



ADULT STERILITY CORRELATES: FEMALES STUDENTS' BEHAVIOR CAUSES OF PELVIC INFLAMMATORY DISEASES: SEXUAL HEALTH IMPLICATION FOR POPULATION GROWTH IN NIGERIA ENVIRONMENT.

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Abstract

This research paper present "adult sterility correlates: female students behavior causes of pelvic inflammatory diseases: sexual health implication for population growth in Nigeria" the population for the study was one thousand five hundred and fifty (1550) female students' drawn from fifty (50) post-primary schools in the central and western senatorial district Kogi state. The instrument used for data collection was a structured validated and reliable. 78r inventory "Sc FSBCOPIDFSHAPGIN". Data gathered was by the researchers and 4 (four) research assistants (sandwich UNAD B.ED (sc) students . information (data) collected was analyzed using spearman ranking order (S-Rho) statistical methods at alpha 0.05 level of significance and 1409 degree of freedom. Based on the results of data analysis and the discussion, it could be concluded as follows.

INTRODUCTION

Population growth in Nigeria over-burdens the verile view of female: indoctrinating the birth of at least six to eight babies per each woman's fertility ages: 12 years-55 years. This demand from native husbands aggravate women's health in all nook and cranies of Nigeria nation. As sokoya (1999:2000) enunciated, a woman (verile and fertile) with a man (verile and fertile) could procreate 10 to 12 babies if the mono-sex babies (girls) dominate births. The male child as Sokoya (1999) reiterated is the pride of both fathers and mothers in Nigeria. Without the birth of male child(s) in Nigeria, the mother (woman in the house: wife). Becomes debased in the presence of the husband and her in-law (with the most problematic: husbands mother). Before 1983, men die before women (husband die before the wife), but according to Babagbalu (2009), the reverse is the case. The reason for women early death dealt with women over boardined sexual (procreational) inability cum deficiency health watch.

May it be crystal clear that the reproductive organs of female and male genders are not properly considered for medical check-up in Nigeria? All itching, scratching, peeling in the vagina, penis are private and are hardly treated unless these organs become untreated uncreated septic; so much so that they (these organs) become non-functioning. Grooming strategies of both male and female in Nigeria, hinder their openness in

complaints of illness, sickness, ailments regarding the sexual organs (Sokoya 1999:2000) and Owojaiye (1994). Whoever lagged in preservation of the name vagina and penis either by words of mouth or action is considered wayward, prostitute; and could be ostracized. Though the alienation may by cynical because as Owojaiye (1991) maintained sexual intercourse is played by old and young as the sun descends to roust. Is it not time that Nigerians focused reproductive health if non-productive men and women be reduced.

Reproductive health in Nigeria had been militated against the nutritive health. This assertion is efficacious considering the manner at which female gender use their vagina (for prostitution, abortion, exhibitionism, urination just and how and/or unmedically approved childbirth). This channel of childbirth demands optimal care. This is because international conference on population and development (1994) believed that reproductive health is a state of complete physical, mental and social well-being, and not merely absence of disease and or infirmity relating to the reproductive system.

Synthesis of L.CP.D (1994)'s view on reproductive health gives the degree of seriousness that the human beings should replace on its function, care, prevention and hygienic state. Careless handling of the pelvic which houses the vagina, uterus, urethra ovarian fimbria could erupt in-effective pregnancy, pre-natal, periperium and

post-natal stages of women. The submissions of international conference on population and development (1994) may have not been perceived by Nigerian females due to the manner at which the teenage pregnancy; abortion and still births prevails.

The behavioral exegeses in reproductive health disease are

1. Contraception use, abortion, pathological sterility, bacterial anorrhea, sexual transmitted diseases (STD), reproductive track, infections (RTI), teenage pregnancy, rape and female genital mutilation (Emeka 2000).

2. Among the reproductive tract infection is pelvic inflammatory diseases. Infertility increases as a woman ages (natural sterility); however, studies have revealed that much of primary sterility (inability to have any children at all) in sub- Sahara African is caused by STDs and RTIs (Caldwell and Caldwell 1998). And gonorrhoea, the most prevalent STD affecting the African population, more women are becoming sterile despite the rate of technologically advanced method of feeding and medical care that should evolve better living and reproductive healthiness of the female gender.

