

Identifying Sexuality Education and Management of Behavioural Needs of Young Adolescence in Junior Secondary Schools in Uyo Metropolis

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Abstract - *This research investigated sexuality education and management of behavioural needs of adolescents in Uyo Metropolis of Akwa Ibom State. The objectives of the study included determination of the influence of knowledge, attitude, reproductive health education and life-skills on sexual behaviour of the adolescents sexual behaviour. The results attained from the hypotheses included that there is a positive relationship between Knowledge and adolescents sexual behaviour; that there is a positive relationship between altitude and adolescents sexual behaviour ;there is a great influence of reproductive health education on adolescents sexual behaviour; there is a positive relationship between life skills and adolescents sexual behaviour. Expo facto design was used for the study. The population of the study consists of 200 junior secondary school students and the sample of the study was made up of 50 students. It is recommended that The Ministry of Education should enforce the implementation of National Family Life and sexual Education Curriculum in schools. The Government of Akwa Ibom State, Ministry of Education and Civil Societies should organize specialized training programmes for teachers who would teach sexual education without any form of discomfort.*

Keywords: Sexuality Education; Behavioural Needs; Young Adolescence

INTRODUCTION

According to World Health Organization (WHO) [1], there were 1.2 million adolescents worldwide, that is, one in every five people on the planet was between the ages of 10 and 19 and about 85 percent lived in developing countries. Thus meeting needs of young

people today is not only important for their health and well-being but is necessary for a wide range of policies and programmes because actions of the adolescents would also determine the health and lives of future generations [2].

Young people's sexuality' is often a controversial issue whether they should have access to information and services about sexual health because of the false notion that it would increase levels of sexual activity or harmful sexual practice. Adolescents are sexual beings, like all humans and as they begin to mature sexually they have greater needs to understand what is happening, to them at this stage of development. The health development of young people is of concern to the public health and social welfare of society, parents and the school system, because they are often reviewed as a generally healthy age group. Adolescents have special needs and circumstances and are viewed as "gateways" to health [3].

The present day adolescents as confirmed by Ihejiamaizo [4] and Esu [5] are faced with bright risks of early and unwanted pregnancy which may lead to unsafe abortion, loss of educational pursuit, child abandonment, loss of self-image or esteem, drug abuse and addicting, unemployment and, Sexually transmitted diseases such as HIV and AIDS among others [6]. Nicholas [7] and Archibong [8] in their researches revealed that most unmarried adolescent pregnancies have been terminated through unsafe abortion which has become injuries to the female victims reproductive organs by causing a devastating infectious disease known as Vesico Virginal Fistula (VVF). This they say result from obstructed labour.

Kuti [9] then argued that although we deny information to young people about sexuality, such adolescents grow up ignorant about their anatomy and physiology even when they study integrated science and so on. He added that boys and girls inevitably mix freely at school and play at a stage of development when the sexual drive is intense, which can lead to unwanted behaviours. Supporting this, Santrock [10], laments that much of adolescents' sexuality is shaped within the confines of their own experiences with their peers.

Young people needs vary tremendously varying on their stage of life, physical and social development and varying social indicators in the context in which they live [2]. Therefore, it is important to recognize that adolescents have much broader social, economic, healthcare and educational needs as well as developmental needs that would shape the way they think, feel about themselves, their sexuality and relationships and consequently what actions they would take that ultimately affect their sexual and overall health.

Knowledge and Sexuality Education

In Nigeria adolescents' inability to accept or have access to sexuality information either through the home or school has contributed immensely to high prevalence of sexuality transmitted diseases and other adolescents' sexuality problems. Sexuality education in Nigeria is about providing vital information on reproductive health need of the adolescents in relation to the inculcation of good practices and reinforcement of values and group norms against unprotected sexual behaviour. Researches show that when adolescents lack sexual education knowledge about their own bodies, bodies processes, and the risks of various sexually transmitted infections - they are more at risk of contracting HIV [11], Adolescents get their sexual health information from unreliable sources which place them at risk. According to Rivers and Aggleton that adolescents often rely on their peers not their parents, for information and guidance about sex [11]. They further stated that in studies in Cairo, Costa Rica, Cameroon, Zimbabwe and the Philippines reveal that while parents often provide adolescents women with a small amount of sexual health education, usually relating to menstruation and reproduction, adolescent men rarely receive any. That nearly half of African women age 15 - 19 thought that a person's HIV status could be discerned just by looking at them, In Thailand 65 percent of sexuality - active youth said they did not

use condoms because they did not think they were at risk of infection [11].

