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Sexual and Health Preventive Behaviour of Secondary School Students in Ilorin, Kwara State, Nigeria

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Abstract

Nigeria Demographic and Health Surveys (NDHS) have indicated that more than 15% of Nigerian girls become sexually active by the age of 15 and by 24 years of age, almost all boys in Nigeria are sexually active. Incidentally, the majority of the adolescents are concentrated in secondary or high schools. This study provides a sociological account of adolescents' sexual and health preventive behaviours in two purposively selected secondary schools in Ilorin. Questionnaire was used to gather data from a total of 150 respondents. Data were analysed using descriptive and inferential statistics. The study found that more than half of the respondents (58.7%) were sexually active, 30.7% of whom became sexually active before the age of 20 years. All sexually active respondents (100%) were carrying out sexual activities without the knowledge of parents and guardians, a clear indication of lack of or inadequate parent-child parent/child communication regarding reproductive health. The study found evidence of relationships between peer pressure and sexual initiation (χ^2 value, 34.914, critical value, 5.99 at 5% level of significance) as well as socio-economic status (SES) and sexual behaviour (calculated χ^2 value, 12.3; critical value, 6.63 at 5% level of significance). A significant number of the respondents (59.3%) were aware of the term STIs and how they can be contracted and transmitted. However, 78% of the respondents were not aware of the immediate and long term health consequences of STIs. Nevertheless, a statistical relationship was found between education and knowledge of STIs where the calculated chi square (150) was found to be greater than the critical value (9.21) at 0.01 level of significance and 2 degree of freedom. The study has provided some guide for reproductive health leadership and governance in Secondary schools in Ilorin and Nigeria as a whole.

Keywords: Adolescents; Awareness; Behaviour; Sexually transmitted infections

Introduction

For several decades, scholars in the fields of psychology and biology dominated academic discourses around adolescents' sexual behaviour. The classical Psychosexual Development theories of Sigmund Freud and Psychosocial Development theories of Erik Erikson and many other contemporary psychological theories are evidence of academic scholarships in this area of discourse. However, in the recent time, sociologists have increasingly expressed deep interest in this important phase of human development in order to broaden the understanding of the social dimensions of the transitional period and to develop a well researched theoretical construct. From the point of view of symbolic interactionism, "that we are sexual is determined by a biological imperative toward reproduction, but how we are sexual—where, when, how often, with whom, and why—has to do with cultural learning, with meanings transmitted in a cultural setting" (quoted from Longmore, 1999: 44). Adolescence is not just a period of transition and growth it is also a period of exploration and opportunities. It is an important phase in psychosocial and psychosocial development where young people are usually faced with various bio-psycho-social changes, including deciding what it means to be a man or a woman, developing a system of values, including sexual values, behaviour and relationships (Lerner and Steinberg, 2004; Machel, 2001).

Reports from around the world have shown that the population of adolescents entering adulthood is fast increasing (Population Reference Bureau, 2012), making sexual and reproductive health behaviours of this very important segment of human population to attract the attention of researchers, including medical sociologists. This is even more important in a global world where information and technology (ICT) seems to have exposed young people to sexual materials via the internet and mobile phones. For instance, Longe and Longe (2004) found that children and teenagers in South Western Nigeria between the ages of 7 and 18 years constitute over 30% of internet users. Those who have difficulty in accessing the internet either from personal phones do so at public cyber cafés where they pay hourly. The most common online activities among young people are texting, chatting, flirting and probably watching phonographic materials. There are increasing concerns therefore that online activities may have aggravated early sexual activities among adolescents not only in Nigeria, but across the world.

Research has shown that in most countries of the world, sexual activity in young people begins in adolescence for the majority before the age of 15. Surveys of boys aged 15 to 19 in Brazil, Hungary and Kenya showed that more than a quarter of adolescents started having sex before the age of 15 (UNICEF 2000). The same scenario is obtainable in Nigeria. Available evidence indicates that the number of young people aged 10-24 years who commenced pre-marital sexual relations has increased in the past few years. As of 2003, Demographic and Health Surveys (NDHS) in Nigeria indicated that more than 15% of Nigerian girls became sexually active by age 15 and by age 24 almost all boys are sexually active (National Population Commission, 2003).

