

**THE ATTITUDES AND PRACTICES OF MASTURBATION AMONG
UNDERGRADUATES IN EKITI STATE, NIGERIA.**

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(DSS/13/1171)

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CERTIFICATION

This is to certify that this research work, the practices and Attitudes of Masturbation among Undergraduates in Ekiti State was carried out by **AKINYEMI DAVID**

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DEDICATION

This research work is dedicated to the Almighty God, the maker and giver of life, my affectionate and amiable parent Mr. & Mrs. Akinyemi, guardian Dr. & Mrs. Taiwo, Dr. Adeyemi and Dr. Ojor, Ogunsakin Titilayo Victoria, my exotic siblings and well-wishers for their love, unreserved support, sacrifices and assistance throughout the period of this study.

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ABSTRACT

This study examined the Attitudes and Practices of masturbation among undergraduates in Ekiti State, Nigeria. Descriptive survey design was used. Three hundred undergraduate students were randomly selected from three tertiary institution in the study area. Data were collected using structured questionnaire. The formulated hypothesis were tested using Percentage, Pearson Chi-Square and Logistic Regression.

From the findings, most of the undergraduates are within age 20-25 and majority are single, ninety-five percent of the respondents have heard about masturbation and 26.9% are currently masturbating. There is a positive attitude towards masturbation among the undergraduate students. The predictors of masturbation among undergraduates are watching pornographic movies, reading sex related literatures, thinking about sex. The study suggests that there is need for awareness about the implications of masturbation among the respondents.

CHAPTER ONE

INTRODUCTION

1.1 Background of the study

Masturbation is an activity few talk about but in which much partake, history have it that masturbation has been around pretty much forever and it is not going away anytime soon just like any other sexual behaviors. Experience with vaginal intercourse, number of sexual partners, oral sexual experience and condom usage are commonly studied while other sexual practices remain overlooked; a special case of such behavior is masturbation. Masturbation is when people touch their own bodies for sexual pleasure. People masturbate in lots of different ways, but touching the body for sexual pleasure is different for everyone. How it is done depends on what makes the body feel good.

Some people may stroke or rub their penis or may use their fingers to touch themselves on or near the clitoris, the sensitive organ that is located just above the opening of the vagina. Masturbation sometimes results in orgasm while sometimes it does not.

Masturbation is a good way to learn about the body and sexual feelings without the complications that can come when having sex or do sexual things with someone else. Masturbation cannot lead to pregnancy or cause a sexually transmitted disease (STD) either; people of all ages masturbate from adolescent to people who are much older, although some people choose not to masturbate. A lot of people believe that masturbation is a normal, healthy thing to do, there is need therefore to decide for yourself what you believe and whether or not you want to experiment with touching your own body. If so, it would be awesome to just make sure you have some privacy.

The promotion of sexual health may be hindered by the consequences of viewing masturbation as taboo (Bockting, 2002). Coleman (2002) points out that there are some who believe that it is linked to orgasmic capacity, healthy sexual functioning, and sexual satisfaction in relationships.

Masturbation plays a key role in sexual development and “must be appreciated as a complex sociological issue, in need of research examining what masturbation means to different people at different points in their lives” (Tiefer, 1998, p. 10). As many studies have illustrated, masturbation is a means of self-actualization and appreciation (Bockting, 2002; Hurlbert & Whittaker, 1991), despite these advantages, promoting safer sex is deemed inappropriate (Bockting, 2002).

It appears that many young people have internalized the more prevalent taboos, as evidenced by their tendency to report feeling guilty and fearful of being exposed (Abramson, 1973) and a fear of social censure (Langston, 1973) with regard to their own masturbation.

Therefore, it is important to evaluate the current attitudes toward masturbation based on previous sexual education in order to gain a better understanding of the possible advantages of masturbation, historically; masturbation has been considered an embarrassing subject of the study of sexual behavior, despite its common occurrence in human experience.

While the Kinsey reports were the first to collect and publish figures on masturbation in the U.S. population, Kinsey’s study was far from nationally representative. It was not until the National Health and Social Life Survey (NHSLs) of 1992 that nationally- representative data was collected about Americans’ masturbation practices. Masturbation is an activity that is employed by the sexually active unmarried men and women where the sensitive parts of the body are being played with the hands or with physical tools like sex toys that are kind of having the similar shape of the genitals basically to derive sexual relief or pleasure. To have a forehand of the topic is the definition of what masturbation means, so therefore; masturbation is the sexual stimulation of one’s own genitals usually to the point of orgasm, and the stimulation can be performed through the use of bare hands, everyday objects or dedicated sex toys.

For example, the Australian Study of Health and Relationships (ASHR) reported that 65 percent of 16-59-year-old men and 35 percent of women masturbated in the past year (Richters et al. 2003). And in Britain’s National Survey of Sexual Attitudes and Lifestyles II (NATSAL II), 86 percent of men and 57 percent of women reported masturbating within the past year (Gerressu et al. 2008). But annual rates are not very

helpful in analyzing what is often far more regular patterned behavior. Nor is clustering of an entire sample together by comparing the masturbation habits of 20-year-olds with those of 60-year-olds among whom sex drive may have notably diminished.

Using data from just under 3,000 young adults in the New Family Structures Study (NFSS) of 2011, we explore at considerable length the demographic, social, and emotional traits associated with recent masturbation using nationally-representative data collected from a large probability sample of American young adults ages 18-39. In particular, most interestingly concern is based on the general questions surrounding masturbation: What factors predict variation in recent masturbation? Are gender distinctions still visible and strong? Does access to a stable sexual partner diminish recent masturbation reports or not? Does interpersonal social media usage (e.g. time on Facebook) stimulate it? While masturbation is not popularly considered to be an unhealthy activity, does regular masturbation characterize healthy (and happy) people? Is there reason to suggest that masturbation as a practice might be increasing? The study is meant to bring a seldom-discussed but common sexual practice further into the light, and provide current survey data about it.

A recent study by the National Survey of Sexual Health and Behavior (Herbenick 2010) found that 94 percent of men and 84 percent of women between the ages of 25 to 29 reported masturbating solo (as differentiated between mutual masturbation, a category that sees higher numbers of participants), while this may not be so surprising, it was also reported that 80 percent of men and 58 percent of women over the age of 70 reported masturbating solo. This study affirms what many people may speculate: people like to “get off” and they don’t always need someone else to help them. As widespread as masturbation is in American and even the African society, there is a strong social stigma attached to it. Young men and women do not commonly share masturbation stories, as is often done between friends when discussing sexual encounters. Talking and teasing about masturbation is a discourse often shrouded in metaphorical phrases that displace personal stories (Herbenick, 2010).

1.2 Statement of the research problem

While it is not a common issue on national survey, masturbation has not been entirely overlooked. Since the research on masturbation has been obvious to have a seldom study, the problems that would be observed are the rates of masturbation increase during adolescence, peak in young adulthood and then decrease throughout the rest of the life course.

Masturbation which is a form of sexual activities is so rampant and devastating such that adolescents engage in the behavior either as a result of what they see around them, things they read from papers, movies they watch or from their peers and even what they copy from adults.

From literature, it has been observed that today in the society, young people see adults having multiple sexual partners, engaging in sexual intercourse under the influence of alcohol and go scot-free and they equally follow suit; and ladies expose their nakedness in the name of fashion.

Movies and television programs usually lead the young generations into emotional state that eventually change their behaviors into experimenting what they have watched in televisions and movies with little or no knowledge of the end result.

This can seriously affect the undergraduate ability to concentrate on the pursuance of worthwhile goals. In view of the stated problem above, this study is faced with the problem of establishing validly the determinants of masturbation among undergraduate students.

1.3 Research questions

The following research questions were formulated to guide this study.

1. What are the socio-demographic characteristics of the undergraduates in Ekiti State?
2. What is the prevalence of masturbation among undergraduates in Ekiti State?
3. To what extent is masturbation exhibited among university undergraduates in Ekiti State?

4. What are the factors that influence masturbation among undergraduates?
5. What are the factors determining the practice and attitudes of masturbation among undergraduates in Ekiti State?

1.4 Research objectives

The main objectives of the study are to identify the attitude and practice of masturbation among undergraduate student in Ekiti State.

1.4.1 Specifically, the study seeks to;

1. To examine the prevalence of masturbation among undergraduate in Ekiti State.
2. To investigate the predictors of masturbation among undergraduate in Ekiti State.

Theoretically, this study is in a position to add valuable literature to the area of masturbation in general. The findings in this study will also be of immense benefit to future researchers who may wish to conduct further research in the area of masturbation.

1.5 Hypothesis of the study

To ascertain the socio-demographic factors influencing masturbation among undergraduate, the following null hypotheses guided the study and was tested at 0.05 level of significance.

H₀. There is no significant difference between practice and attitudes of masturbation and the socio-demographic factors influencing masturbation.

H₁. There is no significant difference between practice and attitudes of masturbation and the socio-demographic factors influencing masturbation.

1.6 Scope of the study

The study is delimited to undergraduate students, to understand how masturbation happen and the factors associated with it. The theory of planned behavior by Ajzen would be helpful for better knowledge on the behavior of undergraduates to masturbation whether it is a replacement to sexual intercourse.

The study of the attitude and practice of masturbation among undergraduate students is bent on shading light on the matter of stimulation of sexual activities to make available rich data on the research work of the determinants which is the attitude and practice of masturbation among undergraduate.

1.7 Justification of the study

The findings of this work will be of significance to a number of persons in the society. It will be useful to adolescents, undergraduates, parents, counselors, educators, social workers, significant figures, teachers, successful implementation of Guidance and Counseling service, curriculum planners and prospective researchers. The study will serve as a means of self-appraisal for them with a view of assessing their deficiencies and seek help from appropriate personnel.

When all hands are on deck, the rate of masturbation which is a sexual act will be maintained drastically in the society just like the sexual behavior of people in the society. Again, the findings of this study will equally be of help to lecturers as it will increase their awareness as regards the high rate of masturbation among undergraduates and the society at large; how it affect them academically and psychologically and how to deal with such students in the institution.

The findings of this study would also be useful in the successful implementation of guidance and counseling services adopted in the institution in terms of handling behavioral problem of students.

Furthermore, it will equally help the curriculum planners to identify areas of weakness in curriculum content and to be able to alleviate that weakness with the result of the findings.

Finally, the findings will be of help to prospective researchers, they will become aware of factors associated with masturbation and can get more facts that will help them in developing their research works.

CHAPTER TWO

LITERATURE REVIEW

This chapter deals with the review of related literature and is presented under the following sub-headings: conceptual framework, theoretical framework, review of empirical studies, and summary of the literature reviewed.

