

UNIVERSITY OF CAPE COAST

A SURVEY OF ATTITUDE OF ADOLESCENTS TOWARDS
MASTURBATION IN TWO SENIOR HIGH SCHOOLS IN CAPE COAST

PRISCILLA COMMEY-MINTAH

2010

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PRISCILLA COMMEY-MINTAH

Thesis submitted to the Department of Educational Foundations of the Faculty of
Education, University of Cape Coast, in partial fulfilment of the requirements for
the award of Master of Philosophy Degree, in Educational Psychology

MAY 2010

DECLARATION

Candidate's Declaration

I hereby declare that this thesis is the result of my own original work and that no part of it has been presented for another degree in this University or elsewhere.

Candidate's Signature:..... Date:.....

Name: Priscilla Commey Mintah

Supervisors' Declaration

We hereby declare that the preparation and presentation of the thesis were supervised in accordance with the guidelines on supervision of thesis laid down by the University of Cape Coast.

Principal Supervisor's Signature:..... Date:.....

Name: Mr. Koawo Edjah

Co-Supervisor's Signature:..... Date:.....

Name: Dr. Emmanuel Kofi Gyimah

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ABSTRACT

The study was conducted to investigate the attitude of male and female adolescent towards masturbation in two Senior High schools in Cape Coast. Second year students of St Augustine's College were randomly selected to represent male second cycle institutions, while Holy Child Senior High represented the female institutions. The research design used for the study was descriptive survey. A total sample of 160 students was selected for the study, 80 from each school. The instrument used for gathering data from the schools was a questionnaire. The Cronbach's Alpha coefficient for reliability text was .814.

The finding revealed that adolescents have relatively positive attitude towards masturbation despite the moral implications, myths, and threats and taboos that some societies hold about masturbation. Even though both males and females admitted that masturbation is common among adolescents, more males than females are sure that masturbation, like any other habit, once acquired can be stopped.

The recommendations included the need to give profound attention to methods of dealing with masturbatory activities that give rise to needless anxiety and fear in some adolescents that makes them masturbate in secret; therefore creating guilty feelings in some of them. Attention should also be given to attitudes toward masturbation reflected and influenced by modern concepts of childhood, adolescence and adolescent growth and psychological development.

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DEDICATION

To all females who can admit boldly that, they have had solitary masturbation before and stopped at certain point in their lives as they grew.

TABLE OF CONTENTS

	Page	
DECLARATION	ii	
ABSTRACT	iii	
ACKNOWLEDGEMENTS	iv	
DEDICATION	v	
LIST OF TABLES	x	
CHAPTER		
ONE	INTRODUCTION	1
	Background to the Study	1
	Statement of the Problem	7
	Purpose of the Study	9
	Research Questions	10
	Hypotheses	10
	Significance of the Study	10
	Delimitation of the study	11
	Limitations of the study	12
	Definition of Terms	12
	Organisation of the study	13
TWO	REVIEW OF RELATED LITERATURE	15
	Psychoanalytical Theory and Masturbation	15
	Classical Conditioning Theory	19
	Operant Conditioning Theory	21

Cognitive Theory of Learning	23
Social Learning Theory	26
Self-Concept Theory	27
Basic Assumptions regarding Self-Concept	31
Sexual Script	33
Reiss's Sociological Theory of Sexuality	39
Characteristics of Adolescence	42
Adolescents and Masturbation	45
Techniques of Masturbation	47
Female Masturbation Techniques	48
Male Masturbation Techniques	50
Attitude towards Masturbation	52
Causes and Effects of Masturbation	58
Summary of Literature Review	62
THREE METHODOLOGY	65
Research design	65
Population	67
Sample and Sampling technique	67
Instrumentation	68
Pilot Test of Instrument	69
Data Collection Procedure	70
Data Analysis	71
Analyses of Background Data	71

FOUR	RESULTS AND DISCUSSION	74
	Analyses of research questions	
	Research Question 1: what knowledge has the adolescent male and female on masturbation?	74
	Research Question 2 : what are the sources of Information for a adolescent male and female on masturbation?	77
	Hypothesis 1: there is no significant difference between male and female adolescent attitudes towards masturbation.	80
	Hypothesis 2: there is no significant difference between male and female adolescent masturbatory practices.	86
	Hypothesis 3: there is no significant difference between male and female adolescent masturbatory practices and self-concept	88
FIVE	SUMMARY, CONCLUSIONS AND RECOMMENDATIONS	91
	Summary	91
	Findings	92
	Conclusions	93

Recommendations	93
Suggestion for Further Studies	94
REFERENCES	96
APPENDICES	107
I: Pilot Questionnaire for Students at Senior High Schools	107
II: Main Questionnaire for Students at Senior High Schools	112
III: Application for an Introductory Letter	116
IV: Introductory Letter from Department	117
V: Application for Permission to Undertake a Research Study	118

LIST OF TABLES

Table	Page
1. Gender determination of respondents	72
2. Age Distribution	72
3. Adolescent Knowledge on Masturbation (in percentages)	75
4. Adolescent Responses to Source of Information on Masturbation	78
5. Adolescent Male and Female Masturbatory Practices	81
6. Adolescent Male and Female Masturbatory Practices	82
7. Frequency of Adolescent Masturbatory Practices per Week	85
8. t-Test Comparison of Adolescent Male and Female attitude towards masturbation	86
9. t-Test Comparison of Adolescent Male and Female Self Concept and their Masturbatory Practices	89

CHAPTER ONE

INTRODUCTION

Background of the Study

The term adolescence typically refers to the socially defined period during which an individual adjusts to the physical, emotional and social changes associated with the transition from childhood to adulthood (Sanders, 2004). Adolescence represents a psychological transition from the behaviour and attitudes of a child to the behaviour, attitudes and responsibilities of an adult (Hyde & Delamater 1997). Adolescence is the period of one's life during which one develops from being a child into an adult (Sinclair, 1992). Adolescence, a transitional period between childhood and adulthood, has seen various choices in addressing its definition. Adolescence may be defined in biological terms. In that case adolescence begins with the onset of puberty (with sexual maturity and readiness to reproduce) and ends with the end of physical growth, usually late in the teen years (Bancroft & Reinisch, 1990).

Others who may see it on a psychological perspective approach adolescence as the development of cognition, feelings and behaviour that characterise adolescence. Those who may consider adolescence from a social perspective may examine the role of adolescents in the society (DeAnda, 1995). Actually, be it biological, psychological or social, an adolescent may be seen as a

young person between the ages of twelve and twenty. DeAnda (1995) reconceptualised Freudian psychoanalytical theory and claims that normal adolescence involves the experience of all sorts of difficulties of adjustments.

In fact adolescents the world over have biological and tissue needs like hunger, activity, thirst, sex among others. Sex needs appear to be the most crucial and challenging of the needs the adolescents encounter. Myers (2001) citing the works of earlier theorists like Hall (1904) and Freud (1933) in describing adolescents sexual behaviour emphasized that the kinds of sexuality that is awakened in the adolescent results in increased nervous excitement, anxiety and other personality disturbances.

During adolescence, integration of various physical changes, such as sex drive, adult physique, and social role changes, such as expected adult behaviour and one's role in peer groups greatly account for the adolescent exploration of sexual anxieties. Sexual thoughts, feelings, and behaviours, present throughout life, are often accentuated during adolescence According to Myers (2001) adolescence begins with puberty, the time when one is maturing sexually. Puberty provides visible, undeniable evidence of physical maturity, obvious maleness or femaleness, and the ability to reproduce.

According to Hamburg (1997), most adolescents progressing through puberty, are intensely aware of physical changes, and concerned about any changes which they perceive as "abnormal". They tend to exaggerate and worry about physical symptoms, although they may have difficulty verbalizing their concerns. Adolescents have rapid wide mood swings, become easily upset and

emotional, and alternate between extreme cooperation and extreme resistance to adult guidance. Hamburg (1997) further stresses that socially, adolescents form close friendships with peers and may experiment a number of things out of curiosity. Sexually, as pubertal events occur, adolescents may (re)discover masturbation; a pleasurable self-stimulation of one's sexual organs to achieve satisfaction and may be practicing it with varying frequency especially when adolescents learn about varieties of sexual expressions. The word masturbation is believed to derive from either the Greek word *mezea* (penises) or the Latin *manus* (hand) and the Latin *turbare* (to disturb) literary meaning to disturb the penis with the hand.

A competing etymology based on the Latin word *stuprare* ("to defile with the hand") is said by the Phillips (2008) to be an old conjecture which means the manual excitation of the sexual organs, most to the point of orgasm. It can refer to excitation either by oneself or by another (mutual masturbation), but commonly refers to such activities performed alone, it is part of a larger set of activities known as autoeroticism, which also includes the use of sex toys and non-genital stimulation.

Masturbation is a practice among some adolescent males in boarding schools to take pillows as their 'lovers' and in their deep fantasies rub their penis on the pillow to achieve orgasm. Some openly joke about masturbation using jargons to refer to masturbation. In other cases, some boys may masturbate in groups in bathrooms whereas some girls also fantasise scenes from pornographic films and masturbate secretly. Udry (1998) reports that, by the end of

adolescence, two-thirds of young girls and almost all boys would have masturbated to orgasm. Ahmad (2004) resonates the fact that there is hardly any young man who does not masturbate at one time or the other. These reports makes understanding the role of masturbation in the growth process essential for understanding normal development since masturbation may begin in infancy. Ponton (1997) stressed that masturbation starts from infancy. He indicates that the infant, as a first step toward mastery of himself and his environment, begins to explore the world about him. Naturally, his own body – fingers, arms, legs, and eventually, the genitals – provides a ready source of manipulability objects. He further indicated that early selection of the genitals for exploration is random, but the pleasurable sensation is for the infant a new way of experiencing his body. His interest, however, is transient as other aspects of the world claim his attention.

In time, however, the infant learns that his genitalia will consistently provide him with pleasurable sensations. Since the genitalia are always available, masturbatory activity may then become a substitute for other delayed satisfactions, or it may be used to soothe it. Some primitive cultures have recognized this soothing effect and have utilized masturbations in getting an infant to sleep. Others recognize masturbation as the first behavioural link in the process of reproduction, and Hofling and Leininger in Brooks (1995) noted that such activity is not only physically harmless in itself, but it is of definite survival value for the human species. Freud (1904) in Fullard, Johnson and Lief (1998) recognises that everyone masturbates before achieving full maturity though most people are always shy to confess this clear fact.

Walfish and Myerson (1980) have it that attitudes towards masturbation vary widely across cultures. Some societies tolerate and encourage masturbation during childhood and adolescence whereas others condemn the practice at any age. Almost all human societies express some disapproval of adult masturbation, ranging from mild ridicule to severe punishment. Gelbal and Duyan (2006) in reviewing opinions concerning the morality of masturbation stressed that an emerging consensus views the moral malice of masturbation as a substantial inversion in an order of great importance. Correctly, they add that throughout Christian tradition, every act of masturbation was regarded as gravely and intrinsically evil, and if performed with full knowledge and consent, it was considered a mortal sin.

In response to objections on masturbation, DeAnda (1995) has it that, masturbation is not a grave moral disorder in certain circumstances. Adolescent masturbation is given as one of the circumstances. The response is that the Catholic Church has always acknowledged that circumstances alter cases, and that there are degrees of responsibility in the different kinds of masturbation. However, the Church holds that the act of masturbation remains objectively seriously wrong. According to Ahmad (2004), masturbation during the daytime of Ramadan breaks the fast, based on the Hadith that a fasting Moslem gives up eating, drinking and sexual desire for the sake of Allah. It is the belief of Islam that masturbation does invalidate the fast and anyone who does it during the period of fasting would be violating the sanctity of the month of Ramadan.

According to Dryfoos (1998), most of the feelings on masturbation arise

from religious or cultural taboos and traditional beliefs on sexual behaviour and practices. Discovery of masturbation in an older child may result in direct disapproval expressed in the common folklore or the society; for example, threats that it will lead to mental illness, permanent physical damage, or to transient conditions such as “eye trouble” or acne. Dryfoos (1998) adds that threats of castration or isolation and other types of punishment are also used to prevent masturbation. These methods of dealing with masturbatory activity he emphasised, give rise to needless anxiety and fear in many adolescents; this notwithstanding, when the disapproved behaviour is continued in secret, guilt may occur thereby lowering one’s self esteem.

More than sixty-five years ago, an English Sexologist, Havelock Ellis, wrote that the study of auto-erotism (masturbation) is far from being an unimportant or merely curious study (De Anda 1995). Among other things, the importance of such a study lies in the fact that for two centuries before 1914 many of the best-informed and respected medical authorities laboured under the belief that masturbation among children and adolescents caused myriad ills ranging from acne to homicidal insanity Leitenberg, Deitzer and Srebnik (1994). In their effort to prevent or cure what doctors and parents, call self abuse they used a variety of mechanical devices that alternately astound the modern reader. The question one may ask is how could parents and doctors dedicated to the healthy upbringing of children be so mistaken in their understanding of masturbation and so brutal in stamping it out? Perhaps, if reasons are found to the following questions the anxiety and guilt feeling associated with masturbation may be

limited.

In the Ghanaian context, masturbation is frowned upon and, therefore most adolescents who engage in it have feelings of guilt of doing something they have been made to believe is bad. The researcher has observed that, in some Ghanaian homes some parents are so conditioned that the word masturbation arouses disgust and anxiety. Invariably, the mother or other significant persons react with anxiety, alarm, or anger when they discover a baby touching his genitals. The baby's hands are removed from his genitalia, or slapped; disapproval is expressed verbally or nonverbally. Repetition of such patterns over a period of time may cause the infant to remove genital sensations from his awareness, leaving an important aspect of himself denied to him.

Ponton (1997) citing Brooks (1967) is of the view that even when there is no overt attempt to stop masturbation, the mother's anxiety is communicated to the infant by means of empathy, producing in him a corresponding feeling of discomfort. If the anxiety level of the mother is high, the behaviour that elicited the anxiety may be dissociated, or pushed from awareness, by the infant. In spite of this, some children grow into adolescence and continue to practice it. This makes masturbation a very sensitive area, which needs to be discussed by parents, teachers and religious organization to help the adolescent make informed choice regarding their own sexuality for proper adjustment and change.

Statement of the Problem

Masturbation is not a topic frequently discussed either in families or at school. Threats that, masturbation leads to mental illness, permanent physical

damage, transient conditions such as “eye trouble” or acne have led to the fact that masturbation is bad or dirty. However, Abramson and Mosher (1975) contend that, there is some evidence in adolescents that suggest there is a link between the report of masturbation and positive self-esteem. One may speculate that adolescents who have a better understanding of themselves and those who are more comfortable with their self-esteem masturbate (Abramson & Mosher, 1975). Despite the wide reporting of masturbation particularly among adolescent males (Abramson, 1973, Arafat & Cotton, 1974; Hunt, 1974; Miller & Lief, 1976), societal and religious taboos against this behaviour have remained strong. Such taboos have been maintained in spite of the fact that many researchers and clinicians contend that masturbation is beneficial to self-exploration, definition of body image, and setting of ego boundaries (Adam & Lohrenz, 1970; Eissler, 1958; Najera, 1964). In the view of DeMartino (1979), not only do almost all sexologists view masturbation in a basically positive light, but there are some who believe that its lack of use may be associated with the presence of emotional problems. Mosher’s (1979) contend that, several authors have acknowledged the importance of human sexuality courses in developing positive sexual attitudes (Giroux & Bicknell, 1973; Hurster, 1970; Juasky, 1972).

