

**CHANGING EMPHASES IN SEXUALITY EDUCATION AMONG ADOLESCENCE****OBALASE STEPHEN BABATUNDE**

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**Abstract**

*The current study was designed to investigate the changing emphasis on sexuality education in Nigeria. This brings about consciousness and awareness in the subject matters. Despite various awareness programmes of sexuality education in the mass and electronic media young people engage in risky sexual behaviour for several reasons. Such reasons include the following: Economic factor, Cultural factors, Lack of adequate information, Poverty and Social consequences. The need to inform young people about the causes and consequences of uncontrolled rapid population growth has become paramount hence the National Population Policy of 1988 which was recently revised and officially launched in February 2005, was put in place with emphases on population education as a potential vehicle to translate the population Policy into action (Forrest & Silverman, 1989). Sexuality education is a process of learning about how an individual can be comfortable with all aspects of being human. Sexuality education can also be described as a process of providing information, skills and services that enables person to adopt safe sexual behaviours including abstinence, non-penetrative sex such as hugging, holding hands, as well as correct and consistent use of condom. Sexually healthy behaviours also include seeking care from trained health workers during incidence of any reproductive morbidity such as sexually transmitted infection (STIs), unwanted pregnancy and infertility (Adesokan, 2009). Sexuality Education has changed from traditional concept to modern concept. Increased Knowledge about sexuality matters. Attitudinal and Behavioural Change, Abstinence as the key for effective sexuality education, Emphasis on sexuality education bring about prevention of unwanted pregnancy, Increase Gender Equality and Prevention of Gender Violence. Emphasis on sexuality education bring about assertiveness skills, life and family building skills. The provision of sexual and reproductive health services for young people and the development of life-skills and sex education inside and outside of schools which center on the realities of young people's lives and their needs, as expressed by adolescents themselves remain in an early stage.*

## CHANGING EMPHASES IN SEXUALITY EDUCATION AMONG ADOLESCENCE

The Nigerian culture generally considered sex as a taboo subject for discussion within the society and especially within the family in the presence of their children. This occurs irrespective of the fact that ever so often, the subject of sexuality education were often discussed in the mass and electronic media in the society .This brings about consciousness and awareness in the subject matters. Despite various awareness programmes of sexuality education in the mass and electronic media young people engage in risky sexual behaviour for several reasons .Such reasons include the following:

**Economic factor:** Most females subject themselves to sexual relationship as a means of meeting their material needs. Economic hardship push young ones into relationships with old wealthy men often referred to as sugar daddies. It can also lead young ones into early marriages. Early marriages are capable of causing varying degrees of health implications ranging from cephalo-pelvic disproportion to vaginal fistula.

**Cultural factors:**In most cultures the adolescents do not have the right to decide on when to marry and bear children or whom to marry and under what condition . Such decisions are made by their parents when the adolescents are too young to understand the implications. Abstinence in most cultures is held responsible for dysmenorrheal, facial pimples and boils in the face of young adolescents. In some cultures, virginity is viewed as uncivilized, antisocial and unhealthy (Adesokan,2009).

**Lack of adequate information:** Sexuality education on reproductive matters should be the joint responsibility of the parents , teachers and the society. Unfortunately the parents considered it sacred and exclusively no go area for the adolescents and thereby misinformed by friends and peers hence they are deformed (Kirby & Lepore, 2007).

**Poverty:** There is premature interruption of educational career. Teenage pregnancy destroys the social ladder that propels one unto better socio economic status (Rosenbaum ,2009) .This is ladder of education. Once the ladder is destroyed, there is life long tendency to continue in abject poverty. If this happen future generation are made to suffer, they are subjected to mal nutrition and infections due to low immunity.

**Social consequences:** The social consequences of unwanted pregnancy include the refusal of boy in question may deny and refuse to accept the responsibility .This may lead to the rejection of the girl by her parents, friends and relatives .This may cause severe emotional trauma and depression. Consequently , this is capable of causing suicidal ideation or even completing and committing the act.

## Evolution of Sexuality Education in Nigeria

Initial effort to introduce sexuality issues in Nigerian educational system was done through the introduction and institutionalization of population education which was considered as a potential way of tackling the problem of rapid population growth and its consequences for socio-economic development in the country. The need to inform young people about the causes and consequences of uncontrolled rapid population growth has become paramount hence the National Population Policy of 1988 which was recently revised and officially launched in February 2005, was put in place with emphases on population education as a potential vehicle to translate the population Policy into action (Forrest & Silverman , 1989).

