

**A STUDY ON THE USE OF CONTRACEPTIVES AMONG FEMALE
STUDENTS OF UNIVERSITY OF BENIN**

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BENIN CITY

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**A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF
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CERTIFICATION

We, undersigned, certify that this research project was carried out by Maureen Chiamaka EGBUJOR with Matriculation Number EDU1603460 in the Department of Health Safety and Environmental Education, University of Benin in partial fulfilment of the requirements for the award of a Bachelor of Science. B.Sc.(Ed) degree in Health Education.

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DEDICATION

This project is dedicated to God almighty whom in his infinite mercy saw me through this work, granted me understanding and speed.

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The researcher profound gratitude goes to Almighty God the giver of life, good health, knowledge and grace given unto me to be able to complete the program despite various challenges encountered along the way.

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ABSTRACT

This study was carried out to investigate the use of contraceptives among female students of University of Benin, Benin City. Four research questions were raised in the study, The study was a descriptive research which adopted the survey research design . The descriptive survey design was adopted in this study. The population of the study comprises of the (19,288) female undergraduate students in the 14 faculties in the University of Benin. Using random sampling technique, one percent of the total pollution, that is, one hundred and forty three (143) female undergraduate students in 7 faculties across University of Benin were sampled for the study.

Descriptive statistics such as frequency and percentage were used in the data analysis of the study. The questionnaire was validated by two experts and the researcher's supervisor and test retest method was used to establish reliability of which it's coefficient was 0.89 ascertaining the reliability of the questionnaire. Descriptive statistics such as frequency and percentage were used in the data analysis of the study

The findings revealed that; Proportion of female students using contraception

in University of Benin is 63.6 %. Three most commonly used contraceptive among female students of University of Benin are emergency contraceptive pills, oral pills and withdrawal method. It was recommended among others that; Consistent use of regular contraceptives and condoms should be emphasized to reduce not only unplanned pregnancies but also sexually transmitted diseases and Government, individuals, philanthropic organizations and Non-governmental organizations should fully participate and increase funding and logistic support to ensure that sensitization of contraceptive use cover every nooks and crannies of University campuses.

CHAPTER ONE

INTRODUCTION

Background to the Study

Contraceptive measures have existed in early times with different countries having their crude methods in preventing pregnancy. The practice of contraception is old as human existence. Ancient writings noted on the Leahun Papyrus (1800 BCE) that the old Egyptians practice contraception by using a vaginal pessary of

crocodile dung and fermented dough which may create an hostile environment for sperm. While in Africa, particularly Nigeria, ancient methods of contraception include abstinence, maintenance of virginity, celibacy, avoidance of sex during menstruation, douching, polygamy and physical exercise.

Over the years, issues related to sexuality and contraception, have been taken with great reservation by Nigerians, as a result of increase in sexual expressions and experimentation among adolescents. Studies conducted among female students in Nigeria indicate an overall awareness of contraceptives rate of 70.9%. Among sexually exposed students, there was contraceptive usage rate of 40.1% and an unwanted pregnancy rate of 30.5% (Adinma & Okeke, 1995).

Most adolescents who are sexually active and do not use contraceptive face the increasing risks of unwanted pregnancies and unsafe abortions. Induced abortion currently accounts for 20,000 of the estimated 50,000 of maternal death occur in Nigeria each year (Akingba, 1977; Okonfua and Liumok, 1992).

Throughout the world, female students are exposed to the risk of unplanned pregnancies as a result of improper or non-use of contraceptives (Dreyer 2012, Maja & Ehlers 2004). This may result in failure to complete their education,

inability to maintain gainful employment and making independent marital decisions (Maja & Ehlers 2004). Young students sexual activities are communal, municipal and public health concern. These activities especially pre-marital sexual activities seem to be increasing amongst higher educational institutions students in places such as Asia and Africa, because of factors such as rapid urbanization and exposure to mass media (Devika Mehra, Anette Agardh, Karen of Odberg Petterson and per-Olof ostergen 2012).

In research studies conducted worldwide amongst university students, several factors were identified as contributing to the non-utilization of contraceptives. These amongst others include: lack of knowledge and awareness of contraceptives, age, culture, ethnicity, religion, poor access to contraceptive services, peer pressure, sources of information, alcohol and substance abuse and lack of partner support (Ahmed, F.A. Moussa, K.M., Petterson, K.O & Asamoah, B.O, 2012).

Many unwanted pregnancies by adolescents arise out of ignorance, because they receive inadequate education on sexual and reproductive health, and the source of information available on contraception are often dubious, unreliable and misleading because the information is less motivated by healthcare providers than

their peers. The 1990 Demographic and Health Survey indicated that only 11% of sexually active women age 15 – 19 ever used any modern contraceptive methods.

The utilization of modern methods of contraceptive has always been shown to be poor among Nigerian adolescents. Studies from Western and Southern Nigeria have found the rates of contraceptive use among sexually active adolescents to be about 30% (Arowoju, Adekunle, Okpani and Okpani, 2000).

Although, societal and cultural inhabitation has been a great influence on the use of contraceptive, among adolescents because the use of contraceptive had been the prerogative of married women and adults in most African societies.

Gueye, Castle & Konate M. (2001) indicated that previously in many African societies, sexual information among adolescents is seen as sexual taboo. In general, the voluntary control of fertility is a paramount importance to a reproductive health of a woman, which can be essential to her ability to achieve her sense of well-being. The use of contraceptive to prevent unwanted pregnancy and unsafe abortion is especially important (Nuleo and Pool, 1997; Adedoyin and Adejoke, 1995; and Oladepo and Brieger, 1994).