Furthermore, UNAIDS [11] stated that a study of poor married women in Bombay, India, reveals that many women had no information about sex prior to their own experience of it. While the myth that sex with a virgin girl can cure HIV has promoted some men - particularly in Eastern and Southern African - to seek out young girls as sex partners. On the other hand in many cultures where female virginity is valued and adolescent women are expected not to engage in sexual intercourse until married. The standards are not the same for adolescent makes, male "experimentation" with numerous sexual partners is often tolerated. After marriage this "double standards" often continues thus, putting both males and females at risks. This is fuel by lack of adequate information and societal expectations of adherence to cultural norms which is detrimental to good health.

Attitudes and Sexuality Education

The process of changing attitudes requires that the individual objectively examines the critical elements of the attitude and identify those components that are valid and those that are attitudes formed through a learning process which occur in a number of classical conditioning, operant conditioning, observational learning and imitation [12].

Davis and Hongton [12] also stated that self-ego needs are therefore protective of self. They also form support for ones values and therefore are intrinsically rewarding. The view makes it difficult to change what is motivating the individual which is further compounded by the fact that what is underlying the motivation is usually unknown even to the individual. The cognitive theorists' feel that the individuals are always striving for consistency, therefore the way to institute change is through the components of attitude. They argue that there are three structural components of attitude and these are the effective components which refer to positive or negative emotions about something; the behavioural component involves intentions for act in certain ways to engage in behaviours that are somehow relevant to the thinking and interpreting that goes into forming or using an attitude [13]. Adolescents live and interact with people, friends, peer groups, cliques, family members and are therefore exposed to some influences as others coupled with rapid global change which present new opportunities, challenges conflict mood swings and more numerous and complex risks and temptations.

Reproductive Health and Sexually Education

Sexual tendency characterizes adolescents in early puberty which culminate in reproductive maturity [14]. Confirming, Nwankwo [15], variously indicate that adolescents are separately and sexually active due to developmental predisposition and after math of their sexual permissiveness, for some adolescent girls it is pregnancy. Researchers also state that adolescents though may be knowledgeable about the onset of puberty, have poor knowledge about their reproductive physiology and poor knowledge about pregnancy and worse by the fact that contraceptive use is low among the adolescents,

In view of the above, Tierno [16] contended that there is need for sufficient knowledge of the anatomy and physiology of the masculine and feminine genitalia as clear idea about what they will experience in their own bodies with maturity such as sexual characteristics, ovulation, menstruation, and seminal emission. This Tierno [16] stressed in necessary because lack of knowledge about the sexual of their opposite sex, it is very dangerous. In like manner, Denga [17] indicated that the maturity of adolescents during this turbulent period has great impact on their social behaviour.

Life-skills and Sexuality Education

Life-skills have been defined by WHO as the ability for adaptive and positive behaviour that enable individuals to deal effectively with the demands and challenges of everyday life. United Nations International Children Economic Funds [18] (UNICEF) defines life-skills based education basically being a behaviour change or a behaviour development approach designed to address a balance of three areas knowledge, attitude and skills. This definition is based on a research that skills in risk behaviour are unlikely if knowledge attitude and skills based competence are addressed [19]. As a body of knowledge, life-skills is categorized into three parts skills of knowing and living with oneself (self-awareness/confidence assessment, coping with emotions and stress so as to set goals in life, skills of knowing and living with others) relationship skills communication. Friendship and interpersonal skills through different life situations, conflict resolution empathy, advocacy peer resistance) and skills of making effective decisions (cognitive skills, critical and creative thinking, decision making, problem solving [18].

The teaching of life-skills appears in a wide variety of educational programmes with demonstrable effectiveness including programmes for the prevention of substance abuse [20], [21] and adolescent

pregnancy[22], [21] the promotion of intelligence [23] and the prevention of bullying [24], Educational programme teaching these skills have also been developed for the prevention of AIDS [25] for peace education and for the promotion of self-confidence and self-esteem [26].

Sexual Behaviour and Sexuality Education

It is a noted fact that the age of maturity presents behaviour changes in adolescents sexually. Melgosa [14] stated that adolescents mark the age when there is notable increase in sex hormones production which stimulates or result in sexual desire. Adolescents' sexual desire added responds not only to biological instincts but also to physiological and social ones. Thus Melgosa [14]observed that their inclination towards sexual activities is due to a natural curiosity arising from vehement desire for affection and acceptance. According to DeLamater and Macorquodale [27], adolescents engage in a rather consistent progression of sexual behaviours. Necking usually comes first, followed by petting, intercourse, or in some cases oral sex which has increased substantial in adolescents in recent years.

