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Pubertal Development and Traditional Support Systems in Africa: An Overview

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ABSTRACT

This paper examines the issues surrounding pubertal development in Africa by discussing the context of adolescent maturation, pubertal development and the global implications of traditional support systems for adolescents in Africa. Adolescent development in Africa with all its attendant risks and opportunities cannot be adequately understood without reference to cultural context, both past and present. Too frequently, issues surrounding human growth and development have been examined outside their cultural context. However, there is a growing awareness that the situational context must be taken into consideration in order to achieve adequate dynamic models of human development. The paper concludes by stating that the essential requirement for ensuring healthy adolescent development can be met through the joint effort of a number of pivotal institutions, namely, the family, traditional institutions and the school. (*Afr J Reprod Health* 2001; 5 [1]:20-30)

KEY WORDS: Pubertal development, puberty rites, extended family, Africa, adolescents

Introduction

This is a bewildering and eventful time to be a teenager in Africa. While this statement probably applies to late 20th Century adolescents everywhere in the world, it has an especially poignant flavour in Africa. Transition from childhood to adulthood takes place against the backdrop of major political and socio-economic changes. The effects of these changes are multi-dimensional. Since independence, most countries in Africa have experienced increased social and economic changes, as many of the countries moved from a colonial, agricultural-based dependency to independent, industrialising nations. Lately, however, declining economic situations, civil wars, ethnic rivalries, and political instability are examples of some of the changes taking place. In 1993, there were an estimated six million refugees, and 35 million internally displaced people in Africa, a high percentage of who are children and teenagers. Africa is a continent in transition; its children are at risk from drought, famine and civil strife.

The human development crisis currently facing Africa has its origin in the massive economic decline, which began to affect most African countries in the early 1980s. According to the World Bank, many African countries plummeted from "middle income" to "low income" status during the 1980s, while the number of least developed countries in Africa rose from 17 to 28. In the last decade, when much of the world took great strides forward by improving basic human conditions, in Africa the degree of poverty actually worsened. The number of families in sub-Saharan Africa who are unable to meet their needs doubled in the same period as average income fell by one-third. Population grew by more than 40 per cent; swelling the ranks of the poor during the same period.² The implications of all of these are crucial for the welfare of the growing child. In most countries, for example, schools are seriously run down and a large number of migrants have left the rural areas in search of better life in the cities, causing an overwhelming rise in the demand for public services, especially potable water and adequate sanitation. Migration has combined with the already high natural population increase to cause accelerated urbanisation in sub-Saharan Africa thereby swelling its cities. The attraction of urban services and the search for better jobs in the wage-earning economy have motivated many people to leave their rural homelands. In scarcely a dozen years, the proportion of people living in cities increased from 23 per cent (1980) to almost 30 per cent (1992), representing an average annual growth rate of 5 per cent. At this rate, the urban population, as a proportion of total population, would have increased to 40 per cent by the year 2000. In many cities, the population is projected to double every 12 years.²

The transition to adulthood and the continuous transformation in the society would seem to be intimately related. Societal institutions cannot continue to exist without socialisation, nor can human beings survive without a social context. Researchers have become increasingly aware of the complex interplay of biological, psychological and social factors during adolescence.^{3,4} A well acclaimed volume, *Girls at Puberty*,⁵ a review and empirical papers in a special issue of child development devoted to early adolescents,

signal the emergence of a focus upon the interaction of biological, psychological and social influences during ado-lescence^{6,7} The conception of biology acting in an independent, isolated manner distinct from variables from other levels of analysis has been replaced by ideas that stress bidirectional, reciprocal or dynamic interactional relations among biological, psychological, and social processes.⁸