Also among health and educational professionals in Nigeria the feeling is widespread that the health of the adolescence is at risk. This burgeoning adolescence group who constitute more than 12 percent of the population in Nigeria and whose number are expected to risk sharply over the years are often prone to unplanned sex, unwanted sex, unsafe abortion, sexual coercion sexual violence, sexually transmitted infections and even (HIV) Human Immuno –Deficiency Virus because they are uninformed, or poorly informed, about the implication of their reproduction behaviour and health risk especially from under- age sexual practice another anti-social practices (Kirby & Lepore, 2007). Over the years, the federal government, donor agencies and non-governmental agencies have put forward initiative to address population problems and issues. The federal ministry of education and Nigerian Educational Research and Development Council (NERDC) has been involved in curriculum and instructional package development and teacher training for the school-based population and family-life programmes (Forrest & Silverman , 1989).

In the post World War II era ,the relaxation of traditional social norms governing sexual activity ,as well as the torrent of sex related information available to children via mass media ,made a mere sophisticated and comprehensive program of sex education seem desirable to many .The subjects explained and discussed as part of sex education include the physical process of reproduction , the working of male and female organs the, dissemination and effect of sexually transmitted diseases/infections ,family role structures ,the ethic of relationships, and the emotional and psychological causes and consequences of sex including under age sex ,marriage and parenting.

According to Forrest and Silverman 1989,sexuality education for adolescents has long been hampered by adults who are concerned that such knowledge will promote promiscuity among the youths. However, worldwide views of studies by WHO and USAID (2001) concluded that sexuality education does not encourage early initiation of intercourse ,but can delay first intercourse and lead to more consistent contraceptive use and safer sex practices.

## Sexuality Education

Sexuality education is a process of learning about how an individual can be comfortable with all aspects of being human. Sexuality education can also be described as a process of providing information, skills and services that enables person to adopt safe sexual behaviours including abstinence, non-penetrative sex such as hugging, holding hands, as well as correct and consistent use of condom. Sexually healthy behaviours also include seeking care from trained health workers during incidence of any reproductive morbidity such as sexually transmitted infection (STIs), unwanted pregnancy and infertility (Adesokan, 2009). Although people of all age groups can benefit from sexuality education, this paper pays particular attention to changing emphases in sexuality education among adolescence.

Sexuality is the expression of whom we are as male or female. The feelings and activities connected with a person sexual desire. Sexuality is a natural and healthy part of living. It is the way an which an individual experiences being male or female. It is a natural and healthy part of living that includes physical and biological aspects of one's life which include menstruating, having wet dream, being pregnant or having sexual intercourse as well as emotional aspects such as being attracted to another person including sexual orientation and social aspects. For instance, behaving in ways that are expected by ones community based on whether one is male or female in those including gender roles.

Sexuality is an integral part of our being which affect the whole personality and begins from birth to old age. It involves genital and reproductive processes such as intercourse and child bearing, but it is more than this as the word is often misunderstood. It does not refer to only intercourse but also an expression of who we are, it involves the mind and the body, how a person thinks, feels and acts. Sexuality includes how a person sees the world and how the world sees men and women. It involves physical aspects, including body growth changes associated with puberty and physical processes such as menstruation, ovulation and ejaculation.

An individual's sexuality also includes gender being male or a female. As people begin to grow in this society, he/ she starts to behave in certain ways that the culture determines as appropriate for men and women. Some people limit what an individual can be or do on the basis of gender. Regardless of gender, all human beings experience a multitude of sexual attitudes, feelings and capabilities, many aspects of humanness are related to our sexuality and its spans our lifetimes. Sexuality is shaped by the way we have been socialized, societal values such as gender roles, influence of mass media, peer pressure, our attitudes, behaviours, physical appearance, beliefs, emotions, personality, likes and dislikes. It is an integral part of our being which begins at birth and ends at death. Sexuality is the product of many factors; it is composed of many things. Sexuality includes the birth to death process of human personality. Sexuality begins at conception with sex determination, grows through infancy and childhood as the infant live to relate with the people and the world around him or her and continue until death. Sexuality is intrinsic and influences every aspects of a person's life.

## Content of Sexuality Education

Kirby (2007) asserted that almost all sexuality education in public secondary schools said that students should be taught about sexual development, sexual behaviour and its possible negative outcomes. Thus, 98% or more believed that by the end of grade courses should have covered puberty; how HIV is transmitted, STDs, how to resist peer pressure to have sexual intercourse, implications of teenage parenthood, abstinence from intercourse, dating, sexual abuse and non sexual ways to show affection. The overwhelming majority (78-98%) also thought that these topics should be covered in grade seven or earlier, although fewer than half would cover topics other than puberty and sexual abuse by the end of grade five. Secondary school sexuality education teachers were about as likely in 21<sup>st</sup> century as in 1988 to think that courses should include information on the implications of teenage parenthood, STDs and how HIV is transmitted; they were slightly more likely to think they should cover abstinence from intercourse by the end of grade 12.

