat to adolescent well-being emanates from the secretive attitude of the youth in handling such infection.

The term ‘Venereal’ was derived from ‘Venus’, the goddess of love. Hence, Venereal diseases are diseases, which result from lovemaking or are propagated by this act. It is important for you to remember that sexually transmitted diseases are described as infectious diseases spread from person to person through direct contact. The World Health Organization (1991) reveals that sexually transmitted diseases ranks among the top five diseases for which health care services are sought in developing countries of Africa, Asia, and Latin America. What does this mean? I know you are eager to study the implication.

This implies that STDs exert severe demands on the human and material resources of the countries with corresponding negative consequences on socio-economic and political development.

Exercise 6.1

What was derived from Venus?

Has there any talk of this situation in the state capital where you reside or work?

What is the nature of the talk?

Clap for yourself for active participation in our discussion. Let us go on systematically.

3.3 Major Types and Symptoms

a) **Chlamydia**, a disease caused by a parasite, is the most common STD. Initially, it has few symptoms, but later it causes burning urination and a discharge from the penis or vagina. It can lead to pelvic inflammation and even to sterility.

b) Another common STD is genital Herpes, a virus not unlike the cold sores that sometimes appear around the mouth. The first symptoms of herpes are often small blisters or sores around the genitals, which may break open and become quite painful. Remember that although the sores may heal after a few weeks, the disease often reoccurs after an interval, and the cycle repeats itself. When the sores reappear, the disease, for which there is no cure, is contagious.

Trichomoniasis, an infection in the vagina or penis, is caused by a parasite. Initially without symptoms, it can eventually cause a painful discharge.

Gonorrhea and Syphilis are the STDs that have been recognized for the longest time; cases were recorded by ancient historians.

Other types of sexually transmitted Diseases/Sexually transmitted infections are:

- Chancroid
- Lymphogranuloma
- Venereum
- Granuloma inguinale (Anya, et.al 1988). Others are:
- Vulvo vaginitis
- Pelvic inflammatory diseases (PID)
- Public lice
- Herpes
- Genital warts
- Candidiasis, and
- Trichomoniasis.

A very important point that you must note is that sexually transmitted diseases/sexually transmitted infections are essentially behavioural diseases. Because AIDS is spread primarily through sexual contact, it is classified as sexually transmitted diseases (STD) sexually transmitted infection.

A major ailment that is ravaging the lives of Nigerians is STDs. Seventy percent of Nigerians populations of man and woman, including teenagers, have STDs. This is one of the reasons why some people fall sick often, complaining of typhoid, joint pains, back pains, and so on.

Let us ask a very useful question:

How does one know that he/she has got sexually transmissible diseases? For women, the following symptoms may be signs of sexually transmitted diseases/sexually transmitted infections:

- Sores or blisters around the vagina;
- Rash or irritation around the vagina
- Pains or burning sensation when passing urine;
- Passing urine very frequently, or more often than normal;
- Pain when having sexual intercourse;
- Lower abdominal pains
- Unusual discharge from the vagina
- Sometimes women do not show signs of infection. If you think you have been at risk, contact your doctor or health centre (Oken, 1996).

Exercise 6.2

Think of how you will pass on the above knowledge to your people in the community.

4.0 Conclusion

In this unit, you have learnt Adolescent well – being. You have therefore learnt Venereal diseases, that is, sexually transmitted diseases/sexually transmitted infections. You have also learnt types of sexually transmitted diseases, their symptoms, and so on.

5.0 Summary

- What you have learnt in this unit concerns the need to ensure adolescent well – being.
- You also learnt Venereal diseases –also called sexually transmitted diseases/sexually transmitted infections.
- In addition, you learnt the symptoms of the diseases/infections identified
- Also, you learnt the types of sexually transmitted diseases/infections.

6.0 Tutor-Marked Assignment

1. a) What do you understand by Venereal diseases?

b) What is the ranking of sexually transmitted diseases from the perspective of the United Nations?

c) What is the implication of your response in b) above?

d) Six types of sexually transmitted diseases/sexually transmitted infections are:

7.0 References

Oken, J. (1996) **Women and STIs.** Women and AIDS Support Network Harere

World Health Organisation (1991) New York, USA.

UNIT 13: PREVENTION OF SEXUALLY TRANSMITTED DISEASES AND SEXUALLY TRANSMITTED INFECTIONS

1.0 Introduction

In Unit 12, we discussed sexually **Transmitted Diseases/Sexually Transmitted Infections** (STDs/STIs). You can now explain what we mean by sexually transmitted diseases/sexually transmitted infections. In addition, you should be able to list specific types of sexually transmitted diseases/Sexually transmitted infections. Also, you can now identify factors responsible for increase in the incidence of STDs/STIs. It is now time for you to study another equally interesting, useful and exciting unit:

Prevention of STDs/STIs. Let us take a look at what other content you should learn in this last unit of Module II of your course as specified in the objectives.

2.0 Objectives

By the end of this unit, you should be able to:

- List the guidelines to reduce risk of infection
- Explain how STDs/STIs can be prevented.

3.0 Main Content

3.1 Adolescent Well-Being

3.2 Reducing Risk of Infection

The most important point that you must remember as you study the last unit of the last Module II

of your course is that sexually transmitted diseases/sexually transmitted infections are preventable.

