



## Sexuality Education for Adolescents Social Adjustment: Counselling Implications

**Anietie Etim Akaka (Ph.D) & Sunday Bassey Akpan**

Department of Educational Foundations

Guidance and Counselling

Faculty of Education

University of Uyo

### **Abstract**

*Sexuality education is comprised of sexual rights, sexual health, and reproductive health in relation to how one feels about his or her body, how self is expressed. The way individual act in relationships and male and female interactions. Most adolescents are deceived into engaging in sexual activity with multiple casual sex partners often without any protection. The consequences are unwanted pregnancies which result in maternal mortality or infertility and sexual transmitted infections/diseases. These risky sexual behaviours is contrary to their social adjustment whereby these adolescent would be confused, living in non-adherence to standards; values and needs of the society. The knowledge of sexuality education and a proper guidance and counselling by professional would help curb the vices of risky sexual behaviours and make them socially adjusted.*

**Keywords:** Sexual education, Social adjustment and Guidance and counselling

### **Introduction**

Adolescence's transition from childhood to adulthood has lots of challenges contingent on the stress and strain period. These could infringe negatively on their views on matters pertaining to life and as such if not properly addressed could result in maladjustment. Some adolescents get into maturation early while others experiences late maturation, their inquisitive nature could give grounds to information that would make or mar their sex identity.

Adolescents have to deal with life challenges including trying to do well in school, resisting peer pressure, making decisions about sexual activity and their sexuality, experimenting with alcohol and drugs, resisting sexual abuse and harassment. All these are related to their sexuality which is a natural integral part of human being. Sexuality includes how one feels about his or her body, how self is expressed and act in relationships and interaction with males and females (Weiten, 2007). Children grow up receiving messages everyday directly or indirectly about their sexuality.

The sources of these messages include parents or significant members, friends, peer group, teachers, media (print and electronic) religious institutions, social norms, health care institutions, entertainment industry and music. Sexuality education happens in everyone's life whether planned or not. Adolescents therefore require comprehensive sexuality education which is consciously planned to teach them about their biological, psychological, socio-cultural and spiritual aspects of their lives. These would enable them



to develop skills and attitudes that will help exhibit healthy sexual behaviours for a healthy sexual life.

According to Madunagu (2002), sexuality education entails the understanding of sexual rights, sexual health, reproductive health through reproductive system enhanced by proper guidance and counselling for a socially adjusted life and living as will be detailed in this article.

### **The Concept of Sex**

Sex refers to the biologically based categories of female and male. Sex is an aspect of male-female differences that pertain to reproductive functions (for examples having ovaries versus testes, vagina versus penis) or genetically related factors (for example differences in height or muscular strength). It is also used to designate erotic feelings, inclinations or practices (for example heterosexuality and homosexuality). Weiten, 2007 and Akaka, 2016 explained that sex aspects of male and female creates a control over their behaviour in relation to self and others giving a picture of sexual identity.

Sexual identity is having a stable form of sexual life, being aware of the intricacies and being able to manage/navigate one's sexual life. Mastering emerging sexual feelings and forming a sense of sexual identity is multifaceted. The process involves learning to manage sexual feelings (such as arousal and attraction), developing new forms of intimacy, and learning the skills to regulate sexual behaviours to avoid undesirable consequences. Developing sexual identity also involves more than just sexual behaviour. Sexual identities emerge in the context of physical factors, social factors, and cultural factors with most societies placing constraints on the sexual behaviour of adolescents.

An adolescent's sexual identity involves an indication of sexual orientation (homosexual, heterosexual, bisexual) and it also involves activities, interests and styles of behaviour. For example, some adolescents are strongly aroused sexually, others are less. Some are active sexually, others are not at all. Some are sexually inactive in response to their strong religious upbringing others are not influenced by their religious training; while most religion do not admonish against sexuality (Crockett, Raffaelli and Moilanen, 2013). The knowledge of sexual identity is the key to understanding sexual education.