2.1 Conceptual Framework

2.2 The concept of masturbation

Masturbation is the self-stimulation of the sex organs, most often to the point of orgasm. Sixty to ninety percent of adolescent boys and forty percent of girls masturbate. Although people's attitudes about masturbation differ widely, there is no evidence that masturbation is in any way physically, psychologically, or emotionally harmful. For many young people, masturbation is an opportunity for private sexual exploration before deciding to engage in sexual activity with another person. It is also considered the safest form of sex in the prevention of sexually transmitted diseases, including human immunodeficiency virus (HIV).

Masturbation allows a healthy way to express and explore one's sexuality and to release sexual tension without the associated risks of sexual intercourse, according to many healthcare providers. They also agree that masturbation is a natural, normal, and healthy way of self-exploration and sexual expression. It is increasingly recognized among mental health professionals that masturbation can relieve depression and lead to a higher sense of self-worth. Masturbation can also be particularly useful in relationships in which one partner wants more sexual activity than the other, in which case masturbation provides a balancing effect. In the early 2000s, masturbation became more accepted for both males and females yet there is still a stigma about discussing it openly. College courses on human sexuality include materials and discussion of masturbation, and many parenting manuals deal with ways to affirm a child's self-pleasing habits rather than degrading or punishing the child.

Many sex therapists believe that to have better sexual experiences with a partner, an individual needs to learn to masturbate first since it is the best way to learn what one likes and does not like in his or her sex acts. Most people think of masturbation as a very personal and private act involving using only the hands to manipulate the genitals. Ways of masturbating common to both males and females include pressing or rubbing the genital area against an object, inserting a finger or other object into the anus, and stimulating the penis or clitoris with electric vibrators, which can also be inserted into the anus or vagina. Some males and females enjoy touching, rubbing, or pinching their nipples while masturbating, and both sexes also sometimes use lubricants, such as hand lotion, to improve the sensation.

Masturbation is in-built in men and women, though it is practiced coyly. Notwithstanding nobody can escape masturbation because it is part of life. There are certain facts and rumors in-relation to masturbation that cannot be avoided, to break the ice on this taboo topic.

Masturbation has positive side effects that can be agreed upon which are; It relief through ejaculation, Climax for fun and pleasure, It induces sleep, Relaxes you, Eases tension. It is important to be gentle on the genitals to avoid sores and helps get the person masturbating back to normalcy. There are few negative effects of masturbation, these are; Masturbation lowers sperm count, reduces your chance of conceiving, Frequent masturbation will take longer to satisfy you and for you to ejaculate so therefore it is advisable to space it out, If the hands are rough, it would make the genitals have scratches, Vigorous movements will cause swelling too, Social stigma on the act of masturbation can lower the morale of a person.

2.2.1 Forms of masturbation

Reich built on papers written by other professionals of his time, however, he decided to probe deeper into the myriad variations of both female and male masturbation. The way people masturbate indicative of sexual potency. Reich's work with patients at the clinic was often related to problems of diminish sexual potency or impotence. He therefore decided to look closer at such factors as;

(1) Where do they masturbate? (2) When do they masturbate? (3) With what materials do they masturbate? (4) With what fantasies do they masturbate? (5) How often do they masturbate? (6) In what bodily posture do they masturbate, and is that posture related to any childhood event or events? And (7) with what furniture do they masturbate, and what associations does the act have with that furniture?

From surveying these aspects Reich wanted to separate out healthy forms of masturbation from unhealthy ones with four categories of male masturbation;

1. Against the sheet or an improvised vulva (shirt, pillow, etc.), lying face down, and without the assistance of the hands, thrusting the pelvis rhythmically.
2. Using the hands, lying on the side or in a bathtub, by far the most common form.
3. Lying on the back using only the hands.
4. In front of a mirror; while reading rape scenes (a very frequent occurrence, Reich remarked); on the toilet; in public parks (although hidden behind bushes); mutual masturbation with friends etc.

Only the first of these types indicated a strong inclination towards the opposite sex. The second type shows a strong autoerotic component. The third and fourth types were both considered by Reich to indicate pathological processes. In the third type, he noted that this form was mainly practiced by males with female attitudes, and he gave a poor prognosis for these patients.

2.2.2 Masturbation in males

The most common form of masturbation, especially in circumcised males, is to wrap one or both hands or several fingers and thumb around the erect penis and stroke it up and down until ejaculation. This action results in no direct stimulation of the head of the penis and ejaculation is achieved almost entirely from stimulation of the penis shaft and its contact against the underside of the head of the penis only. In uncircumcised males, it is most common to grip the skin of the penis and move it up and down, resulting

in repeated sliding of the foreskin back and forth over the head of the penis until orgasm is reached.

Another common method is to rub the erect penis against a smooth surface, such as a mattress or pillow until ejaculation is reached. Less common masturbation techniques include use of an artificial vagina or other "sex toy."

In 2003, an Australian research team led by Graham Giles of the Cancer Council published a medical study that concluded frequent masturbation by males may help prevent the development of prostate cancer and that it would be more helpful than ejaculation through sexual intercourse because intercourse can transmit diseases which can increase the risk of cancer instead. The most common masturbation technique among males is to hold the penis with a loose fist and then to move the hand up and down the shaft. This type of stimulation is typically all that is required to achieve orgasm and ejaculation. The speed of the hand motion will vary, although it is common for the speed to increase as ejaculation nears and for it to decrease during the ejaculation itself.

Male masturbation techniques may differ between males who have been circumcised and those who have not. Some techniques which may work for one individual can be difficult or uncomfortable for another. For males who have not been circumcised, stimulation of the penis typically comes from the "pumping" of the foreskin, whereby the foreskin is held and slid up and down over the glands, which, depending on foreskin length, is completely or partially covered and then uncovered in a rapid motion. The outer foreskin glides smoothly over the inner foreskin.

The glands itself may widen and lengthen as the stimulation continues, becoming slightly darker in color, while the gliding action of the foreskin reduces friction. This technique may also be used by some circumcised men who have sufficient excess skin remaining from their circumcision. For circumcised males, on whom the glands is mostly or completely uncovered, this technique creates more direct contact between the hand and the glands. To avoid friction, irritation and soreness from this resulting friction, some may prefer to use a personal lubricant, masturbation cream or saliva.

The shaft skin can also be slid back and forth with just the index finger and thumb wrapped around the penis. A variation on this is to place the fingers and thumb on the penis as if playing a flute, and then shuttle them back and forth. Lying face down on a comfortable surface such as a mattress or pillow, the penis can be rubbed against it. This technique may include the use of a simulacrum, or artificial vagina.

There are many other variations on male masturbation techniques. Men may also rub or massage the glands, the rim of the glands, and the frenula delta. Some men place both hands directly on their penis during masturbation, while others may use their free hand to fondle their testicles, nipples, or other parts of their body. The nipples are erogenous zones, and vigorous stimulation of them during masturbation usually causes the penis to become erect more quickly than it would otherwise. Some may keep their hand stationary while pumping into it with pelvic thrusts in order to simulate the motions of sexual intercourse. Others may also use vibrators and other sexual devices more commonly associated with female masturbation. A few extremely flexible males can reach and stimulate their penis with their tongue or lips, and so perform autofellatio.

The prostate gland is one of the organs that contributes fluid to semen. As the prostate is touch sensitive, some directly stimulate it using a well-lubricated finger or dildo inserted through the anus into the rectum. Stimulating the prostate from outside, via pressure on the perineum, can be pleasurable as well. Some men also enjoy anal stimulation, with fingers or otherwise, without any prostate stimulation. A somewhat controversial ejaculation control technique is to put pressure on the perineum, about halfway between the scrotum and the anus, just before ejaculating. This can, however, redirect semen into the bladder (referred to as retrograde ejaculation).

2.2.3 Masturbation in females

Females most commonly masturbate by stroking or rubbing the vulva, especially the clitoris, with hands and fingers until orgasm is reached. Females also may use running water to stimulate the vulva or insert fingers or a hard object into the vagina. Many

women are only able to achieve orgasm through masturbation. Some women can experience sexual stimulation simply by crossing their legs tightly.

One enduring myth is that female masturbation can lead to decreased sensitivity of the clitoris resulting in a decrease in the frequency and intensity of female orgasm. However, the evidence points the other way and suggests that women who have engaged in masturbation have a better understanding of their own genital anatomy and can guide their sexual partners in appreciating the specific sexual acts that contribute to female orgasm.

Female masturbation involves the stroking or rubbing of a woman's vulva, especially her clitoris, with an index or middle fingers, or both. Sometimes one or more fingers may be inserted into the vagina to stroke its frontal wall where the G-spot may be located. Masturbation aids such as a vibrator, dildo or Ben Wa balls can also be used to stimulate the vagina and clitoris. Many women caress their breasts or stimulate a nipple with the free hand and anal stimulation is also enjoyed by some. Personal lubricant is sometimes used during masturbation, especially when penetration is involved, but this is not universal and many women find their natural lubrication sufficient.

Common positions include lying on back or face down, sitting, squatting, kneeling or standing. In a bath or shower a female may direct tap water at her clitoris and vulva. Lying face down one may use the hands, one may straddle a pillow, the corner or edge of the bed, a partner's leg or some scrunched-up clothing and "hump" the vulva and clitoris against it. Standing up, a chair, the corner of an item of furniture, or even a washing machine can be used to stimulate the clitoris through the labia and clothing. Some masturbate only using pressure applied to the clitoris without direct contact, for example by pressing the palm or ball of the hand against underwear or other clothing. In the 1920s, Havelock Ellis reported that turn-of-the-century seamstresses using treadle-operated sewing machines could achieve orgasm by sitting near the edge of their chairs.

Women can sexually stimulate themselves by crossing their legs tightly and clenching the muscles in their legs, creating pressure on the genitals. This can potentially

be done in public without observers noticing. Thoughts, fantasies, and memories of previous instances of arousal and orgasm can produce sexual excitation. Some women can orgasm spontaneously by force of will alone, although this may not strictly qualify as masturbation as no physical stimulus is involved.

2.2.6 Mutual masturbation

Mutual masturbation involves two or more people who sexually stimulate each other, usually with the hands. It can be practiced by people of any sexual orientation, and can be part of other sexual activity. It may be used as foreplay, or as an alternative to sexual penetration. When used as an alternative to penile-vaginal penetration, the goal may be to preserve virginity or to avoid risk of pregnancy.

Mutual masturbation can be practiced in pairs or groups with or without actually touching another person for example:

Non-contact mutual masturbation

Two people masturbating in the presence of each other but not touching.