Furthermore, contraceptive use among sexually active adolescents would be very important, since it saves them for high risk of unwanted pregnancies, Sexually transmitted infections, HIV/AIDS, embarrassment and disgrace. Although, they are some constraints that may affect the use of contraceptives. It is this premise that this present study seeks to examine the level of acceptance of contraceptive use among female students of University of Benin, Benin City.

Statement of the Problem

Unplanned pregnancies and unsafe abortions among young women is a worldwide problem with social and economic repercussions for the unprepared young individual. A critical challenge in the global effort to reduce maternal mortality is the persistence of unsafe abortions as a result of unwanted pregnancies which accounts for 13% of related deaths worldwide (Altaye,2016).

The high rate of unplanned pregnancies caused multiple challenges for academic institutions across the world. These challenges relate to high dropout of female students, serious financial losses for academic institutions and an increased wastage on public sector fund (Vermaas, 2020).

It should be noted that despite the wide knowledge and campaign about the use

of some contraceptives such as condom, most female students still dislike such use, therefore, exposing themselves to unwanted pregnancies and unsafe abortions.

Hence, this study will try to explore contraceptive use among female students in University Of Benin.

Research Questions

The study will therefore provide answer to the following questions:

1. What proportion of female Students in University Of Benin use contraceptives?
2. What are the common methods of contraceptives used among female students in University of Benin?
3. What are the constraints to contraceptives use among female students of University of Benin?
4. Does age influence the use of contraceptives among female students of University of Benin?

Purpose of the Study

The purpose of the study is to investigate the use of contraceptives among

female students of University of Benin, Benin City. To identify the common contraception methods used by them and to also identify the constraints to the use of contraception among the students. Other specific objectives are to

1. Investigate the proportion of female Students in University Of Benin use contraceptives
2. Determine the What are the common methods of contraceptives used among female students in University of Benin
3. Examine the constraints to contraceptives use among female students of University of Benin
4. Determine age influence the use of contraceptives among female students of University of Benin

Significance of the Study

Over the years, the rate of contraceptive use among adolescents is low, because contraceptive use has been the prerogative of married women, therefore, leaving the youngsters to face the high risks of unwanted pregnancies and unsafe abortions.

The study will help the curriculum planners the need to inculcate contraception as

part of the educational programs and also to know the level of knowledge of contraception among adolescents, thus, the issues on pregnancy, contraceptive use should be a major part of educational programmes designed for students.

This study will also help students to understand the benefits and limitations of the various contraceptive methods and to also know that efficacy of any contraceptive method can be impaired if they have access to health care professionals who will give them appropriate education on contraception.

Scope/Delimitations of the Study

This study is focused on the use of contraceptive among female students residing in the halls of resident in Ugbowo campus of the University of Benin, Benin, while it is delimited to female students of University of Bein.

Definition of Terms

1. Fertile Period: This is the time when contraception can occur and one might likely to become pregnant.

2. Contraception: This is the deliberate prevention of conception or impregnating through the use of contraceptives.
3. Sexuality: Sexuality is the development of sexual attitude and practices that creates room for sexual intimate relationship
4. Contraceptives: It is any device or act whose purpose is to prevent a woman from becoming pregnant.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

The review of related literature will be discussed under the following sub-headings:

- ❖ Concept of Contraception
- ❖ Methods of Contraception
- ❖ Benefits of Contraceptive Use
- ❖ Challenges of Contraceptive use Among Female Students
- ❖ Constraints to Contraceptive Utilization
- ❖ Attitude of Female Students towards Contraceptive Use
- ❖ Effectiveness of Contraception
- ❖ Side effects of Contraception
- ❖ Summary of Literature Reviewed

Concept of Contraception

Contraception is defined as the intentional prevention of conception through the use of various devices, sexual practices, chemicals, drugs, or surgical procedures. Thus, any device or act whose purpose is to prevent a woman from

becoming pregnant can be considered as a contraceptive (Rakhi & Sumathi ,2012). In any social context effective contraception allows a couple to enjoy a physical relationship without fear of an unwanted pregnancy and ensures enough freedom to have children when desired (Rakhi & sumathi,2012).

Contraception also known as birth control and fertility control prevents pregnancy by interfering with the normal process of ovulation, fertilization, and implantation. Every month a woman's body begins the process that can potentially lead to pregnancy. An egg (ovum) matures, the mucus that is secreted by the cervix (a cylindrical-shaped organ at the lower end of the uterus) changes to be more inviting to sperm, and the lining of the uterus grows in preparation for receiving a fertilized egg. Any woman who wants to prevent pregnancy must use a reliable form of birth control. Birth control (contraception) is designed to interfere with the normal process and prevent the pregnancy that could result(Encyclopedia of children's health,2007). Contraception has been used since ancient times but effective and safe method of contraception only became available in the 20th century. Contraception allows people to attain their desired number of children and determine the spacing of pregnancies. it's use has increased in many part of the world,

especially in Asia and Latin America but continues to be low in Sahara Africa.

Globally, use of modern contraceptives has risen slightly from 54% in 1990 to 57.4% in 2015. Regionally, the proportion aged 15-49 reporting use of a modern contraceptive method has risen minimally or plateaued between 2008 and 2015. In Africa it went from 23.6 to 28.5%. In Asia, it has risen slightly from 60.9% to 61.8% and in Latin America and the Caribbean it has remained stable at 66.7% (World health Organization,2018).

There are different types of contraception and many elements need to be considered by women, men or couples at any given point in their lifetimes when choosing the most appropriate contraceptive method. These elements include safety, effectiveness, availability (including accessibility, acceptability and affordability). Voluntary informed choices of contraceptive methods is an essential guiding principle and contraceptive counseling, when applicable ,might be an important contributor to the successful use of contraceptive methods. In choosing a contraceptive method, dual protection from the simultaneous risk for HIV and other Sexually transmitted infections and should be considered (Centres for Diseases Control and prevention,2020).

