

ADOLESCENCE, SEXUALITY AND SEXUAL EDUCATION

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ABSTRACT: Adolescence is the evolutionary process of human development which commences biologically with changes at the physiology of the pubis and completes psychologically with the ultimate organization of sexuality. The increase of sexual urge in combination with the unfamiliar and mysterious emotions and thoughts may possibly be characterized as the most intense occurrence during the adolescents' development. All adolescents want to know more about issues such as copulation, onanism, conception, pregnancy, birth control and sexually transmitted diseases. Also, they wish to know how to place sex within their own frame of values so that they can be able to establish satisfactory and constructive relationships. Most young people however, have very little information and help on these issues. Proper information on

issues related to sexual behavior could and should be carried out by health professionals. The health professionals can take responsibility in the issues of sexual education of the adolescents in order to discourage problems such as undesired pregnancies, sexual diseases and sexual abuse. The same time, the promotion of adolescent' sexual health may also be achieved with better personnel training, better information and better organization of the health education services.

Keywords: Adolescents, Adolescent Sexuality, Sexual Education, Sexual Health, Adolescent Pregnancy, Health Education, Training.

INTRODUCTION

Adolescence is the ultimate phase of development, the last stage of the individual during his/her course towards maturity. We call adolescence the evolutionary progress in human life which starts "biologically" with the changes at the physiology of the pubis and completes "psychologically" with the ultimate organization of sexuality.¹ It covers the period between pubescence, during which the secondary sex characteristics appear and the age of about 18 to 20 years.² The term "teenager" is not completely accurate: it may refer to youngsters between 10 and 18 years old. It is therefore preferable to consider that the individual passes successively through adolescent stages (precocious, middle and posterior) instead of classifying all adolescents into the category of "teenagers".³

During adolescence, according to Freud, the erogenous zones resign themselves to the domination of sexual zone, different sexual targets are posed for man and woman and the individual finds a sexual partner beyond the family boundaries.⁴

Adolescence constitutes a transitional period between child psychism organization and the result of an adult, mature personality. During this evolutionary phase, the psychic balance is unsettled and the personality is characterized by fluidity. Ego becomes vulnerable due to the succession of retrogressive and progressive actions as a result of its effort to organize the new experiences of prudence. Ego becomes inundated with pubescence urges as it is obliged to form the new picture of the sexually mature body in the representation of itself. All this progress activates chain psychological transformations.¹

The same time, the adolescent is called to correspond to his/her increased internal and external (social) demands for independence from his/her parents, to abandon the ideal picture he/she had for them and concede to the limitations of reality.⁵ With this gradual and painful procedure of de-idealization of the internal parental pictures, the mature ideal of the adult Ego is structured.¹ The fermentations during adolescence may be materialized and accomplished only within favorable

cultural and social conditions, which would provide solid margins and preconditions for new internalizations.¹

The adolescent constitutes a “subject under formation”. This term has a double meaning. First, it declares that adolescence is an evolutionary, constructive progress – the formation of the subject. Second, when the adolescent speaks sincerely, he/she always opens to the poetical side of the world and speech – words, signs, humans and objects.⁶

Adolescence is a period of development and if the mental conflicts are not resolved successfully, then they may form a special kind of psychopathology during adulthood. Adolescence is divided into three stages: prime (11-14), middle (14-17), ultimate (17-20) with each one having its own standard conflicts and its own distinctive achievements.¹

Biophysical changes during adolescence

Before the developmental outbreak which marks the beginning of prudence, the hatched adolescent realizes certain other physical changes. In most young girls, the first and most obvious change is the growth of the bust (although the 1/3 of the girls show pubic hair before the growth of the bust).⁷ Also, the girls start becoming taller and heavier at the age of 10 ½ or on average 2 years earlier than the boys.⁸

Both boys and girls develop their sexuality during this period. The increase of the height, strength and sex appeal is usually welcome from both sexes. Researches during the last 20 years have shown that the arrival time of those changes is very important and may influence decisively the individual's adjustment during the beginning of adolescence.⁹