In spite of all these findings and the general agreement among educators that the effective component of attitudes and values need to be included in any curriculum (Eisner, 1974; Fleck, 1975; Rubin, 1974), results of research on the effects of sex education have been inconsistent with regard to which components of sexual attitudes were or were not to be included. Also, little research has been

conducted with high school age students or aimed specifically at looking at attitudes toward masturbation. It is against this background the researcher would want to find attitude of adolescents towards masturbation in the Cape Coast Metropolis.

Purpose of the Study

It is very important to find out whether the adolescent masturbates because he or she is exposed to sexually explicit material and the ease of access to pornography. Is masturbation simply a part of normal sexual development that occurs in adolescence therefore everyone indulges in it as some point in life? Does the adolescent masturbate because of exchange of information among their peers, which creates adventures into it? Or the adolescent resorts to masturbation because of fear of contracting sexually transmitted diseases or for the fear of impregnating or caring pregnancy or the lack of confidence and courage in reaching out to the people of the opposite sex? Has the adolescent a different attitude on masturbation despite the moral implications, myths, and threats and taboos some societies hold about masturbation? Or most probably the method of dealing with masturbatory activities has given rise to needless anxiety and fear in some adolescents that makes them masturbate in secret; therefore creating guilty feelings in some of them.

1. Given these, the objectives of the study were to investigate:
2. Adolescents' knowledge on masturbation.
3. The sources of information for adolescent male and female on masturbation.

4. The attitude of male and female adolescents towards masturbation.
5. Male and female adolescent masturbatory practices.
6. Whether masturbatory practices affect the self-concept of male and female adolescents.

Research Questions

The following research questions guided the study:

1. What knowledge has the adolescent male and female on masturbation?
2. What are the sources of information for adolescent male and female on masturbation?

Hypothesis

The following null hypotheses were adopted for the study:

- H₀: There is no significant difference between male and female adolescent attitude towards masturbation.
- H₀: There is no significant difference between male and female adolescent masturbatory practices.
- H₀: There is no significant difference between male and female adolescent masturbatory practices and their self-concept.

Significance of the Study

This study seeks to emphasise healthy rather than problematic aspect of adolescent sexuality as a central and positive part of the total wellbeing of the adolescent. It is anticipated that the findings of the study will help inform teachers, parents and counsellors about adolescents' attitude towards masturbation. This will intend help the adolescent male and female to (re)discover

their sexual sensation without excessive anxiety or guilt. By this, they will get to know their attitude in relation to perception of parents and the society at large. It will also help parents and teachers to find ways to help children meet society's expectation, of leaving a chaste life, without threats, misinformation and severe disapproval.

It therefore goes without saying that, the results of this study will inform parents and teachers in particular about adolescent male and female masturbatory practices. It will also help them identify where they get their information from and the attitude of the adolescent male and female towards masturbation. This will guide parents and teachers to use appropriate measures in dealing with adolescent male and female masturbatory practices and not using crude means that will bring psychological problems on the adolescent sexual behaviours.

Again the finding in this case study will provide stakeholders in education relevant suggestions as well as empirical evidence that may provide intervention and enrichment programme regarding the adolescents and their sexuality in future. Also, educational psychologists and counsellors may interpret these findings cautiously so that future attentions will emphasise rigorous study on self-esteem in relation to adolescent masturbatory practices. It is hoped that this study has contributed to the insight in these respects.

Delimitation of the Study

The study is committed strictly to finding out the attitude of adolescent male and female towards masturbation and not passing any moral judgment on the adolescents' masturbatory practices.

Limitation of the Study

Even though the research guaranteed confidentiality, anonymity and non-traceability of respondents' responses, the sensitive nature of the questionnaire led to some respondents especially females not completing particular items on the questionnaire (Appendix 2). The researcher observed that female respondents especially were jittery and somewhat reluctant to disclose private matters therefore some items on the questionnaire (Appendix 2) were not answered. Perhaps the lack of confidence among females in the filling of the questionnaire may be due to religiosity and the way the Ghanaian society in particular treat sexual issues regarding females.

Definition of Terms:

Adolescent: A young person between the ages of twelve and twenty.

Adolescence: A transitional period between childhood and adulthood.

Autoeroticism: Sexual self-stimulation; masturbation is one example.

Erection: An enlargement and hardening of the penis, which occurs during sexual arousal.

Erotica: Sexually arousing material that is not degrading to women, men, or children.

Hormones: Chemical substances secreted by the endocrine glands into the bloodstream.

Masturbation: Self-stimulation of the genitals with the hand or some object.

Orgasm: An intense sensation that occurs at the peak of sexual arousal is followed by release of sexual tension.

Pornography: Sexually arousing art, literature or films.

Puberty: The period of time during which the body matures from that of a child to that of an adult capable of reproducing.

Organisation of the Study

The study examined the attitude of the adolescent towards masturbation in two senior high schools in Cape Coast. The study was developed in five chapters. The first chapter was an introduction to the study. It considered the background of the study, statement of the problem, objectives of the study, research questions, hypotheses, and the significance of the study, delimitations, limitations and definition of terms.

Chapter two, review of literature, focused on theoretical and empirical evidence of the study. It reviewed literature on sub topics such as the psychoanalytical theory and masturbation, learning theories, masturbation, techniques of masturbation, attitude towards masturbation, and causes of masturbation and effects of masturbation.

The third chapter dealt with the methodology used for the study. It considered the research design, the population, sample and sampling procedure. It also looked at the designing and administration of the instrument used for the study. The chapter finally described the procedure adopted in collecting data and how the data collected was analysed.

The fourth chapter, results and discussion, analysed and discussed the data collected from the two schools. The research questions and hypotheses were used in analysing the data. The last chapter, chapter five considers the summary,

conclusions, recommendations and suggestions for further studies.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

The chapter focuses on the theoretical and empirical literature reviews of the study. Theoretical review dealt with what other theorists have written about masturbation. The empirical review dealt with studies that have been conducted on masturbation and sexuality.

Under theoretical review the following theories were looked at;

Psychoanalytical theory and masturbation,

Classical Conditioning theory and masturbation,

Operant Conditioning theory and masturbation

Social learning theory and masturbation

Self-concept theory and masturbation.

Sexuality and Social Script

Reiss's Sociological views on Sexuality

Psychoanalytical Theory and Masturbation

Freud's psychoanalytic theory has been one of the most influential of all psychological theories. Psychoanalytic theory sees sex as one of the key forces in human life. Freud (1958) described the human personality as divided into three major parts; the id, the ego and the Superego. He explained them as; the id is the

basic part of personality and it is present at birth. It is the reservoir of psychic energy and contains the instincts. While the id operates only on the pleasure principle and can thus be pretty irrational, the ego operates on reality principle and tries to keep the id in line. The aim of the super ego that is the conscience is to inhibit the impulses of the id and to persuade the ego to strive for moral goals rather than realistic goals.

Lerman (1986) and Millet (1969) in reviewing Freud's stages of psychosexual development opine that Freud believed that every child passes through a series of development. In each of these stages, a different erogenous zone is the focus of the child's survival. Lerman (1986) paraphrased Freud's stages of psychosexual Development as follows;

The first stage, lasting from birth to about one year is the oral stages. A child's chief pleasure is derived from sucking and otherwise stimulating the lips and the mouth. The second stage, which occurs approximately during the second year of life, is the anal stage. During this stage, the child's interest is focused on elimination. The third stage of development lasting from age three to perhaps age 5 or 6 is the phallic stage. A boy's interest at this stage is focused on his phallus (penis) and he derived great pleasure from masturbating.

According to Freud (1958), perhaps the most important occurrence in the third stage is the development of the Oedipus complex, which derives its name from the Greek story of Oedipus, who killed his father and married his mother. In the Oedipus complex, the boy loves his mother and desires her sexually. He hates his father, whom he sees as a rival for the mother's affection. He added that the

boy's hostility toward his father grows, but eventually he comes to fear that his father will retaliate by castrating him - cutting off his prized penis. Thus, the boy feels castration anxiety. Eventually the castration anxiety becomes so great that he stops desiring his mother and shifts to identifying with his father, taking on the father's gender role and acquiring the characteristics expected of males by society. Freud (1958) considered the Oedipus complex and its resolution to be one of the key factors in human personality development.

On the other hand, Freud (1958) has it that as might be expected from the name of this stage, girls will have a considerably different, and much more difficult, time passing through it, since they have none of what the stage is all about. For a girl, the phallic stage begins with her traumatic realization that she has no penis, perhaps after observing that of her father or her brother. She feels envious and cheated, and she suffers from envy, wishing that she too had a wonderful wand. (Presumably, she thinks her own clitoris is totally inadequate, or she is not even aware that she has it.) She believes that at one time she had a penis but that it was cut off, and she hold her mother responsible. Thus, she begins to hate her mother and shifts to loving her father, forming her version of the Oedipus complex, sometimes called the Electra complex. Hyde and DeLamater (1997) commenting on Oedipus complex wrote that a girl's incestuous desires for her father result from a desire to be impregnated by him, to substitute for the unobtainable penis.

Unlike the boy, the girl does not have a strong motive of castration anxiety for resolving the Oedipus complex; she has already lost her penis. Thus, the girl's

resolution of the Electra complex is not as complete as the boy's resolution of the Oedipus complex, and for the rest of her life she remains somewhat immature compared with men. Following the resolution of the Oedipus or Electra complex, children pass into a prolonged stage known as latency, which lasts until adolescence. During this stage, the sexual impulses are repressed or are in a quiescent state, and so nothing much happens sexually. Hyde and Delamater (1997) postulated that this stage is one of the weaker parts of Freudian theory, because it is clear from the data of modern sex researchers that children do continue to engage in behaviour with sexual components during this period. They observed that with adolescence, sexual urges reawaken, and the child moves into the genital stage. During this stage, sexual urges become more specifically genital, the oral, anal, and genital urges all fuse together to promote the biological function of reproduction. Sexuality becomes less narcissistic (self-directed) than it was in childhood and is directed toward other people as appropriate sexual objects.

Roth and Brooks-Gunn (2000) have found that genital self-stimulation and gratification still occur during latency in both boys and girls, but they are relatively less obvious than at other times in the life cycle. Boys will stimulate their penis directly, and girls will stimulate their clitoris manually or by rubbing their genital region against objects.

Cochran and Beeghley (1991) emphasized that masturbation to orgasm is physiologically possible at this age, although males are not capable of ejaculation until they reach puberty. As adolescents sexual urges reawaken, the adolescence

moves into genital stage. During this stage, sexual urges become more specifically genital. Roth and Brooks-Gunn (2000) have it that a surge of sexual interest occurs around puberty through adolescence, which is equated roughly with Freud genital stage of psychosexual development. This heightened sexuality may be caused by a number of factors including bodily changes, self awareness, rises in levels of sex hormones and increased cultural emphasis on sex and rehearsal of adult gender roles. Given the above premise it goes without saying that masturbation may occur at any age. Toddlers, preschool children, and adolescents may naturally seek sensual pleasure by manipulating their penile or vaginal area.

Classical Conditioning Theory

Classical Conditioning is a concept usually associated with the work of the Russian Scientist Ivan Pavlov (1849-1936). Even though, Pavlov originally experimented his work on animals its significance can be related to humans. Classical Conditioning is the learning process in which a previously neutral stimulus (conditioned stimulus) is repeatedly paired with an unconditioned stimulus that reflexively elicits an unconditioned response. In other words, the process of learning that occurs in classical conditioned takes place when a new stimulus, the unconditioned stimulus (CS for example the sound of a bell) repeatedly occurs paired with the original unconditioned stimulus (food). Eventually the Conditioned Stimulus itself will evoke the response. Given the above premise, one salivates in response to the sight or smell of food, blinks in response to someone poking a finger in one's eye or experiences sexual arousal in

response to stroking one's inner thigh.

According to Pavlov, (1927) an unconditioned stimulus (US for example, appealing food) automatically, reflexively elicits an unconditioned response (UR for example salivation). After this happens many times, the unconditioned stimulus (ringing bell) can eventually be presented without the unconditioned stimulus (food) and will evoke the original response, now called the conditioned response (CR, Salvation).

In respect of the above, supposing a girl's first serious boyfriend in the university always wears a particular aftershave (conditioned stimulus -CS) when they go out. As they advance in their sexual intimacy, they have many pleasant times where the boy strokes her thighs and other sexually responsive parts of her body and she feels highly aroused (unconditioned response-UCR), always with the aroma of the aftershave in her nostrils. One day she enters a store full of strangers and smells the scent of the aftershave, she instantly feels sexually aroused, and rushes home to masturbate without the boy friend.

From the point of view of classical conditioning, this makes perfect sense, although the girl may wonder why she is feeling so aroused, the thigh-stroking and sexy touching (unconditioned stimulus-US). Her arousal was the unconditioned response (UR). The aroma of the aftershave, the CS, was repeatedly paired with the US. Eventually, the aftershave aroma occurred by itself, evoking arousal, the conditioned response (CR).

According to McGuire (1995) masturbation result from classical conditioning, in which learned associations of lonely places or bathrooms are

connected with sexual arousal and orgasm. In some cases a single trial might serve to cement the association. In masturbation, Templeman and Stinnet, (1991) claim that a person becomes sexually fixated on some object other than another human being and attaches great erotic significance to that object.

In extreme cases however, Templeman and Stinnet (1991) emphasized that the person may be incapable of becoming aroused and having orgasm unless the associated object is present.

With respect to classical conditioning, therefore, it is worth considering that thought, feelings and even objects can be associated with a particular event in one's life to the extent that, event may naturally trigger the occurrence of a given event. Thus, an adolescent who has associated quiet moments with masturbation may masturbate anytime he or she finds him or herself alone.

Operant Conditioning Theory

Operant Conditioning is a concept that is often associated with the psychologist B. F. Skinner. According to Skinner (1956) operant conditioning refers to the process of changing the frequency of behaviour (the operant) by following it with reinforcement (which will make the behaviour more frequent in future) or punishment which should make the behaviour less frequent in future.

If a reward follows, the person will be likely to repeat the behaviour again in the future; if a punishment follows the person will be less likely to repeat the behaviour.

Given the above premise, an adolescent may masturbate (the operant). This practice may be followed by a reward (positive reinforcement) or a

punishment. If a reward follows (enjoyable feeling or peers approval) the adolescent will be likely to repeat the practice in future. If a punishment (severe spank from parents or teachers) follows, the adolescent will be less likely to repeat the behaviour. In this case, masturbation will be repeatedly associated with a punishment (pain), and so the behaviour becomes less frequent or extinct with time. For example, if a girl repeatedly experiences pain when she has sexual intercourse, she will probably not have sex at all because of the pain (punishment). She may therefore resort to or may masturbate permanently.

Another principle of operant conditioning, according to Anderson(1983) that is useful in understanding sexual behaviour holds that consequences, whether reinforcement or punishment, are most effective in shaping behaviour when they occur immediately after the behaviour. The longer they are delayed after the behaviour has occurred, the less effective they become. Anderson (1986) gave an example of a boy who feels very guilty whenever he masturbated therefore lowering his self esteem. The guilt feeling he feels immediately he engages in masturbation may in time help eliminate the masturbatory behaviour. McGuire (1995) stress that, reinforcement or punishment, are most effective in shaping behaviour when they occur immediately after the behaviour has been committed. Thus, the longer they occur after behaviour has occurred, the less effective they become. This, notwithstanding, punishment especially may not be at all good for shaping behaviour. An example is how parent punish children for masturbating, yet most of those children continue to masturbate, perhaps learning instead to do it under circumstances such as in a bathroom with the door locked in which they

are not likely to be caught.