Methods of Contraception

- Long-Acting Reversible Contraception (LARC)
- Hormonal Methods
- Barrier Methods
- Emergency Contraception methods
- Sterilization methods
- Behavioral methods

Long-Acting Reversible Contraception (LARC)

Intrauterine Methods

An intrauterine device (IUD), also known as an intrauterine system (IUS), is a small, T-shaped device that is inserted into the uterus to prevent pregnancy. A health care provider inserts the device. An IUD can remain in place and function effectively for many years at a time. After the recommended length of time, or when the woman no longer needs or desires contraception, a health care provider removes or replaces the device. The effective rate for IUDs is about 99%(WHO,2011). However they provide no protection against sexually transmitted infections. IUDs can be a form of emergency contraception if the

device is inserted within 5days after unprotected sex. The intrauterine device lasts for 5-10years.

- A hormonal IUD or IUS releases a progestin hormone (levonorgestrel) into the uterus. The released hormone causes thickening of the cervical mucus, inhibits sperm from reaching or fertilizing the egg, thins the uterine lining, and may prevent the ovaries from releasing eggs. The failure rate of a hormonal IUS is less than 1% (WHO,2011). however, a small percentage of women may experience expulsion of the device and have to have it reinserted. Some research also suggests that these IUDs maintain their effectiveness up to a year beyond their recommended use period. This method may also be used to treat heavy menstrual bleeding because the hormone often reduces or eliminates uterine bleeding.

- A copper IUD prevents sperm from reaching and fertilizing the egg, and it may prevent the egg from attaching in the womb(UNICEF,2007). If fertilization of the egg does occur, the physical presence of the device prevents the fertilized egg from implanting into the lining of the uterus. The failure and expulsion/reinsertion rates of a copper IUD is similar to those of a hormonal IUD. Copper IUDs may remain in the body for 10 years(WHO,2011).A copper IUD is not recommended for women who may be pregnant, have pelvic infections, or had uterine

perforations during previous IUD insertions. It also is not recommended for women who have cervical cancer or cancer of the uterus, unexplained vaginal bleeding, or pelvic tuberculosis.

Implants

Implants are implantable rods. Each rod is matchstick-sized, flexible, and plastic. The method has a failure rate of less than 1%.(WHO,2011).A physician surgically inserts the rod under the skin of the woman's upper arm.

The rod releases a progestin and can remain implanted for up to 5 years.

Hormonal Methods

Short-Acting Hormonal Methods

Hormonal methods of birth control use hormones to regulate or stop ovulation and prevent pregnancy. Ovulation is the biological process in which the ovary releases an egg, making it available for fertilization. Hormones can be introduced into the body through various methods, including pills, injections, skin patches, transdermal gels, vaginal rings, intrauterine systems, and implantable rods. Depending on the types of hormones that are used, these methods can prevent

ovulation; thicken cervical mucus, which helps block sperm from reaching the egg; or thin the lining of the uterus. Health care providers prescribe and monitor hormonal contraceptives.

Short-acting hormonal methods (e.g., injectables, pills, patches, rings) are highly effective if used perfectly, but in typical use, they have a range of failure rates.

Injectable birth control. This method involves injection of a progestin, Depo-Provera (depot medroxy progesterone acetate [DMPA]), given in the arm or buttocks once every 3 months. This method of birth control can cause a temporary loss of bone density, particularly in adolescents. However, this bone loss is generally regained after discontinuing use of DMPA. Most patients using injectable birth control should eat a diet rich in calcium and vitamin D or take vitamin supplements while using this medication.

- Progestin-only pills (POPs). A woman takes one pill daily, preferably at the same time each day. POPs may interfere with ovulation or with sperm function. POPs thicken cervical mucus, making it difficult for sperm to swim into the uterus or to enter the fallopian tube. POPs alter the normal cyclical changes in the uterine lining and may result in unscheduled or breakthrough bleeding. These hormones

do not appear to be associated with an increased risk of blood clots.

Combined Hormonal Methods

Combined hormonal methods contain a synthetic estrogen (ethinyl estradiol) and one of the many progestins approved in the United States. All of the products work by inhibiting ovulation and thickening cervical mucus. The combined estrogen/progestin drugs can be delivered by pills, a patch, or a vaginal ring. The combined hormonal methods have some medical risks, such as blood clots, that are associated with the synthetic estrogen in the product. These risks have not been observed with progestin-only hormonal methods such as injectable birth control, POPs, or hormonal LARCs.

- Combined oral contraceptives (COCs, "the pill"). COCs contain a synthetic estrogen and a progestin, which functions to inhibit ovulation. A woman takes one pill daily, preferably at the same time each day. Many types of oral contraceptives are available, and a health care provider helps to determine which type best meets a woman's needs.
- Contraceptive patch. This is a thin, plastic patch that sticks to the skin and releases hormones through the skin into the bloodstream. The patch is placed on

the lower abdomen, buttocks, outer arm, or upper body. A new patch is applied once a week for 3 weeks, and no patch is used on the fourth week to enable menstruation.

- Vaginal ring. The ring is thin, flexible, and approximately 2 inches in diameter. It delivers a combination of ethinyl estradiol and a progestin. The ring is inserted into the vagina, where it continually releases hormones for 3 weeks. The woman removes it for the fourth week and reinserts a new ring 7 days later. Risks for this method of contraception are similar to those for the combined oral contraceptive pills. A vaginal ring may not be recommended for women with certain health conditions, including high blood pressure, heart disease, or certain types of cancer.