The purpose of this paper is to solve awareness in the female students' psychic on some of their behavioral patterns inimical to their pelvic apparatus's health and this reason for sterility. And that the medical personnel's responsibility for the care and treatment of the pregnant for safe delivery; the sterile and diseases students for proper care, and women of child bearing ages; also, the menopausal stage could be informed of the conditions favourable for pelvic inflammatory diseases among women in Nigeria.

Basic assumption

Nigeria male and females' behaviour cumulate into that engineered pelvic inflammatory diseases as most micro-organism of the sexual organs do not inflict the pelvic through heredity means but by sexual inactions and activities:-

- i. The use of penis and vagina
- ii. The introduction of foreign object into the vagina (IUCD)
- iii. The planting and uprooting pregnancies (abortion)
- iv. And- therefore the introduction of microbes (gonorrhoea, streptococci, anaerobes, syphilis and herpes through coitus).
- v. The female child must be properly groomed to avert act of promiscuity.
- vi. The girls must be indoctrinate to respect themselves' in the religion way (preserve their sexual dignity till they get to their husband house).
- vii. The female child is more scolded enough better them for sexual practices.
- viii. A qualified and certified gynecologist should

handle any sign of pregnancy in the girl child.

ix. Women must remain loyal to their partners (single husband if possible).

x. The government must curtail the excess of the armed robbers' menace.

xi. Women should Endeavour to abide by the hygienic tradition of care of their reproductive organ (cleanliness at toileting, menstrual, sexual intercourse, childbirth, after childbirth, evading abortion) to preserve their vagina, uterus, and fallopian tubes.

xii. Women should create the habit of visiting their gynecologist Avery month for reproductive tract examination to for stall pelvic inflammatory diseases.

xiii. The government should build strong walls or fences around the girl's dormitories in our institutions on Nigeria.

xiv. Strong or stiff punishment should be melted on rapists in Nigeria to go in line with the corporal punishment for arm robber. This is because the feature of female organ is so delicate.

Anatomy and physiology of female organ

The study of anatomy and physiology of female organs in pelvic are in two groups: (1) group A is the external organs and group B is the internal organs. The external organs. The external organs' are vulva labia Minora, major minus, hymen, clitoris and MONS venris (mons pubis). The internal organ consists the uterus, ovaries, fallopian tubes and vaginal (see figure 1 below). All these organs are designed to function uniquely in relationship to human need for pleasure and reproduction (Armstrong 1997). However, these organs has not been adequately protected from damage, cause ill health, disgrace and death (Sokoya 1999). The implied behaviour of promiscuity according to Sokoya (1999) had been blamed on girl in the schools need to exercise a high degree self-control over their parental guidance. To Sokoya, growing girls in the schools need to exercise a high degree self-control over their emotions in order to preserve their body as well as their reproductive rights and functions. Pre-marital sexual intercourse is not the best for any girl. One night with a boyfriend could produce life time of regret.

It has however been observed that many young girls now in hetero-sexual relationships for the following reasons:

- i. Intense pressure from a boyfriend;
- ii. To satisfy sexual desires;
- iii. To satisfy curiosity;
- iv. To express some degree of affection to a boyfriend;
- v. For financial gain;

These intrinsic and extrinsic factors induce the female student into flirting (shorter 1997, Santock Yussen 1992 and Rubstein 1993) most girls in the institutions of learning (secondary school, colleges of education,

polytechnic, university, school of nursing and health technology etc.) assume sex-role of becoming attractive, vivacious, personable, but require the skill for interpersonal hetero-sexual relationship if she survive. Infect flirting (playing at being in love saying and doing things we do not really mean with hearts and creating first and false impression); shorter (1997) asserted, always indulged female humans into unapproved sexual relationship that cause pelvic genital organs disease at the detriment of the female internal and external genital organs which a very delicate, tender and require great care.