In conclusion it is important to note that where as psychoanalytic theorists believe that the determinant of human behaviour occur in early childhood, particularly during the Oedipal Complex period learning theorists, in contrast believe that sexual behaviour can be learned and changed at any time in the life span – in childhood, in adolescence, in young adulthood, or later (Gagnon 1990). However, the understanding of what causes certain Sexual behaviour and how to treat people with sex problems will make the distinction between the theories have important implication (Hyde & Delamater, 1997).

Cognitive Theory of Learning

Cognitive psychologists believe that it is very important to study peoples' thoughts - that is, the way people think and perceive. Piagets (1952), theory of Cognitive development, concerns the emergency and acquisition of schemata - schemes of how one perceives the world - in “developmental stages”, times when children are acquiring new ways of mentally representing information believed that intelligence was not gained with age and that younger children were not dumber than their older peers, but those they merely thought differently. His theory of cognitive development was a progressive reorganization of mental processes as a result of maturation and experience.

Piaget (1952) based his theory of development on four stages that are accompanied by age ranges by which each stage should be accomplished. The first of the four stages is the sensory motor stage, which ranges from birth to age two. During this stage infants learn mostly through trial and error. Objects and

events can be mentally represented generally signals the transition to the next stage, the preoperational stage.

The preoperational stage occurs from around two to age seven. In this stage the children begin to mentally present events and objects, as well as engage in symbolic play. The next stage, the concrete operational stage, is where children gain the ability to understand and participate in conservation, the meaning of numbers, area, volume, and orientation, as well as learning the concept of reversibility. This range from the age of seven to just around eleven years old brings the child to the next stage. The formal operational stage is an open-ended stage, which begins at age eleven, and can go on from there. As the adolescent enters this stage, they gain the ability to think in an abstract manner, classify, and combine items in a more sophisticated way. It is during this stage that the child develops the ability for higher-level order and reasoning.

The adolescent can develop masturbatory practice as a higher-level order and reasoning. Adolescence is the stage in life where one's sexual drive is high and needs more self control to overcome it. The adolescent may also happen to be under strict supervision of parents and may not get the opportunity to satisfy their sexual desires. A higher-level order to satisfy this desire will be to masturbate. On the other hand where there is freedom to enjoy sex, the fear to be pregnant on the part of girls or get a girl pregnant on the part of boys also calls for masturbation. In all these, masturbation becomes the best thought to satisfy oneself sexually. Cognitive psychology is increasingly being applied in understanding human sexuality (McAdam, 1986). A basic assumption is that what we think influences

what we feel. If we think happy, positive thoughts, we will tend to feel better than if we think negative ones. They correctly add that therapists using a cognitive approach believe that psychological distress is often a result of unpleasant thoughts that are usually not tuned to reality and include misconceptions, distortion, exaggerations of problems, and unreasonably negative evaluations of event.

To Piaget (1952) and other cognitive psychologists, how we perceive and evaluate a sexual event makes all the difference in the world. For example, suppose that a boy engaged in masturbation with his peers and does not get an ejaculation. Starting from that basic event, his thoughts might take one of two directions. In the first, he may think that it is quite common for boys in his age group (12-14) not to ejaculate every time they have sex; this happens to him a few times, once every two or three weeks, and it's nothing to worry about. In the second possibility, he began masturbating almost every day thinking that he had to ejaculate when he did not happen; he mentally labelled it impotence and imagined that he would never be able to ejaculate in his entire life. He thought of the whole episode as a frustrating disaster because he never had an orgasm.

As McAdam (1986) pointed out, for Cognitive psychologists like Piaget, perception, labelling, and evaluation events are crucial. In one case, the boy may perceive his masturbatory practices as a slight problem, labelled it a temporary ejaculation problem and evaluated his masturbation experience as not experienced enough. In the other case, the boy may perceive a serious problem, label it impotence, and evaluate the experience as horrible. Whatever the case may be, the

perception he has about masturbation may affect him positively or negatively.

Social Learning Theory

According to Bandura (1977) human beings learn all kinds of social behaviours by observing and imitating others. He buttresses this point with the fact that learning would be exceedingly laborious, if people had to rely solely on the effects of their actions to inform them what to do. Bandura further recognizes imitation and identification as two processes useful in explaining the development of gender identity, one's sense of maleness or femaleness. Imitation is all the more striking in humans' stress that imitation of models shapes children's development.

It is common knowledge that adolescents imitate those they see as heroes and heroines. This can be associated to their academics, sports, fluency in speech and in their sexual exploits. Considering masturbation, male and female adolescents express their joy in it as they practise it with their pals or "supi" usually the fresh students. The fresh students on the other hand imitate these acts by practising it with their classmates or other friends. There are cases whereby adolescents may see their peers masturbate openly and this will necessitate the desire to imitate what their peers are doing.

On the part of identification, a saying goes that, 'birds of a feather flock together'. In the same way also, adolescents identify with one another especially those in/with a common characteristic or attitude. This encourages them to forge ahead with confidence in whatever they do. Those who masturbate, getting to know of others who do same, form groups and operate together. This helps them

to share ideas about various techniques that can be used to satisfy oneself or the other especially for the females.

In the Ghanaian society most sexual behaviours are kept rather private and hidden, imitation and identification have less a chance to play a part. This may however mean that the more open forms of sexuality may be learned through imitation. In Ghanaian boarding Senior High School, the sexiest girl may find that other girls are imitating her behaviour, the way she walks, talks and even dresses. Likewise a boy might have techniques to turn girls on and others may try to use his techniques as well.

Once a behaviour is learned, the likelihood of it being performed depends of its consequences. Successful experiences with an activity over time create a sense of competence at performing the activity or self efficacy (Bandura, 1982). By extension, an adolescent may see someone perform an apparently enjoyable sexual behaviour (masturbation) results he or she may feel efficacious at it, he or she may expand more effort and greater persistence until he or she gets to a desirable result. DeLamater, Wagstaff and Havens (1994) point out that children learn about sex and gender in part by imitation. These children may be imitating their parents or a scene they have watched on Television.

Self-Concept Theory

Self-concept may be defined as the totality of a complex, organized, and dynamic system of learned beliefs, attitudes and opinions that each person holds to be true about his or her personal existence. Self-concept is different from self-esteem (feelings of personal worth and level of satisfaction regarding one's self)

or self-report (what a person is willing and able to disclose) (McAdam, 1986).

By far the most influential and eloquent voice in self-concept theory according to McAdam (1986) was that of Carl Rogers (1977) who introduced an entire system of helping built around the importance of the self. In Rogers' view, the self is the central ingredient in human personality and personal adjustment. Rogers described the self as a social product, developing out of interpersonal relationships and striving for consistency. He maintained that there is a basic human need for positive regard both from others and from oneself. McAdams (1986) adds that Rogers also believed that in every person there is a tendency towards self-actualization and development so long as this is permitted and encouraged by an inviting environment.

Rogers (1965) maintains that the human "organism" has an underlying "actualizing tendency", which aims to develop all capacities in ways that maintain or enhance the organism and move it toward autonomy. According to him, this tendency is directional, constructive and present in all living things. The actualizing tendency can be suppressed but can never be destroyed without the destruction of the organism. Rogers (1977) further stress that the concept of the actualizing tendency is the only motive force in the self-concept theory. It encompasses all motivations; tension, need, or drive reductions; and creative as well as pleasure-seeking tendencies (Rogers, 1961). He correctly adds that only the organism as a whole has this tendency; parts of it (such as the self) do not. Each person thus has a fundamental mandate to fulfil their potential.

Rogers (1965) posits that the human organism's "phenomenal field"

includes all experiences available at a given moment, both conscious and unconscious. As development occurs, a portion of this field becomes differentiated and this becomes the person's self (Rogers, 1977). He adds that the self is a central construct in this theory and it develops through interactions with others and involves awareness of being and functioning. Ryckman (1993) correctly adds that the self-concept is "the organized set of characteristics that the individual perceives as peculiar to himself/herself". It is based largely on the social evaluations he/she has experienced.

A distinctly psychological form of the actualizing tendency related to this "self" is the "self-actualizing tendency". It involves the actualization of that portion of experience symbolized in the self (Rogers, 1959). It can be seen as a push to experience oneself in a way that is consistent with one's conscious view of what one is. Connected to the development of the self-concept and self-actualization, he observed that there are secondary needs (assumed to likely be learned in childhood): (. the "need for positive regard from others" and "the need for positive self-regard", an internalized version of the previous. These lead to the favouring of behaviour that is consistent with the person's self-concept.

In the view of Rogers (1959) when significant others in the person's world (usually parents) for example provide positive regard that is conditional, rather than unconditional, the person interjects the desired values, making them his/her own, and acquires "conditions of worth". The self-concept then becomes based on these standards of value rather than on organism evaluation. These conditions of worth disturb the "organism valuing process", which is a fluid, ongoing process

whereby experiences are accurately symbolized and valued according to optimal enhancement of the organism and self (Rogers, 1959).

This therefore means that the need for positive self-regard leads to a selective perception of experience in terms of the conditions of worth that now exist. Those experiences in accordance with these conditions are perceived and symbolized accurately in awareness, while those that are not are distorted or denied into awareness (Rogers, 1959).

In a similar development Rogers (1977) explains that the "incongruence" between the self as perceived and the actual experience of the organism can result in possible confusion, tension, and maladaptive behaviour. Rogers (1959) stresses that such estrangement is a common human condition that makes experiences be perceived as threatening without conscious awareness. This, coupled with a form of discrimination without awareness can result in anxiety.

Theoretically, Rogers (1961) claims that an individual may develop optimally and avoid the previously described outcomes if they experience only "unconditional positive regard" and no conditions of worth develop. The needs for positive regard from others and positive self-regard would match organism evaluation and there would be congruence between self and experience, with full psychological adjustment as a result. He explains that this ideal human condition is embodied in the "fully functioning person" who is open to experience able to live existentially, is trusting in his/her own organism, expresses feelings freely, acts independently, is creative and lives a richer life; "the good life" It should be noted that; "The good life is a process not a state of being. It is a direction, not a

destination (Rogers, 1961, p.186)". For the vast majority of persons who do not have an optimal childhood there is hope for change and development toward psychological maturity via therapy, in which the aim is to dissolve the conditions of worth, achieve a self congruent with experience and restore the organism valuing process (Rogers, 1959). In Rogers' view (1959, 1961, 1977) personality change is certainly possible and is further a necessary part of growth. However, he notes that self-acceptance is a prerequisite.

Basic Assumptions regarding Self-Concept

Many of the successes and failures people experiences in many areas of life are closely related to the ways that they have learned to view themselves and their relationships with others. It is also becoming clear that self-concept has at least three major qualities; it is learned, it is organized, and it is dynamic (Purkey & Schmidt, 1987). As far as it is known, Purkey and Schmidt (1987) claim that no one is born with a self-concept. It gradually emerges in the early months of life, and is shaped and reshaped through repeated perceived experiences. It possesses relatively boundless potential for development and actualization. Furthermore, they contend that because of previous experiences and present perceptions, individuals may perceive themselves in ways different from the ways others see them.

Most researchers agree that self-concept has a generally stable quality that is characterized by orderliness and harmony. Each person maintains countless perceptions regarding one's personal existence, and each perception is orchestrated with all the others. According to Harters (1999), it is this generally

stable and organized quality of self-concept that gives consistency to the personality. Self-concept he emphasised requires consistency, stability, and tends to resist change. If self-concept changed readily, the individual would lack a consistent and dependable personality. This goes to suggest that the more central a particular belief is to one's self-concept, the more resistant one is to changing that belief.

Purkey and Schmidt (1987) in explaining the assumption that self-concept is dynamic explained that understanding the active nature of self-concept helps to imagine it as a gyrocompass: a continuously active system that dependably points to the "true north" of a person's perceived existence. This guidance system not only shapes the ways a person views oneself, others, and the world, but it also serves to direct action and enables each person to take a consistent "stance" in life. Rather than viewing self-concept as the cause of behaviour, they carefully add that self-concept is better understood as the gyrocompass of human personality, providing consistency in personality and direction for behaviour.

Basically, self-concept is a psychological dimension that tells how good we feel about ourselves. It is a crucial factor in determining the nature of human behaviour (Baldwin & Hoffman, 2002) that is solidified in adolescence (Ryan, Short & Weed, 1986). Self-concept has been shown to be a relatively stable personality trait from adolescence onwards. To them problems and difficulties can lower self-concept; but low self-concept can also cause problems during adolescence. For example, Maddi S.R.(1996) makes it clear that researchers have found that levels of self-worth are associated with behaviours and

accomplishments relevant to success in particular areas of development in a person's life. For adolescents, having a high academic self-concept is associated with positive academic performance and having a high physical self-concept is related to increased physical activity. Positive overall self-concepts have been linked to various markers of positive development, including positive peer relationships and overall happiness. Alternatively, Baldwin and Hoffman (2002) are of the view that having an overall negative self-concept in adolescence has been associated with depression, drug use and masturbation. Both male and female adolescents struggle with negative self-concepts, but female adolescents tend to worry more about physical appearance and guilt associated with masturbation than males.

Sexual Scripts

Sociologists are most interested in the ways in which society or culture shapes human sexuality. Martin and Halverson (1983) states that sociologists approach the study of sexuality with three basic assumptions:

- a) Every Society regulates the sexuality of its members in some ways.
- b) Basic institutions of society (such as religion and the family) affect the rules governing sexuality in the society.
- c) The appropriateness or inopportuneness of a particular sexual behaviour depends on the culture in which it occurs.

The process of socialization provides gender-specific cues as to what constitutes sexually appropriate behaviour. More to the point, DeLamater and Hyde (1998) noted that sexuality, and what is considered sexually appropriate

behaviour, recreated by culture and that people are socialized into acting in socially appropriate ways by learning the scripts relevant for specific behaviour. Script Theory and Socialization Social scripts are used by individuals to help organize life events. They are internalized as individuals attempt to gain a sense of their world and assimilate new incoming information (Weis, 1998). In addition to personal experience, cultural aspects such as one's social class, ethnicity, and religious affiliation become important factors in the script internalization process (Berger & Luckmann, 1966; Weis, 1998). Other factors such as the legal system, the field of medicine, and the mass media influence social scripts. This may be particularly true with scripts concerning sexuality. Script theories concerning sexuality generally include four assumptions (Laumann & Gagnon, 1995):

1. Patterns of sexual conduct in a culture are derived from what is important in that specific society.
2. There is no natural or instinctive sexual knowledge.
3. Through the socialization process individuals acquire the culturally appropriate sexual responses including those that may not coincide with cultural norms.
4. People are not unchanged by the socialization process and, as time passes; the individual tends to make specific, personal adaptations to that which they were originally presented.

Given these assumptions, individuals learn the socially prescribed scripts for with which they should have sexual contact, when they should have it, where they should have this contact, what they should be doing as part of their sexual experience, and why they should perform or engage in certain sexual behaviours

(Laumann & Gagnon, 1995). Additionally, Buss (1994) have described a sexual script as the set of rules for ordering information in a connected and psychologically magnified family of sexual scenes to predict and produce, to interpret and understand, to direct and defend, and to justify and evaluate the happenings in any ongoing, imagined, or past sexual scene.

Gagnon (1990) applied social scripting theory to human sexuality, noting the similarity between scripts that actors use in theatre and patterned behaviour people engage in sexually. Social scripts may be thought of as both social agents, prescribing what is considered normative within a culture, providing directions for how to feel, think, and behave in particular situations.

