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Sexuality: Sexual attitude and behaviour of adolescents in Tertiary Institutions in Nigeria.

Dele Joseph Tenibiaje
Department of Guidance and Counselling, Faculty of Education
Ekiti State University, Ado – Ekiti, PMB 5363, Ado – Ekiti, Ekiti State, Nigeria.
delsuten@yahoo.co.uk

ABSTRACT

This study investigated sexuality in adolescents and determined sexual activities, sexual behaviour and effectiveness of contraceptive usage most effective among university adolescents. The study employed the descriptive design of the survey type. The sample consisted of 400 university students selected from different faculties from two different universities in Ekiti State. Simple random and stratified sampling techniques were used to select the sample. A self-designed instrument was used to collect data from respondents and the data were subjected to descriptive statistics. The instrument was validated by using face and content validities. The reliability of the instrument was established through test-retest procedure. Five research questions were raised to guide the direction of the study. It appears as if sexuality was influenced by culture, religions and peers which shaped the ideas, attitude and behaviour of university students. It appears as if sexual activities were prevalent, practised and thrived among the adolescents. Since sexuality is a natural, innate and a normal phenomenon among adolescents, then there should be a way out. It is recommended that sexuality education should be introduced to adolescents and a sexuality education programme should be put in place to curb the prevalence among them.

Keywords: sexuality, adolescents, culture, religion, peer group, attitude and behaviour.

INTRODUCTION

Human sexuality is diverse and deeply personal, it is about the sexual feelings, desires and attractions one has towards other people not about whom he or she has sex with alone. Sexuality is an important part of who we are as human. Sexuality also defines how we see ourselves and how we physically relate to others and it is beyond the ability to reproduce. Though, there are different types of sexuality, but this paper is concerned with heterosexuality behaviour of adolescents in the universities. Sexuality is one of the fundamental components of health, and it can impact personal well-being. However, when sexuality is well balanced with other life needs, it will contribute positively to personal health and happiness of individuals. Similarly, when sexuality is expressed in destructive ways, it can impact health and well-being. Human sexuality is one of the ways of increasing the healthy life style of students (Strong, DeVault, Sayad & Yanber, 2005). Sexuality is more widely considered to be an important part of people's life whether or not they are married. Sexuality is a natural and normal phenomenon in human beings and lower animals. Being sexual is an essential part of human beings it is a source of great pleasure and profound satisfaction.

Sexuality occurs throughout the whole life span of human being. According to Johnson (2002), sexual feelings and desires continue throughout the life cycle, men and women physical abilities change with age, their sexual responses change as well. At these stages there are different sexual expressions, sexual feelings, sexual behaviours and sexual responses.

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Sexuality during infancy and childhood is based on observation and inference. It is obvious that babies desire sexual pleasure from stroking, cuddling, bathing and other tactile stimulation. Freud said, sexual life involves the pursuit of pleasure from the erotogenic zones of the body. According to Colledge (2002), sexual life starts soon after birth, but it lacks a central coordinating focus because of the lack of ego and superego development, and because the genitalia are still immature. The infant finds pleasure in the object of its own body, so it can be said that infantile sexuality is autoerotic. The infants are largely unaware of dawning of their sexual life, as Freud put it they experience 'sexual amnesia'. Borneman (1983), considered the skin (cutaneous phase) as a single erogenous zone from sexual development. Psychosexual maturing, including the ability to love begins to develop in infancy when babies are lovingly touched all over their little bodies. Infants and young children communicate by smiling, gesturing, crying and they learn to interpret movement, facial expressions, body language and tone of voice. Children become aware of sex and sexuality much earlier than many people realised (Strong, DeVault, Sayad & Yorber, 2005). Children generally learn to disguise their interest rather than risk the disapproval of their elders, but they continue as small as they are to play "mummy and daddy" and hug and kiss each other. They may also lie on top of each other, they may play doctor's roles so as to examine each other's genitals. All these attitudes are normal and natural no matter the culture or religious affiliations.

Adolescence is one of the most fascinating and complex transitions in the life of man; a time of accelerated growth and change (Adegoke, 2003). Adolescence is the developmental period of transmission from childhood to early adulthood; it involves biological, cognitive and socio-emotional changes. A key task of adolescence is preparation for adulthood (Larson, Brown & Mortimer, 2003). Adolescence is the social and psychological state that occurs between the beginning of puberty and acceptance into full adulthood. Puberty is the stage of human development when development of secondary characteristic begins and it starts between the ages of twelve years and terminates in the early twenties. . Attainment of puberty brings changes in body development and reflects in the behaviour of adolescents which brings about changes in sexuality, attitude to sex and various kinds of sexual behaviour. Puberty is hypothesised to have a major influence on adolescent sexual behaviour, leading to increase risk of pregnancy and child bearing. Puberty development may affect adolescents sexual behaviour through hormonal effects on the brain and through somatic changes that stimulate a more mature physical changes (Strong, DeVault, Sayad & Yorber, 2005).