It is important to note that the demographic profile of population in Africa is changing drastically. The number of youth in most countries in Africa is growing at a rate faster than the overall population of the continent. Africa is projected to register the fastest growth in population. The age group 15-24 years is the fastest growing segment of the population, and is expected to almost double in size by the year 2000.⁹ Female adolescents numerically constitute an important component of Africa's population. In 1950 there were 21 million female adolescents aged 15-24 years. According to the UN medium variant projections, this number rose to 45 million in 1980, and then increased further to 52 million in 1985. This number is expected to increase to 84 million by the year 2000, thus emphasising the numerical importance of adolescents in Africa. The quadrupling of the female adolescent population in Africa has the potential of leading to greater incidence of premarital fertility. In contemporary African society, strong normative pressures to become a parent co-exist with conflicting pressures to attain a high level of education.¹⁰ This results in mixed messages to adolescents: that women must start bearing children at a young age and are expected to do so within marriage, but that they should stay in school, which requires postponing marriage and childbearing. As the years in school increases, the period between menarche and marriage is lengthened, extending the period of premarital exposure to the risk of conception.

At the same time, traditional controls of adolescent sexual behaviour continue to weaken. There is also the additional emphasis upon monogamy; men want assurance that their future wife will be able to have children. Consequently, proof of pregnancy is becoming a prerequisite for lasting relationships with potential partners.¹¹ This development is leading to a situation, presently, in which premarital virginity is no longer thought to be desirable. A recent survey in Kenya found that 60 per cent of respondents do not believe that traditional norms restricting premarital and extramarital sexual relations are applicable in contemporary society and in Nigeria premarital virginity is no longer considered important particularly in urban areas.²⁻³

Recent demographic and health survey data^{14,15} indicate that more than a quarter of Nigerian adolescents aged 15-19 years are pregnant or have had children and that 43 per cent of the pregnancies are unintended. The fertility rate among 15-19 year-olds in Kenya rose from 141 births per 1,000 women an early 1960s to 168 in the late 1970s. By 20 years of age, the majority of Kenyan women have had at least one child.⁹ Several reports also indicate that adolescents are more likely to resort to unsafe abortion and, therefore, likely to suffer abortion-related morbidity and mortality.¹⁶

As the pace and magnitude of the socio-economic and cultural changes continue to increase, and the youth component of illicit abortion, maternal mortality, AIDS, and other sexually transmitted diseases becomes more and more visible on the continent; Africa cannot afford to ignore the younger segment of its population. One option open to the continent is to look inwards with the sole purpose of rediscovering the strengths that exist within the traditional African society as it relates to meeting the basic developmental needs of youth in Africa. Changes in adolescent behaviour particularly in relation to pre-marital pregnancy correspond closely with social change, including the elimination of some traditional practices. There is evidence in literature to show that the effects of the timing of maturation may be mediated by social context, cultural beliefs and individual beliefs about the importance of behaviours associated with maturation.³

There are cultural, philosophical and religious systems that constitute a base for the values and beliefs relevant towards assisting a child through the transition to adulthood. Most African societies have a set of child-rearing beliefs and practices that are derived from traditional culture and based on consensus within the culture about what is natural, normal and necessary in raising the child to adulthood.⁷ Sub-Saharan Africa has long been classified as being at the traditional end of the modernisation continuum.¹⁸ However; the invasions of modern-style concepts and changes in the economic conditions, social organisations and family structure are reshaping; and in some instances even replacing the traditional child-rearing beliefs and practices. The result is that school dropout, unemployment, violence and drug abuse are emerging among the young people of Africa as elsewhere. It is also true that most of the prescriptions available in literature on how to deal with the problems of adolescent development are Western in origin, non-African and, therefore, may be inappropriate for many African countries with third world characteristics. This paper is an attempt to examine pubertal development in some selected African countries, and to highlight the global implications of some traditional support systems for adolescents in Africa.

Pubertal Development in Selected African Countries

Pubertal development signals the beginning of adolescence. It is characterised by rapid physical growth, large increases in hormone levels, and the appearances of secondary sexual characteristics.⁴ The onset of adolescence is considered a crucial developmental transition, due to the confluence of changes across this level of development.^{19,20}

Adolescence is one of the most fascinating and complex transitions in human life span; a time of accelerated growth and change, second only to infancy. It is also a time of expanding horizons, self-discovery and emerging independence, and of metamorphosis from childhood to adulthood. In most societies of the world, the onset of adolescence is closely synchronised with the biological changes of puberty. Entry into adolescence is marked by the physical changes of puberty, social changes in the family peer group and

school environment, and concomitant individual changes in cognitive and socio-emotional functioning. In these often tumultuous years, a young person experiences much growth and joy, as well as doubt and confusion. Relationships with peer and family take on a new meaning. These changes create feelings of ambivalence and vagueness as to what the future holds as they embark on a prolonged search for the pathways to promising adulthood. This period represents a crucial turning point in life's trajectory and, therefore, creates an excellent opportunity for intervention to prevent destructive behaviour and promote positive and healthy behaviour.