These social scripts Rice (1981) notes, are communicated through the examples displayed by members of the culture who have already adopted the scripts as well as through mass media depictions of how people act and react in particular situations. In addition, the very structure and the institutions of a society contribute to the formation of scripts, such as in the case of marriage laws, vows, and laws against certain sexual behaviours or certain types of partners. Societal scripts specify the appropriate objects, aims, and desirable qualities of sexual interaction. They also provide individual actors with instruction as to the appropriate times, places, sequences, and so forth with regard to sexual activity.

The outcome of all these social influences is that each of us learns a set of sexual scripts (Gagnon, 1990). The idea is that sexual behaviour (and virtually all human behaviour, for that matter) is scripted much as a play in a theatre is.

That is, sexual behaviour is a result elaborate prior learning that teaches us

etiquette of sexual behaviour. According to him, little in human sexual behaviour is spontaneous. Instead, humans learn an elaborate script that tells us who, what, when, where, and why we do what we do sexually. For example, the “who” part of the script tell us that sex should occur with someone of the other gender, of approximately one’s own age, on one’s own , and so on.

The “when” of the script would ask the question when one should for example masturbate, at night, afternoon among others. The “where” script, may talk about one masturbating in the bathroom, bedroom and so on. Even the masturbation is scripted. Scripts then, are plans that people carry around in their heads. It considers what they are doing and what they are going to do. They are also devices for helping people remember what they have done in the past (Gagnon, 1990). Thus, a teenage boy may remember how pleasurable it was the first time he masturbated and this may urge him to continue the practice whenever he is alone.

Psychologist Bem (1981) proposed a schema theory to explain gender-role development and the impact of gender on people’s daily lives and thinking. A schema in her view is a general knowledge framework that a person has about a particular topic. She confidently adds that a schema organizes and guides perception; it helps one to remember, but it sometimes also it may distort one’s memory, especially if the information is inconsistent with one’s schema. Thus, for example, one might have a “masturbation practice schema”, the set of ideas one have about masturbation (it is done alone, the excitement and guilt associated with it) and what kinds of masturbatory practices are available (using pillows,

occasional rubbing genitals with oil or lubricants, so on).

It is Bem's (1981) contention that all adolescents possess a gender schema - the set of attributes (behaviours, personality, and appearance) that they associate with. Be it male and female one's gender schema, according to Bem, predisposes one to process information based on gender. That is, one tends to think of things as gender-related and to want to dichotomise them because of gender. A good example is the case of the willingness for adolescent boys to admit having masturbated than girls will.

Ruble and Stangor (1986) talks about some interesting scenarios where 5 and 6 year old children were observed playing roles showing males or females performing either stereotype-consistent activities (such as a girl cooking) or stereotype-inconsistent activities (such as girls boxing). Martin and Halverson (1983) stress that although children may distort information by changing the gender of people in the stereotype inconsistent roles; they tend to play some roles that are highly consistent to their gender. For example a girl may pretend to be mom and a boy may play dad's role.

Boys have the genitals that are more easily viewed and handled by themselves. A young boy is taught to hold onto his penis to urinate and to handle it for purposes of washing. Conversely, a young girl is not taught to touch her clitoris. She is taught to wipe carefully after urination so as not to contract an infection by transferring bacteria from her rectum to her vagina. Thus, boys and girls are given two subtly different sets of messages regarding their own genitals. Boys readily discover that their genitals feel good when handled and are not

necessarily any dirtier than other parts of their body that they can see. Girls readily learn that their genitals are difficult, if not impossible, for them to see and that; there are “aspects that require appropriate precautionary measures. Perhaps these anatomical differences and their subtle corresponding messages help explain why boys typically masturbate more frequently and at an earlier age compared to girls (Oliver & Hyde, 1993).

Similarly, gender roles may encourage sexual exploration more for boys than for girls. Masculine gender roles dictate general independence, assertiveness and exploration; feminine gender roles are based more on ideals of behavioural restraint and personal control (Rice, 1981). Then there is the fact that females can get pregnant, whereas males cannot. In this light, it becomes understandable (though not fair) that parents frequently have a different set of sexual concerns and standards regarding daughters compared to sons. Indeed, research has demonstrated that daughters receive more parental communication about sex than do sons, most of which centres on warnings of risk and danger (Fisher, Cook & Shirley, 1994). As a result, he claims women end up being given the role of sexual gatekeeper in most male-female relationships.

For boys, earlier and more extensive masturbation experience, combined with gender role ideals based on interpersonal separation and self-reliance, sets the stage for a bodily centred set of sexual scripts (Garcia, 1982). He further point out that, on the part of girls, less experience with masturbation, combined with ideals based on behavioural restraint and self-protection set the stage for a relationship-centred set of sexual scripts for them.

Reiss's Sociological Theory of Sexuality

Reiss (1986) proposed a sociological theory of human sexuality borrowing aspects of sexual script theory discussed earlier on in this work. She points out that, a sociological theory must be able to account for both cross - cultural variation in sexuality, as well as cross-cultural universals in sexuality. One cross-cultural universal is that all societies believe that sexuality is important. Even in those cultures that are sexually repressive, sexuality is still accorded great importance as something that is dangerous and must be controlled. Many theorists in the view of Gagnon (1990) have claimed that it is the link of sexuality to making babies, which is undeniably important for any society. Reiss (1986) argues against this notion; however, citing link between sex and reproduction, yet still find sex important.

Reiss's explanation for the universal importance of sexuality has two component: Sexuality is associated with great physical pleasure, and sexual interactions are associated with great personal self-disclosure, involving not only disclosure of one's body, but in an intimate interaction, of one's thoughts and feelings as well. Humans seem to find intrinsic value in the physical pleasures of sex and in the psychic satisfaction of the self-disclosures associated with sex- therefore its importance.

According to Reiss (1986), sexuality is linked to the structures of any society in three areas: the kinship system, the power structure, and the ideology of the society. First, because sexuality is the source of reproduction, it is always linked to kinship, and all societies seek to maintain social order through stable

kinship systems. This linkage then becomes the explanation for sexual jealousy, which is universal cross-culturally although it exists in varied forms. Jealousy is a way of setting boundaries on a relationship that is considered very important, important enough so that it should not be breached. Marriage is typically such a relationship, and jealousy in marriage about extramarital affairs exists in all human societies. Kinship defines what relationships are and is not acceptable and enforces the resulting rules. Furthermore, all societies have structured ways of dealing with such jealousy. Even in societies that practice polygamy, rituals develop to minimize jealousy among the wives – for example, the husband must sleep on night with one wife, the next with another, and so on, and has violated norms if he spends two nights with the same wife! Reiss argues, therefore, that no society will be able to eliminate sexual jealousy because jealousy is a statement of the value or importance kinship groups and individuals attach to a particular relationship such as marriage.

Second, sexuality is always linked to the power structure of a society, Gagnon (1990) explained power as the ability to influence others and achieve one's objectives even if there is opposition from the other person. According to them powerful groups in any society, generally males are more powerful than females in most societies, so sexuality becomes linked to gender roles and males exercise control over female sexuality. Cross-cultural research shows that the closer females are in power to males in a society, the more sexual freedom women have in society is greatly restricted.

Third, sexuality is closely linked to the ideologies of a culture. Reiss

(1986) defines “ideology” as fundamental assumptions about human nature. Societies define carefully what sexual practices are normal and abnormal, and which are right and wrong. Some cultures define masturbation as abnormal, whereas others define it as normal - but the point is that all cultures define it one way or the other. Similarly, Gagnon (1990) claims that some cultures take a permissive attitude toward masturbation for males and females, and some are permissive for neither. A culture’s ideologies according to him define what is right and wrong sexually. Therefore in cultures whereby masturbation is abhorred there is the tendency for people to have a negative attitude towards it where as cultures that embrace it would experience a positive attitude towards masturbation.

Characteristics of Adolescence

According to Myers (2001), adolescence is life between childhood and adulthood. He added that adolescence starts with the physical beginnings of sexual maturity and ends with the social achievements of independent adult status. It is a period marked by increased sexual behaviour. DeAnda, D. (1995) sees adolescence as period of psychosocial development beginning in the preteen years, usually in conjunction with pubertal onset.

For the adolescent going through puberty is an intensely personal, private, and potentially confusing process. Under the direction of hormones, large doses of sex hormones enter the blood stream stimulation the development of secondary sex characteristics in males the neck and shoulders expand, hips narrow, facial and body hair begin to sprout and voice crackles then lowers in pitch. In females

the breasts begin to develop, the hips broaden and become more rounded and shoulders narrow. All this takes time but then puberty is more of a process than a single event it is during this process that sex hormones give rise to sex drive which are expressed in sexual behaviours.

In a study measuring hormonal level (testosterone, estrogens and progesterone), Udry (1988) proposed a theoretical model that recognizes that both sociological factors and biological factors are potent in adolescent sexuality. He studied eighth-, ninth-, and tenth-graders (13 to 16 years old). His work was by measuring their hormone levels (testosterone, estrogens, and progesterone), and a number of sociological factors (for example, whether they were in an intact family, parents' educational level, the teenager's response to a scale measuring sexually permissive attitudes, and teenager's attachment to conventional institutions such as involvement in school sports and church attendance). Thirty-five percent of the males had engaged in sexual intercourse, as had 14 percent of the females.

According to Udry (1988), for boys, testosterone levels had a very strong relationship to sexual activity (including coitus, masturbation, and extent of feeling sexually "turned on"). For girls, the relationship between testosterone levels and sexual activity was not as strong as it was for boys, but it was a significant relationship, and it was testosterone – not estrogens or progesterone that was related to sexuality. Among the social variables, sexually permissive attitudes were related to sexuality for boys, although they had a much smaller effect than testosterone did. For girls, pubertal development (developing a

“curvy” figure) had an effect, probably by increasing the girl’s attractiveness. And the effects of testosterone were accentuated among girls in father – absent families. When girls were asked to rate their plans about sexuality, testosterone levels were an important predictor of their ratings, as were the social variables of permissive attitudes and church attendance. Udry (1988) concluded that for adolescents in general, testosterone has a very strong relationship to sexual activity including coitus masturbation.

In the view of Bancroft and Reinisch (1990), early adolescence corresponds to ages 10 to 15 years, when most youth are entering Senior High School. Most early adolescents are progressing through puberty, intensely aware of physical changes, and concerned about any changes that they perceive as “abnormal”. They tend to exaggerate and worry about physical symptoms, although they may have difficulty verbalizing their concerns. Adolescents tend to vacillate between adult-like and child-like behaviour. They have rapid wide mood swings, become easily upset and emotional, and alternate between extreme cooperation and extreme resistance to adult guidance.

According to McConaghy (1987) a lot of people may have associated problems with adolescent sexuality for a long time creating widespread unfortunate and mistaken impression that adolescence is inevitably fraught with problems and that sexuality is particularly dangerous and disturbing. In fact, popular attitudes like these are damaging to adolescents. It also prevents a positive approach to supporting the healthy sexuality for adolescents.

Adolescence is a developmental period that is marked by the stage of

formal operations in Piaget's theory of cognitive development and by the stage of identity formation in Erikson's psychosocial theory. In adolescence, one is now able to think abstractly and to imagine to think about what is, and to ponder what might be. This new, higher level of cognition often gets turned toward self-analysis, toward a contemplation of one's self in a social context. Adolescents typically give the impression of being great experimenters. They experiment with hairstyles, music, religions, drugs, sexual outlets, fad diets and relationships. Adolescents are busily trying things out, doing things their own way off on a grand search for truth.

Jessor (1992) contends that this perception of adolescents as experimenters is not without foundation. It is consistent with the view that one of the major tasks of adolescence is the resolution of an identity crisis – the struggle to define and integrate the sense of who one is, what one is to do in life, and what one's attitudes, beliefs, and values should be. They form close friendships with peers and may experiment a number of things out of curiosity. Sexually, as pubertal events occur, adolescents may engage in masturbation; a pleasurable self-stimulation of one's sexual organs to achieve satisfaction.

Interestingly according to Arafat and Cotton (1974), boys and girls learn about masturbation in different ways. Typically, boys are told about it by male peers, see their peers doing it, or read about it. Girls learn about masturbation through accidental discovery. Sexually, as pubertal events occur, adolescents may (re) discover masturbation and other pleasurable self-stimulation and may practice in varying frequency. They form close friendships with same-sex peers and may

experiment sexually with them usually to satisfy curiosity. (Sorensen 1973).

Adolescents and Masturbation

Tracing masturbation from infancy, Gagnon (1990) proclaims that as young as five months of age, an infant who developmentally is learning to grasp will commonly manipulate the genitalia, especially the penis. Masturbation may occur at any age, but it is particularly common among toddlers, preschool children, and adolescents. He readily adds that at about three years of age, children begin to focus more on their genitals, seeking sensual pleasure by manipulating their penile or vaginal area. Normal three- to four-year-old children have an innate need to explore both their parents' and their own bodies. In addition to Gagnon's(1990) view on masturbation in infancy, Masters and Johnson's(1993) are of the view that at four to six years of age, children perform sexually related behaviours, such as touching their genitals, scratching their private parts, and masturbating with their hands or by rubbing against objects or their parents. Masturbation in young children may mimic seizures. Typical behaviour includes rocking back and forth, perspiring, and the inability to interrupt the activity.

As children emerge into adolescence, masturbation often becomes more frequent and may lead to orgasm and ejaculation in the male and orgasm in the female. Masturbation can serve several functions in the 12- to 15-year-old adolescent. It is a means of discharging sexual tension and testing sexual feelings and thoughts. It also can serve as an adaptive defence mechanism if or when the desire to engage in sexual activity causes undue anxiety and may help to control

sexual urges or fears (McGuire, 1995).

According to Stroufe and Cooper, (1988) as young as five months of age, an infant who developmentally is learning to grasp will commonly manipulate the genitalia, especially the penis. Masturbation may occur at any age, but it is particularly common among toddlers, preschool children, and adolescents. At about three years of age, children begin to focus more on their genitals, seeking sensual pleasure by manipulating their penile or vaginal area. Stroufe and Cooper (1988) emphasise that normal 3 to 4 year old children have an innate need to explore both their parents' and their own bodies. Sexual curiosity is a manifestation of this need. At 4 to 6 years of age, children perform sexually related behaviours, such as touching their genitals, scratching their private parts, and masturbating with their hands or by rubbing against objects or their parents. Roth and Brooks-Gunn (2000) express the view that masturbation in young children may mimic seizures. Typical behaviour includes rocking back and forth, perspiring, and the inability to interrupt the activity.

Dryfoos (1998) stressed that as children emerge into adolescence, masturbation often becomes more frequent and may lead to orgasm and ejaculation in the male and orgasm in the female. Masturbation in the adolescent in the view of Hamburg (1997) is considered a normal part of development that involves exploring and experimenting with their emerging sexual capacities. Adolescents need to be reassured of the normalcy of masturbation. While children and adolescents are exploring their bodies through masturbation, Kirby (1992) notes that they also are learn about limits on their sexual curiosity. Masturbation is

among the most secretive of human behaviours. He goes on to say that masturbation in public in many societies is a cultural taboo, and children should be taught that it is more acceptable to perform this act in private. If a child masturbates in public, he or she should be ignored or distracted this is because masturbation in public suggests poor awareness of social reality.