Contact mutual masturbation

One person touching another person to masturbate. The other person may do the same during or after.

Non-contact group

More than two people masturbating in the presence of each other in a group but not touching each other.

Contact group

More than two people physically touching each other to masturbate as a group.

Mutual masturbation foreplay

The manual stimulation of each other's genitals where the session eventually leads to sexual intercourse.

2.3 Development of the contemporary western world view.

2.3.1 18th Century

The first use of the word "onanism" to consistently and specifically refer to masturbation is a pamphlet first distributed in London in 1716 and attributed to Dutch theologian Dr. Balthazar Bekker, titled "Onania, or the Heinous Sin of self-Pollution, And All Its Frightful Consequence in Both Sexes, Considered: With Spiritual and Physical Advice to Those Who Have Already Injured Themselves By This Abominable Practice." In 1743–45, the British physician Robert James published A Medicinal Dictionary, in which he described masturbation as being "productive of the most deplorable and generally incurable disorders" and stated that "there is perhaps no sin productive of so many hideous consequences". One of the many horrified by the descriptions of malady in Onania was the notable Swiss physician Samuel-Auguste Tissot. In 1760, he published L'Onanisme, his own comprehensive medical treatise on the purported ill-effects of masturbation. Though Tissot's ideas are now considered conjectural at best, his treatise was presented as a scholarly, scientific work in a time when experimental physiology was practically nonexistent.

2.3.2 19th Century

By 1838 Jean Esquirol had declared in his *Des Maladies Mentales* that masturbation was "recognized in all countries as a cause of insanity. Doctor John Harvey Kellogg and Rev. Sylvester Graham were among those who proposed remedies, including eating a bland, meatless diet. The medical literature of the time also described more invasive procedures including electric shock treatment, infibulation, restraining devices like chastity belts and straitjackets, cauterization or as a last resort – wholesale surgical excision of the genitals.

Medical attitudes toward masturbation began to change towards the end of the 19th century.

When H. Havelock Ellis, in his seminal 1897 work *Studies in the Psychology of Sex*, questioned Tissot's premises.

2.3.3 20th Century

In 1905, Sigmund Freud addressed masturbation in his *Three Essays on the Theory of Sexuality* and associated it with addictive substances. He described the masturbation of infants at the period when the infant is nursing, at four years of age, and at puberty. At the same time, the supposed medical condition of hysteria from the Greek *hysteria* or uterus—was being treated by what would now be described as medically administered or medically prescribed masturbation for women. In 1910, the meetings of the Vienna psychoanalytic circle discussed the moral or health effects of masturbation, but its publication on the matter was suppressed. Concerning specific forms of masturbation is a 1922 essay by another Austrian, the psychiatrist and psychoanalyst Wilhelm Reich. In the seven and a half page essay Reich accepts the prevalent notions on the roles of unconscious fantasy and the subsequent emerging guilt feelings which he saw as originating from the act itself.

By 1930, Dr. F. W. W. Griffin, editor of *The Scouter*, had written in a book for Rover Scouts stating that the temptation to masturbate was "a quite natural stage of development" and, citing Ellis' work, held that "the effort to achieve complete abstinence was a very serious error." The work of sexologist Alfred Kinsey during the 1940s and 1950s, most notably the Kinsey Reports, insisted that masturbation was an instinctive behavior for both males and females. Thomas Szasz states the shift in scientific consensus: "Masturbation: the primary sexual activity of mankind. In the nineteenth century it was a disease; in the twentieth, it's a cure."

In the 1980s Michel Foucault was arguing masturbation taboo was "rape by the parents of the sexual activity of their children". However, in 1994, when the Surgeon General of the United States, Dr. Joycelyn Elders, mentioned as an aside that it should 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.

2.3.4 21st Century

Both practices and cultural views of masturbation have continued to evolve in the 21st Century, partly because the contemporary life world is increasingly technical. For example, digital photographs or live video may be used to share masturbatory experiences either in a broadcast format (possibly in exchange of money, as with performances by "camgirls" and "camboys"), or between members of a long-distance relationship. Teledildonics is a growing field. Masturbation has been depicted as a not-uncomplicated part of "Love in the 21st Century" in the BBC drama by the same name.

2.4 Stigma on masturbation

Even though many medical professionals and scientists have found large amounts of evidence that masturbating is healthy and commonly practiced by males and females, stigma on the topic still persists today. In November 2013, Matthew Burdette, after being filmed masturbating, committed suicide.

Proving that these ancient stigmas against masturbation are still alive and felt by women and men, researchers in 1994 found that half of the adult women and men who masturbate feel guilty about it (Laumann, et al., 1994, 85). Another study in 2000 found that adolescent young men are still frequently afraid to admit that they masturbate (Halpern, et al., 2000, 327).

2.5 Historical origin of masturbation

The history of masturbation describes broad changes in society concerning the ethics, social attitudes, scientific study, and artistic depiction of masturbation over the history of human sexuality. Masturbation has been around even longer than condoms. There are depictions of male and female masturbation in prehistoric rock paintings around the world. Most early people seem to have connected human sexuality with

abundance in nature. A clay figurine of the 4th millennium BC from a temple site on the island of Malta, depicts a woman masturbating.

However, in the ancient world depictions of male masturbation are far more common. From the earliest records, ancient Sumer had a relaxed attitude toward sex, and masturbation was a popular technique for enhancing potency, either alone or with a partner. Male masturbation was an even more important image in ancient Egypt: when performed by a god it could be considered a creative or magical act: the god Atum was believed to have created the universe by masturbating to ejaculation.

The ancient Greeks regarded masturbation as a normal and healthy substitute for other forms of sexual pleasure. They considered it a safety valve against destructive sexual frustration. The Greeks also dealt with female masturbation in both their art and writings. One common term used for it was *anaphlan*, which roughly translates as "up-fire". Back in more ignorant times, people believed men had a limited amount of life-giving juice. So to spill it on the ground was considered a waste of God's precious gift and a threat to the continuation of the society. Since then, we've learned sperm is like the old Doritos commercial go ahead, we'll just make more. Some people think masturbation is a sign of thinking too much about sex, but the truth is, masturbation helps you forget about sex for a while. Abstinence is like trying to fast in order to get over hunger.

2.6 Social- cultural factors influencing masturbation

Socio-cultural factors in this study consist of those factors that have to do with the way of life of a group of people that may predispose them to masturbate. Frequency of masturbation is determined by many factors, e.g., one's resistance to sexual tension, hormone levels influencing sexual arousal, sexual habits, peer influences, health and one's attitude to masturbation formed by culture; The two most obvious things known about masturbation patterns are its associations with age and gender. Young adult men in their mid-20's and 30s are the most likely to report masturbation in both the past year and the previous 90 days (Reece et al., 2010; Richters et al., 2003).

Masturbation is thus notably a gendered behavior, both in its incidence and frequency, indeed, in meta-analyses of gender differences in sexual behaviors, the largest distinctions are consistently observed in incidence of masturbation, exceeded only by pornography use among men (Hald 2006; Oliver and Hyde 1993; Petersen and Hyde 2010). When considering frequency of masturbation in the past month and past year, masturbation is “strikingly more prevalent among men than women” for all age cohorts (Herbenick et al., 2010a:263). Masturbation practices also appear to vary by race/ethnicity, education, and other demographic variables.

2.7 Undergraduate Students

In this study, University undergraduates mean students who are undergoing various degree programs in the universities for award of various Bachelor degrees such as Bachelor of Arts, Bachelor of Education, Bachelor of Engineering, and Bachelor of Science. Education has been recognized as a life wire of a nation which requires the acquisition of knowledge and skills for socio-economic development.

Thus, students engaging in distractions that are usually associated with prostitution will lose focus from their academics and which will adversely affect their performances in the school. Such performances if not improved upon may lead to complete dropping out of school for greener pasture through prostitution which students see as a normal way of life and easier way of making money. Thus, these students may end up being liability in the society instead of asset. An undergraduate is a college or university student who's not a graduate student. After high school, you can become an undergraduate. Undergraduates are students of universities and colleges: they have graduated from high school and have been accepted to college, but they have not graduated yet.

2.8 Impact of masturbation on the society

Masturbation can have several physical (physiological) benefits. Self-stimulation of the genitals may be used as part of sexual therapy to help women learn how to experience orgasm or help men learn how to delay orgasm. Masturbation can help relieve pelvic pain and discomfort associated with non-bacterial prostatitis (inflammation of the prostate gland) in males or menstrual periods (menstruation) in females. It also can help to relieve stress and improve sleep. Male infertility usually is diagnosed using a semen sample that is obtained through masturbation.

Masturbation also can have a number of mental and emotional (psychological) benefits. It can improve self-esteem by helping people become more confident in their sexuality and more aware of their bodies (Coleman, 2002). Self-stimulation may improve intimacy by helping people discover what sexual techniques are most pleasing to them. Although masturbation can be a healthy part of human sexuality, it may have a negative impact on relationships and on psychological health in certain circumstances. For example, masturbation that becomes compulsive, obsessive, or uncontrollable, or that takes the place of a healthy sexual relationship can have an unhealthy effect on psychological wellbeing. It is important for sexual partners to openly communicate about all aspects of sexuality and sexual behavior, including masturbation.

In the past, masturbation was thought to be a sexual perversion and even today, certain cultures and religions oppose the practice and regard it as "sinful" behavior (Tiefer 1998). These conceptions can cause stress and lead to feelings of guilt and shame in some people. Like other types of sexual behaviors, masturbation should only be performed in a safe, comfortable, private environment. Most communities have laws against performing sexual acts in public, as well as laws prohibiting exhibitionism (e.g., exposing the genitals in public). Masturbating in public is considered public indecency, is unhealthy, and is against the law.

In some cases, people use lubricants or insert sex toys (e.g., vibrator, dildo) or other objects into the vagina or anus during masturbation. It is important to avoid using

lubricants containing harsh chemicals (e.g., scented lotions and creams) in the genital area. These substances can cause a serious reaction (e.g., skin irritation). It also is important never to insert a breakable object or an object that is not easily removed into the body. These objects can cause injury. Frequent and/or vigorous masturbation can result in minor skin injuries (e.g., abrasions, bruising) in the genital area. The extended use of battery-operated sex toys can cause them to overheat, resulting in severe burns.

Many people fantasize during masturbation. Fantasizing usually involves using the imagination or reading, listening to, or watching material that increases sexual arousal or pleasure (Tiefer, 1998). Fantasies are a normal part of human sexuality as long as they do not interfere with relationships or daily life. Preoccupation with sexual fantasies can sometimes lead to damaging consequences, such as sexual addiction, sexual obsession, and spending too much time and money on sexual materials (e.g., pornographic web sites, chat rooms, magazines, videos, phone calls, sex toys).