Puberty has been defined from a medical point of view as the period of physical growth leading to the attainment of reproductive capability.² To be able to determine the age of puberty, one must have reasonably accurate criteria to indicate the transformations that take place during adolescence. Of the single indicators of development among girls, menarche (first menstruation) has been used extensively in research.^{22,23} Among girls, menarche, or first menstruation, is a unique and concrete event that has been used for centuries as the best single criterion of sexual maturity. Although not an outwardly visible sign of maturity, it has often been considered the most salient indicator of pubertal development for girls, from the perspective of reproductive maturity and psychological significance.²³ Adult women and adolescent girls are accurate and relatively uninhibited in remembering their age of menarche. Scientific studies have shown that menarche comes neither at the beginning nor at the end of the period of the physical changes taking place at puberty.²⁴ Unfortunately, no comparable events have been defined for boys. Some researchers have suggested that first nocturnal emission may be a comparable event to menarche in terms of the reproductive capacity and psychological significance for boys.^{25,26,27}

Although research on puberty and its correlates has existed for the past decades, interest in this topic has accelerated over the most recent decade. Hamburg²⁰ and Lipsitz²⁸, whose work identified early adolescence as a critical transition phase, as with all other phenomena of early adolescence, particularly stimulated interest in puberty. The two authors identified several specific difficulties of early adolescence such as changes in relationships with parents and peers, changes in self-image, and changes in cognitive capacity. Several of these changes can be linked to direct biological effects of pubertal hormones or to effects resulting from the stimulus of the transformation of children into more adult-like shapes and sizes.²⁹ Although bone growth, particularly the closure of the epiphytes, is no longer assessed with X-rays (because of potentially carcinogenic effects), pubertal changes in secondary sex characteristics can be assessed to obtain objective ratings of growth in puberty.^{30, 31}

In a study of the secondary sexual characteristics and normal puberty in Nigerian and Zimbabwean adolescents,³² it was noted that while the Nigerian sample had an average menarcheal age onset of 13.53 years, the Zimbabwean menarcheal age onset was 14.24

years. On the issue of nocturnal emission in boys, the average age of onset of the Nigerian sample was 14.2 years, with only slight variations from states within Nigeria. The Zimbabwean sample indicated an average age of 13.80 years. Breast enlargement in Nigerian girls started at an average age of 13.18 years, and 13.86 years in the Zimbabwean sample. There was no statistically significant variation across the states of Nigeria. Breast bud development in boys was observed to be at an average age of 13.74 years in the Nigerian sample and at 12.14 years in the Zimbabwean. Armpit and pubic hair growth began in Nigerian boys and girls at a mean age of 13.69 years and 13.77 years respectively, and 13.74 years and 13.34 years, respectively, in the Zimbabweans. The pattern in both African countries was essentially the same. Bottom enlargement occurred at 14.35 years in the Nigerians and 14.25 years in the Zimbabweans. These parallels were observed in both African cultures for other secondary sexual characteristics such as voice break, general physical changes, and heightened sex drive. A more recent study with a Nigerian sample³³ also reported the menarcheal age onset of girls from high socio-economic status (SES) to be 12.5 years, while those from low SES reported a menarcheal age onset of 13.5 years. The age at which the first wet dream was experienced for high SES boys was reported to be 13.3 years, while those from the low SES male group was reported to be 14.1 years.