In the view of Miller and Lief (1976) over the years, many myths have been proposed about masturbation, including the development of hair on the hands, epilepsy, sterility, erosion of the genitalia, and insanity. Genital surgery as a "treatment" for masturbation was practiced in the United States until well into the 20th century. Despite all of the myths and minor medical problems surrounding masturbation, this act of genital stimulation seldom produces self-induced injury in childhood. However, according to Dryfoos (1998) occasionally, masturbation is excessive and may be performed repetitively or compulsively. This may be due to sexual over stimulation, possible sexual abuse, environmental deprivation, or genital infection (itching). In selected cases, children and adolescents who masturbate excessively may need psychological evaluation.

Techniques of Masturbation

Ways of masturbating common to members of both sexes include pressing or rubbing the genital area against an object, such as pillow, inserting fingers or an object into the anus and stimulating the penis or vulva/clitoris with electric vibrators, which may also be inserted into the vagina or anus. According to Walfish and Myerson (1980), members of both sexes they add, may also enjoy touching, rubbing, or pinching the nipples while masturbating. Both sexes

sometimes use lubricating substances to improve the sensation available.

In the view of Beitz (1995) however, reading or viewing pornography, or sexual fantasy, is common adjuncts to masturbating in adolescence. Masturbation activities are often ritualized. Various fetishes can also play a part in the masturbation ritual.

Female Masturbation Techniques

Most commonly adolescent girls, masturbate by manipulating the clitoris and inner lips (Hunt, 1974; Kinsey, Pomeroy, Martin & Gebhard, 1953). They may rub up and down or in a circular motion, sometimes lightly and sometimes applying more pressure to the clitoris. Some prefer to rub at the side of the clitoris, while a few stimulate the glands of the clitoris directly. The inner lips may be stroked or tugged. One woman described her technique as follows: “I use the tips of my fingers for actual stimulation, but its’ better to start patting motions or light rubbing over the general area. As excitement increases, I begin stroking above the clitoris and finally reach a climax with a rapid, jerky circular motion over the clitoral hood. Usually, my legs are apart and occasionally I also stimulate my nipples with the other hand” (Hunt, 1974 p. 20).

The finding is distinct contract to what many males imagine to be the techniques of female masturbation; the male pictures a woman inserting a finger, or banana, or a similar object into the depth of the vagina (Kinsey et al., 1953). In fact, this is not often done; by far the most common method is clitoral and labial manipulation. Of the women in Kinsey et al’s sample that masturbated 84 percent used clitoral and labial manipulation; inserting fingers or objects into the vagina

was the second most commonly used technique, but was practiced by only 20 percent of the women.

Other techniques used by women in masturbation include breast stimulation, high pressure exerted by crossing the legs and pressing them together rhythmically to stimulate the clitoris, and pressing the genitals against some objects, such as pillow, or massaging the clitoris with water while in the shower. A few women are capable of using fantasy alone to produce orgasm; fantasy induced is accompanied by the same physiological changes as orgasms produced by masturbation (Gelbal & Duyan, 2006).

Female masturbation is perhaps more varied than those of males. They are influenced, in the view of Gelbal and Duyan (2006) by a number of factors and personal preferences. Techniques include stroking or rubbing of the vulva, especially the clitoris with the middle or index fingers, or even index and second fingers. This is pleasurable for most, especially when rubbing the breast and nipples concurrently. Sometimes one or more fingers may be inserted into the vagina to repeatedly stroke the frontal wall of the vagina where the g-spot is located.

Masturbation is aids such as vibrator; dildo or Ben Wa balls can also be used to stimulate the vagina and clitoris (Walfish & Myerson 1980). They however stress that anal stimulation is also preferred by some because of the thousand of sensitive nerves located in the anus. Lubrication is sometimes used to facilitate masturbation, especially when penetration is involved.

Male Masturbation Techniques

Kinsey, Pomeroy, Martin and Gebhard (1948) reported that a high percentage of adolescent males report of masturbating by hand-stimulation of their penis. For those interested in speed, an orgasm can be reached in only a minute or two. Most men use the technique of circling the hand around the shaft of the penis and using an up-and-down movement to stimulate the shaft and glands.

The penis produces no natural lubrication of its own; some men like to use a form of lubrication, such as soapsuds while showering. The tightness of the grip, the speed of movement, and the amount of gland stimulation vary from one man to the next. Most increase the speed of stimulation as they approach orgasm, slowing or stopping the stimulation at orgasm because further stimulation would be uncomfortable (Masters & Johnson, 1993). At the time of ejaculation, they claim males often grip the shaft of the penis tightly. Immediately after orgasm, the glands and corona are hypersensitive, and the man generally avoids further stimulation of the penis at that time (Perkins 2001b).

Males tend to use fewer masturbation techniques. According to Beitz (1995) there are different techniques between circumcised and uncircumcised males, as some techniques which may work for one can often be quite painful for other. The most common technique is to simply hold the penis with a loose fist and then to move the hand up and down the shaft until orgasm is achieved. When uncircumcised, stimulation to the penis comes from pumping of the foreskin up and down the length of the shaft, which usually uncovers and covers the head in the process.

Perkins (2001a) describes another technique of masturbation as to place the index finger and thumb around the penis about halfway along the shaft and move the skin up and down to produce a pleasurable sensation leading ultimately to orgasm and ejaculation. A variation of this technique is to place both index fingers and thumbs on the penis in a position similar to playing a flute. The person then shuttles the penis back and forth. This technique is known as the “Shuttle cock” and can produce powerful orgasms.

Fisher et al (1994), express the view that a less common technique is to lie face down on a comfortable surface. However, they assert that, some clinicians claim that this technique is potentially harmful. Some people claim such masturbation may result in pain, irritation, or abrasion if performed too roughly. Other techniques include the use of an artificial vagina or simulacrum for masturbation. It is worthy of note that some males fondle their testicles or other parts of their body while masturbating.

According to Walfish and Myerson (1980), the prostate gland is one of the organs that contribute fluid to semen. As the prostate is touch-sensitive, some directly stimulate it using a well-lubricated dildo inserted through the anus into the rectum. Pressure applied to the prostate from the outside can be pleasurable as well. Similarly, a partner may provide the masturbation by hand and / or mouth and tongue, or by inserting a well lubricated finger into the anus for direct stimulation of the prostate.

Walfish and Myerson (1980) further posit that ejaculation of semen is sometimes controlled by wearing a condom or by ejaculating into an artificial

vagina, a sock, a tissue, regular underpants, male guard, a folded tee shirt, disposable diaper, or the toilet. A controversial ejaculation control technique they describe is to put pressure on the perineum, a spot about half way between the scrotum and the anus, just before ejaculating. This can redirect semen into the bladder. However, the technique may cause long term damage due to the pressure put on the nerves and blood vessels in the perineum.

Attitude towards Masturbation

Attitudes towards masturbation, or sexual self-stimulation of the genitals, vary widely across cultures. Some societies tolerate or even encourage masturbation during childhood and adolescence, whereas others condemn the practice at any age. Almost all human societies express some disapproval of adult masturbation, ranging from mild ridicule to severe punishment (Gelbal & Duyan, 2006). On the other hand, at least some adults in all societies appear to practice it.

Hyde and DeLamater (1997) are certain that female masturbation occurs in other societies. They cited the African Azande woman who does it with a phallus made of a wooden root; however, if her husband catches her masturbating, he may beat her severely. According to them a woman will masturbate if she is sexually excited and there is no man to satisfy her. A couple may be having intercourse in the same house, or near enough for her to see them, and she thus becomes aroused. She then sits down and bends her right leg so that her heel presses against her genitalia. Even young girls of about six years may do this quite casually as they sit on the ground. The women and men talk about it freely, and there is no shame attached to it. It is customary for women to take,

and they learn it in childhood.

Attitudes that are held concerning masturbation according to Reiss, (1986) are of a mixed nature. In America, attitudes reflect the influence of two major sources: the Judeo-Christian tradition and presently discarded medical opinion developed more or less in line with this tradition. However, many religionists today while not ready to accept masturbation as moral, are more willing to excuse and tolerate it. Medical opinion for many years and occasionally today has been influenced by religious and moral traditions.

It has been observed by Small (1993) that mentally disturbed people often masturbate where they can be seen. Masturbation was thought to be the cause of their difficulties where in reality it was only a symptom. Small (1993) pointed out that the total effect of Western traditions was to make masturbation a highly censored and punishable behaviour; one that could have such terrible result as insanity, death, and possible damnation. Thus parents feel to justify and going to extremes to save their children. Masturbation clinics were conducted under medical supervision, and aluminium mitts were sold to parents for incarcerating the children's hands at birth time. Malfetti and Eidlitz (1972) add to it that other fears and fallacies related to masturbation are those of impotence and frigidity in that many people think these to be the result of excessive masturbation in the adolescent years.

The cross-culture evidence of the attitudes of people in other societies according to Marmor (1965) suggests that adults really engage in auto-genital stimulation with some exceptions. For example, Marmor (1965) observes that,

Cubeo (Indians) adolescents' experimentation is publicly displayed as sexual modalities for children and youth, and masturbation is conducted without shame. Additionally, similar prescriptive patterns are observable in such cultures as those of the Ute, the Anadamanes, and the Thitins. It should be noted however that these references pertain mainly to young people not adults.

Hamburg (1997) writes that it is important to keep in mind that some social pressure is levelled towards masturbation among adult nearly in all societies, and for adolescent as well. Therefore, information is more likely than not to underestimate the frequency or denied the behaviours that is socially condemned. In the opinion of Hamburg (1997) for most people, masturbation probably represents an inferior form of sexual activities in which adults should not participate. One of the exceptions are Tesu of New Ireland, who expect the adult woman engage in a form of masturbation when sexually excited and lacking a sex partner. Tepcha men say they never masturbate because they regard seeing men a soiling substance. The Crow Indians he explains interpret masturbation by an adult as a confession of inability to obtain a lover.

Masturbatory practices in the Middle East and the Orient, especially with regard to adolescents according to Suggest (1993) indicate a fairly high prevalence among adults as well as in the traditional cultures than it generally admitted to or supposed. It is not possible however, to state with complete accuracy the prevalence with which solitary masturbation is practiced.

Data derived from question of thousands of people by means of surveys in clinical certain such as studies by Kinsey et al (1948, 1953) shows that

masturbation is extremely common among both females and male of all ages. Kinsey et al (1953) reports that, 92% of the men masturbate to the point of orgasm at least once during their lifetime (and this may be understatement). However, self stimulation is not limited to the masculine sex in most societies. Other researchers show that 60% of the female masturbated at one time or another in their life. One quarter of these individual practice the habit at least one per week during the period when they were masturbating and 25% of the positive cases had indulged in genital stimulation regularly over a period of time (Reiss, 1986).

The majority of the masturbators in the view of Rosen and Leiblum (1995), begun self stimulation early in life and seized after adolescent when heterosexual activities become predominant. However, research shows that one third of the masturbating individual seized the behaviour within one year of it inception, and one-half of them continue from 10 to 20 years. Fear in terms of physical or mental deterioration was the reason most commonly given for discontinuing the practice and women thought that self manipulation endanger feelings of shame and disgust while those women who were lacking orgasmic response said they had out grown the habit, or had no need for it (LoPiccolo & Stock 1986, Rosen & Lieblum, 1995).

Although, masturbation is usually considered to be a phenomenon many boys and girls discover organism long before puberty (Oliver & Hyde, 1993). They found that the male like the female is capable of orgasm though it not accompany by ejaculation. Self-masturbation is responsible for the first

experience by most of the boys. This form of stimulation serves as the chief sexual outlet during the early years of adolescence.

Kinsey, et al (1948) reported that studies in which female adults have reported about their adolescent activities have given percentages clustering from about thirty to sixty percent. Although some investigators have reported a much higher or lower figure and that by late adolescence, about 2 out of 5 of girls may have had experience with masturbation, but only about half of these actively perceive the practice at any particular time. As for males, according to Kinsey et al (1953) the frequency of masturbation is progressively reduced in post adolescent years, although it may continue through adult life. They found that 59% of males who have graduated from college masturbate occasionally.

However, little is known about the frequency of masturbation among girls. All research findings indicate that it is less often and is by no means a regular occurrence. Perhaps the physical difference of girls and boys could be the main reasons for the difference. Suggest(1993) posits that women are on the whole more conscious than men on the emotional aspect of life and the significance of sexual activity and do not content themselves so easily with substitute. All of these has it impact on masturbatory practices and sexual behaviour in general.

According to Walfish and Myerson (1980), attitudes towards masturbation have undergone a dramatic change in this century. As a result, adolescents are now given much different information about masturbation, and this may affect both their behaviour and their feelings about masturbation. Even when teachers or other adults willingly give factual information about sex to an

adolescent, De Gaston, Jensen, Weed and Tanas (1994) acknowledge that they may convey negative attitude because they become anxious when they use euphemisms rather than explicit sexual language. De Gaston et al postulate that there should be programmes designed to desensitize the sexuality teacher or to enhance awareness of his or her sexual values and attitudes. Robenstine (1994) suggests that teachers do not have to have a graduate degree in sexology; the important qualifications are good basic knowledge, a willingness to admit it when he or she does not know the answer and the patience to look things up.

The purpose of sex education in school must include providing adolescents with adequate knowledge of the physical and emotional aspects of sex, with an opportunity to develop their own values and interpersonal skills, and with maturity to take responsibility for their sexuality. In 1994, when the first woman appointed US Surgeon General, Dr Jocelyn Elders, mentioned as an aside that perhaps it ought be mentioned in school curricula that masturbation was safe and healthy, she was forced to resign, with opponents asserting that she was promoting the teaching of how to masturbate. Many believe this was the result of her long history of promoting controversial viewpoints and not due solely to her public mention of masturbation. Her case led to the coining of a new and humorous slang term for masturbating; Firing the Surgeon General (Beitz, 1995).

Attitudes towards masturbation in the view of Laumann and Gagnon (1995) are now considerably more positive, and few people would now subscribe to notions like those expressed above. By the 1970 only about 15 percent of young people believed that masturbation is wrong. Indeed, they emphasise that

masturbation is now recommended as a remedy in sex therapy. Hunt (1974) paraphrased psychiatrist Thomas Szasz as saying that, the shift in attitudes toward masturbation has been so great that it has changed from a disease to a form of therapy. While approved of masturbation is now explicit, people can still have mixed feeling about it. All the same among the adolescents interviewed by Sorensen (1973), few felt guilty about masturbation, but many felt defensive or embarrassed about it.

Causes and Effects of Masturbation

According to Jessor (1992), adolescent's exchange of information about masturbation allows room for adventures into it. Sherman (1990) is of the view that technological advancement in literature (books, magazines, pictures) and audio-visual materials (films, televisions and videos) arouse sexual desires in people and adolescents in particular. In the absence of a sexual partner to relieve such sexual tension generated from these materials, masturbation becomes a way out. Sherman (1990) however added that these materials, of course, do not exist in a technologically primitive societies but that does not mean that masturbation does not occur in these societies.

There is also the tendency for house helps to incite young boys and girls into masturbation by playing with their immature sexual organs at a tender age. Furthermore even relatives who sleep on same bed with children may at one point or the other fondle the sexual organs of the children. If further stimulation creates excitement again and again, masturbation then becomes a usual practice among the children. Jessor (1992) has it that another reason which makes some boys in

particular to masturbate is the uncleanliness of their genital organ. This is because collection of semen in the pit of glands may lead to sexual excitement in most cases. He interestingly adds that rectal worms may cause irritation of the anus and consequently give rise to erection of the penis. In such circumstances a boy may handle his penis which gives intense pleasure to masturbate and later forms the habit of masturbation.