Boys that mature earlier than usual (precocious pubescence) are often more socially popular and boys that mature at a later stage (delayed pubescence) often have an increased awareness of their disadvantageous position¹⁰. The same applies to overweight boys. It has been observed that they worry for their size and their casual clumsiness. Contrary to boys, girls may not always be pleased with this biophysical growth when it comes precociously. Some girls worry because they weight more than the average coetaneous, since, during adolescence, girls often show a growth at the hips and fat accumulation when their height growth stops. This concern for the image of their bodies may worsen when they receive mock comments from others as well as the excessive emphasis the Media give to a slim figure. Contrary to boys, girls who are more satisfied with their bodies, usually weight less than normal, a fact that explains why so many girls experiment with diets during adolescence, frequently without result.⁹

With the development of the sexual desire, the adolescents often worry about their appeal to the other sex.¹⁰ The hormonal changes are likely to stimulate the sebaceous glands which may generate acne, a situation that may cause embarrassment to adolescents. The adolescents, who are considered attractive, live better as long as the reactions they receive from others are positive. Nevertheless, most adolescents manage to avoid intense problems as they receive adequate support from the family and friends. Only a small number of adolescents experience acute depression due to their stress for their external appearance.⁹

The family attitude against those biophysical changes and sexuality play an important role on how the adolescents view their own biophysical development. For example, in some places in the world, the first menstruation becomes a chance for a family celebration and is received with delight, while in most western societies this event is surrounded by great secrecy.⁹

The appearance of pubescence in both sexes indicates the development of the secondary characteristics of the sex, the body growth, and brawniness growth and conception ability. Those changes are caused by the maturation of the genitals and the parallel secretion of sexual hormones.¹¹ The appearance of pubescence differs from individual to individual. The factors affecting the appearance of pubescence are: heredity, diet, health and climatologic conditions, chronic illnesses and the association of the sexes.¹²

The mean age menstruation appears reduced from the age of 16 during the 19th century to the age of 13 today, mainly due to the improvement of living conditions.¹³

Naturally, the changes start appearing just after the age of 12-13 years for the boys and 10-11 years or even earlier for the girls. Notwithstanding the natural course of pubescence, some individuals may enter pubescence earlier or even latter than usual. Precocious is considered the pubescence which appears before the age of 8 for the girls and the age of 10 for the boys. Delayed is considered the pubescence when no sign of pubescence appears until the age of 13 for the girls and the age of 14 for the boys. Contrary to the precocious pubescence which is more frequent for girls, delayed pubescence is more frequent for the boys. For the boys it is often idiopathic, while for the girls it is often caused by a malfunction of the ovaries. Finally, whether an adolescent's growth is precocious or delayed, that also depends on his/her general health condition. Therefore, a healthy individual whose hormones diffuse normally, then his/her physical morphology and sexual activity is developed normally, too.¹³ During this course of growth, the secondary sexual characteristics also appear, such as hair growth at the armpits and the pubes, hair growth at the face, which indicate great individual differences depending on heredity. The change of the voice caused by the growth of the larynx constitutes another characteristic. This growth of the larynx may cause the emergence of the Adam's apple and the deepening of the voice.¹¹

As it concerns the changes at the skeletal system, there is an elongation of the bones of the lower limbs and vertebrae thickening. Thus, the boy gets taller for about 30cm during the period between 12 to 20 years old.¹² The most remarkable event is the weight increase with an average of 12 kilos between the age of 15 and the age of 20. As it concerns teething, the four grinders of the thirds line, the so-called wisdom teeth, appear between the ages of 19 and 30.¹⁴

For the girls, the first sign of pubescence is the growth of the breasts. They also develop growth of hair at the areas of the armpits and the pubis. The pelvis widens, the hips take the feminine perimeter and the muscles thicken but remain less developed than the boys.¹⁵

