

**ADOLESCENTS TRANSITION: THE CHALLENGES AND THE
WAY OUT (AFRICAN PERSPECTIVE).**

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BEING A POSTER PRESENTATION AT THE 5TH AFRICAN

POPULATION CONFERENCE 10-14, 2007

ARUSHA, TANZANIA

INTRODUCTION

The word adolescence is coined from the Latin verb 'adolescere' that implies "to grow into maturity". Therefore adolescence can be regarded as a process. Rogers (1985) submitted that adolescence is a process of achieving the attitude and beliefs needed for effective participation in a society. Berezine (1987) also affirmed that adolescence is that period of rapid growth. Adolescence is also one of the crucial periods one must pass through in life. The way every individual passes through it with the help of people around him/her determines how better the person's youth and adult periods will look like.

Peterson 1988, described adolescence as a phase of life beginning in biology and ending in society. This means that it cut across every phase of life and thus become very important. It is the period of life in between childhood and adulthood accompanied by a rapid increase in the rate of physical growth and changes involving physical development.

Adolescence can be viewed as a tunnel, very long and much darker in some people than in other but through which all must pass.

More so, it can be described as the period within the life span when most of a person's biological, cognitive, psychological, and social characteristics are changing from what is typically considered child-like to what is considered adult-like (Learner & Spanier, 1980).

Adolescence is a unique period in life cycle that presents specially challenges and opportunities to the individuals. Most of these opportunities are what adolescents always wish to utilize to the best of their knowledge.

In sub-Saharan Africa, 15- to 19-year-olds account for a large and growing segment of the population, in contrast to Western countries, where this age group accounts for only a small and shrinking proportion of the total. According to the most recent United Nations estimate, there were 46 million 15- to 19-year-olds in sub-Saharan Africa in 1985 (United Nations, 1991). The numbers are projected to more than double, to 106 million, by the year 2010, setting an annual growth rate of 3.3 percent, the fastest in the world. The data above account for the reason why challenges faced by adolescents during transition period should be carefully examined and way out provided in from African perspective.

ADOLESCENCE AND THE ADOLESCENTS

The World Health Organization (WHO) defines adolescence as the period from 10-19 years of age. It is the period characterized by physical, psychological and social changes and generally it is classified into two: early adolescence between 10-14 years and late adolescence between 15-19 years. Importance is attached to this phase of life because many keys: social, economic, biological and demographic events occur during the period

which set the stage for the future. In developing countries Africa as a typical example, especially in the urban areas, most adolescents are in school, unmarried and not economically engaged while in the rural communities female adolescents are set for marriage and childbearing. According to Sunmola (2002), the transition is characterized by an increase in personal control, responsibilities and independence.

Adolescent on the other hand is defined by World Health Organization (WHO) as a person between the ages of 10-19 years; while adolescence period is a period of transition from childhood to adulthood. It is a period of most rapid intellectual growth and adolescents often feel that he/she knows more than his/her parents and other adults' teacher. Faloye (1998) says developmental psychologist -human development occurs in stages and each of the stages has its distinctive features or characteristics.

These stages are;

- Infancy
- Childhood
- Adolescence
- Adulthood
- Aged or old age

Out of all these five stages of human development the stage or the period of adolescence is the most confusing and the most poorly understood stage. This is because the adolescent is now acquiring physical attributes of adulthood but less emotionally developed as an adult. One can imagine what it looks like for a girl to now have breast like adult, to be menstruating like adult women and to be nearly as tall as or taller than her mother. This and many other reasons may make her start feeling on top of the world whereas she is not adequately equipped emotionally for adult life, she thus get confused as to whether she is still a child or an adult. Similarly, picture the male adolescent; he is now more muscular, nearly as tall as or taller than his father. His penis has developed in size and voice has broken, he is more hairy. More so, his physical development gets him confused into feeling that he is a man. He now tries to assume control over the family particularly his mother and younger ones. He tries to asserts that he has full control over his life except economically. He adolescent does not even have the adult security such as his own income, experiences and skills and yet think he has the full control over his life. Most African parents use authority over their children all in the name of caring and preventing them from making mistakes forgetting that they no more have the adolescents' ideas or way of life. Hence an adolescent trust and relies more on his/her peer group or senior ones. At this period, the adolescents form youth gangs with the hope that the collective strength of many boys would make them feel stronger than parents and teachers. It is the time for school mothers and fathers. During this period, adolescents face a dramatic challenge, one requiring adjustment to changes in the self, in the family, and in the peer group. In contemporary society, adolescents experience institutional changes as well. Among young adolescents, there is a change in school setting, typically involving a transition from elementary school to either junior high school or middle school; and in late