Dryfoos (1998) claims masturbation can serve several functions in the 12 to 15 year old adolescent. It is a means of discharging sexual tension and testing sexual feelings and thoughts. It also can serve as an adaptive defence mechanism if or when the desire to engage in sexual activity causes undue anxiety and may help to control sexual urges or fears. According to Resnick, Bearman and Blum (1997) masturbation in the adolescent is considered a normal part of development that involves exploring and experimenting with their emerging sexual capacities.

According to Siosteen (1990) it is held in many mental health circles that masturbation can relieve depression and lead to a higher sense of self-worth. Masturbation can also be particularly useful in relationships where one partner wants more sex than other – in which case masturbation provides a balancing effect and thus a more harmonious relationship.

Small (1993) is of the view that the standpoint of avoiding unwanted pregnancy and sexually transmitted diseases, masturbation is the safest of sexual practices. Small further states that there is no credible scientific or medical evidence that manual masturbation is damaging to either one's mental or physical

health. Solitary masturbation carries no risk of pregnancy or sexually transmitted diseases.

In the view of Sherman (1990) there is no basis for the belief that people who masturbate have less sexual desires or have hang-ups about sex. A recent survey in fact, showed that people who masturbate have increased sexual desire and have more sexual drive than those who do not.

There are people who because of previous experience are afraid of sexual intercourse. Such people find solace in masturbation for the release of their sexual desires but they are in the minority.

Masturbation provides an alternate sexual intercourse – free of the need and complications or cost of finding a consenting partner (Dryfoos, 1998). He further adds that masturbation provides a chance for females to explore their sexual response and for males, to release their tensions when aroused at a time they are alone or not bold enough to have a regular partner. Hence masturbation develops self love and familiarizes oneself with one's own sexual response. One can relieve sexual tension without imposing on anybody else.

On July 16, 2003, an Australian research team led by Graham Giles of the Cancer Council published a medical study which concluded that frequent masturbation by males help prevent the development of prostate cancer. The study also indicated that this would be more helpful than ejaculation through sexual intercourse because intercourse can transmit diseases that may increase the risk of cancer instead (Sanders 2005).

Contrary to popular myth, masturbation does not cause blindness,

Fischtein, Herold, and Desmarais, (2007) emphasize that there is some basis, however, to the myth: zinc is required both to transport vitamin A from the liver to the retina and is relatively high amount in semen. This, it is not inconceivable that in zinc-deficient or vitamin A- deficient environments excessive masturbation could have caused night blindness (in which case sexual intercourse has an equal probability of causing blindness). Given a normal contemporary diet, however, this is extremely unlikely to happen.

Moreover, Sherman (1990) admonishes that objects inserted into the vagina or anus should be clean and of a kind that will not scratch or break. Care should be taken not fully insert anything into the anus any object used should have a flared or flanged base; otherwise retrieval can require a visit to the emergency room. Nevertheless, most modern dildos and anal plugs are designed with this feature.

Another side-effects recorded according to Fischtein, et al (2007) are that repeated masturbation may result in tiredness or soreness, which tend to make repeated masturbation self limiting in any case, and that volume of ejaculate is temporarily reduced in men after multiple ejaculations until normal seminal volume is regained in a day or so. In males, however, masturbation has been known to be associated with premature ejaculation that is, having ejaculation before or just after sexual intercourse has begun.

According to Siosteen (1990) like all habits, masturbation may be difficult to break for some adolescents. Moreover the tendency is also there for some adolescents to do nothing else but masturbate whenever they have some free time.

This is bad as it does not allow them to develop other aspects of their talents and broaden their horizon for the world ahead. If a person thinks of masturbation and nothing else or if his or her whole existence revolves around masturbation then there is something harmful but if one enjoys masturbation with full control, it is not harmful. Siosteen (1990) adds that there is also the danger that masturbation may be preferred to normal sexual intercourse, and this may affect sexual relationship after marriage.

Masturbation with a man and a woman, Sherman (1990) notes can result in pregnancy if semen contacts the vulva. Any masturbation with a partner can theoretically result in transmission of sexually transmitted diseases by contact with bodily fluids, and such contact should be avoided with any partners whose diseases status is uncertain. Sherman (1990) observed that people from a socially conservative or religious background and other sensitive persons may experience feelings of guilt, feeling of anxiety, or self condemnation during or after masturbation. In spite of the religious and cultural disapproval, masturbation is widely practiced especially by adolescents.

Summary of Literature Review

Works reviewed have it that a surge of sexual interest occurs around puberty through adolescence, which is equated roughly with Freud's genital stage of psychosexual development. This heightened sexuality may be caused by a number of factors including bodily changes, self awareness, rises in levels of sex hormones and increased cultural emphasis on sex and rehearsal of adult gender roles. Given the above premise it goes without saying that masturbation may

occur at any age. Toddlers, preschool children, and adolescents may naturally seek sensual pleasure by manipulating their penile or vaginal area.

With respect to classical conditioning, it is worth considering that thought, feelings and even objects can be associated with a particular event in one's life to the extent that, event may naturally trigger the occurrence of a given event. Thus, an adolescent who has associated quiet moments with masturbation may masturbate anytime he or she finds him or herself alone.

It was reviewed that with operant conditioning, understanding sexual behaviour holds that consequences, whether reinforcement or punishment, are most effective in shaping behaviour when they occur immediately after the behaviour. The longer they are delayed after the behaviour has occurred, the less effective they become. Reinforcement or punishment, are most effective in shaping behaviour when they occur immediately after the behaviour has been committed.

By extension, an adolescent may see someone perform an apparently enjoyable sexual behaviour (masturbation) results he or she may feel efficacious at it, he or she may expend more effort and greater persistence until he or she gets to a desirable result.

It was clear that having an overall negative self-concept in adolescence has been associated with depression, drug use and masturbation. Thus adolescents may masturbate using various techniques and still have a problem with his or her self-concept. Members of both sexes may enjoy touching, rubbing, or pinching the nipples while masturbating. Both sexes sometimes use lubricating substances

to improve the sensation available. Attitudes towards masturbation are now considerably more positive, and few people would now subscribe to notions like those expressed in the literature review. By the 1970 only about 15 percent of young people believed that masturbation is wrong. Indeed, it has been emphasised that masturbation is now recommended as a remedy in sex therapy. The shift in attitudes toward masturbation has been so great that it has changed from a disease to a form of therapy. While approved of masturbation is now explicit, people can still have mixed feeling about it.

In the process of reviewing literature for this work, the researcher found out that although research on all aspects of adolescent sexuality especially masturbation have greatly been investigated mostly the concentration has been on adolescent males, predominantly because they are reported to report masturbation more than females. The researcher found out that various attempt have been made at testing some of the long held premises that men and women differ significantly in masturbatory practices.

CHAPTER THREE

METHODOLOGY

This chapter discusses the methodology adopted to carry out this study. The discussion will be based on the research design, the population, the sample and the sampling technique used in the study, research instrument(s), pilot study administration of the instrument, data collection procedures and data analysis.

Research Design

The research design used for the study was descriptive survey. According to Best and Kahn (1989), descriptive survey is concerned with the conditions or relationships that exist, such as determining the nature of prevailing conditions, practices and attitudes, opinions that are held, processes that are going on or trends that are developed. Fraenkel and Wallen (2000) also maintain that in descriptive research, accurate description of activities, objects, processes and persons is the objective.

Descriptive survey deals with interpreting the relationship among variables and describing their relationships. Descriptive survey seeks to find answers to questions through the analysis or relationships between or among variables (Fraenkel & Wallen, 2000). In addition, the descriptive survey affords the opportunity to select a sample from the population being studied and then generalizes from the sample of the study (Best & Kahn, 1989).

Descriptive research design is highly regarded by policy makers in the social sciences where large populations are dealt with using questionnaires, which are widely used in educational research since data gathered by way of descriptive survey represents field conditions (Osuala, 2001). Nevertheless, there are difficulties involved in a descriptive survey, in that it is not in itself comprehensive enough to provide answers to questions and cannot establish causes and effect relationship (Osuala, 1991). Furthermore, according to Leedy (1985), “one of the most subtly and ineradicably shortcomings of descriptive survey is the presence of bias” (p.132) and especially when one uses questionnaires. These include ensuring that the questions to be answered are clear and not misleading, getting respondents to answer questions thoughtfully and honestly and getting sufficient number of questionnaires completed and returned so that meaningful analyses can be made (Fraenkel & Wallen, 2000).

Despite the shortcomings identified, the descriptive survey design was used because according to Fraenkel and Wallen (2000) an advantage of the design is that it has the potential to provide a lot of information obtained from quite a large sample of individuals. It was therefore expedient to use the descriptive survey to find out the attitude of adolescents towards masturbation, a case study in two selected senior high schools in the Cape Coast Metropolis.

The following suggested ways were employed to reduce the bias nature of descriptive survey: Questions answered were clear and not misleading, getting respondents to answer questions thoughtfully and honestly. One hundred and sixty questionnaires were completed and returned in both schools thereby

ensuring meaningful data analyses.

Population

The target population for this study was form two students in Senior High Schools in the Cape Coast Metropolis. The total population for the second year students in the boy's school was (509) representing 16% and that of the second year students in the girl's school was (496) representing 15%.

Sample and Sampling Technique

The two Senior High Schools were purposively selected. The principle of selection in purposive sampling according to Robson (2002) is the researcher's judgement as to typicality or interest. He adds that, a sample is built up which enables the researcher to satisfy her specific needs in a project. Due to the sensitive nature of the study, the researcher had to focus on students who are believed to be involved in the practice. From the researchers own experience, single sex schools are noted for the practice of masturbation, hence, purposively selecting single sex schools .Using the hat method, a list of single sex schools in the Cape Coast Metropolis was made, cut out and placed in separate boxes for males and females. A school was randomly selected from each group. St Augustine was selected to represent male institutions with Holy Child representing female institutions. Robson (2002, p.161) citing Borg and Gall (1989) recommends about "100 observations for major sub-groupings in a survey research, with twenty to fifty for minor sub-groupings". On this note, the researcher randomly selected twenty respondents out of every hundred students. This generated 80 students from each school, thus, a total sample of 160 students

selected for the study.

In both schools, the hat method of the simple random sampling was employed to select the respondents from each school in order to have representative sample from each of the form two classes. The sample was representative of the population in question and because the population had a reasonably large sample, results obtained from it can safely be generalized.

Instrumentation

The instrument used for gathering data from the schools was a questionnaire. The questionnaire is a widely used and useful instrument for collecting survey information providing structured often numerical data, being able to administer with or without the presence of the researcher and often being comparatively straight forward to analyse Fraenkel and Wallen (2000). Ethically, the questionnaire will always be an intrusion into the life of the respondent in terms of time taken to complete the instrument and the level of sensitivity and possible invasion of privacy. In the case of the topic under study, because of the sensitive nature of the topic, the researcher sought the respondents informed consent and strongly encouraged respondents to complete the questionnaire even though the decision whether to become involved or to redraw was entirely theirs. The guarantee of confidentiality, anonymity and non-traceability was also assured.

The questionnaire consisted of five sections. The first section, section “A” considered personal data of respondents. The second section, section “B” dealt with students’ source of information about masturbation. The third section,

section “C” addressed students’ knowledge about masturbation. The fourth section, section “D” addresses students’ masturbatory practices and the fifth section considered the attitude of adolescents towards masturbation and how masturbatory practices affect one’s self-concept. The kinds of questions and responses in the questionnaire were dichotomous and close ended. The researcher decided on dichotomous and closed ended questions and response mode because they are useful in generating frequencies of response amenable to statistical treatment and analysis. Such questions and responses also enabled comparisons to be made across groups in the sample (Osuala, 2001).

To ensure all questions were completed and a good response rate, the researcher self-administered the questionnaire. The presence of the researcher enabled the respondents to complete the questionnaire thus ensuring very good response rate. Also queries and uncertainties were immediately addressed by the researcher.

Pilot Test of Instrument

According to Leedy (1985) everything about the questionnaire should be piloted, nothing can be excluded, not even the type face or the quality of the paper. One hundred second year students of Wesley Girls and Mfanstipim Senior High Schools were used for the pilot test. The researcher initially generated fifty questions to be included in the questionnaire with a sizeable and representative number of a hundred respondents. The questionnaire was in five sections with two sections comprising dichotomous type of questions, two multiple choice sections and one rating scale (a five point Likert scale).

Even though after analyses of the questionnaire a Cronbach's alpha reliability text was .814, the researcher identified that there were commonly misunderstood and non completed items. In both schools, because of the sensitive nature of the questions, the researcher observed that some respondents exaggerated their sexual activity with others too hiding the fact they had done nothing. Apart from the above, the pilot test made the researcher aware of some redundant questions. Others were ambiguous and generally too long. Therefore, the 50 items questionnaire was reduced to 30 items with clear instructions and layout.

Data Collection Procedure

The researcher applied for an introductory letter from the Department of Educational Foundations, University of Cape Coast (Appendix 1) to seek for permission to undertake the study in the schools. This was received and attached to a permission letter that was forwarded to the heads of the schools. The heads granted the permission. Consent was also sought from the students. The students of Holy Child were met on 25rd June 2009 with those at St Augustine's College on 26th June 2009. They were assembled and the sensitive nature of the topic, masturbation was discussed with them. They were given the option to voluntarily participate or opt out. Surprisingly none of the students opted out in both schools. To be able to collect relevant and objective data for the study the researcher administered the research instrument(s) to respondents personally. The personal interaction with the respondents was done to ensure that copies of the instruments reached appropriate respondents. This was done in the two Senior High Schools

used for the study.

Data Analysis

To facilitate comparison among adolescent male and female in this study, the research questions 1 and 2 were analyzed using frequencies and percentages. The first hypothesis, whether significant differences exist between adolescent male and female masturbatory practices was analysed using the Mann Whitney test. The Mann-Whitney test which is a non parametric was used since the distribution was not evenly distributed. This obviously means that a parametric test could not be used to test for the significant difference existing between adolescent male and female masturbatory practices. Hypothesis 2 and 3; there is no significant difference existing between adolescent male and female attitude towards masturbation and there is no significant difference existing between adolescent male and female masturbatory practices and their self-concept respectively were analysed using the independent t-test.

Analyses of Background Data

The researcher was interested in the gender and age distribution of the respondents to get a fair view of the attitude of male and female adolescence towards masturbation. These are analysed in tables 1 and 2.

Table 1

Gender determination of respondents

School	Frequency	Percentage
St Augustine's (Male)	80	50
Holy Child (Female)	80	50
Total	160	100

Source: Field Data 2009

Table 1 shows 80 males and 80 females answered the questionnaire. This implies that both males and females fairly represented the study.

Table 2

Age Distribution

Age	Male		Female	
	Freq.	%	Freq.	%
12-15 years	4	5.0	6	7.5
16-19 years	75	93.75	72	90.0
20 years and above	1	1.25	0	0.0
Total	80	100	80	100

Source: Field Data 2009

It could be realised from Table 2 that majority of the students were in the 16 to 19 year range. There were 75 (93.75%) males and 72 (90%) female in the 16 to 19 year group. Being in the second year of the senior high school at these ages correspond to the submission by Bancroft and Reinisch (1990) that early adolescence (age 15 years) is the period when most adolescents enter Senior High School thus by 16years and 17years there about one might have experienced one's

first year in Senior High School . Since this age corresponds with Piaget's formal operation stage in cognitive development, it is expected that by the time adolescents get to 16 to 19 years, they might have experimented with issues about sexuality particularly about masturbation out of curiosity, forming close friendship with peers or by virtue that they are under the direction of large doses of sex hormones that enter their bloodstream (DeAnda, 1995).

