

Sex Education: A Review of Sexual Behaviors in Sub-Saharan African Adolescent

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ABSTRACT

Adolescence is an intermediate stage in life when fast bodily growth and development and sexual evolution leads to one's physical ability to reproduce. Adolescents are "young people ranging from 10 to 19 years of age". At this stage of development, the health status of the adolescent or young adult can be affected adversely based on their communion with the environment and people around them. The sexual health of adolescents and young adults is of utmost concern in the public health sphere around the globe due to the increasing cases of sexually transmitted infections and high pregnancy rates among single teenagers. A considerable number of adolescents worldwide are sexually active, and this percentage is steadily increasing from mid to late adolescents. The sexual activities of this age group vary both by gender and region. According to the world health organization, in their report published in 2011, early commencement of sexual activities results in an upsurge in the rate of exposure of adolescents to Sexually Transmitted Infections and unwanted pregnancies.

Keywords: sex education; adolescence; sexual evolution; sexual health

INTRODUCTION

The involvement of pubescents in sexual activities is of great significance due to the growing number of young people in sexual relations worldwide^[1]. Sexual activities in humans are expected as they form a significant part of human development. However, it could also result in dire consequences if sexual activities are practiced too early or disregard the risk involved^[2]. Teenage individuals or young adults could encounter sexual trouble from engaging in early sexual activity, which is likely to happen without protection^[1]. Early commencement of sexual activities tends to increase the exposure rate of teenagers to sexually transmitted infections and unwanted pregnancies^[3].

REVIEW OF PREVIOUS WORKS ON RISKY SEXUAL BEHAVIOURS

In line with the universal Risky Behaviors, risky sexual behavior involves any sexual or procreative practices that tend to cause harm, such as sexually transmitted infections (STIs), early or unsolicited pregnancies, sexual cruelty, bias, and abuse. In addition, as against adults, teenagers who are already engaging in sexual intercourse are at higher risk of such possibilities due to developmental or traditional factors. For instance, in the United States, an estimated 15% of all unplanned pregnancies result from teenage women^[4], and roughly half of all newly diagnosed sexually transmitted infections fall between 15 to 24 years^[5].

These can lead to a terrible impact on the individual's life path: teenage mothers are most likely to encounter obstetrical complications, which will result in an uneven threat for delivering infants prematurely and giving birth to infants with low birth weight.

In addition, consequences of Sexually transmitted infections may include pelvic inflammatory disease, cervical cancer, barrenness, or worse off death. Also, certain sexually transmitted infections can be transferred to the child from the mother during pregnancy down to childbirth, giving the child the same dire outcome. Adolescent mothers also encounter thwarted professional educational achievements; however, some claim that these effects can be of short duration and are not exclusively attached to adolescent childbearing^[6]. Nevertheless, adolescent sexual risk-taking has gathered mass attention from both health and science scholars alike for over a long time.

THE THEORY OF REASONED ACTION AND PLANNED BEHAVIOUR

The theory has confirmed its authenticity and efficacy to explain health behaviors: also, it has been used to verify interventions that tone down health behaviors^[7]. This theory is thus used to explain how sexual communication occurs between parents and their children, which could lead to them engaging in risky sexual behavior.

Fishbein and Aizen in 1980 proposed that humans are solely responsible for their behaviors as they are rational thinkers that can process information, using it in an organized pattern to evaluate and make decisions. That is to say, one's behavior is governed by process of coherent thoughts known as intention. Also, a persons' will to execute a particular behavior is achieved due to the relation between behavioral and normative beliefs.

BELIEFS

This refers to the independent judgment of the link between the object of belief, values, concepts, or features that enable an individual's understanding and immediate environment. The basis of information for this link is direct observation. These interactions with the objects result in the establishment of descriptive beliefs. Inferential belief, on the other hand, goes beyond direct observation. The difference between them is that one involves acquiring new information, while the other deals with processing information. Thus, a person can form his beliefs from direct observation and the data from a secondary source. A human is birthed as a rational thinker who uses information around him to pass judgment [7].

ATTITUDE

It is said that the Attitude a person display is a factor of their social principles. These attitudes are distinct and are uncertain if the result of the behavior will be satisfactory or not. An individual's Attitude affects his action as it is subjected to his ideology that particular conduct yields an inevitable outcome. Attitude is the leading factor behind the intention to act in a certain way. Thus, it can be deduced that the parent's principle as regards effective communication of topics relating to sex and sexual practices with their teenage children, for instance, STDs, STIs, avoidance of unintended pregnancy, HIV/AIDS, can in either way affect the Childs' future intentions as to involvement in early and risky sexual behaviors [7].

SUBJECTIVE NORM

The normative belief is seen as an important principle for conduct. It has to do with an individual's view regarding the stance of relevant people or groups and how they view such behavior; these norms are of social status. It involves creating a link connecting the information base to its precise constituent and evaluating its outcome. Regarding this, a person's motivation isn't specific upon receiving normative pressure from the said group. Hence, the subjective norm is the interrelationship between normative beliefs and said motivation. Accordingly, if factors or groups such as a family, church, and so on support sexual education of teenagers by parents, the parents will tend to have better communication with their children as regards sexual practices. Thus, intentions can be said to have two precursors explaining it: one being the individual that is his Attitude to behavior and then the other; social, which is the social norm [7].

INTENTION

Deliberate conduct consists of four rudiments: the behavior, the focus of the conduct, the place of the conduct, and the time of the conduct [7]; all of these factors form the basis of behavior itself. In effect, the utmost definite intention is when an individual's action on an object at a specific time and place is pre-mediated. Thus, the intention is seen as a major factor instigating behavior resulting from an individual's principle. In addition, a person's will to perform in a certain way can be borne from the fact that they have positive energy towards the activity, societal factors support the move, and they can do it [8]. For example, a parent communicating sex to their children is determined by attitudes, behavioral control, and of course, subjective norm; thus, if parents want to communicate or tutor their adolescent children about sex, they will.