2.8.1 The effect of pornography leading to masturbation

In males, the most immediate effect of pornography is "large increase in total sexual outlets the same day attributed to masturbation" with most "of them found the experience moderately sexually arousing, enjoyable, and generally pleasant, but some reported being disgusted, ashamed, and shocked."

Pornography addiction is a purported behavioral addiction characterized by compulsive, repeated use of pornographic material until it causes serious negative consequences to one's physical, mental, social, and/or financial well-being. Some psychologists suggest that any maladaptive sexual symptoms represent a manifestation of an underlying disorder, such as depression or anxiety which is simply manifesting itself sexually, or, alternatively, there is no underlying disorder and the behavior simply is not maladaptive. Two 2016 neurology reviews found evidence of addiction related brain changes in internet pornography users. Psychological effects of these brain changes are described as desensitization to reward, a dysfunctional anxiety response, and impulsiveness. Another 2016 review suggests that internet behaviors, including the use of

pornography, be considered potentially addictive, and that problematic use of online pornography be considered an "internet-use disorder".

2.9 Sexual Revolution

To intervene in this personal, secret activity, which masturbation was, does not represent something neutral for the parents. It is not only a matter of power, or authority, or ethics; it's also a pleasure. In 1994, when the Surgeon General of the United States, Dr. Joycelyn Elders, mentioned as an aside that it should 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.

Masturbation is the most common sexual activity. Ironically, it is also probably the one people talk about the least. Big people, small people, practically all people masturbate. A recent nationally representative sample of almost 6000 men and women aged 14-94 found that most people have masturbated at some time in their lives, though the frequency depends on a person's sex, age, health, and sexual habits. Most of the findings are not surprising: men are more likely than women to masturbate, and among those who do masturbate, men do so more frequently than women. Teens and college students report the highest frequency of masturbation, averaging two to three times per week. This frequency decreases as we age. It is a fallacy that people only masturbate when they are not involved in a sexual relationship. Some studies even suggest that the frequency of masturbation increases with a person's frequency of intercourse, especially in women. Makeda Gerressu and colleagues found that women who report more oral and anal sex and more sexual partners were more likely to report masturbating.

It is ironic that masturbation, arguably the safest sexual act, has for millennia been thought to lead to horrible physical and mental consequences. In the Judeo-Christian tradition, masturbation has generally been condemned as sinful, mostly due to the mandate to "be fruitful and multiply." In fact, Catholic theologian St. Thomas Aquinas believed that masturbation was a worse sin than rape, incest, and adultery, because in these other sins procreation is a possibility. During the Victorian age, masturbation was

thought to lead to impaired morals, depression, social failure, epilepsy, tuberculosis, blindness, insanity, sterility, and early death. Since masturbation was thought to be so dangerous, many "cures" were developed to eliminate its practice. Men of the time were encouraged to wear straightjacket pajamas or erection alerts to discourage handling of the penis. Some would wear a little suit of armor that would fit over the penis and testicles.

Others wore a spermatorrhea ring. Available from the Sears catalogue, these rings fit along the base of the penis with spikes on its inner lining to prevent erection. As a last resort, some chronic masturbators had their foreskin stapled shut, or were castrated. In the nineteenth century, John Kellogg invented cornflakes as one part of a diet that he felt would lessen the sex drive and diminish the practice of masturbation, which he called a "crime doubly abominable."

In reality, not only is masturbation physically and psychologically harmless, but there are a number of therapeutic benefits to self-stimulation. Aside from producing sexual pleasure, masturbation relieves stress and lowers blood pressure, and can be enjoyed by couples or by those not in a relationship. Some feel that masturbation may improve a man's fertility, as ejaculation flushes out the old, less motile sperm left behind in the urethra. Masturbation may even lower a man's chance of getting prostate cancer a study by G.G. Giles and colleagues found that men who ejaculated five times or more a week, especially while in their twenties, were found to be less likely to develop the disease, perhaps by preventing the buildup of carcinogenic substances in the prostate gland. Masturbation allows both men and women to learn about their bodies and their sexual response. In fact, women who masturbate as adolescents are better able to achieve sexual gratification as adults. Finally, masturbation presents no risk of pregnancy or transmission of STIs. It may even lower a woman's chance of getting an STI, as orgasm increases the acidity of the vagina and protects against infection.

2.10 Theoretical framework

2.10.1 Social structure and anomie theory

This theory was propounded by Merton in 1968. Social structure and Anomie theory was proposed to analyze the relationship between culture, structure and anomie. According to Merton, culture refers to the organized set of normative values governing behavior which is common to members of a particular society or group and social structure as that organized set of social relationships in which members of the society or group are variously involved (Ritzier 2008: 256). Social structure and anomie theory states that anomie occurs when there is an acute disjunction or disagreement between the cultural norms and goals and the socially structured capacities of members of the group to act in accord with them (Merton, 1968: 216).

In other words, this theory proposes that all members of the society share the same values. However, since members of society are placed in different positions in the social structure (for example, they differ in terms of class position), they do not have the same opportunity of realizing the shared values. This situation can generate deviance. For instance, because of the position of individuals in the social structure of the society, some people or individuals are unable or incapacitated to act in accordance with the norms and values that guide the society; but the culture states some type of behavior that the social structure prevents or stops from occurring Ritzer, (2008). Social structure and anomie theory is appropriate and related to the study because in a society where there is accepted social and cultural structure, members of the society who cannot cope with the institutionalized means and norms of that society tend to deviate to perceived alternative or easier means of achieving success. Sexual intercourse is part of life of an individual, so also is masturbation and therefore as it is perceived that most people who want to experience how sex life is might use the alternative in understanding their body function and since masturbation does not cause sexually transmitted infection, it becomes impeding based on social structure to engage in masturbation.

2.10.2 Social learning theory

Bandura (1969) stated that social learning is hinged on observation and imitation. The things to be observed and imitated are referred to as models. Undergraduates acquire some learning and habits by observation. As undergraduate indulge in kissing, embracing, holding hands, genital fondling, they observe each other and imitate themselves. In their bid to experiment what they have observed, they can be led into sexual behaviors which masturbation is inclusive. Besides, the regular exposure to pornographic films and pictures enhances their sexual curiosity. After observing the erotic pictures, the adolescents could indulge in sexual acts to demonstrate what they saw their models do in the amorous films. These negative imitations by undergraduates would pave way for masturbation.

Social learning theory was propounded by several theorists but prominent among them was Albert Bandura (1925). It is Bandura's view that the learner plays a prominent role in cognitively selecting, organizing, and transforming stimuli from the environment in which they are found. Bandura (1973) further stated that aggression is not an innate drive like hunger in search of gratification. People learn aggressive behaviors by direct experience and by observing others.

In social learning theory, the shift is from internal causes to external ones. When people observe and copy the behavior of others, this is called modeling. Modeling can weaken or strengthen aggressive responding. If the model is rewarded for behaving aggressively, further aggression (both by the model and the observer) becomes more likely. Basic premise of the theory is that behavior results from a continuous interaction between significant factors. The factors include imitation, vicarious learning and symbolic learning (Wittig and Williams III, 1984). In other words, social learning theory focuses on the learning that occurs within a social context (Ormond, 1999). It considers that people learn from one another, including such concepts as observational learning, imitation and modeling. By implication therefore, social learning theory demonstrates that masturbation may be a learned behavior.

Social learning theory is appropriate and related to this study because during adolescent socialization exposure to an environment where sexual activities is practiced,

the child may be observing the people that are engaged in the act and gradually starts to admire their behavior and will even see it as a way of life. Without knowing it, through imitation and modeling, the behavior may be learned and practiced during adolescent. People can learn by observing the behavior of others and the outcomes of such behavior.

2.10.3 Functional learning theory

The major proponents of functional theory are Emile Durkheim (1858 – 1917), and Talcott Parson (1902 – 1972). Functionalism views society as a system that is a set of interconnected parts which together form a whole. The basic unit of analysis is society, and its various parts are understood primarily in terms of their relationship to the whole. The early functionalists often drew an analogy between society and an organism such as the human body. They argued that an understanding of any organ in the body, such as the hearts or lungs, involves an understanding of its relationship to other organs and, in particular, its contribution towards the maintenance of the organism. In the same way, an understanding of any part of society requires an analysis of its relationship to other parts and, most importantly, its contribution to the maintenance of the society reported Haralambos and Holborn (2004).

According to Igbo and Anugwom, (2002) the theory is hinged on the idea of contributions of sub-units to maintenance and growth of the larger units as well as the nature of interaction or functional dependence between these units. According to functional theorists, these sub-units are interdependent and form the basis for the social structure of the society. In further expression and explanation of functional theory, Gbenga (2006) opined that in circular society, there are component parts which are interconnected in the role they play to ensure stability, social order and peace in the society. There are education, economic, security, legal, family, religious, political, recreational systems.

Therefore, masturbation serves the function of stabilizing relationships since the male will make lesser sexual demands on the female. One may also argue that masturbation may also serve the purpose of curtailing incidence of rape since a sexually incited person has avenue for venting such sexual urges through the use of sexual toys.

2.10.4 Labeling learning theory

One of the major proponents of the theory is Becker (1963). The theory focuses on the process by which people are defined or treated as deviants by society. It is concerned with the negative definitions applied to individuals who are seen to deviate from the rules. Becker (1963) believes that the degree to which a label is given depends also on who commits the act and who feels he/she has been offended by the act. For example, if a pupil is perceived by a teacher as breaking a rule and therefore committing a deviant act, the teacher labels the pupil as deviant. This label defines the pupil as a particular kind of person and from then on, there is a tendency to interpret his actions in terms of the label. Becker (1963) argues therefore that deviance is not a quality of the act committed by a person but a consequence of the application by others and sanctions to the offender. Once a person is labeled or identified as engaging in masturbation, such is treated in an absurd manner and may be ostracized by the rest of the society. Consequently, the person so labeled may tend to gravitate towards those who share the same label. Labeling therefore influences people's expectation and attitudes.

This process may also involve a self-fulfilling prophecy-a prediction that leads individual to behave as they were labeled. In relating this theory to the topic, a person can take to masturbating as a result of label that has been attached to him as a way of life by members of the society. Such may in actual fact not be a masturbating but because he or she has been labeled, probably as a result of the relationship stand, such may be said to be involved in getting sexual pleasures through other means. This may explain why some young people take to masturbation as an alternative to sex. This theory has its own short comings in that it does not answer the perennial question about what causes masturbation and what accounts for the increase in the frequency of masturbation.