### **Concept of Sexuality Education**

Adolescents deal with life challenges which include experimenting with sex and other issues relating to their sexuality. Sexuality is how one feels about his or her body, how self is expressed, the way individual act in relationships and the interactions of males and females. Sexuality is a central aspect of being human throughout life. It encompasses sex, gender, identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationship. Sexuality is



influenced by interaction of biological, psychological, social, economic, political, cultural, legal, historical, religious and spiritual factors (Haber and Rogow, 2015).

- i. Body image – How we look/appear to others and how others see us.
- ii. Gender roles – The roles set by society that socializes people. What it means to be male or female.
- iii. Relationships – The different ways we express our care and feelings for other people, family, members, friends and lovers.
- iv. Intimacy – A special sharing of thoughts, not always physical, close, private, personal.
- v. Love/affection – Strong feeling of deep affection and care, deep tender feelings.
- vi. Eroticism – What turns a person on emotionally and physically. What a person get excited about or have pleasure doing.
- vii. Social role – How someone contributes to the society, what is believed in and want to become.
- viii. Genitals – What defines our sex, gives us pleasure and a part of being sexual.
- ix. Sexual orientation – Being heterosexual, homosexual or bisexual.

Sex education is instruction on issues relating to human sexuality, including emotional relations and responsibilities, human sexual anatomy, sexual activity, sexual reproduction, age of consent, reproductive health, reproductive rights, safe sex, birth control and sexual abstinence. It entails comprehensive education exploring values, developing social skills with the goal of promoting sexual and reproductive health (Ekott, 2003).

Sexual education harness social adjustment, in that effort would be made by adolescents to use their identity to exhibit behaviours that promote a conducive learning environment as much as a better future for themselves. According to Tanvi and Jain (2011), social adjustment is the effort made by an individual to cope with standards, values and needs of the society in order to be accepted. The teenager's world can be confusing and changing so quickly that immature young people are not able to keep up and often do not adjust efficiently. It is observed that most adolescents undergo risky sexual behaviours that mitigate against their sexual lives. Issues such as multiple sex partners, unprotected sex that leads to sexually transmitted diseases, complication at delivery that may lead to vesicovaginal fistula; maternal mortality, and infertility. Unwanted pregnancies that leads to drooping out of school and afterwards having a maladjusted life. These are exhibited in drunkenness, lateness to school, truancy, prostitution, lies, stealing, fighting, indecent dressing, examination malpractice, drop out, high aggression, drug abuse, cheating, anger, hostility. As such the knowledge of sexual education by parents and much more by trained counsellors would correlate positively to adolescents being socially adjusted. These teaching would help the students to become conscious and have control over their feelings sexually and guard against sexual menace indictments.



## Sexual Health

It is truism that most adolescents cannot protect themselves against sexual deviance behaviour because they do not understand their sex characteristics. Myths told by people mislead most adolescents into incongruence ways of living, portraying a maladjusted behaviour and the consequences are painful and regrettable (Fransen, 2007). Sexual health is a responsible and satisfying safe sex, free from diseases, guilt, fear, shame and coercion. This aid in the ability and knowledge of both sexes to derive satisfaction by expressing their sexual attraction in freedom from the sexual risks that are always involved when it is contrary to the need, such as Sexual Transmitted Infections (STIs), unwanted pregnancy, coercion, violence, discrimination, injury, unnecessary pain and risk of death (World Health Organization, 2016).

Sexual health is when the parties concerned are well-informed about the act of sexual interaction, thus they become responsible to each other. In this way, they derive satisfaction of their sex lives and have the capacity to reproduce when desired in conjunction with each other's consent. There is also the freedom from decision making pertaining to deciding if, when and how they should be together in the sex act.

Hence, sexual health is important for the enhancement and promotion of healthy life and personal relationships and not merely counselling and services related only to procreation and sexually transmitted infections. Moreso, sexual health is nurtured by the right to information and the right to pleasure, thus sexual rights (Madunagu, 2002; Elsevier, 2017).