CHAPTER FOUR

RESULTS AND DISCUSSION

This chapter deals with the presentation and analysis of the data that were collected by the researcher in the two selected Senior High Schools in the Cape Coast Metropolis. The data were analyzed and discussed according to the research questions and hypotheses.

Research Question One: What Knowledge has the adolescent male and female on masturbation?

It is believed that adolescents have various ideas and views on issues concerning themselves. Some of which include issues on sexuality like masturbation. The researcher with this in mind tried to find out from the male and female adolescents what they knew or thought about masturbation. Table 3 presents the views of the adolescents on masturbation.

Table 3

Adolescent Knowledge on Masturbation

Statement	Male %		Female %	
	Yes	No	Yes	No
1. Masturbatory knowledge makes one masturbate	43.7	56.3	33.8	66.2
2. Masturbation has no negative health effects	37.2	62.8	26.2	73.8
3. Masturbation causes blindness	7.5	92.5	8.8	91.2
4. Masturbation is done alone	60.0	40.0	60.0	40.0
5. Only Males masturbate	18.7	81.3	25.0	75.0
6. Masturbation is sinful	85.0	15.0	78.8	21.2
7. Masturbation is common among adolescents	76.2	23.8	72.5	27.5
8. Masturbation is a good practice	13.7	86.3	16.2	83.8
9. Masturbation limits opposite sex friendship	18.8	81.2	12.5	87.5
10. Masturbatory habits are difficult to stop	30.0	70.0	36.2	63.8

Source: Field Data, 2009

Table 3 compares the knowledge adolescent males and females have on masturbation in percentages. The first three statements tried to consider some myths surrounding masturbatory practises. In the view of Miler and Lief (1976) over the years, many myths have been proposed about masturbation, including the development of hair on the hands, epilepsy, blindness, sterility, erosion of the genitalia, and insanity. The first item on the table reveals that more females 66.2% than males 56.3% did not believe that one's knowledge about masturbation makes one to masturbate. Again, more females 73.8% and 62.8% admitted that

masturbation has no negative effects on their health. As for some myths like masturbation causes blindness, a higher percentage of male 92.5% and equally higher percentage of females 91.2% totally disagreed.

Fischtein, Herold, and Desmarais, (2007) indicate that, masturbation does not cause blindness, they emphasize that there is some basis, however, to the myth: zinc is required both to transport vitamin A from the liver to the retina and has relatively high amount in semen. Thus, it is believed that in zinc-deficient or vitamin A- deficient environments, excessive masturbation could have caused night blindness, in which case sexual intercourse has an equal probability of causing blindness.

Considering the results of this study, adolescents do not hold belief to these myths surrounding masturbation that, knowledge on masturbation causes one to masturbate, it has negative health implications and causes blindness.

A substantially higher percentage of males 85.0% and females 78.8% strongly believed that masturbation is sinful. In addition, quite close percentages of 86.3% for males and 83.8% for females were against the statement that masturbation is a good practice. The feelings of the respondents in this study is in agreement with what Dryfoos (1998) said, thus, most of the feelings on masturbation arise from religious or cultural taboos and traditional beliefs on sexual behaviour and practices. In reviewing opinions concerning the morality of masturbation, Gelbal and Duyan (2006) stressed that an emerging consensus views the moral malice of masturbation as a substantial inversion in an order of great importance. They add that throughout Christian tradition, every act of masturbation was regarded as

gravely and intrinsically evil, and if performed with full knowledge and consent, it was considered a mortal sin.

Even though 76.2% of males and 72.5 % of females admitted that masturbation is common among adolescents, more males (70%) than females (63.8%) are sure that masturbation, like any other habit, once acquired can be stopped. Perhaps, masturbation being common among adolescents may be due to integration of various physical changes, such as sex drive, adult physique, and social role changes, such as expected adult behaviour and their role in peer groups. According to Myers (2001) sexual thoughts, feelings, and behaviours, present throughout life, are often accentuated during adolescence thus; adolescence begins with puberty, the time when one is maturing sexually. Jorgensen (1983) adds that, by the end of adolescence, two-thirds of young girls and almost all boys would have masturbated to orgasm and that there is hardly any young man who does not masturbate at one time or the other in life.

Research Question Two: What are the sources of information for adolescent male and female on masturbation?

Summary of the responses to this research question are presented in Table 4.

Table 4

Adolescent Responses to Source of Information on Masturbation

Source	Male		Female	
	No.	%	No.	%
Pornography	73	91.3	33	41.2
Self discovery	53	66.2	23	28.8
Peers	41	51.8	22	27.5
Teachers	28	65.0	11	13.8
Parents	14	17.6	8	10.0

Source: Field Data, 2009

Table 4 illustrates how adolescent became aware of masturbation. The highest percentage 91.3% males stated pornography as their source of information in terms of masturbation. The second highest percentage 66.2% adolescent males in this study became aware of masturbation through self-discovery. The lowest percentage 17.6% of males learned it perhaps by overhearing parents talk about masturbation or by discussion with parents.

On the part of adolescent females' source of information on masturbation, 41.2% became aware of masturbation through watching pornographic films. 28.8% of them discovered it by themselves. Interestingly 27.5% of adolescent females in this study learned of masturbation through their peers and the lowest percentage on the table 10% of them got to know of masturbation through their parents.

From the above analyses, it could be realised that majority of the

adolescents got their information on masturbation from pornography. According to Beitz (1995), reading or viewing pornography, or sexual fantasy, is common adjuncts to masturbating in adolescence. This is in line with Sherman's (1990) view that technological advancement in literature (books, magazines, pictures) and audio-visual materials (films, televisions and videos) arouse sexual desires in people and adolescents in particular. In the absence of a sexual partner to relieve such sexual tension generated from these materials, masturbation becomes a way out. The highest source of information being pornography suggests that in Ghana there might have been easy access to pornographic material or there is a great challenge that reading habits are declining with speed in Ghanaian adolescents. Perhaps the interest of most adolescents and may be tilting towards the use of images than the traditional form of communicating through a reading and written words.

The respondents' second highest source of information being self-discovery authenticates the views of Hamburg (1997). He comments that, masturbation in the adolescent is considered a normal part of development that involves exploring and experimenting with their emerging sexual capacities. Kirby (1992) adds that children and adolescents explore their bodies through masturbation, and also learn about limits on their sexual curiosity. On the part of Sorensen (1973), sexually, as pubertal events occur, adolescents may (re)discover masturbation and other pleasurable self-stimulation and may practise them in varying frequency.

It is interesting to note that information from parents was the lowest

among the sources of information for adolescents on masturbation. It was evident in this research work that, parents were the last people adolescent talked to about sex and masturbation in particular; Males 17.6%, Females 10%. Thus, parents exerted little influence over the many kinds of sex guidance available to their children. As a result, the argument that sex education can be done by parent alone in the comfort of their homes rather than in school is unrealistic. Perhaps there should be investigation on interaction between sex education and perception of parents upon adolescent sexual attitudes by stakeholders in education. Again, it is obvious that in Ghana the traditional and religious mentality of sex education being a taboo is still being adhered to. The researcher has observed that, in some Ghanaian homes some parents are so conditioned that the word masturbation arouses disgust and anxiety. Gelbal and Duyan (2006) point out that some societies tolerate or even encourage masturbation during childhood and adolescence, whereas others condemn the practice at any age. However, they stress that, almost all human societies express some disapproval of masturbation, ranging from mild ridicule to severe punishment. This may have necessitated the lack of discussion between parents and their children on the topic of masturbation.

Table 5 presents a Man-Whitney test of the adolescents' responses. Similarly, tables 6 and 7 capture the details of the number and percentage of adolescent males and females masturbatory practices and summary of the frequency of adolescent masturbatory practices within a week respectively in support of the hypothesis.

Hypothesis 1: There is no significant difference between male and female

adolescent attitude toward masturbation.

Table 5

Mann-Whitney Test on Adolescent Male and Female Masturbatory Practices

Sex of Students	No	Mean Ranking	Z	p-value
Male	67	48.41	-0.048	0.096
Female	29	48.71		

Source: Field Data, 2009

The researcher hypothesized that there is no significant difference existing between adolescent male and female masturbation masturbatory practices. The Mann-Whitney test indicated that there was no statistically significant difference ($z = -0.048$, $p = 0.0961$) between the male and female adolescents as far as their masturbatory practices were concerned. The mean ranking for adolescent male was 48.41 and female was 48.71 as indicated by table 5. This connotes that there is no significant difference existing between adolescent male and female masturbatory practices. As might be expected, females reported a lower frequency of masturbation than males did.

Table 6

Adolescent Male and Female Masturbatory Practices

Response	Male		Female	
	No.	%	No.	%
Yes	67	83.7	29	16.3
No	13	36.3	51	63.7
Total	80	100.0	80	100.0

Source: Field Data, 2009

Table 6 shows the total number of respondents who admitted to have masturbated before in support of the hypothesis. Even though there were eighty questionnaires each for both males and females, 67 (83.7%) of males and 29 (16.3%) females admitted categorically that they masturbate. The report confirms the view that masturbation is particularly reported among adolescent males than females (Abramson, 1973, Arafat & Cotton, 1974; Hunt, 1974; Miller, Lief & Sorensen, 1973). Again, information available suggests that masturbation is more common in males than in females. In one survey among adolescents, Wiederman and Clark (1993) found that 98 of every 100 boys masturbate, and about 70 of every 100 girls do so before the age of 21years.

Perhaps the lack of it reported among females may be due to religiosity and the way the Ghanaian society in particular treat sexual issues regarding females. This is confirmed by Wiederman and Clark (1993). They indicate that, females tend to score higher marks than males on scales measuring religiosity. Therefore females may react more negative to masturbatory practices due to

religious beliefs about such behaviour.

Again, it is also an established fact that, for boys, earlier and more extensive masturbation experience, combined with gender role ideals based on interpersonal separation and self-reliance, sets the stage for a bodily centred set of sexual scripts (Garcia, 1982). He further points out that, on the part of girls, less experience with masturbation, combined with ideals based on behavioural restraint and self-protection set the stage for a relationship-centred set of sexual scripts for them.

Analyses of the data indicated findings both similar and dissimilar to the findings of Kinsey and associates. Quite a number of male than females (67 males representing 87.3% and 29 females representing 36.3%) indicated they masturbated (Table 5). These findings were not surprising since a higher percentage (96%) of Kinsey et al (1948) college educated male sample reported that they masturbated according to the literature.

Additionally, females have relatively lower levels of sexual esteem than men in terms of their sexual permissiveness (Wiederman & Clark, 1993). Indeed, research has demonstrated that daughters receive more parental communication about sex than do sons, most of which centres on warnings of risk and danger (Fisher et al, 1994).

This relatively lower sexual esteem could potentially explain why most female adolescents in this study answered questions on general knowledge on masturbation, adolescent source of information on masturbation and left portions on adolescent masturbatory practices, which sought to find out at what age they

started masturbating and how many times they masturbated in a week.

Inherent in many of the reasons that accounted for the lower female report on masturbation in this study, are the notion of one's perception about masturbation and the fear of being known to have masturbated or to masturbate. This was evident in the manner by which female adolescents in this study carried themselves in filling the questionnaire. Even though the researcher guaranteed confidentiality, anonymity and non-traceability of respondents' responses, the sensitive nature of the questionnaire led to some female respondents feeling jittery and somewhat reluctant to disclose, private matters.

According to the sexual script theory sociologists are most interested in the ways in which society or culture shapes human sexuality (Martin & Halverson, 1983). In their view boys have the genitals that are more easily viewed and handled by themselves. A young boy is taught to hold onto his penis to urinate and to handle it for purposes of washing. Conversely, a young girl is not taught to touch her clitoris. She is taught to wipe carefully after urination so as not to contract an infection by transferring bacteria from her rectum to her vagina. Thus, boys and girls are given two subtly different sets of messages regarding their own genitals. Boys readily discover that their genitals feel good when handled and are not necessarily any dirtier than other parts of their body that they can see. Girls readily learn that their genitals are difficult, if not impossible, for them to see and that; there are "aspects that require appropriate precautionary measures. Perhaps, these anatomical differences and their subtle corresponding messages help explain why boys typically masturbate more frequently and at an

earlier age compared to girls (Oliver & Hyde, 1993).

Table 7

Frequency of Adolescent Masturbatory Practices per Week

Times Students Masturbate	Male		Female	
	Freq.	%	Freq.	%
1-3	21	31.3	7	24.1
4-6	19	28.4	7	24.1
Above 6	27	40.3	15	51.8
Total	67	100.0	29	100.0

Source: Field Data, 2009

Table 7 shows the frequency of adolescent male and female masturbatory practices within a week. More males 67 than females 29 admitted they masturbate. The data shows that 27 (40.3%) adolescent male and 15 (51.8%) adolescent female masturbate more than six times in a week. The table shows no significant difference was found to exist between sex of respondents and frequency of masturbation since most adolescent who masturbate regardless of sex do it on the average more than 6 times in a week.

Wiederman and Clark (1993) put forward that recent studies show that 60% of females masturbate at one time or another in their life. One quarter of these individuals practised the habit at least ones per week during the period when they masturbated and 25% cases practiced it regularly over a period of time. On the other hand, 82% males masturbate several times within a day. Even though Kinsey et al claim little is known about the frequency of masturbation among girls and that research findings indicate that it is less often and is by no means a regular

occurrence, this study reveals that more females (51.8%) who masturbate do it on regular bases than males (40.3%).

Hypothesis 2: There is no significant difference between male and female adolescent attitude towards masturbation.

The independent t-test was used in testing this hypothesis with an alpha level of 0.05. The results at table 8 show that there was no significant difference ($t = .900, p = .370$) in male and female adolescent masturbatory practices.

Table 8

t-Test Comparison of Adolescent Male and Female attitude towards masturbation

Sex of Students	No of Students	Mean	SD	t	p
Male	67	1.99	.594	.900	.370
Female	29	1.87	.758		

Source: Field Data, 2009

Hypothesis Two predicted that there is no significant difference existing between adolescent male and female attitude towards masturbation. Table 8 presents the relevant figures to support the prediction. The mean score for males was 1.99 and females 1.87. These figures do not differ statistically signifying that there is no significant difference existing between adolescent male and female attitude towards masturbation.

Reiss (1986) proposed a sociological theory of human sexuality and claims that some cultures take a permissive attitude toward masturbation for males and females, and some are permissive for neither. A culture's ideologies

according to her define what is right and wrong sexually. Therefore in cultures whereby masturbation is abhorred there is the tendency for people to have a negative attitude towards it whereas cultures that embrace it would experience a positive attitude towards masturbation.

According to Siosteen (1990) attitudes towards masturbation have undergone a dramatic change in this century. As a result, adolescents are now given much different information about masturbation, and this may affect both their behaviour and their feelings about masturbation. Attitudes towards masturbation in the view of Laumann and Gagnon (1995) are now considerably more positive, and few people would now subscribe to negative notions about it. They further posit that by the 1970's, only about 15 percent of young people believed that masturbation is wrong. Indeed, they emphasise that masturbation is now recommended as a remedy in sex therapy. Hunt (1974) paraphrased psychiatrist Thomas Szasz as saying that, the shift in attitudes toward masturbation has been so great that it has changed from a disease to a form of therapy.