2.10.5 Theory of Psycho-Sexual Development

The psycho-sexual theory of personality development was developed by Sigmund Freud (1943) in his effort to understand the sexual behavior of an individual. The basic idea that underlies the theory is that a child at birth possesses certain amount of sexual energy referred to as libido. This libido is biologically guided from one part of the body to the other as the child grows. Where the libido is located becomes the source from

where the child receives the greatest physical pleasure. This inherited sexual energy continually seeks expression and satisfaction from the erogenous zones. Undergraduate constant socialization with peers of opposite sex could arouse sexual curiosity and experimentations especially among those who lack self-control. The relevant information on sex will help the undergraduate make intelligent and responsible decisions in matters of their boy-girl relations and avoiding potential issues associated with masturbation.

2.11 Review of Empirical Studies

In this section of the review of literature, effort is made to review the empirical studies which are related to the present study either in its content or design.

2.12 Dressing patterns of the undergraduate students

Dressing patterns of undergraduate students may be a predisposing factor to masturbate. According to Olugbenga (2008) fashion has traditionally been considered as a form of collective behavior because it constantly introduces something novel into the society. In most tertiary institutions in Nigeria, Olugbenga (2008) observed that the type of fashion being by some students do not give the feeling of acceptance by other members of academic community. In recent past this has motivated authorities of these institution to enact dressing code to curb the ugly incidence from becoming status symbols amongst the youths and eroding the societal values and virtues. Komolafe (2007) reported on how skimpy dressing could be controlled on campuses. According to her, skimpy dressing sends sensations down the spine of on-lookers which could stimulate sexual desires and the disturbed persons may not be able to hold their emotions tight and thus may result to the act of masturbating due to the effect such dressing would impose.

Further stress was that these skimpy dresses expose the nipples and bare-botton which are meant to be private but then it becomes capable of causing arousal and if care is not taken would bring about masturbating even in absurd environments, the issue of indecent dressing was seen as a critical issue, describing it as de-sanitization of the environment. In relationship with the above literature reviewed, the present study tends to investigate the factors influencing masturbation among university undergraduates.

CHAPTER THREE

RESEARCH METHOD

In this chapter, the procedures adopted for the study are presented under the following sub-headings namely: Research design, Area of the study, Population of the study, Sample and Sampling technique, Instrument for data collection, Validation and Reliability of the instrument, Method of data collection and Method of data analysis.

3.1 Research Design

The design of the study was descriptive survey. It is a design that seek to collect information from a representative group or sample from which inferences would be made for a much larger population. Therefore, descriptive survey design studies are mainly concerned with describing events as they are, without any manipulation of what caused the event or what is being observed (Nworgu, 1991). This design is suitable for this study because the researcher is interested in the level of frequency of masturbation among undergraduates and the attitudes as well as the practice of masturbation among undergraduate students.

3.2 Area of the Study

The study was carried out in Ekiti a state in western Nigeria, it is one of the thirty-six states that constitute Nigeria. Ekiti State is reputed to have produced the highest number of professors in Nigeria. The prominent private university in Ekiti State is Afe Babalola University, Ado-Ekiti (ABUAD), founded by the legal luminary, philanthropist, seasoned administrator, and farmer Aare Afe Babalola, SAN. It has become a pillar of support for the state in terms of human capital development and empowerment.

The State is mainly an upland zone, rising over 250 meters above sea level. It lies on an area underlain by metamorphic rock. It is generally undulating country with a characteristic landscape that consists of old plains broken by step-sided out-crops that may occur singularly or in groups or ridges. Such rocks out-crops exist mainly at Aramoko, Efon-Alaaye, Ikere-Ekiti, Igbara-odo- ekiti and Okemesi-Ekiti. The State is

dotted with rugged hills, notable ones being Ikere-Ekiti Hills in the south, Efon-Alaaye Hills on the western boundary and Ado-Ekiti Hills in the centre.

Ekiti State consists of sixteen (16) Local Government Areas. They are: Ado-Ekiti, Ikere, Oye, Aiyekire (Gbonyin), Efon, Ekiti East, Ekiti South-West, Ekiti West, Emure, Ido-Osi, Ijero, Ikole, Ilejemeje, Irepodun/Ifelodun, Ise/Orun, Moba. Ado Ekiti is a city in southwest Nigeria, the state capital and headquarters of the Ekiti State. Ado Ekiti City has a State owned University – the University of Ado Ekiti now Ekiti State University, Ado-Ekiti, a privately owned University, the Afe Babalola University, Ado-Ekiti, a Polytechnic – the Federal Polytechnic, Ado-Ekiti and a Federal University-Federal University Oye-Ekiti, Ekiti State, In contemporary times, western education had been the vogue throughout Ekiti. Ado-Ekiti took the lead with the number of educational institutions. Federal University Oye-Ekiti is a government-owned and operated Nigerian university. The university is in the ancient city of Oye-Ekiti, Ekiti State, Nigeria. The university was founded in 2011 as the Federal University Oye-Ekiti by the federal government of Nigeria, led by President Goodluck Jonathan.

The Federal University Oye-Ekiti is a Federal University of Nigeria poised to take education to the next level not only in sub-Saharan Africa but indeed to the rest of the world. Federal University Oye-Ekiti (FUOYE) was one of the nine Federal Universities established by the Federal Government of Nigeria, pursuant to an executive order made by the former President of the Federal Republic of Nigeria, His Excellency, Dr. Goodluck Ebele Jonathan, GCFR.

3.3 Population of the Study

The population of the study was made up of undergraduate students in three universities in Ekiti State. The reason for the choice of the undergraduates was due to the fact that they have spent sufficient time in the University and were able to know better, the activities that were going on in these universities that can prompt students to masturbate.

3.4 Sample and Sampling Technique

The sample frame for the study comprised three universities in Ekiti State where 100 undergraduate students were drawn from each institution using stratified random sampling. The sample of the study consisted of 300 respondents. First, the universities were stratified into Federal, State universities and a Federal Polytechnic. To arrive at the subjects for the study, the respondents (students) in each of the universities were stratified into male and female.

3.5 Instrument for Data Collection

The instrument for data collection was questionnaire. This questionnaire is titled *The Attitudes and Practice of Masturbation among Undergraduate in Ekiti State*. The researcher developed the questionnaire items through the information gotten from reviewed literature. The questionnaire contained questions which were divided into four major sections. Section A contained the demographic information of the respondents such as Name of University, Faculty, Sex, Religious Affiliation, Birth Order in the Family, Parent Occupations, among others. Section B of the questionnaire focused on the level of frequency of masturbation among university undergraduates. Section C contains the impact of masturbation on the society. Section D has the effect of pornography leading to masturbation.

All the sections had response options of 1. Yes, 2. No and 3. Don't know. In other words, the higher the aggregate scores in the rating scale, the more positive the response of the subjects and the lower the score the more negative the responses of the subjects.

3.6 Ethical Consideration

The rights of the respondents was guaranteed as regards privacy, anonymity and confidentiality as stated in the questionnaire. Participation therefore was voluntary, most respondents were well informed on the nature and scope of the research work.

3.7 Validation and Reliability of the Instrument

The instrument was submitted for professional scrutiny and content validation. This was done by my supervisor and other experts in the Faculty of Social Science,

Federal University Oye-Ekiti, Ekiti State. One which was an expert on data analysis and evaluation to know whether the instrument would actually address the research objectives while another from Educational Foundations (Guidance and Counselling). Their corrections and comments were used to modify the instrument.

3.8 Method of Data Collection

Four hundred copies of the questionnaires would be printed while three hundred copies would be distributed while the remaining one hundred copies would be for the missing questionnaire and it would be distributed to respondents by hand and the completed questionnaire to be collected on the spot.

The questionnaire was administered to the respondents by the researcher and two trained research assistants who were properly briefed after a two-day training programme which enabled them to get familiar with the modalities for administering them in an appropriate and effective way. It was necessary to use research assistants to make sure that the actual respondents for whom the instrument was meant were indeed those who completed the instrument. The research assistant also helped to make clarifications to the respondents on items wherever the need arose. All these precautions were taken so as to minimize errors that would have arisen from the filling of the questionnaire and to ensure high return of the questionnaire that was used for the study.

3.8.1 Method of Data Analysis

The quantitative data that was collected from the field was analyzed using Stata 12 software for the univariate, bivariate and multivariate analysis. The univariate analysis was carried out through the use of frequency distribution table in assessing and describing the age, sex, level of education among other variables. The bivariate analysis would be used to describe and compare the relationship between dependent and independent variable. For example, chi-square analysis, cross tabulation, correlation analysis. The multivariate analysis involved more than two variables, for example; logistic regression analysis, binary regression.

CHAPTER FOUR

PRESENTATION, ANALYSIS AND INTERPRETATION OF RESULT

This chapter presents results of data analyzed for the study. Results are presented in accordance with the research questions and hypotheses that guided the study.

Some research questions were analyzed using simple percentage while all the hypotheses were tested at 0.05 level of significance. The bivariate and multivariate analysis were used to estimate the relationship between the practice and attitude of masturbation among undergraduates in Ekiti State using Pearson Chi-square and Logistic Regression.

4.1 Distribution of respondents by socio-demographic variables

4.1.1 Research question 1:- What are the socio-demographic characteristics of the sampled undergraduates in Ekiti State?

DISTRIBUTION OF RESPONDENTS BY SOCIO-DEMOGRAPHIC VARIABLES

VARIABLES	FREQUENCY	PERCENT
UNIVERSITY		
Fuoye	100	33.4
Eksu	100	33.3
Fedpoly	100	33.3
Total	300	100.0
AGE OF RESPONDENT		
<20	98	32.7
20-25	184	61.3
26+	18	6.0
Total	300	100.0
SEX		
Male	150	50.0
Female	150	50.0
Total	300	100.0
FACULTY		
Science	50	16.7
Social Science	127	42.3
Arts	25	8.3

Engineering	8	2.7
business and management	58	19.3
Environmental	32	10.7
Total	300	100.0
LEVEL		
100level/ND 1	89	29.7
200level/ND2	92	30.7
300level/HND1	83	27.7
400level/HND2	35	11.7
500level	1	.3
Total	300	100.0
ETHNICITY		
Yoruba	228	76.0
Igbo	61	20.3
Hausa	11	3.7
Total	300	100.0
RELIGION		
Christian	247	82.3
Muslim	45	15.0
Africa Traditional Religion	8	2.7
Total	300	100.0
BIRTH ORDER		
First child	90	30.0
Middle child	109	36.3
Last child	77	25.7
third child	11	3.7
fifth child	2	.7
second child	11	3.7
Total	300	100.0
MARITAL STATUS		
Single	290	96.7
Married	6	2.0
Seperated	4	1.3
Total	300	100.0

FATHERS OCCUPATION		
Business man	124	41.3
Civil servants	118	39.3
Retired	41	13.7
Late	1	.3
Farmer	4	1.3
Pastor	6	2.0
Lecturer	1	.3
Artisan	1	.3
mechanical engineering	3	1.0
export manager	1	.3
Total	300	100.0
MOTHERS OCCUPATION		
Business woman	172	57.3
Civil servant	104	34.7
Retired	17	5.7
Late	2	.7
Pastor	2	.7
full house wife	1	.3
Lecturer	2	.7
Total	300	100.0

Table 1 above shows the socio-demographic characteristics of the respondents, based on the study, it was revealed that (33.4%) responded in Fuoye, (33.3%) responded in Eksu and (33.3%) in Fedpoly. Half of the respondents were male and half females while majority are within age 20-25 which is (61.3%) of the total respondents. By religion, Christian tend to masturbate than any other religion, it disclosed eighty-two percent.