The height increases per 10cm between the ages of 14 to 20 years. The weight increases for about 7 kilos between the ages of 15-20, while the full growth of the chest takes between the ages of 25-30. The appearance of menstruation constitutes an important chapter for the young woman's life, since it can become one of the most pleasant or unpleasant events in a girl's life depending on the connection of menstruation with the value of woman-mother, femininity and procreation ability.¹⁴

Sexuality and Adolescence

From all the stages of the adolescent's growth, the most intense is the increase of sexual urge and the new and often mysterious emotions and thoughts accompanying them¹⁰. One important issue for both boys and girls at this stage is to manage to reconcile sexuality with the other sides of self-perception which is developing without conflicts and stress. This is not so easy in modern societies, where the roles of the sexes are changing all the time and a strange mixture of freedom and prudishness has spread.¹⁰

The problem is even more serious for the boys, leastwise the early years of adolescence. For reasons not completely understood – although organic (and harmonic) and psychological factors must be important – boys, mostly than the girls, sense their sexual urge more intensely and it is difficult to ignore them. For the girls, the sexual urge are more diffusive and vague and are mostly related to other needs such as the need for love, self-esteem, self-ascertainment and tenderness. For many girls at the beginning of adolescence, a limited and temporary denial of the sexual urge may be even more possible than the boys, "but it may also become a more relaxed way of adjustment". Besides all differences between them, both girls and boys are occupied with common issues around sex. They want to know more about practical issues such as copulation, onanism, conception, pregnancy, birth control and sexually transmitted diseases. Also, they wish to know how to place sex within their own frame of values so that they can be able to establish satisfactory and constructive relationships with individuals of the same sex and the opposite sex. Most young people have very little help on these issues from the controversial, full of conflicts and hypocrisy world they live in.¹⁶

During the first dates, around the age of 14-15, sex usually means touching. On average, boys start having sex earlier than girls, but by the age of 17, more than half boys and more than one thirds of the girls will have had sexual intercourse, while at the age of 18, the three fourths of the boys and half girls will have had sex. Probably, most adolescents are more sexually experienced and have greater knowledge than their parents used to have at the same age, but they tend to be really uncontrolled. Most adolescents continue wishing a loving relationship with a companion who would be important to them. Unfortunately, most adolescent sexual intercourses are circumstantial. Sex takes place without caution and so are the possible pregnancies that follow. It is therefore important for the parents to teach their children practical knowledge on contraception before needed and not when it is too late. In Greece, only a few teenagers are very well informed about sexual issues, while most teenagers have adequate information.¹⁶ Also, city youngsters have the opportunity to familiarize with sexual issues at an early stage in contrast to other youngsters living in non-urban areas (villages - rural areas).^{17,18} It is completely groundless to believe that an undesired pregnancy can never occur. The sad reality ascertains that many adolescent girls get pregnant every year. Pregnancy during adolescence constitutes a phenomenon which takes worrying dimensions globally.¹⁹ Exception to the rule is those countries which apply officially a program of sexual education.²⁰ Juvenile mothers, with all those dramatic consequences the birth of a child from another "child" imply, grow in numbers continuously. In Greece, while in 1974 the percentage of adolescent pregnancies represented the 5% of the total gestations, in 1992, the percentage increased to approximately 10,3%. The same year, countries with sexual education programmes such as Sweden, present very low percentages of undesired prengancies.¹⁶

A research in Greece²¹ showed that:

- Pregnancy starts with reproductive ability; therefore, sexual education should be taking place earlier
- Most pregnancies are observed during the beginning of adolescence and pregnancies at a later stage end up to abortion in comparison to older mothers.
- It is vital for the adolescents be informed on sexual issues, not only about contraception but also precocious recognition of the pregnancy in order to seek advice.