Hormonal changes during puberty bring about a dramatic increase in sexual interest which has led to sexual desires and sexual feelings. Naturally, the physical changes at puberty are centred round the development of secondary sex characteristics in boys and girls, while the onset of menstruation in girls and ejaculation in boys. These physical changes are noticed on development of breasts, the growth of pubic and armpit hair and the onset of vaginal mucous secretions. The onset of menstruation and other development have great influence on girls in particular and boys in general. All these changes either in boys or in girls are natural in which little or nothing can be done about it either by the parents or even the adolescents. At puberty the boys begin to ejaculate semen which accompanies the experience of orgasm. Just as girls often do not know what is happening when they begin to menstruate, many boys are unnerved by the first appearance of semen as a result of masturbation or nocturnal emissions during sleep.

Like menstruation for girls, the onset of ejaculation is a sexual milestone for boys (Kinsey, Pomenoy & Martin 1948). During adolescence sexual urge is high and there is high production of sexual hormones, which later decline with age. Also during adolescence formation of a sexual identity is a major development task. Normally, from adolescence to young adulthood, young people begin the process of sexual exploration which is a search for their sexual

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identities. Although, this may sound like sexual stereotype, it is during this time that boys aggressively search for sexual experience with girls and girls eagerly desire romantic involvement with boys. Cassell (1984) reported that adolescent boys recognised this socialization and professed to be "involve" with a large number of girls. He also found that more girls than boys reported being in love as the main reason for engaging in sexual intercourse. Research on attitudes and feelings about sexual intercourse has found twice as many boys as girls reported positive feelings about their sexual experience (Gordon & Gilgunm, 1987).

Sexuality in adolescence is a normal and natural phenomenon, it is not peculiar to Nigeria only, it is a situation that crosses over the whole world, either black or white, educated or non-educated. Sexual behaviour is natural, human sexual norms appear natural because we have internalised them from infancy. Nature has endowed adolescents to behave as such. Human development is a product of interaction between the growing organisms and the environment where he or she finds himself or herself.

Though, adolescents appear to be sexually matured in a physical sense, but they are miniature and still learning about their gender and social roles. At this stage the adolescents are still struggling to understand the meaning of their sexual feelings for others and sexual orientation.

It is on record that, as men and women reach older ages, body changes often impact the sexuality and certain changes are noticed due to decline in the level of the hormones estrogen and testosterone. In women there is decline in biological processes, such as less production of estrogen and progesterone while ovulation becomes less regular. Women become less in sexual desire, sexual interest, sexual response, sexual arousal and sexual behaviour. Sexuality tends to be more diffused, less genitally oriented and less insistent (Johnson, 2002). Kellett (1991) was of the opinion that as individuals enters old age the sexual activity among men and women is more cultural than in biological origin. Changes in male sexual responsiveness begin to become apparent when men are at their fifties, a period of change sometimes referred to as the male climacteric. Some men have complete erectile dysfunction and occasional erectile difficulties (Cowley, 1996). As men ages, his frequency of sexual activity declines; achieving erection requires more stimulation and time (Mulligan & Moss, 1991).

Sexuality in adolescence and sexuality in ageing is natural and normal it is being controlled by nature. The attitude and behaviour manifested by adolescents are due to human development, they should not be castigated. Adolescents need effective sexuality education programme information, assertive training avoiding undesirable consequences of sexual behaviour (Kirby, 2000).

RESEARCH RATIONALE

It appears as if most of the Nigerian adolescents are at risk for sexual problems and other problems when they have sexual intercourse when they lack knowledge of sex education and sexuality. These appear to have been accountable for the kinds of risks; unintended unwanted pregnancy, sexually transmitted infections by adolescent pregnancy in girls mothers and babies. The babies born to extremely young adolescent seem to have low birth weights and childhood illnesses. The mothers often drop out of school. In line with the stated problems, the main purpose of this study was to determine adolescent sexual attitude and behaviour among university students. Human sexuality is an important aspect of human behaviour and not peculiar to adolescents alone.