Traditionally, sexuality education drew its contents from social demography, human ecology, family life and sex education. Details of these contents and the areas of emphases varied between, and sometimes within, countries in response to the particular requirements of individual culture and population situation. In most cases, sexuality concepts were basically meant to prevent early pregnancies and diseases (Foucault, 1986). At the beginning there were difficulties in the determining and contents of sexuality education, the way it could be adopted and how it could be taught. Selection and presentation of content relating to sexual behaviour are great problems. Although sex education is generally considered as important a number of its content areas were highly controversial and turbulent whenever they were associated with cultural and religious issues (Rosenbaum, 2009).

In order to apply the most useful concept of sex education to sexuality education, some countries embraced the participatory approach, others chose rote methods whereby learners were expected to memorize the facts in the whole that it would in some ways lead to behaviour change. Conscious effort was made to exclude sexual/sensual matters hence, the concepts of sexuality were used as a broad knowledge base to provide contents for sexuality education, issues such as homosexuality, contraception and abortion were potentially inflammatory were kept away. The practical experience countries have had in introducing sexuality education is leading to a new way of perceiving sexual contents and their appropriateness, such as the upsurge of adolescents, health problems in Nigeria has led to a new way of perceiving adolescents reproductive health information in the country (Kirby, 2007).

**Sexuality Education has changed from traditional concept to modern concept.** In the past, issues relating to sexuality are sacred and you shouldn't talk about it in the presence of young people. The changing emphasis in sexuality education has brought about educating the young people about their health, reproductive systems, abstinence, and consequences of unhealthy sexual behaviours among others.

### **Increased Knowledge about sexuality matters**

Nearly all sexuality education program that have been studied increased knowledge about different aspect of sexuality and risk of pregnancy or HIV and other STIs. This is important, because increasing knowledge is a primary role of schools. Programs that were designs to reduce sexual risk and employed a logic model also strove to change other factors that affect sexual behaviour. Those program that were effective at either delaying or reducing sexually activity or increasing condom or contraceptive use typically focused on:

- Knowledge of sexual issues such as HIV, other STIs and pregnancy, including
- Method of prevention;
- Perception of risk E.g. HIV, other STIs and of pregnancy;
- Personal value about sexual activity and abstinence;
- Attitude about condom and contraception;
- Perception of peer norms e.g. about sexual activity, condoms and contraception;
- Self-efficacy to refuse sexual intercourse and to use condoms;
- Intention to abstain from sexual intercourse to restrict sexual activity or number of partner or to use condoms.

### **Attitudinal and Behavioural Change**

Communication with parents or other adult and potentially with sexual partners.

It should be emphasized that some studies demonstrated that particular program improve these factor (Kirby, Obasi & Laris, 2006; Kirby, 2007). Have demonstrated Other studies have demonstrated that these factors in turn, have an impact in adolescent sexual decision-making (Blum & Mmari, 2006; Kirby & Lepore, 2007). Thus, there is considerable evidence that effective programs actually changed behaviour by having an impact on these factors, which then positively affected young people 'sexual behaviour

Sexuality is a central aspect of through life (WHO, 2002). According to world health organization (WHO) sexuality encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships. Sexuality is often broadly defined as the social construction of a biological drive (WHO, 2002) which often deals with issues such as when one has sex with, in what ways, why, under what circumstances and with what outcomes a person engages in sex. Thus, sexuality pertains to the totality of being human being a female or a male and this suggests a multi-

dimensional perspective of the concept of sexuality is shaped by biological, psychological, economical, political, social, cultural, and religious factors operating within a particular culture in each society. Factors that affect human sexuality include sexual identity, self concepts, self esteem, reproduction, relationship, and sexual intercourse. Parents are now fully informed about the need for sexuality education for effective physical, mental, social and spiritual dimension of healthful living

### **Role of Adolescence, parents and teachers in Sexuality matters.**

Adolescence is countries most valuable assets and perhaps the most important groups in the society, giving their size and characteristics. The role of adolescence in influencing the course of human history cannot be over emphasized. The period of adolescence is when human beings become most conscious of their sexuality and start to express the same. In most Nigerian societies, this truth is recognized, but changing traditional values and socialization process have rendered the preparation for coping with this period inadequate.