Barrier Methods

Barrier contraceptives are devices that attempt to prevent pregnancy by physically preventing sperm from entering the uterus. They include male condoms, female condoms, cervical caps, diaphragms, and contraceptive sponges with spermicide. Barrier methods are removable and may be an option for women who cannot use hormonal methods of contraception. Failure rates for barrier methods differ depending on the method.

Types of barrier methods that do not require a health care provider visit include the following:

- **Male condoms:** This condom is a thin sheath that covers the penis to collect sperm and prevent it from entering the woman's body. Male condoms are generally made of latex or polyurethane, but a natural alternative is lambskin (made from the intestinal membrane of lambs). (Hatcher R.A, Nelson A.L,2007).Latex or polyurethane condoms reduce the risk of spreading sexually transmitted diseases (STDs). Lambskin condoms do not prevent STDs. Male condoms are disposed of after a single use.
- **Female condoms:** These are thin, flexible plastic pouches. A portion of the condom is inserted into a woman's vagina before intercourse to prevent sperm from entering the uterus. The female condom also reduces the risk of STDs. Female condoms are disposed of after a single use.
- **Contraceptive sponges:** These are soft, disposable, spermicide-filled foam sponges. One is inserted into the vagina before intercourse. The sponge helps block sperm from entering the uterus, and the spermicide also kills the sperm cells. The sponge should be left in place for at least 6 hours after intercourse and then removed within 30 hours after intercourse.

- **Spermicides:** A spermicide can kill sperm cells. A spermicide can be used alone or in combination with a diaphragm or cervical cap. The most common spermicidal agent is a chemical called nonoxynol-9 (N-9). It is available in several concentrations and forms, including foam, jelly, cream, suppository, and film. A spermicide should be inserted into the vagina close to the uterus no more than 30 minutes prior to intercourse and left in place 6 to 8 hours after intercourse to prevent pregnancy. Spermicides do not prevent the transmission of STDs and may cause allergic reactions or vaginitis

Methods that require a Health Care Provider visit include the following:

- **Diaphragms:** Each diaphragm is a shallow, flexible cup made of latex or soft rubber that is inserted into the vagina before intercourse, blocking sperm from entering the uterus. Spermicidal cream or jelly should be used with a diaphragm. The diaphragm should remain in place for 6 to 8 hours after intercourse to prevent pregnancy, but it should be removed within 24 hours. Traditional latex diaphragms must be the correct size to work properly, and a health care provider can determine the proper fit.

A diaphragm should be replaced after 1 or 2 years. Women also need to be

measured for a new diaphragm after giving birth, having pelvic surgery, or gaining or losing more than 15 pounds.

- Cervical caps. These are similar to diaphragms but are smaller and more rigid. The cervical cap is a thin silicone cup that is inserted into the vagina before intercourse to block sperm from entering the uterus. As with a diaphragm, the cervical cap should be used with spermicidal cream or jelly. The cap must remain in place for 6 to 8 hours after intercourse to prevent pregnancy, but it should be removed within 48 hours. Cervical caps come in different sizes, and a health care provider determines the proper fit. With proper care, a cervical cap can be used for 2 years before replacement

Emergency Contraception

Emergency contraception can be used after unprotected intercourse or if a condom breaks .Emergency contraceptive methods are medications (sometimes misleadingly referred to as "morning-after pills") or devices used after unprotected sexual intercourse with the hope of preventing pregnancy. Emergency contraceptives are often given to victims of rape. They work primarily by preventing ovulation or fertilization.

- **Copper IUD:** The copper IUD is the most effective method of emergency contraception. The device can be inserted within 120 hours of unprotected intercourse. The method is nearly 100% effective at preventing pregnancy and has the added benefit of providing a highly effective method of contraception for as long as the device remains in place. There are very few contraindications to use of the copper IUD, and there are no issues related to weight or obesity associated with the effectiveness of the method.
- Emergency contraceptive pills (ECPs) are hormonal pills, taken either as a single dose or two doses 12 hours apart, that are intended for use in the event of unprotected intercourse. If taken prior to ovulation, the pills can delay or inhibit ovulation for at least 5 days to allow the sperm to become inactive. They also cause thickening of cervical mucus and may interfere with sperm function. ECPs should be taken as soon as possible after semen exposure and should not be used as a regular contraceptive method. Pregnancy can occur if the pills are taken after ovulation or if the woman has unprotected sex in the same cycle.

Sterilization

Sterilization is a permanent form of birth control that either prevents a woman

from getting pregnant or prevents a man from releasing sperm. A health care provider must perform the sterilization procedure, which usually involves surgery. These procedures usually are not reversible.

- A sterilization implant is a nonsurgical method for permanently blocking the Fallopian tube. A health care provider threads a thin tube through the vagina and into the uterus to place a soft, flexible insert into each fallopian tube. No incisions are necessary. During the next 3 months, scar tissue forms around the inserts and blocks the fallopian tubes so that sperm cannot reach an egg. After 3 months, a health care provider conducts tests to ensure that scar tissue has fully blocked the fallopian tubes. A backup method of contraception is used until the tests show that the tubes are fully blocked.
- Tubal ligation is a surgical procedure in which a doctor cuts, ties, or seals the fallopian tubes. This procedure blocks the path between the ovaries and the uterus. The sperm cannot reach the egg to fertilize it, and the egg cannot reach the uterus.
- Vasectomy is a surgical procedure that cuts, closes, or blocks the vas deferens. This procedure blocks the path between the testes and the urethra. The sperm cannot leave the testes and cannot reach the egg. It can take as long as 3 months for the procedure to be fully effective. A backup method of contraception is used

until tests confirm that there is no sperm in the semen. Centres for disease control and prevention (CDC) research has estimated there is a probability of 11 failures per 1000 procedures over 2years;half of the failures occurred in the first three months after the vasectomy, and no failures occurred after 72weeks.Due to the presence of sperm retained beyond the blocked vasa deferentia, vasectomies only become effective about 3months following the operation (Glacier A,2010).