adolescence there is a transition from high school to the worlds of work, university, or childrearing.

His or her curiosity might lead him or her to sexual experimentation's and of course he or she knows nothing about the implications of sexual intercourse at that stage. Whilst parents worry over a pregnant school girl, she is amused by the changes going on inside her and the amount of attention she now attracts. Since their physical and intellectual development tells them they are now adults, adolescents rush into and out of adult life in an attempt to gain independence and mastery of adulthood.

DEVELOPMENTAL STAGES OF ADOLESCENCE

Adolescence can be conveniently divided into three sub-periods

1. Early adolescence
2. Mid-adolescence
3. Late adolescence

EARLY ADOLESCENCE

This period includes the developmental changes and the onset of puberty initiated and indicated by the growth spurt. During this period, the adolescents remain home-centered. His behavior may temporarily show a disorganized, erratic along with a decreased willingness to accommodate the expectation of his parents and others while wilder-mood swings and periodic bouts of feeling ill-treated end. Unloved may dominate his emotional life. His group activities are primarily with members of his own sex. This period falls between 10 years and 13 years.

MID ADOLESCENCE

This period follows puberty by about one to one and a half years. It spans between 13 years and 18 years. At times, the first tentative interest and approach towards the opposite sex usually takes place. The awakening of heterosexual interest often disrupts previous peer groupings and intimate friendships. Characteristically, this is the stage when adolescent rebellion starts, a period of irritability, wide mood swings and rapidly changing feelings. Obedience to parental dictates is replaced by conformity to peer group standards and loyalties. Early sexual exploration begins.

LATE ADOLESCENCE

This is the period of transition as the young consolidates his identity and comes to grips with his future. This stage falls between the age 14 and 19 years. He is more able to be selective and discriminating in his relationships. Feeling himself a more complete and separate person he is more able by his stage to form and maintain truly intimate relationships with others whose beliefs, ideas and motives he can see and respect as clearly as he does his own.

REPRODUCTIVE AND SEXUAL HEALTH OF ADOLESCENTS

Reproductive health is the state of physical, mental and social well-being in all matters relating to the reproductive system at all stages of life. Reproductive health implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when, and how often to do so.

PHYSICAL DEVELOPMENTS: during the period of adolescents there is rapid physical growth from a child into an adult. They show changes in body size and development. The rapid bodily growth known as ‘adolescent growth spurt’ causes elongation of arms and legs and increase in height. This onset of sexual maturity which is marked by the appearance of secondary sex characteristics and maturing of primary sex organ and sex derive for both boys and girls. Physical growth, development and other physical maturation that occur during puberty result from hormonal changes.

Overview of the changes that occur:

Puberty: According to Blos 1979 and Hall 1904, the biological changes associated with puberty are among the most dramatic ones that individual experience during their lifetime. In part because of these dramatic biological changes, historically different theorist portrayed the early adolescent period as a period of “storm and stress”, where there is a great deal of conflict between children, parents and teachers. In boys, the initial puberty change is the enlargement of the scrotum and the testes. At this point, the penis does not enlarge. But with time the penis and scrotum continue to enlarge mainly in length. Next, the penis continues to enlarge in both size and length.

Pubic hair development is similar for both girls and boys. The initial growth of hair produces long, soft hair that is only in a small area around the genitals.

Physiological Health of Adolescents: the physical and reproductive health changes of adolescents are accompanied by cognitive and emotional changes.