Similarly, adolescents' sexuality behaviour in Nigeria and sub-Sahara Africa is seriously undergoing through transformation what it uses to be in the past. This can be attributed to the effect of modernization caused by industrialization education exposure and enculturation through importation of various foreign cultures which were alien to the Nigerian culture in particular and African as a whole, sexual behaviour displays by adolescents are of various types stated above and it is worthy of note that modalities in sexual activities have changes with young people more willing and eager to experiment different discovered through institution or variations in fore play and coitus, pictorial books confirmed with the licit and illicit movies.

Statement of the Problem

As young people enter puberty period, new health concerns arise related to their sexual and reproductive to maturation and behaviour. This is so because of the outset of puberty and changing sexual capacity, adolescents develop a further interest in their sexuality as well as those around them. As they grow in their sexual and reproductive capacities, there is an increase in their cognitive abilities, concern over their multiple roles, newly formulating adult identity and greater social and economic expectations and independence [1].

The former Minister of Health, Federal Republic of Nigeria, late Professor Olukoye Ransome Kuti argued that: “Although we deny information to young people about sexuality boys and girls mix feeling at school and play at a stage of development when the sexual drive is intense. That 2, out of every 5 secondary school girls have had at least one previous pregnancy, 150 out of every 1000 women who gave births are 19 years old and under”.

While it is observed that there is a growing body of literature on adolescents sexual expression in Nigeria, adolescents reproductive health issues has not been given much research attention. Hence adolescents lack of knowledge of reproductive anatomy, physiology and conception process, female subordination to male desire as a manifestation of love and trust, lack of sense of vulnerability or recklessness without concern for the outcome of irresponsible sexual behaviour, is on the increase. Yet many policy-makers, public opinion leaders, religious groups, parents and significant others still seem to believe that withholding information about sexuality and reproductive process from young people will dissuade them to becoming sexually active, (WHO, 2009). This is the problem that this study on sexual education and behavioural needs of adolescents in schools in Akwa Ibom State seeks to identify

OBJECTIVES OF THE STUDY

The prominent issue of this study is to identify the sexuality education and behavioural needs of young adolescents in Junior Secondary Schools in Uyo Metropolis. Specifically the study sought to determine the relationship of knowledge and sexual behaviour of the adolescents; determine the relationship of attitude and sexual behaviour of the adolescents; examine the relationship of reproductive health education on sexual behaviour of the adolescents; and assess the influence of life-skills on sexual behaviour of pre-teens and younger adolescents.

Research Hypotheses

The following null hypotheses were formulated and tested at .05 level of significance: there is no significant relationship between knowledge and adolescent sexual behaviour; there is no significant relationship between altitude and adolescents sexual behaviour; there is no significant relationship between reproductive health education and adolescents sexual behaviour and there is no significant relationship between life-skills and adolescents sexual behaviour.

METHODS

Ex-post facto research design was used in carrying out the study. This design was adopted for the study in order to determine the nature of the situation as it exists at the time of the investigation. It was also considered desirable since the study was non-experimental and needed a large size.

This research work adopted Uyo Metropolis in Akwa Ibom State. Uyo lies between latitudes 15°N and 61°N, longitude 64.7°E and 75.5°E within the equatorial forest belt, Uyo is a city and also a Local Government Area in South-South Nigeria and is the capital of Akwa Ibom State, a major oil producing state.

Uyo Local Government Area is made up of four clans namely: Offot, Etoi, Ikono and Oku, it has twenty political wards and fifty-six (56) villages. The study area is bounded by the Local Government in the North, Ibesikpo-Asutan Local Government in the South, Nsit Ibom Local Government in the East, Uyo has a population of 309,573 as recorded in the 2006 population census report. The town – Uyo, became the capital of Akwa Ibom State on September 23rd 1987 following the creation of the state from Cross River State. The Local Government Area is one of the centres of education in the South-South region of Nigeria. Presently there are 13 public secondary schools within the study area. The University of Uyo, Uyo City Polytechnic and many other privately owned schools and institutions of higher learning.

The city can be accessed by road via a 342 high way as well as Abak road, Aka Road. Nwaniba Road, Calabar - Itu Road. Nearby airports include the Akwa Ibom International Airport at Okobo and Margaret Ekpo, International Airport Calabar. Uyo is a fast growing city as it has witnessed some infrastructural growth in the past nine years. The population is made up of primarily Christians and handful Muslims and Pagans. The people of Uyo are sociable peaceful and accommodating.