Frankly, attitudes that are held concerning masturbation according to Reiss (1986) are of a mixed nature. In America, attitudes reflect the influence of two major sources: the Judeo-Christian tradition and presently discarded medical opinion developed more or less in line with this tradition. She stresses that many religions today while not ready to accept masturbation as moral, are more willing to excuse and tolerate it.

In the case of this study however, whilst a substantially higher percentage

of males 85.0% and females 78.8% strongly believed that masturbation is sinful and quite close percentages of 86.3% for males and 83.8% for females were against the statement that masturbation is a good practice, 67 (83.7%) of males and 29 (16.3%) females admitted categorically that they masturbate. This clearly emphasises that while approval of masturbation is now explicit; some adolescents can still have mixed feelings about it.

There are other striking similarities that open a question regarding the assumptions held on differences in sexual needs and responses of males and females. Considerably, perhaps this may be due to increased openness in discussion of sexual practices generally, together with more sophisticated knowledge of human sexuality, changes in mores and a reevaluation of sex socialization, has brought about the new dimension to ideas and attitudes regarding masturbation.

Hypothesis 3: There is no significant difference between male and female adolescent masturbatory practices and their self-concept

The independent t-test was used in testing this hypothesis with a significant level of 0.05. The results of table 9 reveal that there was no significant difference ($t= 1.258$, $p= .211$) in male and female adolescent masturbatory practices and their self-concept.

Table 9

t-Test Comparison of Adolescent Male and Female Self-concept and their Masturbatory Practices

Sex of Students	No of Students	Mean	SD	t	p
Male	67	1.89	.472	1.258	.211
Female	29	1.79	.468		

Source: Field data 2009

When consideration was given to the self-concept of male and female adolescent regarding their masturbatory practices, it was revealed that no statistically significant difference existed between male and female adolescent masturbatory practices and their self-concept. The mean score for males was 1.89 and Females 1.79. These figures do not differ statistically, signifying that there is no significant difference existing between male and female adolescent masturbatory practices and their self-concept. Thus hypothesis 3 cannot be rejected. These findings is quite similar to those reported by Kinsey et al (1953) who found that a majority of the males (62%) than female (37%) when questioned felt guilty to their masturbatory practices. Perhaps, despite their repeated attempts to control themselves they cannot seem to help the practice. Such anxiety-tinged failures are certainly devastating to feeling of self-esteem and personal worth. At the same time, it is equally plausible that certain religious beliefs and feelings could result in stifling people's sexual expression to the point that they incur significant emotional distress. Tangney and Dearing (2002) looked at moral emotions and moral behaviours and found that, overall, self-reported moral

behaviours were substantially positively correlated with proneness to guilt but unrelated to proneness to shame.

Alternatively, Baldwin and Hoffman (2002) are of the view that having an overall negative self-concept in adolescence has been associated with depression, drug use and masturbation. Both male and female adolescents struggle with negative self-concepts, but female adolescents tend to worry more about physical appearance and guilt associated with masturbation than males. These notwithstanding, McGuire (1995), claims that when the desire to engage in sexual activity causes undue anxiety adolescents may masturbate to help to control sexual urges or fears. These notwithstanding, Rogers (1965) a pioneer in the theory of self-concept maintains that, basically, self-concept is a psychological dimension that tell how good we feel about ourselves. It is a crucial factor in determining the nature of human behaviour that is solidified in adolescence.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

This chapter is concerned with the summary, conclusions and recommendations of the study.

Summary

The study was conducted to investigate the attitude of male and female adolescent towards masturbation in two Senior High schools in Cape Coast. Second year students of St Augustine's College were randomly selected to represent male second cycle institutions while Holy Child Senior High represented the female institutions. The research design used for the study was descriptive survey. A total sample of 160 students was selected for the study, 80 from each school. The instrument used for gathering data from the schools was a questionnaire.

The following research questions guided the study:

1. What knowledge has the adolescent male and female on masturbation?
2. What are the sources of information for adolescent male and female on masturbation?

The following null hypotheses were adopted for the study:

H₀: There is no significant difference between male and female adolescent attitude towards masturbation.

H₀: There is no significant difference between male and female adolescent masturbatory practices.

H₀: There is no significant difference between male and female adolescent masturbatory practices and their self-concept.

Findings

There were various findings in the study which confirmed or contradicted what was reviewed in the literature. Significant among the findings of this study are that:

1. the main source of information on masturbation for male and female adolescents were pornography and self discovery.
2. a substantially higher percentage of males and females strongly believe that masturbation is sinful.
3. even though both males and females admitted that masturbation is common among adolescents, more males than females are sure that masturbation, like any other habit, once acquired can be stopped.
4. adolescent male and female have similar masturbatory practices.
5. adolescent male and female who masturbate on the average more than 6 times in a week.
6. adolescent male and female have similar attitude towards masturbation.
7. masturbatory practices of adolescent male and female do not affect their self-concept.

Conclusions

The main source of information on masturbation for male and female adolescents was pornography and self discovery whilst parents were the least source of information regarding masturbation. Perhaps, the adolescent masturbate because of exchange of pornographic materials among their peers, which creates adventures into it.

It was also found out that adolescents have relatively positive attitude towards masturbation despite the moral implications, myths, and threats and taboos that some societies hold about masturbation. Even though both males and females admitted that masturbation is common among adolescents, more males than females are sure that masturbation, like any other habit, once acquired can be stopped.

More male than female adolescents admitted they do masturbate secretly in varied frequencies. Probably the method of dealing with masturbatory activities has given rise to needless anxiety and fear in some adolescents that make them masturbate in secret; therefore creating guilty feelings in some of them.

Recommendations

1. Parents should openly talk about sex and guide their adolescents to ask questions pertaining to their sexuality.
2. Sex, should not be a forbidden word in Ghanaian homes, rather a new look should be given to matters regarding sex.
3. Formal sex education courses should be seriously taught in schools by teachers.

4. Sex educators need to educate teachers on adolescence sexuality to enable them to educate their students on issues concerning sex. Teachers do not have to have a graduate degree in sexology to do so; the important qualifications are good basic knowledge, a willingness to admit it when he or she does not know the answer and the patience to look things up.
5. Sex education curriculum for particular age group address questions of all age group. Educators should remember that children are aware of adults attempt to “cover up” on sex, therefore sex education should be geared toward increasing knowledge based on societal values and decision making.
6. In stamping out undesirable sexual behaviours among adolescents so to speak, by parents, teachers and educational psychologists, profound attention should be given to attitudes toward masturbation reflected and influenced by modern concepts of childhood, adolescence and adolescent growth and psychological development.

Suggestion for Further Studies

The researcher suggests that future investigations of this nature should obtain measures which will produce finer distinctions between male and female individually than the instrument used in this study. Perhaps with sample stratified on sex and age, future investigations may prove informative when sex and adolescent masturbatory practices is considered. Again, because this study reported that parents are the least people adolescents resort to for information on masturbation, future investigation can compare the sexual attitudes of adolescent of various ages as well as those of adolescents and their parents. The Attitude

towards Sexuality Scale (ATSS) can be used for this purpose because it is a measure of sexual dimensions of sexual attitudes and responses to the scale do not seem to require much sophistication about sexuality.

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APPENDICES

APPENDIX I

Questionnaire for Students at Senior High Schools

UNIVERSITY OF CAPE COAST

FACULTY OF EDUCATION

DEPARTMENT OF EDUCATION FOUNDATION

QUESTIONNAIRE FOR STUDENTS AT SENIOR HIGH SCHOOLS

Dear Student,

The researcher is a master of Philosophy Student of University of Cape Coast researching into the topic “Attitude of the Adolescent towards masturbation”. The aim is to investigate where adolescents get their information about masturbation from as well as their attitude towards masturbation. This is for academic purpose and you have been selected to participate in this pilot study. This will enable her make relevant corrections for the main questionnaire for the study. I am aware of the sensitive nature of this questionnaire but I promise to keep all responses private.

Thank you.

.....

PRISCILLA COMMEY – MINTA

A. PERSONAL DATA

Please respond to each of the items in this section by ticking in the box provided.

1. Gender

- Male Female
2. Age 13-16 17-19 above 20

B. KNOWLEDGE ABOUT MASTURBATION

Masturbation is the self stimulation (touching) of one's genitals to achieve excitement.

3. HOW DID YOU BECOME AWARE OF MASTURBATION?

- Through reading
- By touching my Sexual organs
- Conversation about sexual organs
- Frequently view of pornographic material

4. AT WHAT AGE DID YOU BECOME AWARE OF IT?

- 14 -16 17 – 19 above 20

C. SOURCE OF INFORMATION ON MASTURBATION

5. DO YOU TALK ABOUT MASTURABTION WITH YOUR PEERS?

- Yes No

6. WHAT DO THEY SAY ABOUT IT?

- That it can cause blindness
- That it is exciting
- That it makes you feel important
- That when you do it you will not get STDs or become pregnant
- That it is normal for every adolescent to do it

It is dirty

That all the threats and myths about masturbation are not true

7. HAVE YOUR PARENTS, TEACHERS OR GUIDANCE TALK ABOUT MASTURBATION TO YOU?

Yes

No

D. ATTITUDE OF THE ADOLESCENT TOWARDS MASTURBATION

Please respond to each of the items in this section by ticking in the box provided

8. WHAT DO YOU THINK ABOUT MASTURBATION?

It is sinful and dirty

It is very exciting

It makes you feel you are somebody with feelings

All the threats about it are false

9. IS SOMEBODY AWARE YOU MASTURBATE?

Yes

No

10. WHEN THE PERSON FIRST SAW IT WHAT WAS HIS OR HER REACTION?

The person called me, educated me on it

The person slapped and threatened he or she will tell everyone

The person said he or she does it too

11. IF NO ONE IS AWARE, ARE YOU AFRAID TO BE SEEN?

Yes

No

12. HOW DO YOU FEEL AFTER MASTURBATION?

Excited []

Guilty []

Afraid []

13. UNDER WHAT CONDITION DO YOU MASTURBATE?

When I am about to take my bath []

When I am alone and will not be caught []

When I think about sex []

14. HOW MANY TIMES DO YOU MASTURBATE IN A WEEK?

1 – 2 times []

3 – 4 times []

5 – 7 times []

PLEASE TICK [✓] IN THE BOX CORRESPONDING TO THE ITEM THAT SUITS

YOU

Statement	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
Masturbation helps me to know my Sexuality					
My knowledge about masturbation makes me masturbate					
Statement	Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
Masturbation makes me feel					

good					
Masturbation helps me to prevent myself from pregnancy					
Masturbation reduces shyness					
Masturbating is sinful					
Masturbation is dirty					
I masturbate out of curiosity					
Masturbation make me sexually active					
Masturbation helps me prevent myself from STDs					
There is health implication about masturbation					
I fell out of love so I masturbate					
I am afraid of the opposite sex so I masturbate					

APPENDIX II
MAIN QUESTIONNAIRE
UNIVERSITY OF CAPE COAST
FACULTY OF EDUCATION
DEPARTMENT OF EDUCATIONAL FOUNDATIONS
QUESTIONNAIRE FOR STUDENTS AT SENIOR HIGH SCHOOLS

Dear Student,

I am a Student of University of Cape Coast researching into the topic “Attitude of the Adolescent towards masturbation” with the view of investigating where adolescents get their information about masturbation from as well as their attitude towards masturbation. This is for academic purpose and you have been selected to participate in it. I am aware of the sensitive nature of this questionnaire but I promise to keep all responses private, therefore do not write your name on any part of the paper.

Thank you.

SECTION A: PERSONAL DATA

Please respond to each of the items in this section by ticking in the box

1. Sex: Male Female
2. Age : 12-15 16 – 19 Above 20

SECTION B: SOURCE OF INFORMATION ABOUT MASTURBATION

3. Have you watched pornographic film before? Yes No
4. Do you talk with your peers about masturbation? Yes No
5. Do you read a lot about sex and masturbation? Yes No
6. Do your parents discuss masturbation with you? Yes No
7. Do your teachers discuss masturbation with you? Yes No

SECTION C: KNOWLEDGE ABOUT MASTURBATION

8. Masturbation has no negative effects on my health. Yes No
9. Masturbation causes blindness. Yes No
10. Only males masturbate. Yes No
11. Masturbation is sinful. Yes No
12. Masturbation is a good practice. Yes No
13. Masturbation is a common among adolescent. Yes No
14. If one masturbates, one cannot make friends with the opposite sex. Yes No
15. Knowledge about masturbation causes one to masturbate. Yes No
16. Masturbation is always done alone. Yes No

17. Masturbation is a habit once be acquired it cannot be stopped. Yes [] No []

SECTION D: MASTURBATORY PRACTICES

18. At what age did you start masturbating?

.....

19. How many times do you masturbate in a week?

1 – 3 times [] 4 – 6 times [] any other []

20. Under what condition do you masturbate?

.....

21. Do you enjoy masturbating? Yes [] No []

22. Do you want to stop the practices? Yes [] No []

**SECTION E: PLEASE TICK [✓] IN THE BOX CORRESPONDING TO THE
ITEM THAT SUITS YOU**

ADOLESCENT ATTITUDE TOWARDS MASTURBATION

Statement	Agree	Undecided	Disagree
Masturbation makes me feel good			
Masturbation helps me to know my Sexuality			
Masturbation helps me to avoid getting pregnant. cy and STDs			
I masturbate to avoid having sex			
I masturbate because I am not loved by the opposite sex			
I masturbate out of curiosity			
I feel ashamed of myself whenever I masturbate			
I feel guilty whenever I masturbate			
I am afraid to approach the opposite sex so I masturbate			
I masturbate because it is normal for every adolescent to do so			

Thanks very much for supplying the information.

APPENDIX III

Application for an Introductory Letter

P. O. Box 1248

Cape Coast

18th August, 2009

THE HEAD OF DEPARTMENT

DEPARTMENT OF EDUCATIONAL FOUNDATIONS

CAPE COAST

Dear Sir,

APPLICATION FOR AN INTRODUCTORY LETTER

PRISCILLA COMMEY MINTAH-ED/EPP/07/0002

I wish to apply for an introductory letter from your outfit to enable me to request for permission to perform my research work in St Augustine's College and Holy Child Senior High Schools. I am a Master of Philosophy Educational Psychology student who has successfully defended my thesis proposal.

I am about to commence my research and needs permission from the Heads of the schools to be involved in the research work.

Hope to hear favourably from you.

Yours faithfully,

Priscilla C. Mintah

APPENDIX IV

Introductory Letter from the Department

APPENDIX V

Application for Permission to Undertake a Research Study

P. O. Box 1248,

Cape Coast.

18th August, 2009.

THE HEADMASTER,
ST AUGUSTINE'S COLLEGE,
CAPE COAST.

THE HEADMISTRESS,
HOLY CHILD SHS.,
CAPE COAST.

THROUGH

THE HEAD OF DEPARTMENT,
DEPARTMENT OF EDUCATIONAL FOUNDATIONS,
UNIVERSITY OF CAPE COAST,
CAPE COAST.

Dear Sir/Madam

**APPLICATION FOR PERMISSION TO UNDERTAKE A RESEARCH
STUDY**

I wish to apply for permission to undertake a research work in your schools. I am a Master of Philosophy (M.phil) Level 600 student in University of Cape Coast offering Educational Psychology. As part of the requirements for the award of the degree, I have chosen to undertake a study on Attitude of the

Adolescent towards Masturbation. The students will be expected to respond to items in a questionnaire which will be analysed to find out their attitude towards masturbation.

I will be grateful if permission is granted me to undertake the study in the schools.

Yours faithfully,

.....

Priscilla C. Mintah