## Sexual Rights

Acts has rules or code of conducts to which a person is expected to adhere to and become adjusted socially, emotionally, physically and otherwise. A person that knows his or her rights is able to adjust socially and live responsibly. Sexual rights are human rights. For women and girls, there is right to control their own bodies and their sexuality without any form of discrimination, coercion, or violence. This is critical for their empowerment (WHO, 2016; Elsevier, 2017). These rights include; the right to express one's sexuality safely, without the risk of unwanted pregnancy, the right to sexual freedom – from exploitation and abuse; the right to sexual autonomy, integrity. These rights guide against gender-based violence, forced marriage, female genital mutilation, and limitations on their mobility, dress, education, employment, and participation in public life. The same holds true for lesbians, laymen, bisexual people, transgender people, sex workers and others who transgress sexual and gender norms and who face greater risk of violence, stigma and discrimination as a result. Sexual rights underpin the enjoyment of all other human rights and are a prerequisite for equality and justice (Ngwena, 2015).

The laws of man nationwide promote sexual rights by promoting policies to exercise their sexual rights, which embrace the right to a safe and full sex life, as well as



the right to take free, informed, voluntary and responsible decisions on their sexuality, sexual orientation and gender identity, without coercion, discrimination or violence, and that guarantee the right to information and the means necessary for their sexual health and reproductive health.

These rights enable the right to sexual pleasure, including emotional sexual expression of communication, touch and love, the right to possibility to marry or not, to divorce, to information based on scientific research, to have children or not, if there must be children, then the number and spacing of children be considered and agreed upon between the couple without external pressure.

Tuper (2013) posited that the major cause to deviance and juvenile delinquencies is embedded in relationship that is founded on wrong perception, wrong choices and misinformation. Most adolescents have ended in a dilemma of regrettable consequences, later wished they had been knowledgeable as the turn of events unfold. Homes have been broken, single parents have been shattered, the streets have been inhabited by rebels, religious settings have shun the teaching of sex education in belief that it is immoral; the schools have lost their track in educating these adolescents; most teachers have not lived up to standard as role models. Much more, adults have lost their sense of dignity and integrity on these matters because they are not capable in handling themselves. This may or may not be so because of the present conundrum state of minds as the result of economic upheavals, political instability, invasion of Boko Haram, cultism and other mis-happenings around the world. The new technological ages has with it many disadvantages and have lured adolescents and adults into low classified life styles.

It is worth noting that the awareness of sexual rights protect individuals from physical, sexual and psychological violence in the community, workplace, schools, homes (that sexual abuse is common). Sexual harassment, intimidation, rape, unsafe contraceptives and unsafe abortion, STIs and HIV/AIDs are regulated from reproductive health.

### **Reproductive Health**

Is a state of complete physical, mental, social wellbeing and not merely the absence of disease or infirmity, in relation to reproductive system, its functions and processes (Haber, Rogow, 2015; WHO, 2016). Adolescents are left to make decisions from false information that is devoid of decorum. This act shatters their reproductive health and the result is sympathetic and empathic. The psychological trauma could be prolonged into adult life and they may become delusioned.

Reproductive health dwells on the facts that individuals are able to have a satisfactory and safe life, meaning they have the capacity to produce and the freedom to decide if, when and how often to do so. It is imperative as far as nature of man and existence is concerned that men and women must have the rights to be well informed, have access to safe, effective, affordable and acceptable method of family planning of their choices for



regulation of fertility (Frazen, 2007; Hall, Moreau and Trussel, 2012; WHO 2016). It also entails the right of access to appropriate health-care services that will enable women go safely through pregnancy and childbirth and also provide couples with the best chance of healthy babies (Ekott, 2003).

### **The Challenges of Sexuality**

Adolescents have specific needs for information and services that would help curb sexual menace in the society and create room for social adjustment, portraying a responsible living and a stable future. People get confused about teaching their wards on sexual matters or giving them sexual education for the fear that it would endanger the lives of these wards or make them themselves (the caregiver) look irresponsible. In schools sexual education is not taught, not to mention the word sexual intercourse, but could be brushed past in a second during biology class making sure that the word sex is salient. Most teachers ridicule students who make mistake in their sexual life, may be get pregnant and undergo abortion which reflects in their looks, instead of teaching, educating, these students to become aware of the dangers/consequences of engaging in sexual relationship.