However, most of the adolescents who start having sex at early age have limited knowledge of the implications of their actions. Many of them do not know how vulnerable they are to sexually transmitted infections (STIs). For instance, of the 3 million new curable cases of STIs, 70% are young people between the ages of 15 and 24 years (WHO 2000) and of more than 35 million people infected with STIs, including HIV/AIDS, close to 50% acquired the infection before the age of 25 (UNAIDS, 2010). Young people are more vulnerable to STIs because they engage in risky behaviour patterns such as early initiation of sex, multiple sexual relationships and non-adherence to the use of condoms (Eng et al., 1997). In Nigeria, for instance, the use of condoms is still very low among adolescents despite widespread knowledge of condoms. According to the 2008 NDHS, more than 90% of sexually active unmarried women between the ages of 15 and 24 in Nigeria knew about condoms and what it is used for, but only 36% had used a condom during the last sexual encounter (National Population Commission, 2008).

Although, previous studies had examined adolescents' sexual behaviour and knowledge about the use of condoms in Nigeria, (Ankomah et al., 2011; Fatusi and Blum, 2008; Isiugo-Abanihe, 1994; Isiugo-Abanihe and Oyediran, 2004; Nichols, et al. 1986; Okonofua, 1999; Smith, 2000) very few of them focused attention on secondary school children where adolescents are concentrated. Many of these studies were also conducted outside the domain of sociology, thereby lacking some sociological perspective. In this study, a sociological account of adolescents' sexual and health preventive behaviour in selected secondary schools in Ilorin has been provided. This was premised on the assumption that a combination of social factors (the school environment, peer influence, the new media and culture, and a lack of parent-child communication regarding reproductive health) collectively provided a "fertile ground" for the transmission and spread of STIs, including HIV/AIDS, among secondary school students. For instance, in most Nigerian secondary schools, sex education is still rarely discussed. In many of these schools, and even homes, sex education is still seen as a taboo (Shonde, 2010). The study, therefore, investigated sexual and health preventive behaviour among secondary school students in Ilorin South Local Government Area of Kwara State, Nigeria. The study proffers a strategic policy framework and recommendations that could assist in averting the immediate and long term consequences of early sexual activity among young people in secondary schools in Ilorin in particular, and Nigeria as a whole.

Methodology

The current study is a cross-sectional survey conducted among adolescents in selected secondary schools in Ilorin, Kwara State, Nigeria. The study focused mainly on senior secondary school students because of the belief that they are more experienced in sexual activities than those in junior classes. Two public secondary schools, hereby known as school 'A' and school 'B' for ethical reasons, were purposively selected. The schools are co-educational, involving both males and females. The total number of registered senior students in school 'A' was 850 who

are spread across eight blocks of classrooms with school 'B' having a total of 480 senior students spread across 4 blocks of classrooms. An approval to conduct the survey was obtained from the school management through the school principals. The students' consent was obtained for participating in the survey.

An open and close-ended questionnaire was used to collect data for the study. A total of 150 copies of the questionnaire were distributed to randomly selected respondents. 100 respondents were selected from school 'A' while 50 were selected from school 'B'. The questionnaire instrument was used to collect data on the socio-demographic characteristics of the students, sexual behaviour and knowledge about STIs and the use of condoms. The respondents were allowed to fill the questionnaires during regular class schedule, without time pressure. Data cleaning was therefore less strenuous since the respondents responded very well to the questions posed in the instrument. Data gathered were analyzed using descriptive and inferential statistics with the aid of Statistical Package for Social Sciences (SPSS). Descriptive statistics used included tables, simple percentages and frequency. The inferential statistics used was the chi-square. Chi-square analysis was used to test for relationship between variables. Differences between variables were considered statistically significant where the calculated chi-square values were greater than the critical value at 0.05 and 0.01 levels of significance.

Results

Demographic Profile

Table 1 presents the socio-demographic profiles of the respondents. From the table, a total of 150 respondents participated in the study. The table shows that more females (65%) participated in the study than the males (34.7%). The majority of the respondents fell within the minimum age standard of adolescents; 20.7% were between the ages of 13-15, 68% were between the ages of 16-19. Only 11.3% were above the age of 20. A total of 93 (62%) of the respondents were from nuclear family types while 38% were from polygamous family types. The majority of the respondents 93 (62%) were Christians while 52 (34.7%) were Muslims. The Christians were the majority because the sampled secondary schools were located in a Christian dominated area of Ilorin. More than half of the sampled students (59.3%) agreed that they belonged to the lower socio-economic status (SES). Only 4% agreed they were from the upper class. This further confirms that public secondary schools are dominated by students from the low SES unlike the expensive private secondary schools. A total of 20.7% of the respondents were in Senior Secondary One (SSS 1), 55.3% were in SSS 2 while 24% were in SSS 3 (see Table 1 for details).