There is evidence in literature to show that the trend towards earlier puberty among adolescents is fast becoming a worldwide phenomenon. In a survey using 2,200 adolescents in selected Nigerian schools and institutions,³⁴ the average age of menarche was found to be 13.95 years among girls. In a separate study,³⁵ 13.85 years was obtained as the mean age at puberty among adolescents. In yet another cross-sectional study of age, physical size and body composition,³⁶ the results revealed that the mean age at menarche among participants was 13.6 years. In a study conducted in Benin City, results revealed that urban girls showed evidence of early maturation as against rural girls.³⁷ These results indicate that the average age at puberty among adolescents in Africa falls within the general pattern of various populations of the world.³⁸ This is contrary to other findings that reveal that these manifestations in central African adolescents could come as late as 15 or 17 years due to nutritional deficiencies.³⁹

The occurrence of early menarche among girls and early wet dreams among boys in Africa has very serious implications. There is evidence in literature that suggests that pubertal development is related to cognitive abilities. Using data from the National Health Examination Survey, Duke et al,⁴⁰ found that late maturing males between ages of 13 and 17 years ranked lower than on time and early matures on IQ standard achievement tests, educational expectations and aspiration. Early maturing boys were ranked highest on educational measures. Other studies have examined gender and grade effects for school achievement on specific courses and cognitive abilities.^{41,42} Grades in school are higher for girls than for boys and they show a decline over early adolescence,⁴¹ continuing through high school.⁴³ In contrast, cognitive abilities increase over early adolescence, and

when gender differences are found, they favour boys on spatial tasks and girls on clerical ability.⁴²

The timing of menarche and wet dream is a probable indicator of early intercourse and early child bearing.⁴⁴ As a result of the combined effect of the continual fall in the age of menarche, decline in adolescent sub-fecundity, and the tremendous growth in the size of adolescent populations in Africa, the incidence of adolescent pregnancy is likely to continue to increase and will probably lead to concomitant increase in abortions. Because of the general ignorance about the aetiology of sexually transmitted diseases, the sexual permissiveness that gave rise to them and the general unsatisfactory management and treatment of diseases, the incidence and reoccurrence of infections and early and late complications of gonorrhea and AIDS are common in sub-Saharan Africa.

The occurrence of AIDS in Africa represents an epidemic with serious economic, social and demographic consequences. The disease spread quickly, beginning in Eastern Africa. In 1993, an estimated 15 per cent of Uganda's adult population (1.3 million of almost 117 million people) is infected with the human immunodeficiency virus (HIV), the causative agent for AIDS.⁴⁵ African countries have realised all too quickly that AIDS is not solely a health issue and cannot be dealt with as such. Rather, the epidemic will have far-reaching impacts on the economic and social fabric of African society.

First and foremost, human resource development is threatened. As the virus affects the health status of adults and children, important gains in quality of life indices (such as life expectancy and infant mortality) are being reversed. Scarce resources available in the health sector are diverted from preventable and curable ailments to treat AIDS patients. This might result in the massive resurgence of other preventable and curable ailment such as tuberculosis.

Secondly, the AIDS epidemic will have adverse economic implication on the nations of Africa, not merely because of its magnitude, but because it selectively affects adults in their most sexually active ages, which coincide with their prime productive years. Because AIDS has a long latent period (up to ten years) the serious long-term macro-economic implication will be gradually revealed.

Thirdly, although not easily measured, the social consequences such as large-scale disruption on family and social structure, stigmatisation, mourning and grieving also constitute significant social costs. One of the most visible and immediate impacts of AIDS is the rapidly growing number of orphans. In 1993 alone an estimated three-quarters of a million children in Uganda have become orphans.⁴⁵ In a study examining AIDS related knowledge and behaviour among adolescents in Nigeria,⁴⁶ it was reported, surprisingly, that the knowledge of AIDS transmission is on the increase, similar to that reported in a Ugandan study,⁴⁷ although there are misconceptions in the knowledge about AIDS

reported among samples from both countries, which needed to be addressed. Vernier, Akande and Ross suggest that HIV intervention programs for adolescents in Anglophone African countries should be designed with common elements that reflect the factors structure of the AIDS social assertiveness scale (ASAS): condom interaction and sexual negotiation, refusal of risk behaviours, disclosure and help-seeking, and confiding in significant others.⁴⁸ These areas were found to be common factors of AIDS anxieties as measured on the ASAS in Nigeria, Kenya and Zimbabwe. It has been suggested that intervention programs should focus on the five areas that make students anxious.

