

Knowledge of Sexually Transmitted Diseases among Secondary School Adolescents in Asa Local Government Area of Kwara State Nigeria

Joseph A. Oluyemi, Muhammed A. Yinusa,
Raji Abdullateef, Akoh Sunday

Department of Sociology, University of Ilorin, Nigeria.

fanciedude@yahoo.com

and

Kadiri Kehinde,

Department of Mass Communication University of Ilorin, Nigeria.

Abstract

The adolescent age is the period of sexual identity when adolescents make sense of their feeling and turn them into actions. This stage requires adequate knowledge of sexual behaviours so that adolescents will not rely on peer group for information. This is because of the far reaching effects it may have on them and the society at large due to misinformation and the consequences of the high risk sexual behaviours they may engage in like sexually transmitted diseases. This study therefore aims at accessing the knowledge and sources of information of STDs among adolescents in the Asa local government area of Kwara State, north central region of Nigeria. The study was carried out in three public secondary schools in Ogbondoroko and Laduba towns, suburbs of the capital city, Ilorin. Information was gathered through questionnaire administration. A total of 240 questionnaires were administered to (SS1), (SS2) and (SS3) students in the study area and in all 210 were retrieved representing 88% return rate. The study made use of tables and simple percentages to present the data retrieved from the field, while the F-test and T-test statistical tools were used to show the relationship between the variables. Findings revealed that adolescents in the study area have a fair knowledge of sexually transmitted diseases. The study also shows a significant relationship between class and knowledge of STDs as test shows a statistical significant relationship $P < 0.05$. While age and sex show no significant relationship with knowledge of STDs as $P > 0.05$. The study suggests that mass enlightenment programmes in schools by government and other relevant agencies in the study area is key to adequate knowledge of STDs in the area.

KeyWords: Sexually transmitted diseases, Adolescent, Knowledge, Information, Kwara State, Nigeria.

Resume

L'âge de l'adolescent est la période de l'identité sexuelle lorsque les adolescents à comprendre leur sentiment et les transformer en actions. Cette étape requiert une connaissance adéquate des comportements sexuels afin que les adolescents ne seront pas compter sur le groupe de pairs pour information. Ceci est en raison des effets de grande envergure qu'elle peut avoir sur eux et la société dans son ensemble en raison de la désinformation et les conséquences des comportements sexuels à haut risque qu'ils peuvent exercer comme les maladies sexuellement transmissibles. Cette étude vise donc à accéder à la connaissance et les sources d'informations des MST chez les adolescents dans la région du gouvernement local de l'Etat de Kwara Asa, région centre-nord du Nigeria. L'étude a été réalisée dans trois écoles secondaires publiques dans Ogbondoroko et Laduba villes, les banlieues de la capitale, Ilorin. Des informations ont été recueillies par le biais administration du questionnaire. Un total de 240 questionnaires ont été administrés à (SS1), (SS2) et (SS3) étudiants dans le domaine de l'étude et dans tous les 210 ont été récupérés représentant taux de retour de 88%. L'utilisation de tableaux et de simples pourcentages étude réalisée pour présenter les données récupérées sur le terrain, tandis que les F-test et test-t outils statistiques ont été utilisés pour montrer la relation entre les variables. Les résultats ont révélé que les adolescents dans la zone d'étude ont une bonne connaissance des maladies sexuellement transmissibles. L'étude montre également une relation significative entre la classe et la connaissance des MST comme test montre une relation statistiquement significative $p < 0,05$. Bien que l'âge et le sexe ne montrent pas de relation significative avec la connaissance des MST que $P > 0,05$. Procédé suggère que les programmes d'éclaircissement de masse dans les écoles par le gouvernement et d'autres organismes pertinents dans le domaine de l'étude est la clé à une connaissance suffisante des MST dans la région.