Table I: Demographic Characteristics of the Respondents

Categories	Number	Percentage
Gender		
Male	52	34.7%
Female	98	65%
Total	150	100
Age		
13-15 years	31	20.7
16-19 years	102	68
20 years above	17	11.3
Total	150	100
Religion		
Christianity	93	62
Islam	52	34.7
Traditional Religion	5	3.3
Total	150	100
Family Type		
Monogamy	93	62
Polygamous	57	38
Total	150	100
Parent's Social Class		
Upper class	6	4
Middle class	55	36.6
Lower class	89	59.3
Total	150	100
Classes		
SS1	31	20.7
SS2	83	55.3
SS3	36	24
Total	150	100

Source: Field Survey, 2013

Sexual Behaviour

Table II presents results on the sexual behaviour of the respondents. From the table, 88 (58.7%) of the respondents disclosed that they were in sexual relationship with the opposite sex. Among the students in sexual relationship, 63 (76%) revealed that their partners had demanded for sex out of which as many as 58 (65.9%) consented. The result shows that 30.7% of the sexually active students had their first sexual experience when they were less than 20 years of age. Only 8% had their first sexual experience above the age of 20. More than 50% of the respondents revealed they had

sexual intercourse a week prior to the study. Some 10.7% confessed to have had sex with more than two partners in the last 3 months while 14.8% could not remember. Nevertheless, 100% of the sexually active respondents disclosed that their parents or guardians were not aware of their sexually activities.

Table II: Sexual Behaviour of the Respondents

Categories	Frequency	Percentage
Respondents in Sexual Relationship		
Yes	88	58.7%
No	62	41.3%
Total	150	100
Demand for Sex		
Yes	63	76%
No	25	28.4%
Total	88	100
Respondents who consented to Sex		
Yes	58	65.9
No	30	34
Total	88	100
Age at First Sexual Experience		
12-14	12	8
15-19	34	22.7
Above 20	12	8
Total	58	100
Sexual intercourse in the past one week		
Yes	47	53.4
No	41	46.6
Total	88	100
Sexual intercourse with more than two partners		
Yes	11	12.5
No	64	72.7
Can't Remember	13	14.8
Total	88	100
Parents' knowledge about adolescents' sexual activities		
Yes	0	0
No	88	100
Total	88	100

Source: Field Survey, 2013

Social Factors Promoting Sexual Behaviour among the Respondents

Table III reveals that 87.3% of the respondents had seen porn-related materials before the study of this 75.5% were introduced to these materials by their peers. 44.3% of the respondents claimed to have been previously influenced by peers into sex-related activities. Thus, the study found some evidence of relationship between peer influence and sexual behaviour of the respondents. This suggests that peers or friends have significant influence on sexual behaviour of one another. This was arrived at when the calculated chi square (X^2) value (34.914) was greater than the critical value (5.99) at 5% level of significance (see table IV). The study thus found an evidence of statistical relationship between the socio-economic status (SES) and sexual behaviour of the respondents. Among the female respondents, 21.3% disclosed they had received money or gift items in exchange for sex. This suggests that students from low SES background, especially among the female students had sexual encounters in to exchange for money. This became convincing when the calculated X^2 value (12.3) was found to be greater than the critical value (6.63) at 5% level of significance (see table V).

Also from table III, sexual behaviour of the respondents was seen to have been influenced by the 'new media'. 102 (68%) of the respondents were in possession of cell phones. Of this, 66 (64.7%) had phones with internet facilities, 100% of which often used their phones to chat. 43% sometimes used the phone to flirt while 56.7% also sometimes used their phones to watch porn-related materials. Only 32.4% agreed to use internet facilities on their phones to access educational resources. It was discovered that 88.7% of the total respondents were on social network sites. The most mentioned social network sites by the respondents were *2go*, *facebook*, *badoo* and *WhatsApp*. However, only 22.7% of those on social network sites had previously met with previous partners on any one of these sites.