The Yoruba's account for seventy-six percent which indicate that by ethnicity, the yorubas tend to masturbate more as it is lesser among the Hausas (3.7%). The study revealed that majority are singles with (96.7%). The analysis shows that most of the students in Ekiti State are practicing masturbation based on attitudes brought forth by age and marital status at different stages of life.

4.1.2 Research question 2:- What is the level of frequency of masturbation among undergraduates in Ekiti State?

Have you heard of masturbation before?	Frequency	Valid Percent
Yes	284	95.0
No	11	3.7
don't know	5	1.3
Total	300	100.0
Are you currently masturbating?		
Yes	81	26.9
No	206	68.7
don't know	13	4.4
Total	300	100.0
How frequent do you masturbate?		
once a while	146	48.7
Rarely	110	36.5
Often	44	14.8
Total	300	100.0
Depending on the period, how often do you masturbate?		
Everyday	52	17.2
once a week	134	44.8
once a month	110	36.8
Others	4	1.2
Total	300	100.0

Table 2:- The data reveals that ninety-five percent of respondents have heard and masturbated before, it disclosed that masturbation is much more rampant while those currently masturbating (26.9%) and those not (68.7%) which is a major limitation of this study because most of the respondents were shy to give adequate information. Based on the frequency of masturbation, respondents admitted masturbating once in a while, rarely, often(48.7%, 36.5%, and 14.8%) respectively while depending on the period (17.2%,

44.8%, 36.8% and 1.2%) of how often they masturbate every day, once a week, once a month and others respectively.

4.1.3 Research question 3:- To what extent is masturbation exhibited among university undergraduates in Ekiti State?

Is masturbation natural, normal and healthy way of sexual expression?	Frequency	Valid Percent
Yes	101	33.8
No	138	45.9
don't know	61	20.3
Total	300	100.0
With what materials do you masturbate?		
artificial penis/vagina	66	22.0
teddy bear	48	16.0
bare hands	180	60.5
Candle	2	.5
sex film	2	.5
Dream	2	.5
Total	300	100.0
What motivates you to masturbate?		
reading romantic magazine	60	20.3
pornographic movies	192	63.9
sex phone calls	36	11.9
Others	2	.5
Imagination	3	1.0
Lust	3	1.0
body language	1	.5
Emotion	3	1.0
Total	300	100.0
Does masturbation helps in reducing sexual tension?		
Yes	185	61.5
No	39	13
don't know	76	25.5
Total	300	100.0

From table 3, data shows that 33.8% of the respondent admit that masturbation is natural, normal and a healthy way of sexual expression, it was also disclosed that

masturbation is exhibited through the use of bare hands 60.5%, artificial penis/vaginal 22%, teddy bear 16%, candle 0.5%,sex film 0.5% and dream 0.5%. Motivation to masturbate is largely based on watching pornographic movies 63.9%, reading romantic magazines 20.3%, sex phone calls 11.9%, e.t.c shows that respondents agreed that masturbation is beneficial in reducing sexual tension.

4.1.4 Research question 4:- What are the factors that influence masturbation among undergraduates?

What factor is responsible for most masturbation occurrence?	Frequency	Valid Percent
Watching pornographic film and pictures		
yes	161	53.7
no	139	46.3
Total	300	100.0
Thinking about sex		
yes	110	36.7
no	190	63.3
Total	300	100.0
Reading literatures that are sex related		
yes	44	14.7
no	256	85.3
Total	300	100.0

Table 4:- It is a universal phenomenon in Nigeria higher institution that dressing code is nothing to write about this influence watching of pornographic film and pictures where frequency is above average based on the sample size in this study of (53.7% yes, 46.3% no), thinking about sex (36.7%, 63.3% no) but minimal with (14.7% yes, 85.3% no) reading of literatures at are sex related.

4.1.5 Research question 5:- What are the factors determining the practice and attitudes of masturbation among undergraduates in Ekiti State?

What are your reasons for masturbating	Frequency	Valid Percent
To forget about sex for a while		
Yes	293	97.8
no	7	2.2
Total	300	100.0
Masturbation help in satisfying sexual urge at any point in time		
Yes	296	98.8
no	4	1.2
Total	300	100.0
In order not to be engaged in pre-marital sex		
Yes	51	17
no	249	83
Total	300	100.0
To understand and learn about the body and sexual feeling		
yes	29	9.7
no	271	90.3
Total	300	100.0
It helps to relieve stress and improve sleep		
Yes	21	7
no	279	93
Total	300	100.0

The study shows the determining factors why undergraduates masturbate which is to forget about sex for a period of time as it was disclosed (97.8% yes, 2.2% no), masturbating helping in satisfying sexual urge at any point in time (98.8%, 1.2% no) categorically as the idea towards masturbating.

4.2 Bivariate Analysis

To ascertain the socio-demographic characteristics influencing masturbation among undergraduate, the following null hypotheses guided the study and was tested at 0.05 level of significance. Test of relationship using Pearson Chi-Square Statistical Method and Cross Tabulation.

4.2.1 Decision Rule:

Reject H_0 if the calculates p-value is less than 0.05 level of significance, otherwise do not reject

4.3 Test of Hypothesis

Null Hypothesis (H_0): There is no significant difference between practice and attitude ofmasturbation and the socio-demographic characteristics influencing masturbation.

Alternative Hypothesis (H_1): There is significant difference between practice and attitude ofmasturbation and the socio-demographic characteristics influencing masturbation .

Pearson Chi-Square of the practice and attitude of masturbation among undergraduates by the socio-demographic factors influencing masturbation in Ekiti State.

NAME OF UNIVERSITY	HAVE YOU EVER MASTURBATEDBEFORE?			Chi-Square
	Yes	No	don't know	
FUOYE	72.1	26.2	1.6	X ² =19.995 P=0.001
EKSU	51.1	45.7	3.3	
FEDPOLY	45.9	45.9	8.2	
TOTAL	58.2	37.8	4.0	
FACULTY				
Science	63.3	34.7	2.0	
Social Science	66.9	30.7	2.4	

Arts	56.0	40.0	4.0	$X^2=25.738$ $P=0.004$
Engineering	62.5	12.5	25.0	
business and management	37.9	56.9	5.2	
Environmental	53.1	40.6	6.3	
TOTAL	58.2	37.8	4.0	
LEVEL				
100level/ND 1	55.1	41.6	3.4	$X^2=4.646$ $P=0.795$
200level/ND2	64.8	30.8	4.4	
300level/HND1	57.8	38.6	3.6	
400level/HND2	48.6	45.7	5.7	
500level	100.0	0.0	0.0	
TOTAL	58.2	37.8	4.0	
SEX				
Male	65.3	30.0	4.7	$X^2=7.793$ $P=0.020$
Female	51.0	45.6	3.4	
TOTAL	58.2	37.8	4.0	
ETHNICITY				
Yoruba	53.3	41.4	5.3	$X^2=11.507$ $P=0.021$
Igbo	75.4	24.6	0.0	
Hausa	63.6	36.4	0.0	
Total	58.2	37.8	4.0	
RELIGIOUS AFFILIATION				
Christain	55.3	39.8	4.9	$X^2=6.487^a$ $P=0.166$

Muslim	73.3	26.7	0.0	
Africa Traditional	62.5	37.5	0.0	
TOTAL	58.2	37.8	4.0	
AGE OF RESPONDENT				
<20	59.2	37.8	3.1	X ² =3.587 ^a P=0.465
20-25	59.0	36.1	4.9	
26+	44.4	55.6	0.0	
TOTAL	58.2	37.8	4.0	
MARITAL STATUS				
Single	57.4	38.8	3.8	X ² =6.180 P=0.186
Married	66.7	16.7	16.7	
Seperated	100.0	0.0	0.0	
TOTAL	58.2	37.8	4.0	

Decision

From the chi-square test, there is a significant relationship between undergraduates that have practiced masturbation before and university with $X^2=19.995$, $P=0.001$ which is <0.05 . From this, we can conclude that there is a significant relationship between the name of university of respondent and practice of masturbation, therefore we retain the alternative hypothesis.

The chi-square test also shows that the relationship between undergraduates that have practiced masturbation before and faculty is statistically significant with $X^2=25.738$, $P=0.004 < 0.05$. From the test of hypothesis, there is a significant relationship between the faculty of respondent and the practice of masturbation, so therefore, we accept the alternative hypothesis.

The Pearson chi-square shows that there is no significant relationship between undergraduates that have masturbated before and level where $X^2=4.646$, $P=0.795$ which shows that level may not influence masturbation at 0.05 level of significance, so therefore, we fail to accept the alternative hypothesis. The chi-square test shows that there is significant relationship between undergraduates that have masturbated before and sex $X^2=7.793$, $P=0.020$ which shows that sex can influence masturbation at 0.05 level of significance, we therefore agree that there is a statistically significant relationship between sex and those that have ever masturbated. The chi-square test also shows that there is significant relationship between undergraduates that have practice masturbation before and ethnicity with $X^2=11.507$, $P=0.021$ which shows that ethnicity can influence masturbation at 0.05 level of significance, therefore, there is a significant relationship, we then accept the alternative hypothesis.

The Pearson chi-square test further show that there is no significant relationship between undergraduates that have masturbated before and religious affiliation of respondent with $X^2=6.487$, $P=0.166$ which shows that religious affiliation may not influence masturbation at 0.05 level of significance, so therefore, there is no statistical relationship between the religious affiliation of respondent and the practice of masturbation.