Mots clés: *maladies sexuellement transmissibles, de l'adolescent, connaissance, l'information, l'Etat de Kwara,*

Introduction

Sexually transmitted disease is a public health social problem that affects adolescents all over the world including sub-Saharan Africa. However, the prevalence has reportedly reached a stage that calls for stake holders' concern. (Joint United Nations Programme on HIV/AIDS, 2006). This is because adolescents who are most at risk of contacting these diseases form a greater proportion of the population of the world. (Mobey, 1996).

In Nigeria, it is a serious problem because it affects an estimated one-quarter of sexually active teenagers in the country. (Yarber & Parrillo, 1992). The prevalence is high in various locations due to the poor knowledge of the diseases and the beliefs attached to it as a result of insufficient and inadequate information available to the teeming population from various quarters, especially adolescents who are sexually active.

Studies on reproductive health of adolescents in Nigeria indicates that many

adolescents initiate sexual intercourse at an early age and engage in high risk sexual behaviours such as unprotected sex and multiple sexual partners which expose them to sexually transmitted diseases, unwanted pregnancy and illegal abortion among others. (UNAIDS, 2006). This can be explained from the level of information made available to people especially to adolescents whose sexual behaviours make them more prone to the diseases.

Incidentally, in Kwara State, the prevalence of sexually transmitted disease like HIV/AIDS is relatively low when compared to other locations in the country. According to United Nations (2014) statistical report on state by state ranking on HIV/AIDS, Kwara State ranks 30th accounting for only 2.2 percent of the total number of victims in Nigeria. This is not without prejudice to the fact that a reasonable number of the population live in the rural areas where information on sexually transmitted diseases are relatively insufficient. Oladebo & Brieger (1994), Nwimo & Omaka (2007).

This work therefore aims at accessing the knowledge and sources of information of STDs among adolescents in secondary schools in Asa Local Government Area of Kwara State, Nigeria.

Statement of the Problem

Available data shows that sexually transmitted diseases constitute medical, social and economic problems in Nigeria and this is not only prevalent in the urban centres but also in the rural areas. (Ogunbanjo, 1989). According to Mati (1995), STDs pose a major reproductive health burden on individuals; many of which include: sores and bumps on the body, recurrent private parts sores, generalised skin rash, pain during intercourse, scrotal pain, redness and swelling pelvic pain. Others include eye inflammation, arthritis, pelvic inflammation disease, Human Immuno Deficiency Virus (HIV) and Human Papilloma Virus (HPV).

Sexually transmitted disease is also associated with morbidity such as infertility, septic abortion, ectopic pregnancy, cervical cancer and increased risk of HIV/AIDS especially when a genital ulcer is present. (Abudu & Odugbemi, 1985). Furthermore, the incidence and prevalence of STDs in Nigeria are limited as a result of underreporting. This may be as a result of inadequate diagnostic and treatment facilities in the rural areas fear of stigmatization, cultural beliefs and many more. (Green, 1992).

Literature Review

The adolescent period is a crucial stage in the life of a child where personality is formed and a child's thoughts becomes abstract. It is this stage that serves as a pointer to what a child becomes in future. According to Mensch, Bruce & Green (1998), what

happened to an adolescent whether good or bad shapes how girls and boys live out their lives as women and men. Many have become teenage parents at a tender age in life and as such limiting their potentials and what could have become of them in the future.

Incidentally, many parents have shifted the role of educating their adolescents to the school and other agents of socialization like peer groups and this has exposed them to risky sexual behaviours with grave consequences on their well being such as sexually transmitted diseases. According to Olubayo-Fatiregun (2012), parents are shy to educate their adolescents on sex and sexual behaviours because of the fear that discussing sexual issues with their children might stimulate their sexual interest to practicing what they have learnt.

This has resulted to them shifting the role to other agents such as the school and peer group. Richard (2001) asserted that some parents see sex education to their children as immoral due to religious beliefs that it might encourage pre-marital sex. Studies have also shown that many adolescents initiate sexual intercourse at an early age in life and engage in high risk sexual behaviours such as unprotected sex and multiple sexual partners which expose them to sexually transmitted diseases, unwanted pregnancy and illegal abortion among others (UNAIDS 2006).