Organs in the pelvic girdle

The pelvic organs include uterus, fallopian tubes and ovaries. The uterus serves as the growing house for the baby. The fallopian tube creates the egg in which the conception can be formed and the ovaries are the eggs, which the sperms fertilize (Armstrong 1997 and Mc: Queen 1996). The swallowing of dangerous drugs or objects or substances (being induced or operations) cause delay in conception period after marriage (Sokoya 2000). What with girls who stays on the streets, get picked up by strangers, who get pregnant and never wanted the pregnancy, wouldn't she abort; by several unapproved means/ girls who swallow potash, blue hot drinks, combine nivaquine, codine and other unorthodox concoction, are they are not damaging their pelvic organs responsible for child birth? Some student are observed of suddenly faint in the classrooms, playing grounds, dormitories and toilets. Again, Sokoya (1999:2000) blame these acts on improper parental grooming . The cynicism of girls had been glaring judging from recent south African girl (age 17 years) who delivered a baby while on line for inspection in school. How did she get pregnant for 9 months unnoticed by parent and teachers?

Disease of the pelvic girdle (microbes)

According to Emeka (200), the pelvic inflammatory disease can be caused by Chlamydia, Trachomatics, gonorrhoea, streptococci, anaerobes, Harpes and syphilis among several diseases of the reproductive organs cause by micro-organisms. Again these destructive micro-organism did not get into female student by magic; its either the diseased penis had got into the female students vagina or she was careless toileting. Some girls used their mates pants, underwear, underskirt, and even fairly used tamps during their menstruation period.

Disease of the pelvic girdle (medical flaws).

Further still, pelvic inflammatory diseases (PID) can also cause by illegal induced abortion, childbirth, and

insertion on intra-uterine conceptive device (IUCD), unhygienic inspection of the vagina, incomplete abortion (Emeka 2000).

The pelvic inflammatory diseases are more prevalent in female students (women) aged 17-30 years. Women that are verile in this age group; who are promiscuous: who have several sexual partners; who are likely to have sexual intercourse severally. In men, the pelvic inflammatory diseases are presented as urethra discharge, which is usually a mixture a pus, and mucous in which no specific organism can be found either microscopically or in culture.

Symptoms and signs of pelvic inflammatory diseases.

The incidence of pelvic inflammatory disease is similar in many cases, for diagnosis of acute, pelvic inflammatory disease to be made clinically, the patient must present. According to Agaja and Onawola (2004), the pelvic inflammatory diseases had become so rampant in Nigeria contemporarily due to the rapidity at which the female child grows. Most girls attain sexual maturity too early (say age 8,9,10). And their sexual prowesses are exhibited too early and thus their sexual prowesses are early and thus their sexual involvement, sexual abuse, teenage pregnancy, induced abortion, rape and girl swoop.

Causes of pelvic inflammatory diseases. (Abnormal sexual behavior).

Me. Queen (1996) noted that the pelvic inflammatory diseases ravaging the Nigerian society are predicted on abnormal sexual behaviour. This coitus behavior are found to be against the norms and standard of the society and also against the normal and natural process. This behavior devastated the natural physical, mental, moral, and psychosocial status of the female:-

- Homosexualism i.e. (man to man sexualism).
- Lesbianism (woman to woman sexualism).
- Rape (forced sexual relationship and intercourse).
- Sodomy (unnatural and criminal sexual intercourse between male persons).
- Chronic masturbation.
- Prostitution
- Multiple sexual partners.

Sex maniacs or nymphomaniacs.

The evils revealed in multiple sexual partners as evident in contemporary urge in the armed robbers to rape, swoop females, also contribute to prevailing pelvic inflammatory diseases. In most higher institutions of learning, the dormitories are no safer for the female students' habitation. Also students tend to take

preference in ganging up to defile chaste and not easily succumbing to sexual advances girls in Nigeria (Onawola 2004). This behavior of the armed robbers stimulate into sadism where they have beat, punish or even strangulate their sex partners to achieve sexual satisfaction. Other abnormal sexual behavior is exhibitionism where eunuchs pay sexual virile human to have sporadic sexual intercourse in their presences for their pornographic enjoyment.

Several female are unable to get pregnant. Some get pregnant but loose the pregnancy. Some female have blackish menstruation, some have dysmenorrheal and amenorrhea. Some female do not even perceive the dangers influent in their promiscuous behaviour.

METHODOLOGY.

The research design for thus study was a descriptive survey. The population was one thousand five hundred S.S.S II students purposively and scatifiedly selected from 50 (fifty) secondary school from structured validated and reliable. 92r female students and sexual disease inventory "ASCFSBCOPIIDSHIFPGINE". Data gathered was by the researcher and four (4) B.ED (sc) sandwich degree students; research assistants. Data collected aws analysed using Spwearman ranking order at 0.05 level significance and 1449 degree of freedom.