The foregoing describes about the obvious need for sex education in our schools. The task is not easy. This is because of the prevailing attitude to sex. In our society, both male and female adolescence are supposed to suppress their sexual desires and wait for a time when they get married. Strict moral codes forbid sex before marriage. However, the reality is that, a large number of young stars indulge in sex long before they got married. Indeed, the signs of the urge for sexual pleasure are already there in infancy. By the time most children are age 5-12 years, Durojaye(1976) "Boys and girls examine each other's bodies, handle each other genitals, play father and mother and try to imitate adult sexual acts". By the time individual reaches adolescence, there is a heightened urge to try out this experience, if only to convince oneself of one's maturity and also as a means of seeking meaningful relationships with others.

In the light of this reality, it is important for teachers and even parents to sustain the gaps which presently exist in the knowledge which adolescence have about sexuality in the secret. They also gain most of their knowledge from their peer groups, from magazines, news paper and seldom from parents and teachers. The medium and peers do not often exhaust all the knowledge which is available to the school.

Changing emphases in sexuality education among adolescence involve educating the young ones that sex is not bad in its self. This is not another way of inviting people to indulge in it indiscriminately. Emphases should be placed on productive work as a substitute for the satisfaction of sexual desire. However, where adolescence must have sex they should be made to realize what its side effect are and what they mean in concrete terms to the individual. Information about existing methods of birth control should be made available to those who are just beginning to experience sex. This would be seen as purely a preventive role that ensures that the dignity of the individual is preserved and nothing happens that leads to the nurturing of guilt feelings.

Sexuality education prevents sexual risk behaviour among adolescence which includes the following

- Multiple sexual partner and sexual intercourse with a partner infected with STI and HIV or AIDS.
- Sexual intercourse without the use of contraception.
- Oral sex
- Too early initiation of sexual activities.
- Unplanned pregnancy.

The concepts of adolescence are often thought of as a healthy group. Nevertheless, many adolescence do die prematurely due to accident, suicide, violence, pregnancy related complications and other illness that are either preventable or treatable. Many more suffers chronic ill health and disability. In addition, many serious diseases in adulthood have their roots in adolescence. Adolescence is the transition period between childhood and adult hood. It is the period of physical, psychological and social changes from childhood to adulthood and falls within the ages of ten and nineteen years (Adesokan, 2009)

Pressures to teach abstinence as the central , if not sole , component of sexuality education have led to the establishment of a five year federal and state program likely to spend about \$440 million , and designed to fund educational efforts focused narrowly or exclusively on the promotion of sexual abstinence .Yet opinion polls show that the majority of adults think that even though teenagers should be given information about , and have access to birth control .Public attention has recently been focused on debates over abstinence education (Forrest & Silverman ,1989).

### **Abstinence as the key for effective sexuality education**

Abstinence was the message and key word identified as most important in 21<sup>st</sup> Century (41% of teachers ) ,while responsibility was the highest priority message in 1988 (cited by 38%).STDs including HIV and AIDS , reproductive facts and self esteem are more likely to be cited as one of teachers three most important messages in 21<sup>st</sup> century than they were in 1988 .In contrast , the emphasis placed on contraception decreased.Teachers were likely to cite the topic in 21<sup>st</sup> century than in 1988 , either most important message (2% vs 5%) or as one of their three most important messages (15% vs 22 %) (Rosenbaum,2009).

Abstinence programs teach that ,human sexuality is primarily emotional and psychological ,not physical in nature.In proper circumstances , sexual activity leads to long term emotional bonding between two individuals ;sexual happiness is inherently linked to intimacy, love , and commitment –qualities found primarily within marriage( Wilson,1994).He stressed further that, abstinence programs strongly encourage abstinence during the teen years, and preferably until marriage.He asserted that casual sex at an early age not only poses serious



threats of pregnancy and infection by sexually transmitted infections, but also can undermine an individual's capacity to build loving, intimate relationships as an adult. These programs therefore encourage teen abstinence as a preparation and pathway to healthy adult marriage.

By contrast, comprehensive sex education curricula focus almost exclusively on teaching about contraception and encouraging teens to use it. These curricula neither discourage nor criticize teen sex and do not encourage teens to wait until they are older to initiate sexual activity. For example, the curricula do not encourage teens to abstain until they have finished high school, "Protected" sex at an early age and sex with many different partners are not treated as problems. Sex is treated primarily as a physical problem of sexually transmitted infections and pregnancy. Comprehensive sex education curricula ignore the vital linkages between sexuality, love, intimacy, commitment. There is no discussion of the idea that sex is best within marriage (Comprehensive Sexuality Education in Nigeria, 1995).