This is similar to CDC (2012) report on a study carried out among U.S. high school students where 46.8% of those sampled have had sexual intercourse, 34.0% had had sexual intercourse during the previous 3 months, and, of these 40.9% did not use condom the last time they had sex while 15.0% had had sex with four or more people during their life time. Similarly, an estimated 8,300 young people aged 13-14 years in the 40 states reporting to CDC had HIV infection in 2009, nearly half of the 19 million new STDs each year are among young people aged 15-24 years while more than 400,000 teen girls aged 15-19 years also gave birth in 2009. (CDC, 2009; Weinstocks, Berman & Cates, 2000; Hamilton, Martin & Ventura, 2009).

According to United Nations Population Fund (2003), today, there are more than one billion 10-19 year old in the world of which 70% lives in developing nations. Incidentally, many of them are sexually active and engage in risky sexual behaviour. This is in line with the study carried out by Klan & Mishra (2008) on Adolescent high risk behaviour in sub Saharan Africa in which more than 20% of the adolescents who have had sexual intercourse had multiple sex partners.

This also corroborates the study conducted by Ali & Cleland (2005); Gupta & Mahy (2003), across the African continent that reveals that the rate of sexual initiation during adolescent period is fast rising in developing countries. In a similarly study conducted by Lloyd (2005) it was also found that, an estimated 4.3% of young women and 1.5% of young men aged 15-24 in Sub-Saharan Africa are living with HIV, while 13% of young women have given birth at the age of 16.

Unfortunately in Nigeria, sex education and services still remain a controversial issue and a taboo in many cultures, more worrisome is that some educated parents still

nurse the fear that discussing sexual issues with their children might stimulate their sexual interest to practicing what they have learnt. (Olubayo- Fatiregun, 2012). Studies have shown that there is a sharp increase in the rate of pre-marital sex and a sharp decline in age of sexual debut among adolescent contrary to our moral and cultural values (Okonofua, 2000; World Health Organization, 2001 Gottlieb, Melchizedex & Lehabari et al, 1998).

It is in this regard that it has become imperative for adolescents to have access to reproductive information before they become sexually active so as to reduce the risk of contacting STDs in Nigeria and the society at large by accessing their knowledge of sexually transmitted diseases especially in the rural areas which is the focus of this study.

Theoretical Framework

The Phenomenology theory was used to explain the study. A theory that concerns itself with the role human awareness plays in the production of social action, social situation and social worlds. Phenomenology was originally developed by a German mathematician named Edmund Husserl in the early 1900s, in order to locate the sources or essences of reality in the human consciousness.

The theory was later developed in the 1960s by Alfred Schultz who postulated that it is subjective meanings that give rise to an apparently objective social world. The central task of phenomenology is to explain the reciprocal interactions that take place during human action, situational structuring, and reality construction. Schultz argued that people depend on language and the stock of knowledge they have accumulated to enable social interaction. According to Schultz, all social interaction requires that individuals characterize others in their own world, and their stock of knowledge helps them to achieve this task.

Based on these assumptions, the study can be explained on the premise that the knowledge of sexually transmitted diseases that the adolescents are predisposed to determines the opinion they form concerning the diseases and their disposition towards sexual behaviours. Phenomenology however has been criticised for interpreting words and symbols differently. It has also been blamed for basing its premise around phenomenon alone with no numbers proving it.

Methodology

The multi stage sampling technique was used in the study. It was carried out in three public secondary schools in Ogbondoroko and Laduba towns in Asa Local Government Area of Kwara State, north central region of Nigeria. They include Community Secondary School, Ogbondoroko, Cherubim and Seraphim College Laduba and Ansaru Islam

Secondary School, Laduba. These schools were purposively selected because they are public schools and the students reflect the study area. Asa Local Government is one of the sixteen local governments in Kwara State, with its headquarters in Afon. It inhabits about 126,000 people NPC (2006), who are predominantly farmers and traders.