Behavioral Methods

Behavioral methods involve regulating the timing or method of intercourse to prevent introduction of sperm into the female reproductive tract, either altogether or when an egg may be present. If used perfectly the first-year failure rate may be around 3.4%, however if used poorly first-year failure rates may approach 85%.

Fertility Awareness Methods

This involve determining the most fertile days of the menstrual cycle and avoiding unprotected intercourse. Techniques for determining fertility include monitoring basal body temperature, cervical secretions, or the day of the cycle.

Withdrawal

The withdrawal method (also known as coitus interruptus) is the practice of ending intercourse ("pulling out") before ejaculation. The main risk of the withdrawal method is that the man may not perform the maneuver correctly or in a timely manner. It is not considered birth control by some medical professionals.

Abstinence

Sexual abstinence may be used as a form of birth control, meaning either not engaging in any type of sexual activity, or specifically not engaging in vaginal intercourse, while engaging in other forms of non-vaginal sex. Complete sexual abstinence is 100% effective in preventing pregnancy. Deliberate non-penetrative sex without vaginal sex or deliberate oral sex without vaginal sex are also sometimes considered birth control. While this generally avoids pregnancy, pregnancy can still occur with intercrural sex and other forms of penis-near-vagina sex (genital rubbing, and the penis exiting from anal intercourse) where sperm can be deposited near the entrance to the vagina and can travel along the vagina's lubricating fluid.

Lactation

The lactational amenorrhea method involves the use of a woman's natural postpartum infertility which occurs after delivery and may be extended by breastfeeding. This usually requires the presence of no periods, exclusively breastfeeding the infant, and a child younger than six months. The World Health Organization states that if breastfeeding is the infant's only source of nutrition, the failure rate is 2% in the six months following delivery. Six uncontrolled studies of lactational amenorrhea method users found failure rates at 6 months postpartum between 0% and 7.5%. Failure rates increase to 4–7% at one year and 13% at two years. Feeding formula, pumping instead of nursing, the use of a pacifier, and feeding solids all increase its failure rate. In those who are exclusively breastfeeding, about 10% begin having periods before three months and 20% before six months. In those who are not breastfeeding, fertility may return four weeks after delivery.

Benefits of Contraceptive Use

Family Planning

According to World Health Organization, (2011), Contraception can be used to

plan when women and couples have children and how many children they want to have. This includes choosing:

- ❖ When they want to begin having children
- ❖ How far apart they want their children to be
- ❖ When they want to stop having children.

Contraception lets people have the number of children they want, when they want them. This is everybody's right under the United Nations Declaration of Human Rights.

Delaying or spacing babies allows women and men to follow education and career goals that may be interrupted by having children. This empowers people and increases their ability to earn more. With fewer children, families are also able to invest more in each child.

Reducing Pregnancy-Related Risk

Young people are especially at risk of problems in pregnancy. Contraception allows them to put off having children until their bodies are fully able to support a pregnancy. It can also prevent pregnancy for older people who face

pregnancy-related risks.

Contraceptive use reduces the need for abortion by preventing unwanted pregnancies. It therefore reduces cases of unsafe abortions, one of the leading cause of maternal death.

Reducing Teenage Pregnancies

Contraceptive use also reduces teenage pregnancies. By using contraception, young women can prevent unwanted pregnancies that can have negative impacts on their relationships and ambitions.

Early pregnancy can also cause health problems for the baby. Babies born to teenagers are likely to be underweight before and at birth and are at higher risk of neonatal mortality (dying within 28 days of birth).

Healthy Babies

Pregnancies that are too close together or poorly timed contribute to high infant mortality rates – that is, the rate of babies that die within their first year of life.

Contraceptive use lets women plan their pregnancies so they can make sure the baby is getting the best care before and after birth.

Population Pressures

According to the United Nations (2012), access to safe and reliable contraception has exploded since the mid-twentieth century and an estimated 55% of all heterosexually active women worldwide now use modern contraceptive methods while an additional 7% use less reliable traditional methods and as a result of this spread of contraception, fertility has plummeted from the global average of five children per woman in 1950 to barely more than 2.5 today and this has positively affected the society because overpopulation puts pressure on the environment, the economy and services such as education and health. Contraceptive use slows population growth.

Prevention of sexually Transmitted Infections

External barrier methods of contraception, like the condoms, can protect against sexually transmitted infections. This is especially important if you plan on having one or more partners or you are starting a new relationship with someone who has not been tested for sexually transmitted infections. Infact, condoms are often recommended along with other contraceptive methods to prevent pregnancy and diseases.

Constraints to Contraceptives Utilization

The following are major obstacles to contraceptive use :

Being too embarrassed to source for the commodities, awareness and knowledge of contraception, fear of side effects(these side effects can include weight changes, bleeding and lack of sexual desire, headache, failure to menstruate regularly and belief that the use of certain contraceptive methods (especially pills)can lead to cancer, contraceptive is seen as a foreign object that can disrupt the natural process of the body and create harm, many people exercise fear that a particular contraceptive method can cause infertility, misconceptions that injectable causes infertility and are only recommended for women who already have children.

Wasileh Petro-Nustas (1999) stated other barriers or constraints to contraceptive use to include

1. The cost of contraception can pose an economic barrier for adolescents
2. Geographic barriers are particularly significant for people that live in rural areas and those with restricted mobility
3. Teenagers also face important cognitive barriers I.e they lack knowledge and understanding of contraception and conception.

4. Emotional and interpersonal barriers to the uptake of contraceptive services also stem from the attitudes and desires of partners.