Cognitive changes: this period of cognitive change is characterized by transformation from the concrete operational stage. At the concrete operational stage; pre-adolescents deal with concrete facts as they see them ‘seeing is believing’. At the formal operational stage the cognitive transformation allows the adolescents to engage in abstract thinking and reasoning. This makes them capable of forming hypothesis and wanting to try them out. They are now able to think about the future, about the possibilities and alternative ways of doing things, which are different from ways adults and parents, expect them to do. Similarly, the adolescents are no longer comfortable with being dedicated to. They move away from complete obedience to authority and they begin to talk back and question adult’s authority.

They begin to rely that thought are private and that they do not have to share their thought with people. So they find it convenient to pretend.

Cognitive transformation includes the exhibition of intellectual egocentrism, that is, the personal self begins to dominate, and resulting in the inability to separate other people's thought from theirs. To them, they are unique, so also are their experiences. They therefore believe that bad can happen to them e.g. they can not get pregnant, die from abortion, nor get infected with HIV. This aspect is known as adolescent's egocentrism.

Emotional changes: the adolescents are emotionally unstable going through emotional fluctuation that affects their behavior. Sometimes they are happy; at other times they sad and may not be able to point to what is responsible for the mood change. Emotional surges are heightened and may be impulsive or sexual in nature, which may bring about disapproval from adult, if such feeling clash with adult values. These feelings clash with adult values. These feelings may result in unresolved interpersonal and intrapersonal conflict.

Socio-culture development: the adolescent is typified by the great energy; pursuit of adventure eating and experimentation of sex. Due to the strong need for heterosexual need for relationships, peer conformity and acceptance, they make friends with the same and opposite sex. Among the same sex they have casual and intimate friends. They also form friends with members of the opposite sex but such friendships are based on self-definition and self-interest. The need to conform and be accepted by peers makes them behave in ways that may run contrary to their home training or family culturally acceptable behaviors.

In terms of interest, by mid adolescence, the teenagers are concerned about achieving psychological independence from their parents in the form of freedom to be their own person, to determine own values, plan their own future, choose their own clothes, companions, friends and party times. They feel that at this time they are old enough to run their lives and be trusted as adults.

Feelings are mainly ambivalent alternating between mature and childish behavior.

Heterosexual interests are among the prominent interpersonal relationship that appears in adolescent period. Among other factors contributing to these are parental and peer expectation. Most boys have their first sexual intercourse by the end of adolescent period.

At the social level also adolescents need for acceptance and belonging make them form groups. They organize parties and disco sessions for themselves.

At some other time, the segregate into groups such as cliques, gangs and secrete societies. They tend to hang out together, exchange ideas and thoughts, compare notes about their lives, and engage in experimentation. Those in the same group tend to to stick together as a means of having identity, self definition and a sense of belonging. The pattern of behavior of adolescent group is seen in the way they do things. For instance they have a peculiar way they communicate with one another, a peculiar way of dressing and eating, which is unique to them.

PSYCHOSOCIAL HEALTH OF THE ADOLESCENTS

(a) PERSONALITY

Personality is the relative stable way of reacting to situations which distinguishes one person from another. Personality could be unstable, timid, sensitive, anxious, obsession, hysterical, introverted or extroverted.

(b) CHILDHOOD AND ADOLESCENT MENTAL HEALTH PROBLEMS

Mental Health problems may be presented as failure to attain intellectual or behavioral standard appropriate for age. Examples a bed wetting, soiling, eating difficulties (e.g. bulimia, overeating, pica), sleep disorders, speech disorders, school refusal/truancy and perpetual psychosis. Mental retardation from childhood may pose problems in adolescence. These problems are best referred promptly to medical specialists.

(c) DRUG ABUSE

A drug is a substance that affects the body to modify its function. Psychoactive and psychotropic drugs are nicotine (cigarette), alcohol, cannabis (India hemp), heroine, cocaine amphetamine, traditional substances such as kola nut, bitter kola, zakami which are used to induce trances during certain rites. The urge to experiment, peer pressure and easy access to drug abuse may include the following:

1. Dependence
2. Distorted perceptions and
3. Personal disorders, which may end in suicide or crime. On the other hand, some adolescents with psychiatric disorders may become drug abusers as part of their illness.