Information was gathered through administration of self administered questionnaires. A total of 240 questionnaires were administered to SS1, SS2 and SS3 students in the three schools. In all, 210 questionnaires were retrieved representing 88% return rate. The questionnaire was in four sections: the first section contained social demographic variables of the respondents the second section contained questions relating to the knowledge of sexually transmitted diseases, the third section had questions relating on sources of information of STDs and the level of understanding of STDs among the students.

The structured questionnaires were administered by the researcher and assisted by two research assistants who assisted in administering the questionnaires and also explain the content to the students to ensure clarity of the content. The questionnaires were administered in all the schools based on the number of students available as at the time of distribution. The Statistical Package for the Social Science (SPSS) 17.0 was used to analyse the data collected. The study made use of tables and simple percentages to present and draw a general inference from the responses. The f- test and t- test statistical tools was used to determine the relationship between variables.

The researcher sought permission from the school authority and the students were duly briefed on what the research was all about. The questionnaires were also filled in anonymity to gain the confidence of the students and to ensure that they give accurate information.

Results

Table 1: Socio- Demographic Variables of Respondents

Variables	No of Respondents	Percentages
Sex		
Male	110	(52)
Female	100	(48)
Total	210	(100)
Age		
10-14	91	(43)
15-19	119	(57)
Total	210	(100)
Religion		

Christianity	64	(31)
Islam	146	(69)
Total	210	(100)
Class		
SS1	28	(13)
SS2	87	(41)
SS3	95	(46)
Total	210	(100)

Source: Researcher’s Fieldwork, 2014

The above table shows that respondents are almost evenly distributed with (52%) of them representing male while 48% are female. Also, 43% of the respondents fall in the age bracket of 10-14 years while 57% are in the age bracket of 15-19 years. However, 69% of the respondents are Muslims, while SS3 students alone accounted for 46% of the respondents.

Table 2: Knowledge of Sexually Transmitted Diseases (STDs)

Variables	No of Respondents	Percentages
Have you ever heard of STD?		
Yes	166	(79)
No	44	(21)
Total	210	(100)
Is there cure for STDs?		
Yes	153	(92)
No	13	(8)
Total	166	(100)
Can a healthy looking person have STD?		
Yes	151	(91)
No	15	(9)
Total	166	(100)
How Can STDs be treated?		
Drugs	94	(57)
Local Concoction(herbs)	33	(20)
Divine Intervention(prayers)	39	(23)
Total	166	(100)

Which of these STDs have you heard before?		
Gonorrhoea	106	(64)
Syphilis	36	(22)
Trichomoniasis	20	(12)
Vaginitis	18	(11)
Genital warts	42	(24)
HIV/AIDS	83	(50)
Chancroid	9	(5)
Chlamydia	3	(2)
How can STDs be contacted?		
Through shaking of hands	20	(12)
Through kissing	31	(19)
Through unsterilized needles and objects	54	(33)
Through blood transfusion	49	(30)
Through child birth	34	(21)
Through sex	85	(51)
How Can STDs be prevented		
Abstaining from sex	75	(45)
Use of condom	96	(58)
Sterilizing of needles and sharp objects	32	(19)
Signs and Symptoms of STDs that you know		
Penile/Vagina discharge	32	(19)
Burning Pain	19	(11)
Genital itching	51	(31)
Abnormal itching	68	(41)
Vagina itching	13	(8)
Loss of weight	28	(17)
Sore on penis/Vagina	37	(22)
Painful Urination	42	(25)
Swelling of the Groin	15	(9)
Infertility	11	(7)

Source: Researcher's Fieldwork, 2014

On knowledge of sexually transmitted diseases among the respondents, table 2 above shows that 66% of the respondents have heard of sexually transmitted diseases before, and 92% know that sexually transmitted diseases can be cured. Similarly, 91% of the respondents know that sexually transmitted diseases can be contacted from a healthy

looking person. Consequently, 20% of the respondents claimed that sexually transmitted diseases can be cured with herbs, while 23% claimed that it can be cured through divine intervention.