Table 1: knowledge of female reproductive organs.

S/N	Variables statement /answers (a) vagina (b) hymen (c)urethra (d) hymen (e) clitoris (f)labia majua and labia minus	Right X	Wrong Y	rx	ry	Rx-ry	D2
1.	Where I urinate from my body is -----Ans=c	73949.3	76150.7	2	5	-3	9
2.	Where I will give birth to a baby from my Tommy is -----Ans= a vagina	87958.6	62141.4	1	6	-5	25
3.	The lips of my vagina are called-----Ans=f	27318.1	122981.9	6	1	5	25
4.	The thin layer covering my vagina which cannot be cut unless I do vigorous exercise or ride bicycle is called -----Ans = e	58839.2	91260.8	5	2	3	9
5.	The sensitive organ in my vagina, that can get me arose sexually when touched is called -----Ans = e	69246.1	80853.9	4	3	1	1
6.	If I do not allow a boy to play sex with me, my sex organ of honor that cannot cut is -----bond . Ans = d	71141.4	78952.6	3	4	2	1
Total 70							

Table 2: S-Rho summary on female students' knowledge of reproductive organs

S-Rho calculated	S-Rho critical	Df	Hypothesis @ 0.05	Result
Obtained from the analysis 9.869	Obtained from the table 0.064	P-1 1499	And @ 1499 ^u of freedom Rejected	Female student do not significantly perceive the female reproductive organs

Research hypothesis 2a: Female students do significantly perceive the functions of their reproductive organs

Table 3: Functions of reproductive organs

S/N	Variable statement/answer	Right X	Wrong Y	rx	ry	Rx - ry	D2
1	The ----- are the eggs in my womb. Ans = b	788 52.2	712 47.5	6	2	3	9
2	The ----- create the eggs in which the conception/fertilization can form. Ans = a	811 54.0	689 46.0	1	6	-5	25
3	The ----- serves as the growing house for the baby. Ans = c.	791 52.0	709 48.0	3	4	-1	1
4	The ----- fertile the ovaries for the baby to form. Ans = d.	690 46.0	810 54.0	6	1	5	25
5	Ovaries + sperms result into ----- Ans = e	805 53.3	695 47.0	2	5	-3	9
6	The swallowing/insertion of ----- can cause delay in conception/pregnancy. Ans = f.	789 53.0	711 47.0	4	3	1	1
Total 70							

Table 4: Rho summary on function of reproductive organs

S-Rho calculated	S – Rho Critical	Df	Hypothesis @ 0.05	Result
Obtained from the analysis	Obtained from the table	1	P – And @ 14990 of freedom	
8.713	0.064	1499	Rejected	Female student do not significantly perceive the functions of reproductive organs.

Table 5: reasons for sexual indulgence

S/N	Variable statement/answer Write A for Agreed, B for Disagreed	Right X	Wrong Y	rx	Ry	Rx – ry	D2
1	----- boys pressurize me to play sex with them; if I refuse they beat me	799	701				
	----- sometimes I want to satisfy my sexual desire. I sometime feel like making love to my boyfriend. I am aroused.	53.0	47.0	2	5	-3	9
2		781	719				
		52.0	48.0	4	4	0	0
		720	780				
3	----- I want to test how sex looks like. My elder sisters say it is sweet.	48.0	52.0	5	2	3	9
	----- I always want to show my boyfriend that I love him. Sometime I pity him. I cannot refuse him sex always.	801	699				
4		54.0	46.0	1	6	-5	25
	----- I have to have sex. I need money to care of myself. And my junior ones. And my parents.	678	822				
5		45.0	55.0	6	1	5	25
	----- I want to have sex to get pregnant to punish my mother and father. They do not love me. They do not care for me at all	788	712				
6		53.0	47.0	3	3	0	0
Total 70							

Table 6: S-Rho summary on reasons for sexual indulgence.