RESEARCH QUESTIONS

These questions are meant to guide the direction of the study. These research questions were raised.

1. Which contraceptive method is effectively used and prevalent among university adolescents?
2. Does cultural background have influence on sexuality of university adolescents?
3. Does religion have influence on sexuality of university adolescents?
4. Do peer groups influence sexuality of university adolescents?
5. What are the sexual attitude and behaviours of university adolescents?

METHODOLOGY

The research design adopted for this study was the descriptive design of the survey type. The survey design is effective in seeking the views and opinions of the respondents (Nworgu, 2006). Questionnaire was used to collect information from the subjects on sexuality of university students.

The population of the study comprised of male and female students from two universities in Ekiti State. Simple and stratified sampling procedures were adopted in selecting the students. The samples selected were 400students that are between 13 and 22years of age. The samples were adolescents in two universities. The instrument constructed by the researcher was used to collect data. The instrument for the study has 43 items which are grouped into 4 sections A, B C and D. Section A deals with bio-data of the respondents, section B has 18items to seek opinion on sexual attitude and sexual behaviour. Section B was structured on a 4-point likert scale of Strongly Agreed, Agreed, Disagreed and Strongly Disagreed. Section C sought the contraceptive methods most effectively used by the university students while section D of the questionnaire is Yes or No response on attitude and behaviour on sexuality. The face and content validities were established by panel of experts in Guidance and Counselling, psychology and experienced researchers in Test and Measurement Department in Ekiti State University.

The researcher and the experts agreed that the instrument contained the appropriate items and certified to be valid. Reliability of the instrument was established through test-retest procedure and the test was carried out on subjects who were part of the final samples. Data from the two administrations of the instrument were correlated using Pearson Moment Correlation Analysis. A reliability coefficient of 0.69 was obtained and considered to be high enough. This was found to be significant at 0.05 level and considered to be reliable. The researcher personally administered the questionnaire. The data generated from the responses were analysed using descriptive statistics that is frequency counts and percentages.

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RESULTS

Research Question 1: Which contraceptive method is effectively used among university students?

Table 1 Frequency Counts and Percentages of effectively used Contraceptive Method.

S/N	Items	Effective		Non- Effective		No Response		Ranking
		Freq	%	Freq	%	Freq	%	
1.	Abstinence	306	76.5	68	17	26	6.5	2
2.	Female Sterilization	290	72.5	90	22.5	20	5	3
3.	Hormonal Injection	271	67.7	119	29.8	10	2.5	5
4.	Vaginal ring	72	43.0	221	55.3	07	1.7	8
5.	Diaphragm	276	69.0	120	30.0	04	1.0	4
6.	Female/Male Condom	329	82.3	70	17.5	01	0.2	1
7.	Withdrawal	216	54.0	180	45.0	04	1.0	7
8.	Spermicide	255	63.7	141	35.3	04	1.0	6