As regards their knowledge of sexually transmitted diseases they have heard before, gonnohrea accounted for the highest with 64% which was followed by HIV/AIDS with 50%. The least sexually transmitted diseases heard of by the respondents were Chlamydia accounting for just 2%. Concerning their knowledge on how sexually transmitted diseases can be contacted, sexual intercourse accounted for 51%, This was followed by unsterilized needles and sharp objects with 33% and blood transfusion 30%. However, shaking of hands accounted for the least with 12% of the respondents.

Further figures on table 2 above also revealed knowledge on how STDs can be prevented. The use of condom had the highest respondents with 58% while abstaining from sex followed with 45%. Also, on the knowledge of signs and symptoms of sexually transmitted diseases , 41% identified abnormal itching, while genital itching followed with 31%, painful urination had 25% respondents, while sore on penis and vaginal had 22% and infertility accounted for the lowest with 7% respondent.

Table 3: Sources of information and level of understanding of STDs

Variables	No of Respondents	Percentage
How did you hear about STD		
At home	77	(46)
In School	94	(57)
Peer Group	41	(25)
Over the radio	48	(29)
On the television	43	(26)
On the internet	26	(16)
Newspaper and Magazine	26	(16)
Seminar/ Workshop	35	(21)
In the hospital	59	(36)
How much do you understand the Information on STDs		
Very much	87	(53)
Not so much	62	(37)
I did not understand	17	(10)
Total	166	(100)

Source: Researcher's Fieldwork, 2014

On the source of information of sexually transmitted diseases, 57% of the respondents heard about it from the school. This was followed by home with 46%.The hospital accounted for 36%, while 29% of the respondents heard about sexually transmitted diseases over the radio. However, the internet and newspaper/magazine accounted for the least source of information among the respondents with 16% each. As regards how much they understood the information; more than half 53% of the respondents said they understand it very well, while 10% do not understand it.

Table 4: Socio-demographic variables and General knowledge of STDs known types

Socio demographic Data	Mean+Sd	F/T. test	P-value
Sex			
Male	1.77±0.08	1.922	0.0563
Female	2.06±1.12		
Age group in years			
10-14 years	1.87±0.87	0.505	0.6137
15-19 years	1.95±1.04		
Class			
SSS I	1.87±1.02		
SSS II	1.39±0.59	12.705	0.0001*
SSS III	2.18±0.91		

**significant at 0.05*

Table 4, shows that there is no statistical significant association between sex and age and the knowledge of sexually transmitted diseases. This is because the test of association is statistically not significant $P > 0.05$.Consequently, the table shows that there is a statistical significant association between class of respondents and knowledge of sexually transmitted diseases as the test of association shows a statistical significant relationship $P < 0.05$. This means that age and sex does not really determine the knowledge of sexually transmitted diseases among the students but class do. Result shows that as class increase, their knowledge of STDs also increases.

Discussion:

Results show that adolescents in the study area have a fair knowledge of the sexually transmitted diseases. For example, more than three quarter (79%) of the students have heard about sexually transmitted diseases before, 91% knows that a healthy looking person can have STD, 57% knows that STDs can be treated with drugs, (51%) knows that it can

be contacted through sex and 91% knows that a healthy looking person can have sexually transmitted diseases. This confirms United Nation (2014) (confirm) report on state by state HIV/AIDS Statistics in Nigeria, where Kwara State ranked 30th position out of 36 states.

On the sources of information of sexually transmitted diseases among the targeted population, the school accounted for the highest with 57%. This suggests that the family which is meant to orientate the child is fast neglecting her duties. This corroborates the study done by Olubayo-Fatiregun (2012) on parental attitude towards adolescent sexual behaviour, that parents are shy to educate their adolescents on sex and sexual behaviours.

Furthermore, the indication that internet and newspaper also account for the least source of information of sexually transmitted diseases among the targeted population depicts the study area relatively rural and that the students depicts the study area. This confirms the view of Oladepo & Brieger (1994), Nwimo & Omaka (2007) that rural areas lack modern form of information dissemination equipments including those of sexually transmitted diseases.