S-Rho calculated	S – Rho Critical	Df	Hypothesis @ 0.05	Result
Obtained from the analysis	Obtained from the table	1	P – And @ 14990 of freedom	
9.877	0.064	1499	Rejected	Female student do not significantly perceive the reason for sexual indulgence

Table 7: method of disease infliction

S/N	Variable statement/answer Write A for Agreed, B for Disagreed	Right X	Wrong Y	rx	ry	Rx – ry	D2
1	----- Our house has no toilet. I urinate and pass excreta anywhere I see	699	801				
		46.0	54.0	4	3	1	1
2	----- I once had scratching in my private part. I swallowed agbo (concoction). The scratching went off.	781	719				
		52.0	48.0	4	4	-1	1
3	----- I had played sex before. My boyfriend once complained of itching in his penis	810	690				
		54.0	46.0	2	5	-3	9
4	----- I used my friends (my best friends) pant, underwear, skirts, brazier and pants	823	677				
		55.0	45.0	1	6	-5	25
5	----- I was once pregnant. Did not want the baby. The boy who impregnated me runs away. I aborted the pregnancy.	599	910				
		40.0	60.0	6	1	5	25
6	----- I had undergone family planning after I had an abortion. The doctor put something in my vagina	681	819				
		46.0	54.0	5	2	3	9
Total 70							

Table 8: Rho summary on method of diseases infliction

S-Rho calculated	S – Rho Critical	Df	Hypothesis @ 0.05	@	Result
Obtained from the analysis 9.877	Obtained from the table 0.064	P – 1 1499	And @ 14990 of freedom Rejected		Female student do not significantly perceive the reason for sexual indulgence

Table 9: Concept of pelvic girdle inflammatory diseases

S/N	Variable statement/answer	Right X	Wrong Y	rx	ry	Rx – ry	D2
	(a) Gonorrhea, Syphilis, HIV/AIDS,						
	(b) Lower abdominal pain, fender ness in the abdomen						
	(c) Prostitution						
	(d) Abortion, antilittering contraceptive devices						
	(e) Unhygienic inspection of the vagina						
	(f) Multiple sexual partners						
1	When a girl has sex with ---, she can have pelvic inflammatory diseases, Ans = f	719 48.0	781 52.0	4	3	1	1
2	Attending unqualified (quack) doctors that carry out --- can cause pelvic inflammatory disease. Ans = e.	821 55.0	679 45.0	1	6	-5	25
3	Doing – and – to prevent pregnancy can cause pelvic inflematory diseases. Ans =d	689 46.0	811 54.0	5	2	3	9
4	Having sex for money is called --- that can cause pelvic inflammatory diseases. Ans = c	781 52.0	719 48.0	2	5	-3	9
5	One of the signs of pelvic inflamtory diseases is ---- Ans = b	615 41.0	885 59.0	6	1	5	25
6	Disease of pelvic girdle (vagina, uterus, fallopian tubes) are --- -- -- Ans =a	780 52.0	720 48.0	3	4	-1	1
Total 70							

Table 10: S-Rho summary on pelvic girdle inflammatory diseases.

S-Rho calculated	S-Rho critical	Df	Hypothesis @ 0.05	Result
Obtained from the analysis 9.987	Obtained from the table 0.064	P – 1 1499	And @ 199 ⁰ freedom Rejected	Female student do not significantly perceive the pelvic inflammatory diseases.

RESULT, FINDING AND DISCUSSIONS

Table 1 shows S-Rho summary on female students knowledge of reproductive organs. S-Rho calculated = 9.869; while S-Rho critical = 0.064. the S-Rho: 9.869> S-Rho: 0.064. the stated null hypothesis is rejected at 0.05 level of significance and 1499 degree of freedom. Female students do not significantly perceive the female reproductive organs. Only 46.1% get than aroused sexually when touched is called clitoris. No wonder that

female students easily fal for boys; as many as possible, to be exposed to sexually transmitted disease. Shorter (1997) and Rubstein (1993) detests of the sex-role of striving to become attractive of female students that teasing girls in the erotic zones for them (females) to fall for sex; flirting make females indulge in unapproved sexual inter-course that cause pelvic genital organs diseases.