Table III: Social Factors Promoting Sexual Behaviour

Categories	Number	Percentage
Seeing Porn-Related Materials		
Yes	131	87%
No	19	13%
Total	150	100
Influence by friend(s) to see porn-related materials		
Yes	99	75%
No	32	25%
Total	131	100
Encouragement from friend(s) to participate in sex-related activities		
Yes	66	44%
No	84	56%
Total	150	100
In Possession of Cell Phones		
Yes	102	68%
No	48	32%
Total	150	100
In possession of phones with internet		
Yes	66	64.7
No	36	35.3
Total	102	100
Chatting with Phone		
Yes	102	100%
No	0	0
Total	102	100
Flirting with Phone		
Often	44	43%
Sometimes	58	57%
Total	102	100
Watching Porn-Related Movies on the Phone		
Yes	58	56.9
No	44	43.1
Total	102	100

Using Phone to Access Online Education Resources		
Yes	33	32.4
No	69	67.6
Total	102	100
Membership on Social Network Sites		
Yes	133	88.7
No	17	11.3
Total	150	100
Meeting Boyfriend/girlfriend on Social Network Sites		
Yes	34	22.7
No	116	77.3
Total	150	100

Source: Field Survey, 2013

Table IV: Chi-square Test Showing Relationship between Peer Influence and Sexual Behaviour

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	34.914 ^a	2	.000
Likelihood Ratio	40.160	2	.000
Linear-by-Linear Association	27.550	1	.000
N of Valid Cases	58		

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is 3.72.

Chi square (X^2) value (34.914); critical value (5.99); 5% level of significance
Source: SPSS Output

Table V: Chi-square Test Showing Evidence of Relationship between SES and Sexual Behaviour

Chi-Square Tests					
	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	12.308 ^b	1	.000		
Continuity Correction ^a	9.244	1	.002		
Likelihood Ratio	14.249	1	.000		
Fisher's Exact Test				.001	.001
Linear-by-Linear Association	11.923	1	.001		
N of Valid Cases	32				

a. Computed only for a 2x2 table

b. 2 cells (50.0%) have expected count less than 5. The minimum expected count is 2.25.

Chi square (X^2) value: 12.3; critical value: 6.63; 5% level of significance; degree of freedom: 1

Source: SPSS output

Awareness of STIs

Table VI shows that the majority of the respondents (94%) were aware of the term STIs. The most mentioned STIs by the majority of respondents were gonorrhea and HIV/AIDS. None of the respondents identified syphilis and herpes as examples of STIs. However, the respondents demonstrated good knowledge of how STIs can be contracted and transmitted. 71.3% believed that STIs could be contracted through unprotected sex. The majority of the respondents (77.3%) however disclosed that issues relating to sex and STIs are rarely discussed in classes. The school authorities may not have encouraged sex-related education in secondary schools. Sources of the pieces of information possessed by the respondents included discussion among friends (42.6%), the media (31.3%) and books (magazines and novels) (23.3%). The study found an evidence of relationship between education and knowledge of how STIs can be contracted when the calculated chi square (150) was found to be greater than the critical value (9.21) at 0.01 level of significance and 2 degree of freedom (see table VII). This suggests that the ability to read and write provides the opportunity to source for knowledge about STIs despite lack of sex education in schools.

However, despite knowledge of how STIs can be contracted, the majority of the respondents (78%) were not aware of the immediate and long term health consequences of poorly treated or untreated STIs. Only 7.3% believed that untreated

or poorly treated gonorrhea could result to infertility. Some 10.6% of the respondents wrongfully thought that gonorrhea affects only ladies. Only 10% of the respondents believed that someone, who does not use condoms always and correctly, is very likely to contract HIV/AIDS. Incidentally, 63 (42%) of the respondents had felt 'some kind of disturbance in the private parts' prior to the study, out of which 57.1% did not seek medical advice or help. The study found an evidence of statistical relationship between multiple sex partnership and exposure to STIs. This suggests that adolescents with more sex partners were more exposed to STIs than those who did not have sex partners. This was arrived at when the X^2 value (71.89) was found to be greater than the critical value (12.59) at 5% level of significance (see table VIII).

Table VI: Knowledge of STIs

Categories	Number	Percentage
Awareness of STIs		
Yes	141	94
No	9	6
Total	150	100
Possibility of contracting STIs through unprotected Sex		
Yes	107	71.3
No	43	28.7
Total	150	100
Sources of Knowledge		
Among friends	68	42.6
Media	47	31.3
Books (magazine and novels)	35	23.3
Class Discussion	0	0
Other sources	0	0
Total	150	100
Knowledge of Class Discussion on Sex-Related Issues		
Yes	0	
No	116	77.3
I don't know	34	22.7
Total	150	100
Awareness of Long and Immediate Consequences of STIs		
Yes	33	22
No	117	78
Total	150	100