The population of the study comprises all junior secondary school students in the thirteen public schools within Uyo Municipality with one thousand four hundred and four (1,404) males and one thousand seven hundred and forty (1,740) female students (according to available statistics Local Education Commission - school services 2015/2016).

The sample size of the study consists of three hundred and ninety junior secondary students three (JSS 3) randomly selected to take part as respondents. At the end of the exercise a total of 390 copies of the questionnaire representing 390 students were selected with thirty (30) students from each school. With this

technique every student identified had equal chance of being selected.

The instrument for this study was a researchers made questionnaire known as sexuality education needs and sexual behavioural of adolescence questionnaire (SENSIBQ). This was made up of two sections. Section A and B., section A requires information on personal data of the students. Section B was made up of six variables: knowledge, attitude, practices, reproductive health, life -skills and sexual behaviour. Each variable was measured with 10 items, while variable 4 and 6 had 6 items respectively. The total number of items were 50 in this section. The questionnaire was a five- point scale type varying from strongly Agree to strongly disagree.

For analytical purpose the researchers developed a key by which every information received from the respondents was coded. The items were classified according to the variables measured. Each section of the instruments was scored independently for each sub-variable; score was obtained by summing up the responses. Each of the respondents therefore received as separate code which was used for data analysis.

Test-retest reliability was used to determine the reliability of the instrument (SENSDQ). In the trial testing. 20 students who did not form part of the main study were randomly selected from the Uyo Municipality and the instrument administered to them, the same procedure was repeated on the same subjects after two weeks. Data collected from the respondents were subjected to test-retest statistical analysis using Kuder - Richardson technique. The reliability coefficient of 0.65 to 0.75 were produced which indicated that the instrument was reliable to measure what was expected to measure. The researchers produced three hundred and ninety copies of the questionnaires to be administered, thirty (30) questionnaire in each secondary school, Through the assistance of counseling psychologists and the four research assistants all the students were seated together and after the researchers' personal introduction the questionnaires were distributed to the students, All the items were clearly read out aloud and explained to the students where necessary. At the end of the exercise, all copies of the questionnaire were retrieved and subjected to collation and scoring.

The t-test and ANOVA statistical tools were used in testing all the null hypotheses which were formulated and tested for the study.

RESULT AND DISCUSSION

Hypothesis 1: There is no significant relationship between influence of knowledge and sexual behavior of the adolescent

Table 1. The correlated t-test analysis of the influence of knowledge and sexual behavior of adolescents

Variables	X	S	S ²	R	t-cal	t-crit
Knowledge	23.9	4.3	18.5			
Sexual behavior of adolescent	30.9	3.47	12.02	0.83	5.65	2.01

Significant at 0.05 level, df = 388, N=390

From Table 1, the obtained t-value 5.65 was higher than critical t-value of 2.01, hence the result was positively significant at 0.05 alpha level. Therefore, the null hypothesis which states that there is no significant relationship between the influence of knowledge and sexual behavior of the adolescents was rejected. The alternative hypothesis which states that there is significant relationship between knowledge and adolescent sexual behavior was upheld.

Hypothesis 2: There is no significant relationship between attitude and adolescents sexual behaviour.

Table 2. The correlated t-test analysis of the relationship between attitude and adolescents sexual behavior

Variables	X	S	S ²	R	t-cal	t-crit
Attitude	24.5	7.3	53.3			
Sexual behavior of adolescent	30.9	3.47	12.02	0.7	6.15	2.01

Significant at 0.05 level, df = 388, N = 390

Table 2 indicates that the obtained t-value 6.15 was higher than the critical t-value 2.01, hence the result was positively significant at 0.05 alpha level and 388 degree of freedom. Thus the null hypothesis which states that there is no significant relationship between the attitude and sexual behavior of the adolescents was rejected. At the end , the alternative hypothesis which states that there is significant relationship between attitude and sexual behaviour was upheld.

Hypothesis 3: There is no significant relationship between reproductive health and sexual behavior of the adolescent.