In 2004, Singh Frost and Finer surveyed a nationally representative sample of 1,978 women at risk of unintended pregnancy and they found out that contraceptive use were strongly associated with uncertainty about avoiding pregnancy. Thus they concluded that uncertainty about pregnancy and contraception, methods side effects, difficulties using methods and lack of satisfaction also poses as a barrier to contraceptive use.

Another significant constraint to contraceptive use is low level of knowledge about contraceptive. some adolescents especially in developing countries receive limited or no sex education in school, so the responsibility falls largely on the parent to educate.

Attitude of Female Students towards Contraceptive use

Young people use contraceptives for a number of reasons including the desire to delay or prevent pregnancy, protection from sexually transmitted infections, fear of the monetary and social costs of pregnancy and among both adolescent mothers and fathers the fear of being dismissed from school (Gage,1998). Possible

reasons why adolescents do not use contraceptives may be due to gender imbalances ,social pressures and economic constraints. Young people are susceptible to poor decision making because they are particularly vulnerable to peer pressure especially during adolescence (Mehrez, 2007).

Eggieson (2012) who investigated attitude and behavior among adolescents revealed that sexual attitude and behavior among adolescents have been shaped by socio-psychological factors and have consequently affected their knowledge of contraception, He further stated that there is no significant difference between the attitude of male and female undergraduates towards contraceptive use.

A cross-sectional study conducted among female undergraduate students of Muhimbili and dares salaam universities, Tanzania showed that majority (70.4%) of the students have had sexual intercourse. All participants had knowledge of contraception. More than half,148(58.5%) of sexually active women reported ever used contraception before while 105(41.5%) were current contraceptive users. Majority (74.7%) of the sexually active groups started sexual activities at young age(19-24years) condom,221(24.3%) and pills,153(16.8%) were the known contraceptive methods. The most popular methods of contraception used was

condoms, withdrawal and periodic abstinence. The main sources of information about contraception were from friends, radio and school(39.5%,36% and 24% respectively).

Most of the students had knowledge of contraception m. However, rate of contraception is still low. Majority of the respondents were sexually active, with the majority started sexual activity at young age. This needs advocacy for adolescence reproductive health education to promote the use of the available contraception services amongst university students.

Effectiveness of Contraception

There is no best contraception method that offers 100% protection against sexually transmitted infections or pregnancies, because there is always a risk that an accident could happen, be it rupture of condom or human error(forgetting to take their contraceptive pill).

Side Effects of Contraception

The sections below will look at some common side effects of oral contraceptives.

1. Spotting between periods

Breakthrough bleeding, or spotting, refers to when vaginal bleeding occurs between menstrual cycles. It may look like light bleeding or brown discharge.

Spotting is the most common Trusted Source side effect of birth control pills. It happens because the body is adjusting to changing levels of hormones, and the uterus is adjusting to having a thinner lining.

2. Nausea

Some people experience mild nausea when first taking the pill, but this usually subsides. Taking the pill with food or at bedtime may help.

Birth control should not make people feel sick all the time. If the nausea is severe or lasts for a few months, it is best to talk to a healthcare provider.

3. Breast Tenderness

Taking birth control pills often causes the breasts to feel tender, especially soon after a person starts taking them. Wearing a supportive bra can help reduce breast tenderness. Along with increased breast sensitivity, the hormones in the pill can make the breasts grow bigger

A person should talk to their healthcare provider about severe breast pain or other breast changes

4. Headaches and migraine

The hormones in birth control pills can cause or increase the frequency of headaches and migraine.

Changes in the female sex hormones (estrogen and progesterone) can trigger migraine Trusted Source. Symptoms can depend on the dosage and type of pill. For example, low dose pills are less likely to cause this symptom.

On the other hand, if a person's migraine is associated with PMS, taking the pill may actually reduce their symptoms.

5. Weight gain

Birth control pills often list weight gain as a possible side effect, though research has not yet confirmed this.

In theory, birth control pills could lead to increases in fluid retention or water weight. They could also lead to increases in fat or muscle mass. However, some people may instead report weight loss when taking the pill

6. Mood changes

Hormones play an important role in a person's mood and emotions. Changes in hormone levels, which taking the pill may cause, can affect a person's mood.

Some research, including a 2016 study Trusted Source of 1 million females in Denmark, suggests a link between hormonal contraception and depression.

7. Missed Periods

Taking birth control pills can cause very light periods or missed periods. This is because of the hormones they contain.

Depending on the type of birth control, people can use the pill to safely skip a period.

If a person suspects that they may be pregnant, it is best to take a pregnancy test.

The birth control pill is very effective, but pregnancies can occur — especially with improper use.

Many factors can cause a late or missed period, including:

- ❖ Stress
- ❖ Illness

- ❖ Travel
- ❖ Hormonal problems
- ❖ thyroid problems

8. Decreased libido

The pill can affect sex drive, or libido, in some people. This is due to hormonal changes.

Other people might experience an increased libido by, for example, removing any concerns they may have had about pregnancy and easing any symptoms of PMS.

9. Vaginal discharge

Changes in vaginal discharge may occur when taking the pill. This may be an increase or a decrease in vaginal lubrication or a change in the nature of the discharge.

If the pill causes vaginal dryness and a person wants to engage in sexual activity, using lubrication can help make this more comfortable.

These changes are not usually harmful, but alterations in color or odor could point to an infection

Long-Term Effects

Birth control pills are safe for most females to use long-term or indefinitely.

However, usage can increase the long-term risk of certain health problems. The following sections will look at these potential effects in more detail.

Cardiovascular Problems

Combination pills can slightly increase the risk of serious cardiovascular problems, such as heart attack, stroke, and blood clots. The risk is higher with certain pills. A healthcare provider can advise on suitable options.

Anyone who has uncontrolled high blood pressure or a personal or family history of cardiovascular problems should ask their healthcare provider about alternative methods of contraception.