The normal growth and development of adolescents may be adversely affected by inadequate nutrition, inappropriate and untimely physical stresses including pregnancy before maturity.

COMMON ADOLESCENT'S SEXUAL PRACTICES

Sexual practices are those activities related to sexual expression that are performed habitually or repeatedly. Adolescence is a stage of exploration. One of the most common concerns of the adolescents is whether or not they are 'normal'. They have concerns about their bodily changes during puberty about being sexually attracted to others, about sexual their identity and orientation about having sexual feelings, and about how to handle those feelings.

Sexual practice between consenting adults and adolescents can include a wide variety of behaviors. Depending on the individual and his or her culture, each individual has different ideas about which practice he/she considers to be 'sex'. It is also important to note that each of the sexual practices has different health implications or consequences. Some have more important health implication than the other.

However, the following are some of their sexual practices:

- 1 Hugging
- 2 Kissing
- 3 Masturbation
- 4 Manually stimulating sexual partners
- 5 Penile- vaginal penetration
- 6 Penile- and penetration
- 7 Vaginal or anal penetration with objects
- 8 Oral genital stimulation
- 9 Sexual excitement while looking at or reading pornography
- 10 Telephone or 'cyber' sex
- 11 Dressing up in 'sexy' clothes

In an environments where adolescent sexuality is considered inappropriate they are faced with tremendous barriers to accessing information, trustworthy health care, counseling and confidential health services. Adolescents may therefore resort into seeking information from their peers, who might be equally uniformed or incorrectly informed. 'Poor communication skills and authority dynamics within families often act as barriers to open up discursions about sexuality between parents and adolescents.

THE BEAUTY/CHALLENGES OF ADOLESCENCE

Adolescence is a good period that is full of several characteristics that can make adolescent's future if well tamed and utilized; if not, could mar the individual's future. Bradly (1987) believed that the adolescents apart from being the healthiest age group also have the following positive characteristics:

- Physical body changes where growth spur occurs with the development of secondary sex characteristics; menarche takes place and the body develops into that of an adult. These body changes beautify the adolescents the more and make them more attractive. As they become more attractive they tend to look for people who could appreciate them and give them a compliment on the new changes that are taking place in their bodies. At such time parents, guardians are expected to come in to appreciate their children and wards and in the process tell them what to how to take care of themselves. Also, parents supposed to give them information on both the positive and negative effects of the new changes they are noticing on their bodies. But unfortunately, many African parents and guardians do not do these things instead they blame the adolescents for their reaction which is as a result of the changes they have noticed on their bodies. The outcome of these for adolescent may be to ask his/her peer who is also not capable of handling the problem, and who may eventually mislead the friend and thus result in unprotected sexual intercourse, HIV, teenage pregnancy, abortion and death.
- A desire to leave childhood which always looks confusing as sometimes and they also want security and support like a child. The parents and adolescents handles are expected to encourage and bring out positive virtues in them, but most parents and adolescents' handlers blame the adolescents for whatsoever they do saying

foul words like you that nothing good can come out from. These normals push the adolescents out to where they can find support and it is mostly from a wrong hand.

- The challenge of finding where they belong in life. They know that they are no longer children and at the same time not yet adults; they have ideas and type of lifestyle they want to live which do not fit into any of the existing ones. They thus try to form their own click, a situation where an inexperienced person give another inexperienced so they later fall victim of may calamities of teenage pregnancies, HIV, death and others.
- Adolescents take risk without experience of life to back such risks up hence must be tamed to such risk in the positive direction and not in smoking, alcohol consumption and the likes.

THE BURDEN/PROBLEM OF STI'S AND HIV/AIDS ON ADOLESCENTS

Over a period of 20 years, more than 60 million people have been infected with HIV: half of them became infected between the ages of 15 and 24, an estimated 11.8 million people between the ages of 15 and 24 are living with HIV/AIDS. In some African countries, more than one young woman in every five is living with HIV,/AIDS. (Population reports, 2001).

Although young people suffer most from HIV/AIDS, the epidemic in youth remains largely invisible both to young people themselves and to the society as a whole.

