

Psychosexual Problems in Adolescents and its Management

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Adolescents live in a new world between childhood and adulthood, now facing this now the other, not sure of which way to go, not really sure of anything. Each one of them is a paradox, sometimes awkward, but always appealing, shy but also brash, stubborn yet reasonable, reckless sometimes but often very cautious, this moment leaving and next resentful, sometimes foolish but mostly wise. They are our dear adolescent daughters. They are conservatives at heart, but show rebellion to show off; they are different from the old generation, they study and are more intelligent. They are the future and above all people, a fact not often recognized. The real trouble is they are in search of an identity in a predominant adult world.

In this period usually three developments take place.

1. Biological developments :

These developments progress from the initial appearance of the secondary sex characteristics to that of sexual maturity. Five stages of puberty have been described by Tanner & his colleagues (Marshall & Tanner, 1969; Tanner, 1969). In girls these reflect the progressive modifications of the breasts, the external genitalia and sexual hair which occur in the course of sexual development towards full maturity.

There are many hormonal changes in the girl's body during this transition from the state of total socio-economic dependence to one of relative independence.

2. Psychological behavior:

The psychological behaviour is varied and bizarre. They throw tantrums, disobey parents, teachers and superiors, use flashy unconventional dresses and their hair styles are quite bizarre. They are rebellious, spend more time with friends than parents, at times they take meticulous care of their appearance and invariably are attracted towards the opposite sex. To add to it, in this overcompetitive world, this is the time when they choose

their career, sit for competitive examinations and undergo a lot of stress and strain. Sometimes back 'TIME' wrote-

"American Youngsters tend to live as if adolescence were a last fling at life, not a preparation to it".

3. Sexual Behaviour :

This problem is very difficult for the teenager, and they have to choose from a) Early marriage b) Premarital sex c) Abstinence.

Early marriage :

In third world countries, specially in India, teenage marriage is a social custom and at present the mean age of marriage is 17.4 years, 13 million are married before 18 years, and this happens more commonly in U.P., Bihar, M. P. & Rajasthan accounting for 75%. Twenty percent of all pregnancies are teenage pregnancies, forced by society and family. The fertility rate is 131 per thousand, and the contraceptive use is only 12%. This results in unplanned sexual activity and pregnancy. Under 20 years, 15 million births take place and account for 20% of total births world wide, with the attendant risks of the socio-economic development of the girls limiting their role in life to child bearing and child rearing. Below 16 years, pregnancy has a higher percentage of risk as regards PIH, anaemia, small pelvis, immature perineum, preterm birth and perinatal death.

Pre marital sex :

Some of the puritans think that at present, the adolescents are very much interested in premarital sex. But this is nothing new. Even Aristotle (Weldon, 1886) the great greek philosopher had commented "of all bodily desires, it is the sexual one to which adolescents are most disposed to give way and in regard to sexual desire they exercise no restraints".

The upsurge of sexual interest in adolescence has been ascribed to the same basic endocrine processes that bring

about the somatic changes of puberty and some believe that androgen is the cause, though it is not proved yet. There was a survey in USA regarding the practice of premarital sex among the age group of 15-19 years. The rate was 35% and increased from 18% by age 15 to 55% by age 19 (Zelnick & Cantner, 1969). The rates for blacks are still higher. Developed countries, Latin American Countries, and the Caribbean ones are more affected. This trend is spreading to other regions too. This leads to increased prevalence of STD, unwanted pregnancy, and illegal abortion with adverse health and social consequences.

Abstinence and delayed marriage :- Though every country is trying to raise the age of marriage, only China has succeeded to a certain extent. Abstinence is a declined practice all over the world.

Apart from these major problems the monsters of our society, ignorance, poverty, illiteracy and gender discrimination are there to make further problems for the teenagers.

Management

Parental Responsibility :

- a. Don't stereotype. She is still the adorable child you had, given a chance she will continue to behave the way you want.
- b. Remain a parent & be an authoritative parent than a permissible or autocratic parent, the captain of the ship, not the crew.
- c. Pick your battles and ask yourself will this behaviour threaten the welfare of my child or any one else, if yes, assert your authority firmly.
- d. Examine your own reactions, and let go. Add humour when the atmosphere is thick.
- e. This is the time when they are hooked to drugs and bad company. Should know where they are spending their leisure time and with whom, try to know their friend circle.
- f. The adolescent picks up one parent who is lenient to her. Show a united front.

Society

There is an identity crisis. The society must recognise them as a person and listen to their opinion. This helps them to build their self confidence.

In rural areas usually they leave school by the age of 13 or 14; the only option left to them is early marriage. To occupy these girls, vocational training centres should be opened and they should be taught about socially productive works like sewing, basket weaving etc.

Government

Government should provide education facilities, career opportunities, strict implementation of the marriage age and safe abortion facilities; in short, provision of total reproductive health care.

Media

George Orwell worried that Big Brother would be watching us, infact we are watching Big Brother, the TV in our drawing rooms. T. V. and other media have become the leading source of sex education. But they have to play a model role, not by the way they are depicting sex at present.

Sex Education in Schools

Whether it should be implemented or not, the opinions are divided. The sources of knowledge for the girl are, sister, sister-in-law, mother, friend and media. They are neither complete nor sound. Dr. Cosmo Garden Lang opined that "I would rather have all the risk from free discussion of sex than the greater risk run by the conspiracy of silence". Sex education must be given in schools by teaching the physiology and anatomy of the reproductive system, genital hygiene and care during the menstrual cycle, ways to postpone early sexual activity and the harmful effects of unsafe sex. In one of my studies on M. T. P., out of 3705 cases about 4% were adolescents. They should be taught about STD, HIV, and contraception.

Role of Gynaecologists

A gynaecologist has a tremendous role to play in the life of an adolescent and a firm commitment too. The 'teens' expect understanding, friendliness, and personality from

the doctors. Establishment of adolescent gynaecology clinics will provide a friendly environment for them to come forward with their problems. Apart from looking after their preventive and curative health, they must impart reproductive health education, and promote contraceptive measures. A good rapport, clean instructions, finding contact persons, free sample distributions and reducing waiting time will increase the contraceptive compliance in this group.

Young people hope to discover utopia, a better world than they inhabit. In turn they get hurt both psychologically and sexually. Life's lesson must be learned anew with each person, in her own way, through her own experience. But whichever way the adolescent behaves, she still very

much needs her parents. The parents, the society and we the gynaecologists still bear a great responsibility for this adolescent child.

References :

1. Marshall W. A. Tanner J. M., Archives of diseases in childhood, 44,291., 1969 .
2. Tanner J. M. Growth and endocrinology of adolescents, Endocrine and genetic disease of childhood, P. 19, W.B. Saunders Philadelphia., 1969.
3. Weldon J. The Rhetoric of Aristotle. London, McMillan Publishing co., P.1.,1886.
4. Zelnic M. & Kantner J. F. Fam. Plan. Perspect 0 55, 1976.