Cancer

The natural female sex hormones (estrogen and progesterone) affect the risk of some types of cancer. Likewise, hormone-based birth control methods can increase or decrease the risk of different cancers.

According to the National Cancer Institute Trusted Source, taking birth control

pills can affect a person's risk of certain cancers in the following ways:

Breast cancer: The risk of breast cancer is slightly higher in people who use hormonal birth control pills than in people who have never used them.

- Ovarian and endometrial cancer: These cancers seem to be less likely to occur in people who take the pill.
- Cervical cancer: Taking the pill for longer than 5 years is linked with a higher risk of cervical cancer. However, most types of cervical cancer are due to the human papillomavirus.
- Colorectal cancer: Taking the pill is linked to a lower risk of colorectal cancer.

Summary of Literature Reviewed

Contraception covers various subheadings which led to the definition of contraception, as a method or devices that have been historically used to prevent pregnancy (WHO, 2000).

The concept of contraception, the various methods were summarized, the benefits of using contraceptives, the constraints of contraception utilization among female students were all summarized in this chapter.

Contraceptives have the potency to prevent unwanted which may likely lead to unsafe abortions, sexually transmitted diseases. Various forms of contraceptives are available with method having its own peculiarity. Adolescents should be knowledgeable enough to adopt contraception methods that are suitable for them . It should be noted that not all methods are suitable for undergraduate as some can lead to lifelong complications. This calls for the efforts of the ministry of health and health NGOs to sensitize the masses ,particularly undergraduates to promote appropriate sexual knowledge, appropriate attitude towards contraceptives and proper utilization. several studies have shown that both males and females possess a high level of awareness of contraceptives; however only a small portion that are sexually active make use of them.

CHAPTER THREE

METHODS OF THE STUDY

In this chapter, the method that will be adopted in carrying out the study was discussed under the following sub-headings

Research Design

Population of the Study

Sample and sampling Techniques

Research Instruments

Validity of the Instrument

Reliability of the Instrument

Administration of the Instrument

Method of data Collection

Method of data Analysis

Research Design

The descriptive survey research was adopted for this study. According to Nworgu (2006), description survey is meant to collect and analyse data from opinion of a representative of a population so that the data will be described for

generation. This design is suitable for this study because the opinion and facts that will be elicited from a representative of respondents on their perception about influence of Home economic laboratory on effective teaching and learning of home economics using questionnaire.

Population of the study

The population of the study comprises of the (19,288) Female Undergraduate Students in the 14 faculties in the University of Benin, According to Student Affairs Academic Planning 2018/2019.

Sample/sampling Technique

The sample size for the study is one hundred and forty-three (143) undergraduate students and was selected through simple random sampling technique.

Research Instrument

The research instrument that was used for data collection will be structured questionnaire titled The Use of Contraceptives Among Female Students of University of Benin (TUCAFSUB). The instrument will be designed in two

sections; A and B. Section A will seek the demographic information from the students such as: sex, age, class, school type,. Section B of the research instrument will consist of 20 items questions to seek the opinion of the respondents on the subject matter. Questions will be raised in each of the research questions where the respondents will be required to select the most appropriate options

Validity of the instrument

The measuring instrument for this study was subjected to face and content validity and validated by experts in the field of study. To ensure the face and construct validity, the instrument was subjected to scrutiny by the researcher's supervisor. Also, necessary correction and modification were made and effected to erase any form of ambiguity.

Reliability of the Instrument

The reliability of the research instrument was ascertained using internal consistency method which was done by employing Cronbach Alpha statistics. The instrument will be administered once to so respondents who will be part of the study population. Their response was analyzed using Cronbach Alpha statistics and a reliability coefficient of 0.750.was obtained

Methods of Data Collection

The instrument was administered to the respondents by the researcher and with the help of 2 researches assistance that were brief on how to administered and retrieve the instrument.

Method of Data Analysis

The data collected from the respondents was analyzed using mean and standard deviation. The mean and standard deviation was used to answer the research question. Decision rule will be based on any calculated \bar{x} equal or greater than 2.50 will be regarded as high extent while any mean (\bar{x}) less than 2.50 will be regarded as low extent.

CHAPTER FOUR

PRESENTATION RESULTS AND DISCUSSION OF RESULTS

This chapter presents the analysis of data collected from self-administered questionnaires to 143 female undergraduate students across seven (7) faculties in University of Benin, Benin City. Frequency count and simple percentages in tables were used to analyse both the demographic data of the respondents and the research questions of the study. The analysis of the study was based on achieving the research objectives.

Analysis of Research Questions

The analysis of this study was based on the research questions. Consequently, the four (4) research questions raised in the study were duly analysed.

Research Question One

What proportion of female students in University of Benin use contraceptives?

Table 2: Table showing the proportion of female students in University of Benin using contraceptives

Contraceptives use among female students	Yes	No
Contraceptive is used to prevent pregnancy?	109 (76.2%)	34 (23.8%)
Have you ever used contraceptive?	104 (72.7%)	39 (27.3%)
Do you use contraceptive regularly?	91 (63.6%)	52 (36.4%)
Have you ever had sex?	56 (39.2%)	87 (60.8%)

Respondents' response in table 2 showed that 36 109 (76.2%) of the respondents indicated that they are aware that contraceptive is used to prevent pregnancy while 34 (23.8%) indicated that it is not. One hundred and four (72.7%) of the respondents have once used a contraceptive before while 39 (27.3%) indicated that they haven't used contraceptive. However, in terms of regular use, 91 (63.6%) of the respondents indicated that they do use contraceptives while 52 (36.4%) indicated that they do not use contraceptive. Also, it can be seen from table 2 that 56 (39.2%) of the respondents have had sex while 87 (60.8%) claimed not to have had sex. Hence from response to item 3 in table 2, it can be seen that the proportion of students using contraception is 63.6 percent. That is, approximately two female students out of every three female students are likely to use contraceptive in University of Benin.