Knowledge on whether poorly treated Gonorrhea can cause infertility	11	7.3
Yes	139	92.7
No	150	100
Total		
Knowledge on whether only women can have Gonorrhea	16	10.6
Yes	134	89.4
No	150	100
Total		
Knowledge on whether someone who does not use condoms always and correctly is vulnerable to HIV/AIDS	56	37.3
Never	32	21.3
Very likely	31	20.7
Unlikely	16	10.7
Likely	15	10
Very likely	150	100
Total		
Feeling of some kind of disturbance in the private parts		
Yes	63	42
No	87	58
Total	150	100
Medical advice after feeling of some kind of disturbance in the private parts		
Yes	27	42.9
No	36	57.1
Total	63	100

Source: Field Survey, 2013

Table VII: Chi Square Testing Relationship between Education and Knowledge of STIs

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	150.000 ^a	2	.000
Likelihood Ratio	194.846	2	.000
Linear-by-Linear Association	124.926	1	.000
N of Valid Cases	150		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 6.71.

Chi square value: 150; Critical value: 9.21; Level of significance: 0.01; degree of freedom: 2

Source: SPSS output

Table VIII: Table showing relationship between keeping multiple partners and exposure to STIs

Chi-Square Tests			
	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	71.885 ^a	6	.000
Likelihood Ratio	82.039	6	.000
Linear-by-Linear Association	39.434	1	.000
N of Valid Cases	88		

a. 8 cells (57.1%) have expected count less than 5. The minimum expected count is 1.31.

Chi square value: 71.89; Critical value: 12.59; Level of significance: 5%; degree of freedom: 2

Source: SPSS output

Knowledge of Condoms and Health Preventive Behaviour

Table IX shows that 85.3% of the respondents were aware of condoms and what they are used for. However, attitude towards the use of condoms was still very poor. 65(43.3%) of the respondents had had sex a month prior to the study out of which 49.2% did not use condoms. Apart from the fact that the majority of the

respondents (78%) were not aware of their HIV status because they had never been tested for HIV, 56 (37.3%) believed they were not vulnerable to HIV even if they did not use condoms always and correctly. Some respondents (28%) believed that taking enough water prior to having sex and urinating immediately after sexual encounter can prevent STIs like gonorrhea and HIV/AIDS. Consequently, 34% of the respondents did not use condom during their last sexual encounter. Most failed to use condoms either because they did not like using condoms or because they trusted their partners.

Table IX: Knowledge of Condoms and Health Preventive Behaviour

Categories	Number	Percentage
Awareness of condoms		
Yes	128	85.3
No	22	14.7
Total	150	100
Sex during the last one month		
Yes	65	43.3
No	85	56.7
Total	150	100
Did you use condoms during the last sexual intercourse		
Yes	21	32.3
No	32	49.2
Never used condoms	12	18.5
Total	65	100
Awareness of HIV status		
Yes	33	22
No	117	78
Total	150	100
Do you think you are vulnerable to HIV infection if you don't use condoms always and correctly?		
Yes	56	37.3
No	94	62.7
Total	150	100
Do you believe taking enough of water prior to and immediately having sex can prevent STIs?		
Yes	42	28
No	108	72
Total	150	100

Did you use condoms in your last sexual encounter?		
Yes	23	15.3
No	51	34
Can't remember	14	9.3
Indifferent	62	41.3
Total	150	100

Source: Field Survey, 2013

Discussion

This study has provided a sociological account of sexual and health preventive behaviour of secondary school students in Ilorin South Local Government Area of Kwara State, Nigeria. This became important against the backdrop that previous studies on adolescents' sexual behaviours have neglected secondary school students. The study found that more than half of the population studied (58.7%) were in sexual relationship with the opposite sex and had had series of sexual intercourse without being coerced. Sexual activity was carried out before the age of 20 years for a significant number of the respondents (30%). This finding corroborates a study which noted a high rate of risky sexual behaviour among the adolescents, with almost half of the adolescents reporting having multiple sex partners (Adedimeji, et al., 2008). However, the finding contradicts reports from Peru, Tanzania, Bangladesh, and Samoa where more than one third of girls who had sex before the age of 15 were coerced into having their first sexual encounter (WHO, 2005). However, sexual activities were going on among the majority of the sexually active respondents without the knowledge of parents or guardians. Some of the respondents claimed their parents believed they were still virgins. However, there was an evidence of statistical relationship between SES and sexual activity. This finding agrees with Madise's et al. (2007) study who found that adolescents from low SES may participate in early sexual encounters than those from rich SES. They found a correlation between poverty and early sexual debut, especially among female participants.