Figure 1: Graph Showing Usage Contraceptive Method among University Adolescents

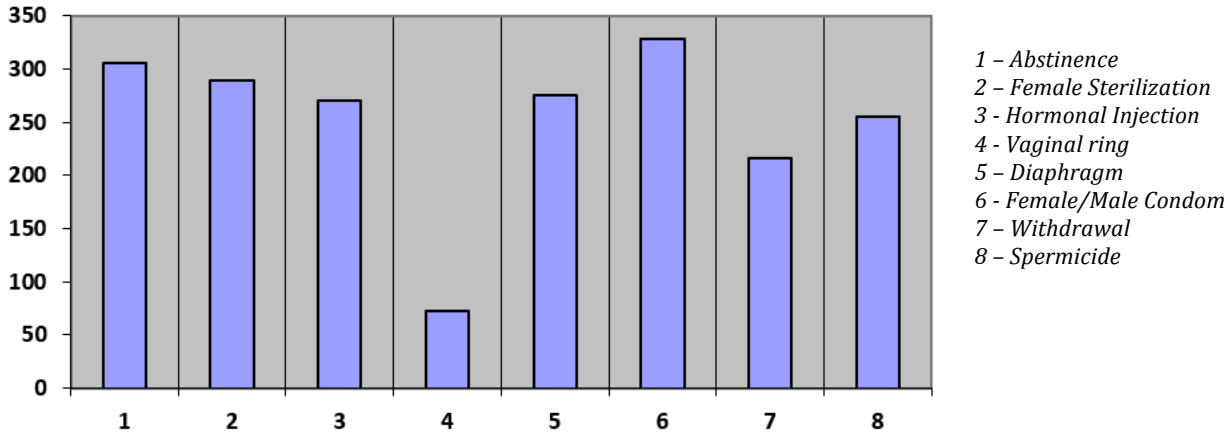


Table 1 and figure 1 showed usage of contraceptive method among university students, 306(76.5%) of the subjects indicated that abstinence was effective while 68(17%) it is not effective. 290(72.5%) was of the opinion that female sterilization was effective in birth control and 90(22.5%) said female sterilization was not effective to control pregnancy. Hormonal injection was supported by the respondents 271(67.7%) to be effective while 119(29.8%) did not support hormonal injection to be effective contraceptive method for birth control. Majority of the respondents 221(55.3%) was of the opinion that vaginal ring was ineffective means to control pregnancy.

Research Question 2: Does cultural background have influence on sexuality of university adolescents.

Table 2: Frequency Counts and Percentages on Cultural background Influence on Sexuality of university students.

S/N	Items	Agree		Disagree		No Response	
		Freq	%	Freq	%	Freq	%
1.	Culturally, sex is basically an expressive and intimate activity.	288	72	88	22	24	6
2.	Powerful force shaping or moulding human sexuality is culture.	194	48.5	180	45	26	6.5
3.	The culture of the environment modifies individual's	276	69	90	22.5	34	8.5

	sexual interest.						
		YES		NO		No Response	
		Freq	%	Freq	%	Freq	%
4.	Do you believe that culture has influenced your behaviour in human sexuality?	264	66	132	33	4	1
5.	Is it true that university environment has influenced your sexuality?	203	50.8	104	26	93	23.2

The data on table 2 indicated that 72% of the respondents claimed that culturally sex is an expressive and intimate activity. 48% agreed that culture is powerful force that shapes and moulds sexuality while 66% of the adolescents indicated that culture has influence on sexual behaviour.

Research Question 3: Does religion have influence on sexuality of university students?

Table 3: University student's Frequency counts Percentages Responses on Influence of Religion on Sexuality.

S/N	Items on Religion influence on sexuality	Agree		Disagree		No Response	
		Freq	%	Freq	%	Freq	%
1.	Religion has great impact in sexuality.	306	76.5	82	20.5	12	3
2.	Religion has little control on sexuality since sexuality is a natural phenomenon.	242	60.5	140	35.0	18	4.5
3.	Religion frowns at contraceptive method of child bearing/control.	202	50.5	166	41.5	32	8
4.	Religion values do not allow watching partner undress.	224	56	160	40	16	4

Table 3 showed the influence of religious background on sexual attitude and behaviour. The response showed that majority 306 (76.5%) and 224 (56%) of the respondents agreed that religion has impact and frowns at sexual activities. 242 (60.5%) of the respondents agreed that religion has little control on sexuality since sexuality is a natural phenomenon.

Research Question 4: Do peer groups have influence on sexuality of university students?

Table 4: Responses of University Students on Influence of Peer Groups on Sexuality.

S/N	Items on Peer group influence on sexuality	YES		NO		No Response	
		Freq.	%	Freq.	%	Freq.	%
1.	Peers have influence on sexual behaviour of adolescents?	321	80.3	73	18.2	6	1.5
2.	Roommates sometimes introduce sexual practices to students?	301	75.3	81	20.2	18	4.5
3.	Do university students engage in risky sex-related behaviour through their peer groups?	217	54.3	169	42.2	14	3.5
4.	Some adolescents are using condoms because of their belief that their peers are also using condoms?	331	82.8	58	14.5	11	2.7
5.	Do adolescents get most of the information on sex through the peer groups?	294	73.5	100	25	6	1.5

Table 4 showed the influence of peer groups on university students' sexuality. The responses made by university students indicated that peer groups have increased their sexual behaviour 321 (80.3%). In the introduction of sexual practices, respondents 301 (75.3%) indicated that roommates have introduced them to practices 294 (73.5%) got sex information from the peers. Some adolescents 82.8% indicated that they got knowledge and use of condoms through their peers.

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Research Question 5: What are the sexual attitude and behaviour of university students?