Adolescents often carry HIV for many years without knowing that they are infected. As a consequence, the epidemic spread beyond high risk group to the broader population of adolescents, making it even harder to control.

As the AIDS epidemic spread, younger and younger age groups are becoming exposed to the risk. Infection spread to younger age group as men increasingly choose adolescents as sexual partners. Many men believe, probably correctly, that younger girls are less likely to be infected with HIV, while other holds the erroneous belief that having sex with a virgin can cure AIDS (Population Reports, 2001).

Adolescents are more vulnerable to STI's and HIV/AIDS than the adults because their social, economical and psychological developments are incomplete. More so because of physiological and religious factors that militate against them during the transition period.

THE PROBLEM OF TEENAGE PREGNANCY

Studies over the past two decades reveal that adolescents pose a major public health concern across the world, particularly in developing countries. In the world, some 1.2 billion people are between the ages of 10 and 19. Eighty-seven per cent of these adolescents live in developing countries. Nearly half of all people in developing countries are under the age of 25. Traditionally, teenage sexuality and early childbearing were encouraged and embedded in socially approved relationships such as marriage. Africa has a socio-cultural tradition of early childbearing in which teenage sexuality was not a factor but of social and marital status (Nare et al, 1997).

FACTORS THAT PREDISPOSE ADOLESCENTS TO HEALTH PROBLEMS

1. **Socio-economic factor:** Adolescents are particularly at risk of unprotected sex, STI's and HIV/AIDS infection. A large number of adolescents in Africa are from poor and unstable family environments and were more likely than those from the developed world to have had sexual experience. Research conducted showed that young women sometimes enter into relationships with older men called sugar daddies in sub-Saharan Africa who pay their school fees, buy them gifts and offer other inducements. Decline in annual earnings of families resulting in pressure on young people to contribute to family income in the face of decreasing job and economic opportunities can force adolescents into engaging in multiple and premarital sex.
2. **Physiological factor:** Adolescence is a period of unpredictable behavior lacking the judgment ability that comes with experience. Adolescents often cannot appreciate the adverse consequences of their actions, at this stage in their lives. Experience: there is an increased sexual hormone with many changes taking place in their bodies, which they do not understand. They tend to explore what they were being told by friends, read in different write-ups or watched.
3. **Biological factor:** The appearance of secondary sexual features at this stage makes adolescents become very attractive to people of opposite sex, and they are not experienced in dealing with these new experiences. These subjects them to different sexual assaults and abuse by adults or rape by their friends and acquaintances- these account for some of the HIV infections.
4. **Sense of invulnerability:** Adolescents feel invincible and they do not consider themselves to be at risk for any life-threatening situations. Even if they appreciate the risks of HIV/AIDS in general, many adolescents believe that they are invulnerable. They often express the following to show their disbelief:
 - they are "covered by the blood of Jesus"
 - AIDS cannot happen to them for they are "too smart for that" no matter whatever they do.
 - AIDS is only for those who patronize prostitutes in brothels
 - "Healthy looking men and women" cannot have AIDS.
 - That their boy friends and girlfriends are decent and do not flirt

They fail to realize that people infected with HIV could be health carriers and that even one faithful infected partner can still infect someone.

5. **Social-cultural factor:** Most of the norms and values that were held in high esteem before in our society such as way of dressing, communication skills are now fading away. These are supporting factors for some of the risky behaviors adolescents take.
6. **Lack of knowledge:** Cognitive maturity appears to be associated with safer sexual behavior. Since adolescents are still growing, knowledge of the risks of HIV/AIDS may be particularly hard for them to grasp because HIV has a long incubation period. They also find it difficult to understand that a person's risky behavior does not have immediate apparent consequences. Even some who know how to protect themselves from the disease often lack social skills to do so.