Several factors have been reported to have aided early sexual activity among the adolescents. These include what Ankomah, et al. (2011) described as 'push' and 'pull' factors in a qualitative study on the reasons for delaying or engaging in early sexual initiation among adolescents in Nigeria. The 'push' factors on one hand, according to Ankomah et al. (2011), included situations where parents expose young female children to street hawking. The 'pull' factors, on the other hand, particularly for males, included the pervasive viewing of locally produced movies by the adolescents with contents meant for the adults. Thus, this study found a significant statistical relationship between peer pressure and sexual initiation among secondary school students. This agrees with a study by Jaccard et al. (2005) who found that adolescents whose friends are already in sexual relationships are most likely to adopt the same behaviour. This is usually done to pledge loyalty to friendship.

Another 'pull' factor identified by Ankomah (2011) for the majority of females was transactional sex (where adolescent girls exchange sex for certain benefits such as gifts, cash, or other favours). Similarly, in this study some female adolescents (21.3%) disclosed having exchanged sex for money, especially with older people, making them vulnerable to STIs like gonorrhea and HIV. This is usually carried out without the consent of the original sex partners, popularly known as boyfriends. The study therefore found a significant statistical relationship between multiple sex partners and secondary school students' exposure to STIs. This outcome agrees with the findings by Floyds and Latimer (2010) who found that having multiple sexual partners increases the likelihood and exposure to STIs. Similarly, almost half of the respondents had felt 'some kind of disturbance in private parts', some of whom did not bother to seek for medical advice. Most of the respondents still relied on friends concerning sex and STIs, many of whom may not possess adequate knowledge. Rwege (2000) argued that high rate of STIs among the adolescents is exacerbated by the fact that many young people receive information about STIs from friends who themselves possess limited information about the infections. The most disturbing was that more than 70% of the respondents were not aware of the immediate and long term health consequences of STIs like gonorrhea.

Furthermore, the study found that the school environments and social network sites provide opportunity for sexual exploration among the participants. Specifically, Rege (2009) noted that rapid development of information and communication technologies (ICTs) and the prevalence of the internet have offered an alternative avenue for romantic activities among the adolescents. In Nigeria, like other countries, online dating is fast spreading among the adolescents due to improved access to the internet via smart phones, private modems as well as public cyber cafe. It is increasingly evidenced that Nigerian parents, especially educated parents, feel honoured, proud and fulfilled buying smart phones for their children, especially on their birthdays or when promoted in schools. Evidence also abound that phones without internet facilities are often rejected by the adolescents. Thus, apart from the school environment where young people could easily meet and initiate sexual relationship, the internet provides an enabling ground for chatting, flirting and hooking up with sex partners for a significant number of the respondents in this study. The most mentioned online dating sites by the majority of the respondents were *2go*, *eskimi*, *facebook*, *badoo* and *WhatsApp*. Even though boys expressed interest in using their phones to play games, a significant number agreed to using their phones to flirt on social network sites. Previous studies have found that texting, chatting, flirting and watching phonographic materials are the most common online activities among adolescents (Longe et al., 2007).

Conclusion

This study has investigated sexual and health preventive behaviour of secondary school students in Ilorin South Local Government Area of Kwara State,

Nigeria. This was against the background that issues of sexual behaviour and STIs among young people in Nigerian secondary schools are still being glossed over in schools and homes. Besides, previous studies have failed to explore the sociological dimensions of adolescents' sexual behaviour. The study found that more than half of the secondary school students studied were engaged in sexual relationships with the opposite sex, the majority of whom had their first sexual intercourse when they were younger than 20 years of age without being coerced. Apart from the school environment, the 'new media' has emerged as an important avenue for secondary school students to establish sexual relationship. However, sexual activities among the majority of the students were going on without the knowledge of parents or guardians. There is also an evidence that sex education is rarely discussed in Nigerian secondary schools and thus yet to be integrated into the school curricula (Shonde, 2010). Thus, there is the need for effective parent-child communication regarding reproduction health as well as the inclusion of sex and relationship education (SRE) in the school curriculum. This would help improve best sex practices among adolescents in secondary schools. SRE in particular is efficacious in instilling information, skills and values required by young people to take responsibility for their sexual health and wellbeing. It has a significant impact on i) delaying sexual initiation, ii) reducing the number of sexual partners, and iii) improving health preventive behaviour, especially the use of condoms (Sex Education Forum, 2010).

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