Information on table four shows that there is no statistical significant association between sex as well as age and the knowledge of sexually transmitted diseases. This is because the test of association is statistically not significant $P > 0.05$. Further result on table four however, shows a statistical significant association between class of respondents and knowledge of sexually transmitted diseases as the test of association show a statistical significant relationship.

This means that age and sex does not really determine the knowledge of sexually transmitted diseases among the students in the study area but class do. The implication is that as class of students increase, their knowledge of sexually transmitted diseases also increases.

Conclusion and Recommendation

This study has been able to access the knowledge and sources of information of sexually transmitted diseases (STDs) among adolescents in Asa Local Government Area of Kwara State. The study was conducted among SS1, SS2 and SS3 students in three public schools in Ogbondoroko and Laduba towns, namely; Community Secondary School, Ogbondoroko, Cherubim and Seraphim College, Laduba and Ansaru Islam Secondary School, Laduba.

The study concludes that adolescents in Asa Local Government have a fair knowledge of Sexually transmitted diseases (STDs). It suggests that government and relevant organizations should reach out wider to schools and engage in mass enlightenment programmes for students in rural areas in other for them to have adequate knowledge of the problem. It also suggests that parents and the extended family should also intensify their efforts in educating their adolescents on this menace.

References

- Abudu, D.O. & Odugbemi T.O (1985) "Gardenerella Virginitis in Pregnancy". *West African Journal of Medicine*, 4,5-8.
- Ali, M.M., & Cleland J (2005). "Sexual and Reproductive behaviour among Single Women aged 15-24 in Eight Latin American Countries": a Comparative Analysis. *Social Science & Medicine*, 60(6): 1175-1185.
- Arnett, J.J (2007) "Emerging Adulthood: What is it? And what is it good for?" *Childs Development Perspectives* 1 (2) : 68-73.
- Balbin, L. (1993). "Pelvic Inflammatory Diseases". *African Health* 15(3):15-17.
- Centers for Disease Control and Prevention (2009) *Diagnoses of HIV infection and AIDS in the United States and dependant areas*. HIV Surveillance Report, Volume 21.
- Centres for Disease Control and Prevention (2011) Youth Risk Behaviour Surveillance MMWR;61(SS-4)
- Centres for Disease Control and Prevention (2012) *Sexually Transmitted Diseases (STDs). Chlamydia-CDC Fact sheet*. Available at :<http://www.cdc.gov/std/Chlamydia/stdfact-Chlamydia-detailed.htm?mobile=nocontent>.
- Christe, D. & Viner R.(2005) " Adolescent Development" *BMJ*,330(7486): 301-4
- Cooney, E (2010) *Puberty Gap* :Obesity Splits Boys, Girls and organization. Major pubertal and biological changes include changes to the sex organs height, weight and muscle mass, as well as major changes in brain structure and organization..
- Dorn, L.D & Biro F.M (2011) "Puberty and its Measurement" A decade in Review. *Journal of Research on Adolescence* 21(1): 180-195.
- Ebisi, N.T (2012). "The impact of culture on transmission of infectious diseases in Nigeria". The case of Awka South, Anambra State. *African Journal of Social Science Volume 2 number 4 (2012) 173-190 ISSN 2045-8460*. Available at http://SacJournals.Com/do_minets/EB/S/2012.Pdf.
- Erikson, E. (2009) *Ego Psychologist*, PSY 345 lecture notes.
- Gottlieb, S.M., Melchizedex.T. Lehabari et al (1998). "Abortion and Unmet need Contraception in Tanzania" – The role of male partners in Teenage induced Abortion in Da re Salam. In: *Africa Journal of Reproductive Health*. Vol (2): 109-121.
- Hamilton, B.E., Martin J.A., Ventura S.J (2009) *Preliminary data for National Viral Statistics Reports*; 59(3).
- Klan, S., Mishra, V. (2008) *Youth Reproductive and Sexual Health*, DHS Comparative Report, Calverton, MD, USA: Macro International, Inc, No 9.
- Lloyd, C.B. (2005) .Growing up global: *The Changing Transition to Adulthood in Developing Countries*. Washington DC, The National Academic Press.
- Macmillan Dictionary of Students (1981) Macmillan Plan Limited page 14,456.