There are strong arguments for investing in and implementing comprehensive sexuality education programmes and for scaling these programmes up. According to the 2011 UN Millennium Development Goal Report (UN 2011), nearly 23 percent of people living with HIV globally are under the age 25. Young people aged from 15 to 24 accounts for 41 percent of new infections among those aged 15 and older. Women represented a slight majority (about 51 percent) people living with HIV in 2009.

### **Emphasis on sexuality education bring about prevention of unwanted pregnancy**

There is evidence about the importance of sexuality education in terms of preventing unintended pregnancy and pregnancy at an early age (WHO, 2011). The World Health Organization (WHO) convened an international consultation on these topics that concluded that comprehensive sexuality education should be expanded in order to provide accurate information and education about contraceptives to adolescents (WHO, 2011). Sexuality education offers protection against unintended pregnancy and prevents sexually transmitted infections (STIs), including HIV and AIDS. These are the key health outcomes on which many programmes are focused. However, if taught appropriately, curriculum-based sexuality education can also help young people to develop communication skills, as well as enhancing their self-esteem and capabilities in making decisions. It can also help them to forge positive and equitable relationships (Rosenbaum, 2009). In some countries, societal values about sex prior to marriage have changed and access to contraception has increased. For these reasons and others, in much of the world the duration of time between when young people develop physically, have an increased interest in sexual relations and begin having sex and when they marry has increased. This means that higher percentages have sex prior to marriage, have more sexual partners before marriage, and are more likely to have unintended premarital pregnancies and sexually transmitted infections (STIs), including HIV. These unintended pregnancies, STIs, and in particular HIV and AIDS have huge personal and societal costs that should be prevented, if at all possible.

### **Increase Gender Equality and Prevention of Gender Violence**

There is growing awareness about the importance of sexuality education in terms of increasing gender equality and reducing gender-based violence, as well as its critical role in contributing to young people's development and evolving capacities (WHO,1995). As citizens, young people have a right to this education and internationally they are becoming increasingly vocal in claiming this right. Sexuality education also acts as a broader social level, with the potential to change social norms by influencing adults (for example, teacher and parents), the social environment and subsequent generations of young people. As many countries throughout the world develop economically, young people spend more years in school, seek jobs or careers and delayed marriage.

### **Improved Nutrition and Abolition of Misconception and Superstitions**

In some countries, improved nutrition and possibly others factors leading to earlier onset of physical development, menarche and spermarche. Poor health can be improved by a more balanced diet. The choice of food consumed is determined by a number of factors including availability of natural resources, economics, religious beliefs, social status and traditional taboos.

### **Emphasis on SWAT, FLHE and Assertiveness skills**

**SWAT** –means Say no to sexual intercourse, Why saying No, give Alternative and Negotiate, and Talk it out and develop a skill to say no politely. **FLHE** means Family Life and Health Education all these encompasses building life skills. Kirby, Obasi and Laris (2006) have identified a number of factors associated with effective sexuality education programs, including early and developmentally appropriate timing, instruction on how to identify social influences and pressure, and the use of role playing and other teaching strategies to enhance students skills in such areas as resisting peer pressure, negotiating with partners and obtaining contraceptives. This issue has generated continuous, and often heated, disagreement and unexplained argument as affirmed by Forrest and Silverman (1989)

Safe sexual practice is being increasingly focused on with the advent of the Acquired Immune Deficiency Syndrome (AIDS). Frequently, however, the larger societal and ethical question stemming from sexual behaviour, being highly subjective in nature, is not regarded as appropriate to a strictly factual approach. At all levels of instruction, teaching methods may include visual aids, lectures and moderated discussions. Although many parents approve of some type of sex education in schools, in practice there has always been some opposition to such classes. In many schools in Britain, the policy is to send a letter of consent to parents of each child before the study is embarked upon to enable parents to remove their children from

classes should they so wish .Some parents object to sex education on the grounds of religion and morality (Adesokan,2005)

### **Conclusion**

In terms of adolescents sexual and reproductive lives, the range of settings in which adolescents and young people live may or may not translate into unsafe sexual behaviours ,the experience of wanted or unwanted pregnancy ,or exposure to sexually transmitted infection and HIV. Youth is associated not only with the emerging awareness of sexuality and the age – specific drive to experiment with it ,but in many countries is also associated with hostile reaction and non acceptance by adult society of non –sanctioned sexual relations.There is a widening gap between the age of sexual maturity and that at which sexual relations become legitimate.The combination of young people’s relative inexperience in sexual matters and the social stigma attached to them being sexually active creates a vulnerability that is only now beginning to be recognised and addressed.The provision of sexual and reproductive health services for young people and the development of life-skills and sex education inside and outside of schools which center on the realities of young people’s lives and their needs , as expressed by adolescents themselves ,remain in an early stage.

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