Table 2 presents S-Rho summary on functions of reproductive organs. The calculated S-Rho: 8.713> S-

Rho:0.064. the stated null hypothesis is rejected at alpha 0.05 level of significance perceive the functions of reproductive organs. Only 53% (789) female students recognized that the swallowing/insertion of drugs, objects, concoctions can cause delay in conception/pregnancy. No doubt, female use drugs, insert objects as contraceptives to prevent pregnancy and thus engage in unwanted, unapproved sexual intercourse that get pelvic inflammatory diseases into them. It is as if Caldwell and Caldwell (1998) had become sorrowful as they had found out that gonorrhoea had rendered majority of our female into childless and unproductive (sterile) mothers in this contemporary ages. How then must health educators teach to advert this sexual malaise?

Table 3 shows S-Rho summary on reasons for sexual indulgence. S-Rho calculated $>$ S-Rho critical (9.877 $>$ 0.064). the stated null hypothesis is rejected of alpha 0.05 level of significance and 1499 degree of freedom female students do not significantly perceive the reasons for sexual indulgence. Majority 54% (801) female students confirmed that they always want to show their boyfriends that the love him. And sometimes, these girls pity their boyfriends. They (girls) find it difficult to refuse their boyfriends sex always. This discovery satisfies Sokoya (1999:2000) assertions that Nigerian girls; just like girls from other nations are fickle minded; and are easily lured for sex. How they wouldn't they be susceptible to pelvic inflammatory diseases; if they have sexual intercourse at every snapping of the fingers. Female students should respect Nigerian (Yoruba) culture of preserving their virginity (unperforated hymen preservation).

Table 4 present S-Rho summary on methods of diseases infliction. S-Rho 9.987 $>$ S-Rho 0.064 (calculated S-Rho $>$ critical S-Rho). The stated null hypothesis is rejected at alpha 0.05 level of significance and 1499 degree of freedom. Female students do not significantly perceive the methods of disease infliction. 54% (810) students complained that they had played six before, and that their boyfriends once complained of itching in their penises. Further still, 46% (699) female students also confessed that their houses had no toilets; so they bend down and urinate and pass excrete anywhere they saw. No wonder then that pelvic inflammatory diseases are replicated the I.C.P.D (1994) that enough degree of seriousness should be placed on care of the reproductive organs to accentuate its function. Careless handling of the pelvic which houses the vagina, uterus, urethra and ovarian fimbria could erupt ineffective pregnancy, pre-natal and periperium.

Table 5 reveals S-Rho summary on pelvic girdle inflammatory diseases (9.987 calculated $>$ 0.064 critical) S-Rho. The study null hypothesis is rejected at alpha 0.05 level of significance and 1499 degree of freedom. Female students do not significantly perceive the pelvic the pelvic inflammatory diseases. 55% (821) female students confirmed that they were attending unqualified (quack) doctors that carried out unhygienic inspection of

the diseases. This discovery negated the anybody can be allowed to inspect, view and examine its nature, structure and function. Owjoiye further remind the students that it is unethical, uncultured to reveal the birth organ except during birth organ except during birth and should be with birth attendants and qualified obstetrics doctors.

CONCLUSIONS

Based on the result of data analysis on the discussions, it could be concluded that

1. 60.8% (912) female students do not recognize the thin layer covering this vagina that cannot be perforated or cut unless they engage in vigorous exercise or ride bicycle or may sex; that is called hymen.
2. 54% (810) female students do not recognize that sperm is the fertilizer that can fertilize the ovaries for the baby to form.
3. 52% (781) female students postulated that sometimes, they want to satisfy their sexual desire, sometimes felt like making love to their boyfriend; when they're aroused.
4. 52% (781) female students confessed that they has once had scratching in their private part and that they swallowed concoction.

RECOMMENDATION

Based on the conclusions drawn, it could be recommended as follows:

1. The health education teachers should be trained and posted to all primary and secondary schools to teach sex education.
2. In churches, mosques, shrines, health educators should teach the anatomy of sex (with full explanations of the organs in the pelvic girdle with the correct mention of the names of these organs; no proverbial or native taboo names).
3. The teachings/sensitization/ preaching of no sex before marriage should be intensified to prevent our female students from engaging in sexual intercourse.
4. Female students should be encouraged by all home economics, integrated science, religious teachers to always visit the hospital whenever they observe itching, scratching, pains, growth or deformities within their vagina, public area or pelvic girdle.
5. All students, especially female students should be allowed to have medical check-up every term till graduation from other primary and secondary schools.

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