Other studies have attempted to examine the impact of puberty on teenagers in Africa. One of such studies examined initial pubertal problems experienced by adolescents in Nigeria.⁴⁹ Findings indicated that the pubertal experience could be anxiety-provoking and could bring disappointment and depression in its wake to both boys and girls and for adolescents from different socio-economic backgrounds. A different study also examined the psychological experience of first ejaculation among a sample of boys in relation to their emotional experience, feelings of preparedness prior to the experience, pre-experience source of information, etc. More than half of the adolescent boys in the study (60%) responded that they were not prepared in any form for their first ejaculation experience. The level of preparedness of the subjects also did not show any influence on their emotional responses.⁵⁰

Traditional Support Systems for Pubertal Adolescents in Africa

Puberty Rites in Africa

Contemporary anthropologists have identified rites of passage as a functional group process designed to structure and bring meaning to the various transitional stages of human life. There have been a number of studies on puberty rites, their meaning and function. They serve to ritualise and clearly demarcate changes in the status of individuals within the culture, provide cultural definitions for individuals that represent ongoing irreversible changes in their lives, and also define cultural expectations for individuals.⁵¹

Others considered them a cultural means of resolving sex identity conflicts induced in early childhood.⁵² There are indicators in literature that these rites tend to occur in middle-level societies.⁵³

There is perhaps no universally accepted definition of adolescence. In most societies of the world the onset of adolescence is closely synchronised with the biological changes of puberty. But the time when adolescence ends and adult status begins is usually socially constructed and, therefore, differs widely among cultures. Most African societies traditionally have their own social institutions that recognise the period of adolescence. These institutions train, prepare and initiate male and female adolescents into adulthood. Every member of the indigenous African community takes the responsibility of socialising

its young ones. In like manner, all others share a problem affecting any member of the community. Thus, the concept of being one's brother's keeper is built into each community, and all members of the community see themselves as one people with one culture, one identity and one destiny. As a result, many African communities have ceremonial rites that are arranged to support the adolescent in their transition to adulthood.

In a study of the Kikuyu community in Kenya,⁵⁴ the enormous educational, social, moral and religious value of the initiation rites among the Kikuyu people was pointed out. The Kikuyu youth were not only initiated into the adult status of womanhood, but also into an age set of maidens and bachelors. By means of a sacred ceremony called *Ngweko*, the parental generation transferred to the youths the responsibility of regulating premarital sex and initiating the process of making selection, with peers as a major source of mutual support and regulation in this process. The *Ngweko* has been described as a viable solution to the problem of premarital sex and mate selection in middle level societies, especially those who have been maidens and bachelors for a long time. Similar practices have been reported for other societies in Africa, particularly in East and South Africa.⁵⁴

Another example of puberty rites in Africa is the *Ovia-Osese* festival of the Ogori people in Nigeria. Ogori is a small town in Kogi State of Nigeria. Kogi State is located in the transition zone between the southern rain forest and the northern Savannah, and also a confluence of cultures of northern and southern regions of Nigeria. The festival has, in recent years, become a crowd-pulling event and a tourist attraction. *Ovia-Osese* is a maiden festival aimed at initiating maidens into womanhood preparatory to marriage (*Ovia* means bride). The origin, growth and development of the festival are long and windy. Many scholars believe that the festival is as old as the Ogori people themselves.^{55,56} *Ovia-Osese* is the climax of several activities such as fattening, traditional education, and training. Traditionally, *Ovia-Osese* evolved from a simple rite of passage that is meant to be an initiation ceremony of young teenagers to adulthood into a formal training school that lasted one to three years for both sexes, the boys had theirs known as *Igifofi* festival.⁵⁷