Moreso, Akaka (2016) did observe that most parents have given grounds to the maladjusted living of adolescents, by not living to their responsibilities. They have neglected and relegated these adolescents to depend on information from peers where they are misinformed and misguided into abnormal way of living. (Tuper, 2013). Adolescence is a transitional period that enables reproduction, meaning that adolescents are physiologically mature, yet they have not attended emotional and economic independence. Adolescents lack the skills for effective decisions of their own and most atimes solely dependent on parents. Adolescent develop with most visible aspects; the physical changes; the phase of rapid growth in height and weight known as growth spurt as a result of hormonal changes. The term pubescence is used to describe the two-year span, preceding puberty during which the changes leading to physical and sexual maturity take place. During pubescence, secondary sex characteristics start developing in adolescents. In female onset of puberty starts with menarche - the first occurrence of menstruation (culmination of a series of hormonal changes) while in male the start of puberty is spermarche – the first occurrence of ejaculation. Maturation is also correlated with experience of intercourse, more unwanted pregnancies, a greater risk for eating problems and a variety of psychological disorders (Archibald, Graber and Brooks-Dunn, 2003; Weiten, 2007). The consciousness of these traits about sexual reproductive system would help individuals build and live a guarded sexual health and sexual rights and reproductive health.

### **Counselling Implications**

The greater good of man is enhanced by a meaningful systematic counsel of a trained counsellor. The adolescent life is often confusing accompanied by trying to



decipher parent's instructions and what they see and experience on daily basis. The sexuality of adolescents are challenged due to the lack of information from people that matters in their daily lives, resorting to what they are told by peers, see on media (television, phones), read on articles, journals and novels) and the experience of others in the society. Adolescents are encumbered with stress and strain, by indulging in multiple sex partners, unprotected sex, unsafe abortions, drop outs from school, highly conflict-ridden behaviours in the name of wanting to belong, cultism, alcoholism, truancy, poor academic attainment, and the likes. These vices hinder adolescents live a socially adjusted life whereby they become nuisance to themselves, parents, school environment as well as the society. It is evident that as humans, adolescents have sexual needs in relating to the same and opposite sex, but these needs are poorly understood and neglected, causing serious implication in their existence. Hence, counselling should be used to promote adolescents' adaptability to changing life demands by helping them develop or enhance a variety of personal social, coping and decision making skills. It implies that counselling on sexual education would inform adolescents on sexual health, sexual rights and reproductive health to attend a socially adjusted living. There will be reduction and prevention of risky sexual behaviours that would lead to psychological trauma later in life. Through proper guidance and counselling, the sexuality of adolescents will have identity whereby they are fixed and not fixated. Counselling would harness viable relationships, promoting a high acceptance of norms, values, and standards founded in the highly disciplined responsible coexistence for the betterment of the school environment, homes, communities as well as the society.

### **Conclusion**

There is dearth need for schools to introduce sexuality education to curb menace such as unwanted pregnancies, unsafe abortions, infections/diseases, maternal death, exploitation, abuse, traumas, alcoholism, anxiety, disorders, aggression, rape, drop out by the use of guidance and counselling in all its techniques, interventions, skills, theories to reduce the indiscipline attitudes in adolescents to achieve a conducive learning environment and a living of acceptability in the society for a better future. On the contrary the modern technologies available have been wrongly used or abused; most parents are not living in their responsibilities towards their wards; teachers in schools have shunned the teaching of sexual education while religious settings have completely left the teachings on sexual matters, believe that it is a sacrilege to mention the word sex. The neglect of this important subject sexual education have caused a downturn in our society whereby adolescents have a maladjusted life. It is evident that this provision (sexual education) is lacking in the society hence the risky sexual behaviours and deviance behaviours from malfunction decision gotten through peers and cliques. Counselling in its professionalism is able to prevent these risky sexual behaviours and later life challenges, by helping to



create a satisfactory sexual rights, sexual health, and reproductive health for social adjustment.