Table 3. the correlated t-test analysis of the reproductive health and sexual behavior of adolescents

Variables	X	S	S ²	R	t-cal	t-crit
Reproductive Health	26.3	7.2	52.4			
Sexual behavior of adolescent	30.9	3.47	1202	0.62	6.57	2.01

Significant at 0.05 level, $df = 388$, $N = 390$

Table 3 indicates that the obtained t-value of (0.57) was greater than the critical t-value(2.01)hence the result was positively significant at 0.05 alpha level and 388 degree of freedom. It implies that null hypothesis was rejected, therefore there is significant relationship

The Table shows that the obtained t-value 6.52 was greater than the critical t-value (2.01) hence the null hypothesis is 4(H_0) above was rejected, while the alternative hypothesis which states that there is significant relationship of life-skills and the adolescent sexual behaviour was upheld.

DISCUSSION

From the result as presented in Table 1, the t-cal value stood at 5.65 while the t-crit stood at 2.01 at 0.05 level of significance and degree of freedom of 338. The implication is that the null hypothesis is rejected and the alternate hypothesis is accepted. Thus, there is a significant relationship between knowledge and sexual behaviour of adolescents. This result agrees with the study of UNAIDS (2006) which found out that many women had no information about sex prior to their own experience of it in India.

The result in Table 2 revealed that the t-cal stood at 6.15 while the t-crit stood at 2.01 at 0.05 level of significance and 338 degree of freedom. The implication is that since the t-cal is greater than the t-crit, the null hypothesis is rejected while the alternate hypothesis which states that there is a significant relationship between altitude and sexual behaviour of adolescents is accepted. The result is in total agreement with Baron and Byrime (2011)'s view that altitude involves intentions for act in certain ways to engage in behaviours that are somehow relevant to the thinking and interpretation that goes into forming or using an altitude.

The result in Table 3 indicated that the t-cal is 6.57 while the t-crit stood at 2.01 at 0.05 level of significance and 338 degree of freedom. This result means that the null hypothesis is rejected, hence the

between reproductive health and sexual behavior of the adolescents.

Hypothesis 4: There is no significant relationship between life-skills and adolescent sexual behavior.

Table 4: Correlated t-test between life-skills and sexual behavior of the adolescents

Variables	X	S	S ²	R	t-cal	t-crit
Reproductive Health	25.6	4.2	25.4			
Sexual behavior of adolescent	30.9	3.47	12.02	0.72	6.57	2.01

Significant at 0.05 level, $df = 390$

alternate hypothesis which states that there is a significant relationship between reproductive health and sexual behaviour of the adolescent is upheld. This result is in total agreement with Melgone (2016) that sexual tendency characterizes adolescents in early puberty which culminates in reproductive maturity.

From Table 4, it is also observed that the t-cal of 6.52 is greater than the t-crit value of 2.01 at 0.05 level of significance and 338 degree of freedom. The implication of such result is that since the t-cal value is greater than the t-crit value, the null hypothesis is rejected, while the alternate hypothesis, that there is a significant relationship between life-long skills and sexual behaviour of the adolescents is upheld. This result conforms to the study of Caplan, Weisberg and Sacoby (2014) which found out that unprotected sex could be built on the foundation of teaching life-long skills.

CONCLUSION AND RECOMMENDATION

Knowledge of attitudes and practices related to puberty, HIV/AIDS influence younger adolescent sexual behavior. Reproductive health education gingers younger adolescents' sexual behaviour. Life-skills for coping with pressure similarly prepares the younger adolescents sexual behaviour.

It is recommended that the Ministry of Education should enforce the implementation of the approved national curriculum on sexuality education in schools in the state. The Government of Akwa Ibom State through the state Ministry of education and civil societies should organize specialized training for teachers who will be competent to teach sexuality education without any form of discomfort. Ministry of Education should advocate for supportive environment for the integration of sexuality education into the

school curriculum including support from policy makers, educationists' community/religious/opinion leaders and Heads of schools, in order to ensure the acceptability and effectiveness of the intervention. Civil societies and the Ministry of Education should encourage peer education in schools as non-curricular approach to sexuality education. This approach involves adolescents (peer educators) who are viewed as role models and deemed more credible than adults.

Schools should be provided with relevant materials on sexual education by the government by the government (Ministry of Education, State Secondary Education Board, State Universal Basic Education Board and other relevant bodies). Institutions of higher learning should address the needs of pre-service teachers and administrators in this area to enable them gain confidence and competence in teaching reproductive health topics through in-service training. Trained counselling psychologists should be posted to all public schools, trained on reproductive health issues and HIV counselling and testing by the government (State Secondary Education Board, State Technical Education Board, State Universal Basic Education). The faith Based organizations and churches should organize reproductive health talks. including group discussion, workshops and classes held out of school settings for young people.

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