As a result of social and economic changes and the influence of western civilisation, many of these institutions are breaking down across Africa. The *Ovia-Osese* festival, for example, has undergone a lot of changes from what it used to be. It is now virtually a three-day affair, rather than the three long years that it used to cover. Similarly, the *Ngweko*, following the advent of western type of schooling, has effectively replaced the age-set system as the institutional framework for mate selection by providing social contacts and defining marriageability (by quantifying performance and qualification, and structuring access to socio-economic opportunity). In the traditional Kikuyu society, a fecund girl had close contact with young men other than her brothers only at the *Ngweko* dance, which were highly supervised by peers. A contemporary girl in her late teens who is still attending school has close contact with her male classmates with no explicit

instructions as to how to behave toward them.⁵⁴

The Ijaw language in the Niger Delta area of Nigeria specifies a number of life stages, none of which, however, corresponds directly to the English usage of the word adolescence. However, with the introduction of western-style schooling, and an expected delay in the age of marriage, the possibility of a prolonged period between puberty and marriage is now being defined as the period of adolescence in the life stages of the new generation of Ijaw people. In the past, among the Ijaw, one was either a child or an adult. To be an adult was determined by the attainment of adult roles associated with marriage. For females, adulthood could arrive as soon as they were capable of bearing children, because at approximately the same period they had already learned the necessary skills for maintaining a household. Males married later because they required more time to acquire the physical maturity to perform their occupations and to earn sufficient money to support a household.

Traditionally, the stage of "*kalapeso/ereso*" was considered to be of "young adulthood". For boys, participating in communal rituals and supplying the manpower at communal works signified attaining this stage. Males at this stage, for example, are called upon to dig graves, and females to cook for visitors during funerals. At other times when a boy successfully cuts down his first bunch of palm fruit, this is an indication that he has attained "young adulthood". Although this stage, unlike other tribes in Africa, did not take place in special schools or initiation camps, nor was the entrance or exit from it marked by serious rituals, it was, nevertheless, a period of training, learning, apprenticeship and preparation for future roles and responsibilities.

For most women, entry into "young adulthood" coincides fairly closely with the onset of menarche and with marriage. The beginning of menstruation is not recognised with ritual but most girls get married either before or immediately after its onset. Data on mothers of current generation of adolescents among the Ijaws in Anajiri indicate that the average age at marriage in the 1920s, 1930s and 1940s was 15 years, approximately the same as the age for the onset of menses or slightly earlier. The average age at the birth of their first child was 16.5 years in the 1920s and 17.5 years in the 1930s and 1940s.⁵⁸ To ensure an appropriate match, marriage was arranged by the parents or by senior members of the couple's lineage, often long before the girl reached puberty.

From these examples, it is very clear that traditional adolescent rites-of-passage in Africa are designed to provide a cultural framework for dictating roles and responsibilities of adulthood that will benefit the individual and the sponsoring community. They also serve as effective ways of instilling in adolescents not only knowledge and skill but also the values and motivation needed to foster healthy adult roles. It should also be seen as one of the strengths of the traditional African societies that should be revived and reformed in places where they have existed as part of the ways to support transition to adulthood.

Extended Family Systems

Before formal education was widespread in various parts of Africa, there existed traditional ways of child rearing and patterns of interaction between parents and their children, which were well known to all the community. Clear-cut roles, obligations, rights, expectations and sanctions were prescribed. Whatever the merits or demerits of such child rearing practices, the parents and their children were in no doubt of the "correct forms". The traditional system of child rearing and family life promotes strong bonds of loyalty between family members, and the child grows into adulthood with a strong feeling of security. Co-operation and mutual help are inculcated from infancy and extended family members are confident that help, support and protection will always be forthcoming from other members of the family whenever it is needed. The child thus develops an apparently healthy and secure personality that is protected from the rough and tumble of deprivation and want.⁵⁹

With the advent of formal education and the influence of western cultures, the traditional parent-child relationships and child rearing practices in Africa have been subtly overthrown. The context of childcare has been, until recently, rather stable with adequate resources to support the traditional way of life. However, the invasion of modern-style concepts and changes in the economic conditions, social organisation and family structure are reshaping, and in some instances even replacing, the traditional child rearing beliefs and practices.^{18,2} The delocalisation of rural communities, a process whereby old village-based economies have become incorporated into and made dependent upon modern national and international economies is now common place. The increasing vulnerability of women and children in this process is well documented.⁶⁰ This process is made worse by current issues like the structural adjustment programs, AIDS/HIV and other issues surrounding poverty in Africa.