### Recommendations

1. Parents should adapt democratic parenting styles in rearing their wards to enable them reach out to their wards on matters regarding sexual education either by themselves or invite trained counsellor(s).
2. The principal should see the need for introducing sexual education in their curriculum in collaboration with stakeholders in education and other related agencies for policy implementation proper.
3. Workshops and seminars should be made by councillors readily available in schools by school guidance counsellors in order to educate adolescents on relationship, sex identity and sexuality issues.
4. Religious settings ought to teach more on morals to harness a socially adjusted living of adolescents with acceptable sexual behaviours. This would create a peaceful coexistence in the society.

### References

- Akaka, A. E. (2016). Adolescent Identity and Social Adjustment Among Secondary School Students. Unpublished Ph.D. Thesis, University of Uyo, Uyo.
- Archibald, A. B., Graber, J. A., & Brooks-Gunn, J. (2003). Pubertal Processes and Physiological Growth in Adolescence. *Eds. Blackwell Handbook of Adolescence*. Malden, MA: Blackwell.
- Crockett, L. J., Raffaelli, M. & Moilanen, K. (2013). Adolescent Sexuality: Behaviour and Meaning. In Adams G. and BerZonsky, M. (3<sup>rd</sup> ed.), *Blackwell Handbook of Adolescence*. Malden, MA: Blackwell.
- Ekott, I. B. (2003). Sexual and Reproductive Health and Rights. A Training Program of School Teachers for Implementation of the National Sexuality Education Curriculum in Akwa Ibom State, Uyo.
- Elseveir, B. V. (2017). Sexual Rights. *Society for Adolescent Health and Medicine*, 2(1): 11 – 18.
- Frasen, R. (2007). *Positive prevention and the sexual and Reproductive Health of People Living with HIV*. Young Positive Women Deliver. <http://2007.women.deliver.org/preentations/slides/138fransenppt>.



- Haber, N. & Rogow, D. (2015). Sexuality Education: Emerging Trends in Evidence and Practice. *Journal of Adolescent Health*, 56(1): 15 – 21.
- Hall, S. K., Moreau, C., & Trussel, J. (2012). Determinants of and Disparities in Reproductive Health Service use among Adolescent and Young Adult Women in the United States. *American Journal of Public Health*, 102(2): 359 – 367.
- Madunagu, B. (2002). Sexuality Education: Challenges for Nigerian Girl Child in the New Millennium. *Newsletters on Girls Power Initiative (GPI) Nigeria*, 8(4): 3- 8.
- Ngwena, C. (2015). Sexual Health and Human Rights in the African Region. Working Paper Commissioned by the World Health Organisation. [http://www.ichrp.org/files/papers/185/140\\_Ngwena\\_Africa20//pdf](http://www.ichrp.org/files/papers/185/140_Ngwena_Africa20//pdf). Retrieved 5 January, 2015.
- Nwachukwu, D. B. (2009). *Guidance and Counseling Practicum*. 2<sup>nd</sup> ed., Calabar. University of Calabar Press.
- Tuper, K. (2013). Sex, Drugs and the Honour Roll: The Perennial Challenges of Addressing Moral Purity Issues in Schools. *Critical Public Health*, 24(2): 115 – 131.
- Weiten, E. (2007). *Psychology: Themes and Variations*. (7<sup>th</sup> ed.,) Canada: Thomson Wadsworth, p. 416.
- World Health Organisation (2016a). *Sexual Health*. In: Ronch L. D. (Eds.) *The Counselling Source Book*. New York: Cross Road Publishing Company.
- World Health Organisation (2016b). *Action Plan for Sexual and Reproductive Health*. Copenhagen. <http://www.euro.who.int/en/who-se-are/governance>. Retrieved on June, 2018.
- World Health Organisation (2016c). Developing Sexual Health Programs. A Framework for Action. Geneva. *Journal of Educational Psychology*. Geneva: Welhem Publications (2): 304 – 310.