Table 5: Frequency Count and Percentage Responses on Sexual Attitude and Behaviour of University Students

	Items	S.Agree		Agree		Disagree		S.D		N.Resp.	
		Freq.	%	Freq.	%	Freq.	%	Freq.	%	Freq.	%
1.	Marital satisfaction and emotional health foster the desire for sexual intimacy in lasting relationship	176	44	180	45	14	3.5	18	4.5	12	3
2.	Higher levels of sexual satisfaction and pleasure seem to be found in marriage than singlehood.	180	45	110	27.5	66	16.5	34	8.5	10	2.5
3.	Physical and emotional satisfaction begins to decline if a person has more than one sex partner.	148	37	120	30	68	17	48	12	16	4
4.	Sexual activities involve a mutual exchange of erotic pleasure.	152	38	154	38.5	22	5.5	34	8.5	38	9.5
5.	Both partners have a right to experience orgasm whether through intercourse or manual stimulation.	160	40	166	41.5	30	7.5	10	2.5	34	8.5
6.	Kissing is natural and normal in our cultural environment	92	23	84	21	126	31.5	70	17.5	28	7
7.	Kissing is an expression of intimacy, love and passion	216	54	118	29.5	24	6	20	5	22	5.5
8.	Lips and mouth are highly sensitive to touch and they are the erotic parts of the bodies.	208	52	138	34.5	32	8	14	3.5	8	2
9.	Kissing is probably the most acceptable of all premarital sexual activities.	164	41	104	26	60	15	44	11	28	7
10	Sexual expression is activity reserved only for the newly married individuals and adults.	190	47.5	100	25	70	17.5	24	6	16	4
11	It is wrong for either men or women to engage in sexual intercourse before marriage.	208	52	84	21	46	11.5	40	10	22	5.5

S/N	Items	YES		NO		No Response	
		Freq	%	Freq	%	Freq	%
12	Have you initiated sexual intercourse before age of 15?	53	13.3	342	85.5	5	1.2
13.	Have you ever been impregnated before or have you ever impregnated someone before?	64	16	328	82	8	2
14	Do you usually use condom during most recent sexual intercourse?	282	70.5	107	26.8	11	2.7
15.	Do you believe that socio-economic status of your	203	50.8	190	47.5	7	1.7

	parents has influenced your sexual behaviour?						
16.	Most adolescents learn about sex from media?	320	80	70	17.5	10	2.5
17.	Do you consistently have orgasm with your partner?	84	21	300	75	16	4
18.	Do you reach pick of orgasm before your partner?	97	24.3	288	72	15	3.7
19.	Vaginal sexual practice is most preference?	297	74.3	100	25	3	0.7
20.	Masturbation is never an exciting experience?	247	61.8	132	33	21	5.2
21.	Rates of masturbation appear to be affected by sexual intercourse with a partner?	236	59	137	34.3	27	6.7

Table 5 showed sexual attitude and sexual behaviour of university students. Items 6, 7, 8 and 9 indicated the sexual attitude of university students. A very high percentage 54% of the respondents strongly agreed that kissing is an expression of intimacy, love and passion. Out of 400 respondents 346 (86.5%) strongly agreed and agreed that lips and mouth are highly sensitive to touch and that they are the erotic parts of the bodies. A high percentage of respondents (52%) strongly agreed and 21% agreed that sexual intercourse before marriage is wrong. 342 (85.5%) claimed that they had never initiated intercourse before age of 15. Out of 400 respondents, 328 (82%) had never impregnated or being impregnated before. A large number of respondents 282 (70.5%) claimed that they usually used condoms during intercourse recently. Most adolescents 80% learnt about sex from media as compared to 17.5% that got information on sex from other means. 300 (75%) and 288 (72%) respectively responded negatively on consistence orgasm or getting to the high pick of orgasm with their partners. On sexual behaviour on masturbation among university students, 61.8% claimed that masturbation is never an exciting experience while 59% was of the opinion that masturbation affected sexual intercourse with partners. Out of 400, 297 (74.3%) claimed that vaginal sexual practice is most preferred while 25% preferred other practices.

DISCUSSION

Literature revealed that most adolescents (males and females) are sexually active and males have more sense of conquest to sexual activities and have more sexual urge (Tenibiaje, 2011, Strong et al, 2005) then sexuality of adolescents need to be addressed. The result on research question one showed that condom was best ranked with 82.3%. This was also supported by Shayne & Kaplan 1988. On question two, the researcher wanted to find out the influence of culture on sexuality, the findings revealed that cultural background played a vital role on sexuality of adolescents (University adolescents). Culture is a powerful force that shapes and moulds human sexuality. The results of the findings showed that 48.5% of the respondents claimed that culture shaped and moulded the behaviour. This finding supported Strong, Devault, Sayad & Yarder, (2005) who attested that cultural background had influence on sexuality. They affirmed that culture moulds and shapes the sexual interest. All cultures assume that adults have the potential for becoming sexually aroused and for engaging in sexual intercourse, for the purpose of reproduction. But cultures differ considerably in terms of how strong they believe sexual interests are (Davenport, 1987 cited in Strong et al, 2005).