The chi-square test shows that there is no significant relationship between undergraduates that have masturbated before and age of respondent with $X^2=3.587$, $P=0.465$ which shows that age of respondents may not influence masturbation at 0.05 level of significance, therefore, there is not significance. The Pearson chi-square shows that there is no significant relationship between undergraduates that have masturbated before and marital status $X^2=6.180$, $P=0.186$ which shows that marital status of respondents may not influence masturbation at 0.05 level of significance, so therefore, we fail to accept the alternative hypothesis.

4.4 Multivariate Analysis

LOGISTIC REGRESSION MODEL SHOWING THE EFFECT OF THE INDEPENDENT VARIABLES ON THE PRACTICES AND ATTITUDES OF MASTURBATION, REPORTED IN ODDS RATIO (ADJUSTED AND UNADJUSTED)

Step 1 ^a	Name Of University	Exp(B) Ratio	Odd	Sig.(P-value)	95% C.I.for EXP(B)	
					Lower	Upper
	Fuoye	1.0(RC)		.057		
	Eksu	2.118		.195	.681	6.589
	Fedpoly	.911		.860	.323	2.573
	Faculty					
	Science	1.0 (RC)		.870		
	Social Science	1.291		.724	.312	5.342
	Arts	1.251		.759	.299	5.239
	Engineering	1.009		.992	.197	5.170
	Business and Management	.977		.981	.152	6.276
	Environment	.674		.502	.213	2.132
	Sex					
	Male	1.0 (RC)				
	Female	2.730		.001	1.533	4.862
	Age			.588		
	<20	1.0 (RC)				
	20-25	1.563		.524	.395	6.181
	26+	1.826		.349	.518	6.438
	Ethnicity			.011		
	Yoruba	1.0 (RC)				
	Igbo	1.613		.570	.309	8.414
	Hausa	4.878		.080	.828	28.743
	Religious Affiliation			.029		
	Christian	1.0 (RC)				
	Muslim	1.476		.645	.281	7.756
	Africa Traditional	4.671		.101	.741	29.453
	Birth Order			.242		
	First Child	1.0 (RC)				
	Middle Child	.760		.727	.162	3.554

Last Child	.546	.442	.117	2.549
Third Child	.858	.848	.179	4.116
Others	.136	.063	.017	1.118
Fifth Child	1.536	.800	.055	42.703
Marital Status		.939		
Single	1.0 (RC)			

It is paramount to note that by faculty, based on the output it is alarming to find that students in Social Science are 1.29 times more likely to practice masturbation than those in Sciences (OR=1.29, p=0.724), students in Arts are 1.25 times more likely to practice masturbation than those from Sciences (OR=1.25, p=0.759), and also ages 20-25 are 1.56 times more likely to practice masturbation than those less than age 20 (OR=1.56, p=0.524), ages 26+ are 1.82 times more likely to practice masturbation than those less than age 20 (OR=1.82, p=0.349).

CHAPTER FIVE

CONCLUSION, IMPLICATIONS, RECOMMENDATIONS AND SUMMARY

5.0 Introduction

This study examined the Attitudes and Practices of Masturbation among undergraduates in Ekiti State, Nigeria. This chapter presents the discussion of the results of the study, conclusion, and implications of research findings, recommendations and limitations of the study, suggestions for further research and summary.

5.1 Conclusion

The purpose of the study was to investigate the practice and attitudes of masturbation among undergraduates in Ekiti State. An extensive review of literature was under-taken to guide the researcher into what has already been carried out in the area. To guide the study five research questions and eight hypotheses were posed. Descriptive survey design was adopted. A total of 300 undergraduates from Federal, State universities and a Federal polytechnic in Ekiti State responded to the questionnaire. The instruments used for data collections was the questionnaire titled, the practices and attitudes of masturbation among undergraduates in Ekiti State. The internal consistency reliability coefficient was determined for the questionnaire using Cronbach Alpha. The data were analyzed using Pearson chi-square, logistic regression model. Univariate analysis in this study was carried out using tables of frequency distribution to describe the background characteristics of the respondents while bivariate analysis was done using the chi-square (X^2), logistic regression model was used in the multivariate analysis to determine the strength of association and identify attitudes and practices of masturbation among undergraduates in the study area.

The findings revealed that most undergraduates likely or practicing masturbation are within ages 20-25, 95% of undergraduates have heard and masturbated before and those who are currently masturbating account for 26.9%, it can be said that the extent to which masturbation is exhibited is high through the use of bare hands recording 60.5%, the extent to which masturbation is exhibited among undergraduates as 33.8% admit that

masturbation is natural, normal and a healthy way of sexual expression and dressing code which has over time been a trend that most undergraduates dresses in an indecent manner which is nothing to write about has had a bad influence which as affected most undergraduates and as pushed most person into watching pornographic film and pictures to get a balance in sexual uprising where frequency is above average based on the sample size in this study of 161, thinking about sex 110 but minimal with 44 of reading of literatures at are sex related.

The determining factors why undergraduates masturbate which is to forget about sex for a period of time as it was disclosed (97.8%), masturbating helping in satisfying sexual urge at any point in time (98.8%) categorically as the idea towards masturbating. Masturbation is mostly practiced by singles and factored by age.

5.2 Educational Implications

From the findings of this study, one can deduce some important educational implications for the governments, tertiary institutions, sociologist of education, parents and undergraduates. The study provides an empirical evidence on the practice and attitudes of masturbation on the social, emotional of university undergraduates. The implication of this is that for as long as parents continue to hide under the cloak of culture and shy away from discussing sexual matters with their children, their children will continue to seek such information from unauthorized sources which may expose students to masturbate.

5.3 Recommendation

The following recommendation have been made based on the findings of this study:

1. Culture of the people should allow open discussion of sexual matters for students, and not see it as a taboo.
2. Sex education should be introduced and emphasized in the curriculum programme of tertiary institutions.

3. Universities should organize seminars and symposium for the students where the issues relating to sexual activity can be discussed as masturbation is incorporated.

5.4 Limitations of the Study

This study is not without some obvious limitations;

Some of the respondents were reluctant in providing the necessary information because of the nature of the topic investigated. This could have affected the result slightly.

5.5 Suggestions for Further Research

1. The study should be replicated in other educational zones of the country.
2. A comparative study of the practice and attitudes of masturbation among undergraduates in other part/region of Nigeria should be conducted.
3. A study of strategies for checking the extent to which masturbation is practiced amongst undergraduates should be conducted.

5.6 Summary of the Study

The result of the analysis indicated that 72.1% responded from Fuoye, 51.1% from Eksu and 45.9% from Fedpoly, from various faculty starting from Science (63.3%), Social Science (66.9), Arts (56%), Engineering (62.5%), Business and Management (37.9%) and Environmental (53.1%) were analyzed respectively. Across levels, 100 level (55.1%), 200 level (64.8%), 300 level (57.8%), 400 level (48.6%) and 500 (100%). As regards sex, more of male responded as the male account for (65.3%) and female (51%) and ethnicity the majority by (75.4% Igbo), (63.6% Hausa) and (53.3% Yoruba), also the three religious affiliation accounts for (55.3% Christian), (Muslim 73.3%) while (Africa Traditional 62.5%), age of respondent, less than 20 account for 59.2%, 20-25 accounts for 59% and 26+ also 44.4% then marital status,(single 57.4%), (married 66.7%), (separated 100%). The result of the study further disclose that 95% have heard and masturbated before and those who are currently masturbating account for 26.9%. How

frequent they masturbate, here those who masturbates once in a while, rarely, often at (146%, 110%, and 44%) respectively.

Based on the period with percentages at (17.2%, 44.8%, 36.8% and 1.2%) of how often they masturbate every day, once a week, once a month and others respectively. The data showed the extent to which masturbation is exhibited among undergraduates as 33.8% admit that masturbation is natural, normal and a healthy way of sexual expression, (45.9% no) and (20.3% don't know) but through the extend of what materials is used in masturbating, it can be said that the extent to which masturbation is exhibited is high through the use of bare hands recording 60.5%, artificial penis/vaginal 22%, teddy bear 16%, candle 0.5%, sex film 0.5% and dream 0.5%. It was clear that most undergraduates masturbate mostly by using their bare hand mostly called pleasuring one self. Dressing code which has over time been a trend in most undergraduates dresses in an indecent manner which is nothing to write about has had a bad influence which as affected most undergraduates and as pushed most person into watching pornographic film and pictures to get a balance in sexual uprising where frequency is above average based on the sample size in this study of 161, thinking about sex 110 but minimal with 44 of reading of literatures that are sex related. The study shows the determining factors why undergraduates masturbate which is to forget about sex for a period of time as it was disclosed (97.8% yes, 2.2%), masturbating helping in satisfying sexual urge at any point in time (98.8%, 1.2%) categorically as the idea towards masturbating.

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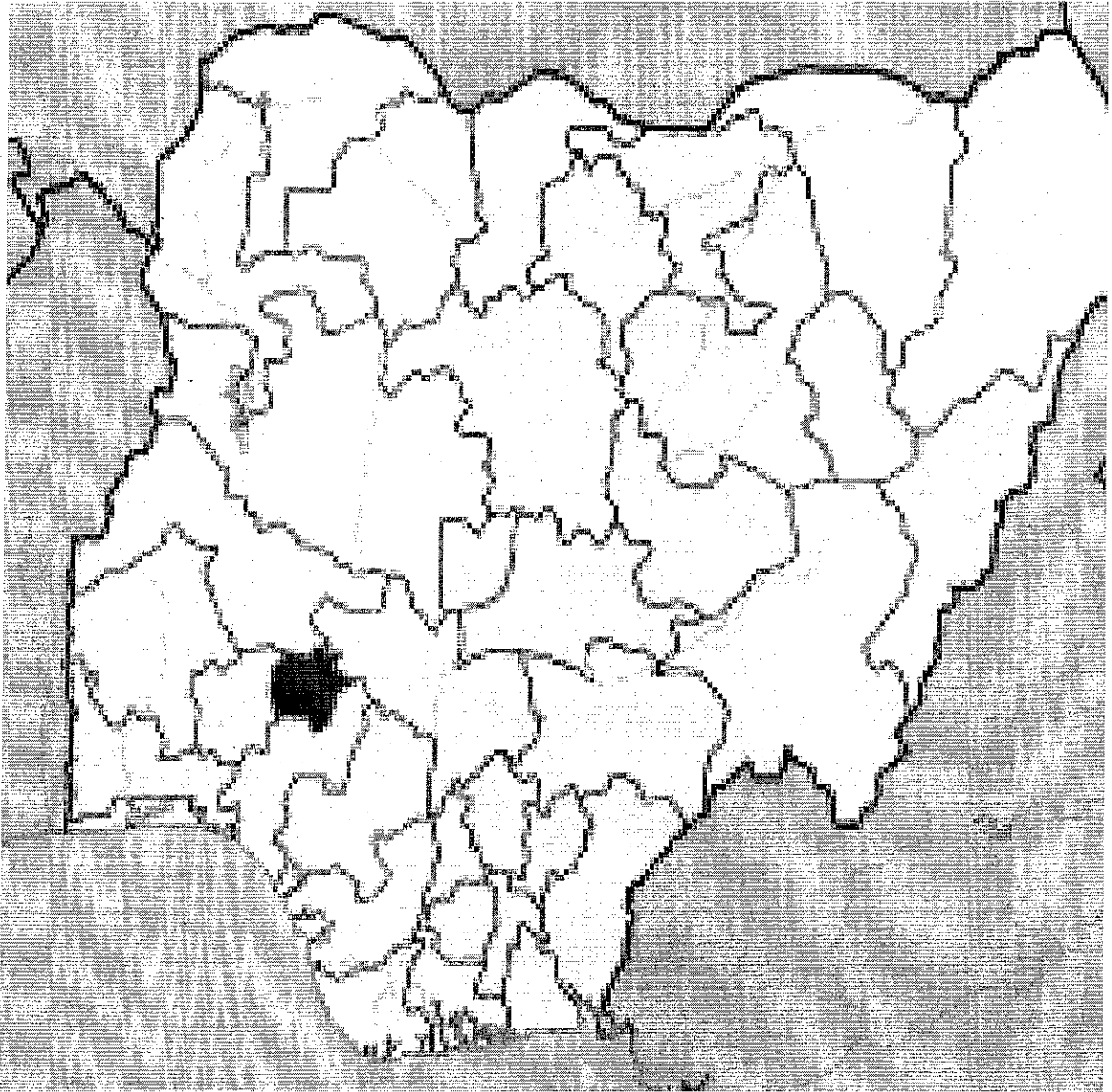
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APPENDICES