Most young pregnant mothers come from poorer socioeconomic classes. That can be interpreted by the fact that such population groups have very little knowledge on reproduction physiology and the use of contraceptive means and also, quite frequently, there is little disapproval of premarital sexual relationships.²²

Pregnancy and parturition constitute a “safe” condition concerning the health of the mother and the new-born bay, but it is an undesired situation as it concerns the psychological, socioeconomic and midwifery side of the issue.²³ The ascertainment of pregnancy causes family flurry, fear, anger, disgrace and guilt which constitute the most common reaction of the young mother’s parents.²⁴ Anger, sometimes intense, forces the adolescent mother have an abortion or leave her house. Social stigmas of the adolescent and her family is almost inevitable.²⁵ Thus, the psychosocial support of both the adolescent and her family is imperative.²⁶⁻²⁸

It is therefore clear that adolescents, even when they are aware of contraception, do not use this knowledge when they start having sex.²⁹ For most adolescents, the first sexual experience is unexpected, non-programmed and usually without any protection. The adolescents are more fertile than adults, thus an adolescent woman is more likely to get pregnant than an adult woman even with one sexual intercourse. Furthermore, she has more to lose than an adult woman. If she gets pregnant, none of the choices – keep the child as a single mother, marry the father, give the baby for adoption or have an abortion – is painless. The boy-father should also examine these options. The adolescents and the post-adolescents turn to their coetaneous and the family for information and help on issues of sexual function and behaviour.³⁰ Proper sexual education is absolutely necessary in order to improve the adolescents’ knowledge (boys and girls) so that undesired pregnancies and abortions can be avoided. ^{31,32}

Sexual Education

Health professionals, parents and teachers can achieve proper sexual information and education either through programmes of social interference and sensitization or within the school environment.³³⁻³⁶ Transmitting knowledge and applying it in our way of life becomes the basic target for sexual education and aims at:

- Prepare the youngsters for adolescence and make them capable of accepting the physical and functional changes calmly and naturally without emotional judgments.
- Help adolescents realize the relation between sexual life, making love and human relationships and free them from fears disgrace and guilt.
- Help adolescents adapt associations and views on sexual life which would be in harmony with their own personality.
- Help adolescents make their own emotional and sexual choices. Teach them to respect those who choose to have a sexual relationship as well as those who do not.
- Stress the importance of responsibility and respect of sexual relationships both in and out marriage. Lack of sexual education creates problems such as:
 - Undesired pregnancy during adolescence with all those possible dangers may appear
 - Transmitting sexual diseases
 - Sexual abuse³⁷
 - Ignorance facing sexual problems³⁸

Sexual education during adolescence is not a simple matter. It needs proper and coordinated effort in order to achieve the desired results.³⁹ It is certain that it constitutes an imperative need.⁴⁰

Conclusion

Sexuality is a physical and natural component of human nature and comprises an inseparable element of every individual's personality, whether an adolescent, a man or a woman ^{5,41-42}. It is a basic need and side of human existence which no one can isolate from the other sides of life. It is a form of psychic energy we carry inside all the times as an expression of our existence. It actuates us to make relationships which offer us emotional security, warmth and happiness. It is a powerful force which influences our thought, our feelings, our sensitivities, our choices and our physical and spiritual health.

Besides the fact that adolescents receive boisterousness of messages around sex, one can observe that they proceed to dangerous forms of sexual behavior. The realization of the dangers from an undesired pregnancy, AIDS and the other sexually transmitted diseases as well as the dangers lurking in circumstantial and rush sexual experiences during adolescence is mainly a work for health professionals provided mainly through sexual education.⁴³ It is therefore necessary for the health professional take responsibility at the section of sexual education of adolescents under the following ways:

- Development of protocols concerning the care and promotion of adolescent sexual health
- Proper sexual history keeping
- Training of newly-employed health professionals on issues of adolescent sexual education
- Additional education for professionals in primary health care and midwifery – gynecologic departments.
- Secure convenient access of the adolescents to information related to sexual health
- Development, organization and proper function of the local and community services related to sexual health
- Information and prevention on contraception, sexually transmitted diseases and undesired pregnancy.⁴³

Finally, it is important to mention that there should be supervision assistance in issues related to adolescent sexual health. Discussion and reflection will help health professionals examine their own emotions concerning sexuality and will also promote their own emotional support.

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