According to Oken (1996) all that needs to be done is to follow the guidelines listed here under to reduce the risk of infection:

- Try to remain in one mutually monogamous relationship (both partners are faithful to each other);
- Always use a condom, unless you know your partner is uninfected and faithful. This means negotiating for safer sex.
- Make responsible, informed decisions
- Talk about STIs; their dangers and their preventions with your partner, family and friends;
- Have regular check-up medically, at least, once a year.
- Practice safer sex. This refers to non-penetrative sex, for example, masturbation, massage, hugging and rubbing.

Exercise 7.1

You have been invited by the Chairman of your Local Government to speak to his staff on how to reduce risk of STD & STIs infection. Think of what to say and how to say it: Good Luck!

Well done. That is nice of you. Let us continue our discussion

3.3 Prevention of Sexually Transmitted Diseases/Sexually Transmitted Infections

Health-and Sex-Education has been proven to be effective in preventing and controlling the spread of sexually transmitted diseases. The reasoning is that if people can:

- Obtain accurate information;
- Develop healthy attitudes; and
- Make responsible and intelligent decisions, concerning sex, the spread of STDs/STIs will be reduced substantially (Achal, 1993).

Being behavioural diseases, sexually transmitted diseases can be controlled with behaviour change strategies. This implies that modification of risky sexual behaviours can help. Thus, if Nigerians do not engage in high-risk behaviour outlined earlier on (indiscriminate sex, not using condoms, and so on) the spread of HIV/AIDS and other sexually transmitted diseases and infections are controllable.

In addition, Bello (1984:24) identified the following specific preventive measures that could help:

- a) Have sex with a fixed partner only; and by all means avoid sex with ANYBODY you never knew before.
- b) Males should wear rubber (condom) over the penis. If used correctly, it protects against STDs and pregnancy in about 90% cases.
- c) Ladies should wear cervical cap in addition to using contraceptive jelly, cream, or foam.
- d) Always look out for signs of STDs (sores discharge, rash, and so on) in your partner before you have sex especially if he/she is someone you do not know very well.
- e) Wash sex parts with soap and water immediately after sex. Ladies should douche with ordinary water or soapy water while irritant chemicals should be avoided.
- f) Urinate immediately after sex. This practice is more useful for males than females.

Exercise 7.2

Will you say the preventive measures above are of equal strength? Think about it.

4.0 Conclusion

In this unit, you have learnt Adolescent well – being..You have therefore learnt reducing risk of infection of STDs/STIs. More importantly, you also learnt how sexually transmitted diseases/infections could be prevented

5.0 Summary

- What you have learnt in this unit concerns the need to ensure adolescent well being
- You also learnt reducing risk of sexually transmitted diseases/infection
- In addition, you learnt strategies for preventing sexually transmitted diseases/infections: health-and sex Education has proven to be effective in preventing and controlling the spread of STDs/STIs.

6.0 Tutor-Marked Assignment

1. a) List 5 guidelines that may reduce the risk of STDs and STIs Infection

- b) Two strategies proven to be effective in preventing and controlling the spread of sexually transmitted diseases/sexually transmitted infections are:

7.0 References

Achalu, E. I. (1993) **AIDS and Other Sexually Transmitted Diseases. What Everyone Should Know?** Lagos: Simarch Nig. Ltd.

Bello, C. (1984) **Sex and V.D** W.E.C International, Banjul, The Gambia

Oken, J. (1996) **Women and STIs** Women and AIDS Support Network. Zimbabwe.

You deserve commendation for active participation all through the units in Module II of your course. You have now successfully studied all the units in Modules I & II.



Dear Student,

While studying the units of this course, you may have found certain portions of the text difficult to comprehend. We wish to know your difficulties and suggestions, in order to improve the course. Therefore, we request you to fill out and send us the following questionnaire, which pertains to this course. If you find the space provided insufficient, kindly use additional sheet.

Course Code:----- Course Title:-----

1. How many hours did you need for studying each of these units?

Unit	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
No. of hours															
Unit	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
No. of hours															

2. Which of these units do you find most difficult to understand?

3. Please give specific problem you find difficult with the unit.

4. How would you like the unit improved?

Please Mail to
The Course Coordinator.....THROUGH the Study Centre Manager
National Open University of Nigeria
14/16 Ahmadu Bello Way
Victoria Island, Lagos.

Form OST 2

Questionnaire

In the questions below, we ask you to reflect on your experience of the course as a whole.

1	Course Code and Title.....																																																						
2	Mother tongue.....																																																						
3	I am registered for a.....Degree/Programme																																																						
4	Why did I choose to take this course?.....																																																						
5	Which study unit did I enjoy the most and why?.....																																																						
6	Which study unit did I enjoy the least and why?.....																																																						
7	Was the course material easy to understand or difficult?.....																																																						
8	Which particular topic do I understand better than before and how?.....																																																						
9	Does the course have any practical applications in the real world, e.g. for the work I currently do?.....YES/NO? EXPLAIN.....																																																						
10	What aspects would I like to know more about or study further?.....																																																						
11	How could the course be improved?.....																																																						
12	Other comments about the course (<i>Please Tick</i>).....																																																						
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