APPENDIX A

AREA OF STUDY



LOCATION OF EKITI STATE IN NIGERIA

APPENDIX B
QUESTIONNAIRE

**TOPIC: -THE ATTITUDES AND PRACTICES OF MASTURBATION
AMONG UNDERGRADUATES IN EKITI STATE**

Faculty of Social Science
Department of Demography and
social science
Federal University Oye-Ekiti
Ekiti State.

Dear Respondents,

The researcher wishes to elicit information on the attitudes and practice of masturbation among undergraduates in Ekiti State. Please be honest in supplying the information, as it is true of you and your person.

This research work is solely for the purpose of studying the above mentioned topic which is strictly for academic purpose and award of a BSC degree. It therefore has nothing to do with you as a person.

The information collected shall be treated with utmost confidentiality. The researcher is an undergraduate student of the above school. Your co-operation, sincerity and honesty are solicited for.

Thank you.

Yours sincerely,

Akinyemi David Oluwasegun.

QUESTIONNAIRE CODE NUMBER:-.....

**QUESTIONNAIRE TITLED: - THE ATTITUDES AND PRACTICES
OF MASTURBATION AMONG UNDERGRADUATES IN EKITI
STATE**

SECTION A: - Demographic Variables

Please tick (✓) the appropriate response

Q1. Name of University

.....

Q2. Faculty

Q3. Level.....

Q4. Sex (1) Male (2) Female

Q5. Age as at last birthday

Q6. Ethnicity (1) Yoruba (2) Igbo (3) Hausa (4) Others (please
specify).....

Q7. Religious Affiliation (1) Christian (2) Muslim (3) African Traditional Religion (4)
Others (please specify)

.....

Q8. Birth order in the family

(1) First child (2) Middle child (3) Last child (4) Others (please specify)

Q9. Marital Status (1) Single (2) Married (3) Separated (4) Others (please specify)

Q10. What is your father's occupation?

(1) Business man/woman (2) Civil servants (3) Retired (4) Others (please specify)

.....

...

Q11. What is your mother's occupation?

(1) Business man/woman (2) Civil servants (3) Retired (4) Others (please specify)

.....

SECTION B: - Knowledge about masturbation among university undergraduates

**For the following statements state whether 1. Yes 2. No 3. Don't know
Please tick (✓) the appropriate response**

Q1. Have you heard of masturbation before? (1) Yes (2) No (3) Don't know

Q2. What do you understand about masturbation?

- (a) It is a sexual activity that involves touching the body sensitive part
- (b) It serves as an experience of sexual pleasure without intercourse
- (c) It is the stimulation of the genitals for sexual pleasure
- (d) It helps to get relieve from sexual urge

Q3. Have you ever masturbated before? (1) Yes (2) No (3) Don't know

Q4. If yes, at what age did you first masturbate? (1) <14 (2) 15 (3) 18 (4) Others (please specify).....

Q5. What are your reasons for masturbating?

- (a) To forget about sex for a while
- (b) Masturbation helps in satisfying sexual urge at any point in time
- (c) In order not to be engaged in pre-marital sex
- (d) To understand and learn about the body and sexual feeling
- (e) It helps to relieve stress and improve sleep

Q6. Are you currently masturbating? (1) Yes (2) No (3) Don't know

Q7. Is masturbation natural, normal and healthy way of sexual expression? (1) Yes (2) No (3) Don't know

Q8. How frequent do you masturbate? (1) Once a while (2) Rarely (3) Often (4) Others (please specify).....

Q9. Is any of the masturbation posture related to any childhood event or events? (1) Yes (2) No (3) Don't know

Q10. With what materials do you masturbate? (1) Artificial penis/vagina (2) teddy bear (3) bare hands (4) Others (please specify).....

Q11. What motivates you to masturbate? (1) Reading romantic magazine (2) Pornographic movies (3) Sex phone calls (4) Others (please specify).....

Q12. Can orgasm be achieved through masturbation alone? (1) Yes (2) No (3) Don't know

Q13. Does masturbation provide better understanding on how sex life should be? (1) Yes (2) No (3) Don't know

Q14. Depending on the period, how often do you masturbate? (1) Everyday (2) Once a week (3) Once a month (4) Others (please specify).....

Q15. Does masturbation helps in reducing sexual tension? (1) Yes (2) No (3) Don't know

Q16. Can masturbation be avoided? (1) Yes (2) No (3) Don't know

Q17. Do you get relieve from sexual urge by masturbating? (1) Yes (2) No (3) Don't know

Q18. Do you look inferior due to the act of masturbation? (1) Yes (2) No (3) Don't know

Q19. Do you feel guilty and fearful of being exposed? (1) Yes (2) No (3) Don't know

Q20. Can you discuss about masturbation openly with friends? (1) Yes (2) No (3) Don't know

Q21. Masturbation helps in having a better sexual experiences with partner? (1) Yes (2) No (3) Don't know

Section C: - Causes of masturbation among undergraduates.

For the following statements state whether 1. Yes 2. No 3. Don't know

Please tick (✓) the appropriate response

Q1. Do you enjoy watching pornographic video? (1) Yes (2) No (3) Don't know

Q2. Is it healthy to watch pornographic films? (1) Yes (2) No (3) Don't know

Q3. If yes, do you think watching pornography film fuels appetite for sexual activity? (1) Yes (2) No (3) Don't know

Q4. In what way, if it does?

(a) It trigger been horny fast

(b) It helps in been sexually active

(c) It helps to learn about the body function.

(d) Others (please specify).....

Q5. Have you ever tried to stop masturbation? (1) Yes (2) No (3) Don't know

Q6. If yes, what were the ways you attempted?

(1) Praying

(2) Avoiding been alone

(3) Going out with friends

(4) Reading innovative literatures and movies

Q7. Do you think masturbation involves deliberate sexual self-stimulation? (1) Yes (2) No (3) Don't know

Q8. Does watching movies, TV programs or visiting web sites stimulates masturbation? (1) Yes (2) No (3) Don't know

Q9. Do you agree that an individual sexual orientation is biologically determined? (1) Yes (2) No (3) Don't know

Q10. Do you think that watching pornography films to learn about sex is desirable? (1) Yes (2) No (3) Don't know

Q11. Do you get moved by sex calls or chats leading you into masturbating? (1) Yes (2) No (3) Don't know

Q12. Do you get triggered by ladies close by easily? (1) Yes (2) No (3) Don't know

Q13. How long does it takes you to get sexual relieve? (1) 1minute (2) 3minutes (3) 5minutes (4) Others (please specify).....

Q14. In what bodily posture do you masturbate?

(a) Standing

(b) Sitting

(c) Lying

(d) Bottom down

Q15. What is the source of stimulation for masturbation?

(a) Erotic materials on internet

(b) Having erotic thoughts for self

(c) Erotic materials in hard copy

(d) Others (please specify).....

Q16. Do you think that reading literatures that dwells on sexual acts causes masturbation?

(1) Yes (2) No (3) Don't know

Section D: - The consequences of masturbation

For the following statements state whether 1. Yes 2. No 3. Don't know

Please tick (✓) the appropriate response

Q1. Do you think masturbation can be conquered? (1) Yes (2) No (3) Don't know

Q2. Is masturbation evil? (1) Yes (2) No (3) Don't know

Q3. Do you think that masturbation is a healthy sexual practice? (1) Yes (2) No (3) Don't know

Q4. If yes, what are the effects?

(1) It helps to reduces sexual appetite

(2) It helps prevent the development of prostate cancer

(3) It helps in avoiding raw sex

(4) It assists in keeping virginity

Q5. Do you think masturbation causes one to view opposite sex as mere objects? (1) Yes

(2) No (3) Don't know

Q6. Masturbation can make satisfying sexuality difficult to achieve? (1) Yes (2) No (3)

Don't know

Q7. Is masturbation a form of gross sexual immorality such as fornication? (1) Yes (2)

No (3) Don't know

Q8. If yes, how?

(a) It lower sexual performance

(b) It lowers once self-esteem

(c) It affects once sexual orientation

(d) Others (please

specify).....

Q9. What factor is responsible for most masturbation occurrence?

(a) Watching pornographic film and pictures

(b) Thinking about sex

(c) Reading literatures that are sex related

(d) Others (please

specify).....

Q10. Masturbation helps to delay orgasm? (1) Yes (2) No (3) Don't know

Q11. Do you think masturbating can cause sexuality complication? (1) Yes (2) No (3)

Don't know

Q12. If yes, what are the effects complication?

(a) It would affect fertility

(b) It causes low functionality after few years

(c) It reduces the sperm count

(d) Others (please specify).....

Q13. Does casual sex have any desirable outcomes? (1) Yes (2) No (3) Don't know

Thanks for your co-operation.