7. **Public response:** Inadequate access to appropriate information, education and services to meet their peculiar needs during this transitional period from the adolescents' handlers make them turn to their friends. Despite over 15 years of international recognition of the need for education and communication to prevent HIV/AIDS, young people today still have only limited opportunities to learn about the virus and the diseases. Some adults still think that sex education encourage sexual experimentation, consequently, programs and campaigns often are limited in what they can discuss.
8. **Peer pressure:** Adolescents are most sensitive to the opinions of their peers. Especially among the older adolescents, perceptions of what peers think often have a greater influence on sexual and other risk taking behavior than the opinion of parents and other adults. They are often misled by their friends who engage in risky behavior such as smoking, taking hard drugs, engaging in sexual intercourse, homosexuality, cultism, incision, oath taking e.t.c. all these, highly predisposes adolescents to HIV/AIDS.
9. **Stigmatization of the diseases:** The potential social effect and cost to a young person of preventing HIV infection including loss of relationship, trust and loss of peer acceptance can be too high a price for most adolescents to bear. They fail to seek to know or to seek clarification of the diseases from elders around them, thereby expose them to risky behavior which helps in transmitting to others, if they are HIV positive.

POSSIBLE WAY OUT TO ADOLESCENTS PROBLEMS FROM AFRICAN PERSPECTIVE

In the light of the forgoing, it became apparent for adolescent reproductive expert to seek solutions to the problems of adolescent of unwanted pregnancies, HIV/AIDS and others using the African way. This is very important because any things that affect adolescents affect a nation and the whole Africa continent.

The way out therefore should include the provision of correct and adequate information, privacy and confidentiality, respect and informed consent all from the different sectors concerned.

1. **Provision of correct and adequate information:** to start with, parents who are the closest to adolescent must know that whatsoever they tell their children is very important especially when they are reaching the stage of adolescence. They should take adolescents they are they are, be ready to give full information to them whenever they demand to know anything about themselves especially on issues relating to sexuality. Parents and guardians should not use negative statements to denote positive information. Also they should find time in their busy schedules to sit down with their children ask them question and give the assurance that they can come to them for any information at any time. On the part of government, the mass media which is the source of passing information to the public should be worked upon. Any information relating to adolescents should be

conveyed in a way they will understand using the avenues adolescents prefer such as musicals, drama movies and so on. Also, every program showed on media should be screened properly before it is allowed. Health workers are another good point, because if information is well passed and not well utilized then the aim is not achieved. So, health workers should always welcome adolescents at any time they come to them for information and give full description to them on how to go about any prescription given to them.

2. **Privacy and confidentiality:** every individual has one thing or the other that he/she keeps in private and will want the other party to also keep secretly. Confidentiality is the act of keeping secret and not disclosing it to the third party (Ajuwon, 2006). Adolescents because of the fact they are just approaching maturity keep so many things as secret and always like people to keep information as secret for them. Parents, adolescents care givers, and health workers must show themselves as people who are trustworthy if the burden on adolescents is to be reduced. To achieve this some of these points should be followed.
 - Make adequate plans on how to protect information before commencement of the discussion.
 - Inform the respondent (adolescent) some precautions you would like to take to protect the information.
 - Do not collect information that may lead to the identification of specific persons such as names, address and maintain anonymity.
 - Remove all identities from the data.
 - Provide adequate (safe, secured) storage for the data.
 - Limit access to the data.
 - Treat every person privately and maintain confidentiality. Commit each by making him/her to complete confidentiality assurance form
 - Set a good example by not using another person's secret in the way the other party can know as illustration.
3. **Provide Youth Friendly Service:** The term youth friendly services generally refers to programmes seeking to improve the access to and quality of existing reproductive health service, specifically by making them more acceptable to adolescents. The philosophy of youth-friendly service is based on the five C's of adolescent health care: Commitment, Counseling, Communication, Convenience and Cost offering.
4. **Society and Community Empowerment:** Researchers and policy makers have now seen and recognized that individual behavior is more likely to change in the context of a supportive community. Effort to influence school norms and empower community to address the problems which adolescents face. Parents should imbibe the habit of showing love and also bridge the communication gaps between them and the adolescents.
5. **Teaching of Moral Education in schools:** It has been observed that teaching of morals help in protecting the societal values. In the olden days when morals used to be thing held in high esteem, social vices and different problems adolescent face were on the low side. This is an indication that if the teaching of moral in

schools is reintroduced into school and taught at home there will be reduction in the problems adolescents face.

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