Research question three is does religious affiliation have control on sexual activities of adolescents? The results of these findings have shown that religion has great influence on sexuality. On impact of religion, the results showed that 76.5% of the respondents claimed that religion has great impact on sexuality. Also 60.5% of the respondents confirmed that their religion control their sex activities. The researcher also observed that religious affiliation affected the respondents in total completion of the items in the questionnaire. Some items in the questionnaire were deliberately neglected unattended to (masturbation, sexual intercourse). Some religious background frowns at sex outside marriage. A little more than a generation ago, virginity was the norm until marriage. Conservative religious background such as Catholics and fundamentalists Protestants, continue to view all non-marital sex as

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morally wrong (Lord, 1985) This finding confirmed the study of Lord (1985) which established the fact that there is link between religion and sexuality.

Peers have influenced the attitude and behaviour of adolescents. The results of the findings indicated that 73.5% of sex information was received through peers than media or parents or teachers. During adolescence, peer groups provide needed support, and peers seems to be an especially important influence on sex activities and achievement of ethnic minority youth (Steinberg, Dornbursh & Brown, 1992). The result of the finding indicated that peers have influenced the sexual activities of the adolescents. In table 4, 80.3% and 75.3% of the respondents claimed that peers have influence on their sexual behaviour. 217(54.3) of respondents claimed that risky sex related behaviour was learnt through their peers. Peers and roommates have been found to be highly influential in shaping adolescent value, attitude and behaviour (Moore & Davidson, 1999). The result obtained supported the earlier submission of Yarber (1996) in his study of rural adolescents HIV/STD emphasised that more students engage in risky-sex related behaviour because they believe that their peers are doing the same and fewer, may be using condoms because of their belief that their peers are not using it. Yarber (1996) was in line with this study on the influence of peers on sexual activities. Research question five is on sexual attitude and sexual behaviour of adolescents (University students) Adolescents are sexually active and have more sexual urge. The results of the findings showed that 44% strongly agreed and 45% agreed that they are being in love and have marital satisfaction, sexual satisfaction and pleasure with their partners. The findings also revealed 21% low level experience on orgasm, but high level on kissing and sexual intercourse. The result of this finding agreed with Cassel (1984) found that more adolescent girls than boys reported being in love as the main reason for engaging in sexual intercourse.

CONCLUSION AND RECOMMENDATIONS

Sexuality in infancy and childhood is towards pleasure, feeling and love. They are not sexually matured. Adolescents are sexually matured and sexually active, but the production of certain hormones in the body and psychosexual development has necessitated the sexual attitude and sexual behaviour. Sexual physiology changes with age. As a result of age, males may often have less turgid erection less forceful ejaculations and a longer refractory period. These changes have contributed to sexual behaviour in aged males and females. Sexuality is normal and natural, it cannot be curtailed then the problems need to be solved. Sexuality is over the life span, but sexuality in adolescents is higher with increased commitment to the relationship which is accompanied by increased likelihood of sexual intimacy. Sexuality has resulted to early pregnancy, abortion, death, high rate of HIV/AIDS and STD. Adolescents are sexually active and they like to experiment information got from peers and media. Since sexuality is natural phenomenon as a result of physical and psychological development then solution to the adolescent problems must be sought. As counsellors, we need to introduce sexuality education into most of our programmes. Sexuality education programme is a lifelong programme that covers from infancy to late adulthood. The focus of this paper is to reduce risk taking behaviour and increase well-being of adolescents through sexuality education. It is the responsibility of school counsellors, schools and communities to develop programme that focuses on sexuality education. According to Strong et al (2005), the programme should be comprehensive to start from kindergarten to include information on relationship development, interpersonal skills as well as sexual relationship. It is recommended that:

1. Emphasis should be placed on abstinence based programme for adolescents. The programme emphasises the benefits of abstinence, non-coital sexual behaviour and disease prevention. Abstinence from all sexual behaviours outside marriage.

2. Effective sexuality education programme.
3. Decision-making skills.
4. Assertiveness training and avoiding undesirable consequences of sexual behaviour are programmes needed to modify adolescents' behaviour.

It is hoped that if these recommendations and other are maximally implemented, the problems of the adolescents' sexuality would be minimized.

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