It would be premature, however, to predict the demise of the extended family system. It is a coping mechanism of infinite versatility, the organic and integral response of the ordinary African people. It is a socio-cultural phenomenon that finds expression in mutual solicitousness about the welfare of one another, a quasi-communal approach to the supervision and the correction of younger ones, and a kind of social insurance that works. Perhaps nowhere in the world is the family as cohesive as it is in Africa.⁶¹ African nations must find ways of engaging the extended family systems in providing psychological support and life skills training, in promoting healthy adolescent adjustment for adolescents as they negotiate the crucial turning point to adulthood.

Despite the apparent onslaught on the extended family systems demonstrated in the rapid industrialisation and urbanisation of major towns in most parts of Africa, there is evidence emerging from the continent that the extended family system remains the most dependable unit for most people to fall back upon in times of adversity.⁶¹ The extended family and

kinship systems represent the essence of everyday social fabric of poor Africans. The very strength of extended family systems and other indigenous institutions in places like Ethiopia, Somalia, Angola, Mozambique, South Africa, Nigeria, and other countries under one form of acute stress or the other, clearly show that the basic organic unit of African society continues to be vibrant. This represents a formidable platform for the well being of African youths. All over the continent, vigorous examples of resilient traditional and cultural institutions still abound. Research has shown that young adolescents flourish when they have a family life that is characterised by warmth, support and sustained interest in their lives. Such family atmosphere can provide powerful protection against the risk of a young person's engaging in unhealthy or antisocial practices or becoming depressed and alienated.⁶²

In addition, a fundamental transformation of the education of young adolescents is urgently required on the African continent. One of the major instruments of development and change is perceived to be education. Most African leaders have accepted the axiom that education is the basic component in nation building and, thus, the foundation from which the economic progress of Africa will spring. Most of them have in the past made genuine efforts in this direction. However, political instability, poor management of scarce resources by many leaders on the continent, resulting in dwindling resources, has constituted a great hindrance in providing sound education for the majority of the people. As a result, most African nations are unable to pay adequate attention to the education of their youth. Most public school teachers are poorly remunerated, resulting in low motivation for quality job performance. Most of the teacher education programs available do not incorporate courses on adolescent development, designed to treat the adolescent transition as a distinct phase requiring special understanding of the changes that adolescents undergo that have a bearing on the learning process in school.

In conclusion, educational institutions, and all those involved in policy making in Africa, have the awesome responsibility of ensuring, among other things, that traditional institutions that serve as coping mechanisms particularly for the younger generation are not allowed to die. This is particularly important as we face the challenges of the new millennium. Clearly, it must be understood by all that the younger generation is the great strength of any nation or people, its most important asset and the representatives of its future. While it is true that the schools cannot completely fill in where the families fail to provide the necessary atmosphere that provide protection against the risk of a young person engaging in unhealthy or antisocial practices, efforts must be geared towards creating a more conducive school atmosphere for Africa's children. This can be done by integrating the spirit of the traditional support systems highlighted in this paper into formal schooling. The school should be a place where close, trusting relationships with adults and peers create a climate for students' personal growth and intellectual development. Opportunities for teachers to develop sustained personal relationships with students, essential to teaching them well, must be provided in schools.

The pressing issues surrounding adolescence, which include school leaving unemployment, unintended pregnancies, violence and drug abuse, are emerging forcefully among young people in Africa as elsewhere. A successful approach to these problems will require a multi-disciplinary approach. Adolescence, with all its dramatic social, cognitive, and psychological changes, the need to identify with a sense of peoplehood, and to enjoy a shared social identity can be satisfied through the traditional support systems suggested in this paper. The essential requirement for ensuring healthy adolescent development can be met through the joint effort of a number of pivotal institutions, namely, the family, the traditional institutions and the school. These can shape adolescent experiences in Africa and the world over in the positive direction. It is hoped that some of the issues raised in this paper will provoke further research on the pubertal status and well being of adolescents in Africa, a subject that has been sorely neglected.

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