SECTION TWO

For a long time, experts and scholars in the global health sector have been interested in understanding the effect of socio-cultural context on people's health-related behavior. The majority of the theoretical fields recognize the importance of perspective in defining behavior and place of social norms.

Bronfenbrenner's socio-ecological model highlights how persons, institutions, social and macro-level elements are fused to influence people's actions. The context assists users in inspecting the interrelation between micro, meso, and macro-level environments then how it affects human behavior. The model has been used to inspect an extensive range of health drills and was used recently to aid in the inventing of social norms interventions [3]. Aside from the ecological model, other theories and frameworks are obtainable to understand how people's health is influenced as well as other behaviors relating to health [28]. The aspects of social epidemiology and medical sociology have presented many models of how "social determinants" together with a person's inborn endowment and social sphere make an individual either well or ill.

STIs continue to serve as a threat to weaken public health globally. The issues of cure or vaccine not yet available persist in thwarting the effort of public health and clinical/biomedical research globally. In most countries the spread of certain STDs like the prevalent HIV/Aids has been put to an end. There exist trends currently showing the turnaround of these scenarios, which gives hope but not reason enough to cause contentment.

Sub-Saharan Africa is seen as the main focus of this particular epidemic. The prevalence of STD in this sphere is extensively documented [27].

An estimate of 34.2 million persons who are infected with this disease worldwide is said to live in Sub-Saharan Africa, which is around 70 percent of the infection load worldwide; nonetheless, the entire population of the region is just about 12% of the world's population [27].

The amount of HIV cases is on the high side globally, having the female gender excessively affected. An estimated amount of the infection suggests that 2500 adolescents contract the disease on a daily basis, and about 80 percent of this infection occurs in Sub-Saharan Africa [15].

Unluckily, approaches and mediations meant to avert recent infections among these people seem abortive. The majority of these mediations for adolescents in the region have been centered on behavioral change intervention which is meant to promote certain actions like; refraining from the commencement of initial sexual intercourse, a decline in the number of sex partners, upsurge in condom usage [9]. Also, these medications are meant to enhance awareness, alter approaches and expand service accessibility bringing about a reduction in stigmatization and addressing intermediaries like self-esteem self-efficacy.

Michielsen went ahead to report that such behavioral tactics tend to prompt a behavioral adjustment in people and groups using a variety of approaches such as motivation, peer grouping, education, skill acquisition, and normative tactics [9].

The majority of these mediations in Sub Sahara Africa did not really meet the set outcome required upon assessment. The former assessment pointed out certain factors that could be accountable for the gap. These include; disorderly theoretical sources, targets focused on the wrong population, such as older individuals as against adolescents or young adults not yet engaged in sexual activities [10]. Other programs have suggested with evidence that initiating low-risk behavior is easier compared to changing already existing behaviors, thus the need to aim at adolescents and young adults or better still direct mediations to that group [11].

Other restrictions are; constricted attention on individual elements of sexual behavior^[9]; execution bottlenecks^[13] and the narrow efficacy larger intervention framework created in the west, which would have been useful elsewhere but had a lesser impact in the Sub Saharan Africa region^[15].

APPRAISALS OF INTERVENTIONS

All theoretical sources for interventions are clear as each uses an already existing theory or a novel one to work. Most interventions make use of SCT (Social Cognitive Theory) either to appraise the intervention's content or assess the design. Other mediation refers to The Theory of Reasoned Action and Planned Behavior and the Health Belief Model^[29]. Some studies specified students' participation in their intervention. Possible activities to be carried out are; classroom dialogues, peer appreciation, dissemination of information, play, and so on. The peer modeling and psycho-social backup events to alter customs and psycho-social causes of sexual behavior were the most prevalent approaches used^[6]. Other studies suggested realistic data aimed at improving knowledge, purposes, and character with a decrease in the risk of contracting HIV^[16].

EFFECTIVENESS OF INTERVENTION

This is based on how well the intervention has met its designed objectives upon evaluation. Most interventions tend to record success for the male gender as against the female gender^[17] as regards gender contrast, a group known as the "Mzake ndi Mzake" peer group mediation was known to have notable significance on sexual behavior and its psycho-social causes in young male teenagers of about 16-19 years as against their female counterpart of about 13 – 15 years^[18].

ATTITUDE, INTENTIONS, AND KNOWLEDGE

Reviewing certain studies shows the knowledge regarding STIs and STDs was assessed and merged with an inquiry about attitudes and intentions on issues such as faithfulness, abstinence, and condom usage. The majority of the studies reviewed considered the Intentions on faithfulness, abstinence, and the use of condoms as a means of prevention. Cowan postulated that the female gender was thought to be less knowledgeable on reproductive challenges compared to the boys^[19].

According to Harvey, an increase in awareness as regards STDs were shown by the intervention in adolescents within a period of 6 months^[20]. Winskell, on the other hand, in one of his studies conducted across six nations in Sub-Saharan Africa, stated that abstinence is a well-known topic^[17]. Agha and Rossem made reports on condom usage, stating some positive results. Their respondents were more likely to use a condom as a preventive means. Concentrating on chastity (faithfulness) that is sticking to one sexual partner, there were mixed outcomes. Swartz also suggests a visible drop in the number of sexual partners in the mediation group during monitoring^[16]. According to Magnani there were no observable effects on companion behavior at the end of the intervention meant to assess its use of educating adolescents on risky sexual behaviors in Kwazulu-Natal, South Africa.

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