- Mati, J. (1995). *STD/HIV Screening, diagnosis and treatment within reproductive planning health programme in sub-Saharan Africa*. In issues in Management of STDs in a family planning setting. Workshop proceedings edited by San ghritt and Lewison D. Pp 13-15. Baltimore, MD, J.M.Piego.
- Medline Plus (April 3,2013) "Puberty and Adolescence".
- Mobey, D. (1996) "STD Control: a key issue for productive health". *African Health* 18, 24-25.
- National Population Commission (2006) *Population Census of the Federal Republic of Nigeria*: Analytical Report of the National level, NPC, Abuja.
- Nwimo, I.O & Omaka L.N (2007) Knowledge and Sources of Information on HIV/ AIDs among Secondary School in Imo State, Nigeria. *Journal of International Council for Health, Physical Education, Recreation, Sports and Dance* (ICHPERSD 3(2):46-49.
- Ogunbanjo, B.O. (1989). "Sexually Transmitted Diseases in Nigeria. A review of the Present situation." *West Afr J Med. Jan-March* 8(1):42-9.Available at <http://www.ncbi.nlm.nih.gov/m/pubmed/2486771/>.
- Okonofua, F. (2000) "Adolescent Representative Health In: Africa: The future challenges". In: *African Journal of Reproductive Health*.4 (4) 7-9.
- Oladebo, O. & Brieger W.R (1994) "AIDS Knowledge, Attitude and Behavioural Patterns among University Students in Ibadan, Nigeria". *African Journal of Medicine and Medical Science*, 23(2): 18-25.
- Olubayo-Fatiregun, M.A (2012) "The Parental Attitude Towards Adolescent Sexual Behaviour in Akoko- Edo and Estako- West Local GovernmentArea, Edo State Nigeria". *World Journal of Education*. Vol2.No 6.Available at:www.sciedu.ca/wje.
- Orleans, M. (2011) *Phenomenology*. Available at . <http://sociology.about.com/od/sociological-Theory/a/Social-Phenomenology.htm>
- Planned Parenthood Federation of America (2014).*Sexually Transmitted Diseases*. Available at:<http://www.plannedparenthood.org/health-info/stds-hiv-safer-sex>.
- Planned Parenthood Federation of America (2014). *Herpes*. Available at:<http://plannedparenthood.org/health-info/stds-hiv-safer-sex/herpes>.
- Richard, F.G. (2001) *Knowledge and Attitude of Parents of Adolescents in Oritamefa Baptist Model School towards Family Life Education*. Unpublished M.Ed. Project of the department of Human Kinetics and Health Education, University of Ibadan.
- Robert, M. (2005) *Why Puberty now begins at Seven*, BBC News.
- UNAIDS, (2006). *Reports on the global AIDS epidemic*. Available at www.unaids.org.
- United Nations, (2014) *HIV/AIDS Statistics in Nigeria 2014 State by State Analysis*. Available at <http://www.ngnewspapers.com/hiv-aids-statistics-nigeria-2014state-state-analysis/>

- United Nations Population Fund, (1993). "Parent Education". New York:
- United Nations Population Fund (2003), *State of the World Population: Investing in Adolescents' Health and Rights*, New York: UNFPA.
- Weinstock, H., Berman S., Cates W. (2000). Sexually Transmitted Diseases among American Youth: Incidence and Prevalence estimates. *Perspectives on Sexual and Reproductive Health*; 36(1): 6-10.
- Yarber, W.L & Parrillo A.V. (1992). Adolescents and Sexually Transmitted Diseases. *J Sch Health*.62 (7) 331-8.
- Zukauskaitė, S., Lasiene D., Lasa L., Urbonaitė B., & Hindmarsh P. (2005) "Onset of Breast and Pubic Hair development in 1231 pre-adolescent Lithuanian School girls." *Arch- Dis- Child*. 90(9): 932-6.