Research Question Two

What are the common methods of contraceptives used among female students in University of Benin?

Table 3: Table showing the common methods of contraceptives used among female students in University of Benin

Common contraceptives used by female students	Yes	No
Have you ever used contraceptive sponge	2 (1.4%)	141 (98.6%)
Have you ever used female condom?	31 (21.7%)	112 (78.3%)
Have you ever used oral pills?	94 (65.7%)	49 (34.3%)
Have you ever used injectable?	3 (2.1%)	140 (97.9%)
Have you ever used intrauterine device?	1 (0.7%)	142 (99.3%)
Have you ever used Implants?	5 (3.5%)	138 (96.5%)
Have you ever used the withdrawal method?	81 (56.6%)	62 (43.4%)
Have you ever used the traditional method?	16 (11.2%)	127 (88.8%)
Have you used methods emergency contraceptive pills?	95 (66.4%)	48 (33.6%)

Table 3 showed that the three most commonly used contraceptive among female students of University of Benin are emergency contraceptive pills with 66.4% respondents using it, oral pills (65.7%), and withdrawal method (56.6%) while the least used contraceptives are intrauterine device (0.7%), injectable (2.1%) and implants (3.5%).

Research Question Three

What are the constraints to contraceptives use among female students of University of Benin?

Table 4: Table showing the constraints to contraceptives use among female students of University of Benin

Constraints to contraceptives use	Yes	No
The failure ascribed to the use of contraceptives makes you not to use contraceptives?	81 (56.6%)	62 (43.4%)
Do you feel embarrassed when trying to purchase any contraceptive item?	78 (54.5%)	65 (45.5%)
Have you ever had any side effects or complications after using any of the contraceptives?	42 (29.4%)	101 (70.6%)
Do the side effects hinder you from using any contraceptives?	29 (20.3%)	114 (79.7%)
Does the discomfort experienced during the use of any contraceptive hinder you from utilizing it?	103 (72%)	40 (28%)
Does your religion hinder you from using contraceptives	51 (35.7%)	92 (64.3%)

Response to table 4 showed that majority (>50%) of the respondents highlighted three constraints to constraints to contraceptives use among female students of University of Benin. Thus, the constraints according to the respondents include; failure ascribed to the use of contraceptives (56.6%), feeling of embarrassment when trying to purchase contraceptive (54.5%), and discomfort

experienced during the use of contraceptive (72%).

Research Question Four

Does age influence the use of contraceptives among female students of University of Benin?

Table 5: Table showing the influence of age on the use of contraceptives among female students of University of Benin

Age	Use of Contraceptives		Chi-square value (χ^2)	p-value
	Yes	No		
Less than 20 years	14	5	1.011	0.240
20-24 years	63	24		
25-29 years	22	9		
30 years & above	5	1		
TOTAL	104	39		

Result of χ^2 : $\chi^2 = 1.011$, p-value = 0.240.

Table 5 showed that the p-value associated with the chi-square test is greater than 0.05 (significant level), hence an acceptance of the null hypothesis. Thus, there is no influence of age on the use of contraceptives among female students of University of Benin.

Discussion of Findings

Study findings for research objective one (1) which aims to determine the proportion of female Students in University Of Benin that use contraceptives revealed that the proportion of students using contraception is 63.6 percent. That is, approximately two female students out of every three female students are likely to use contraceptive in University of Benin.

Study findings for research objective two (2) which aims to examine the common methods of contraceptives used among female students in University of Benin revealed that the three most commonly used contraceptive among female students of University of Benin are emergency contraceptive pills (66.4%), oral pills (65.7%), and withdrawal method (56.6%).

Study findings for research objective three (3) which aims to investigate the constraints to contraceptives use among female students of University of Benin revealed that three constraints were identified as the constraints to contraceptives use among female students of University of Benin. These according to the respondents to the study include; failure ascribed to the use of contraceptives (56.6%), feeling of embarrassment when trying to purchase contraceptive (54.5%),

and discomfort experienced during the use of contraceptive (72%).

Study findings for research objective four (4) which aims to determine if age influences the use of contraceptives among female students of University of Benin revealed that age does not have influence on the female students' use of contraceptives. Majority (63.6%) of the respondents however indicated that they are ashamed to buy contraceptives because they are young.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Introduction

This chapter provides the summary of findings, conclusions as well as the necessary recommendations.

Summary

This study was carried out to investigate the use of contraceptives among female students of University of Benin, Benin City. Four research questions were raised in the study, they include; what proportion of female Students in University Of Benin use contraceptives; what are the common methods of contraceptives used among female students in University of Benin; what are the constraints to contraceptives use among female students of University of Benin; and lastly, does age influence the use of contraceptives among female students of University of Benin.

Related literatures were reviewed to gather information and eminent scholars' view on the variables under study. The descriptive survey design was adopted in this study. The population of the study comprises of the (19,288) female

undergraduate students in the 14 faculties in the University of Benin. Using random sampling technique, one percent of the total population, that is, one hundred and forty three (143) female undergraduate students in 7 faculties across University of Benin were sampled for the study. Descriptive statistics such as frequency and percentage were used in the data analysis of the study.

Findings

- Proportion of female students using contraception in University of Benin is 63.6 percent.
- Three most commonly used contraceptive among female students of University of Benin are emergency contraceptive pills, oral pills and withdrawal method.
- Constraints to contraceptives use among female students of University of Benin include; failure of contraceptives, feeling of embarrassment when trying to purchase contraceptive, and discomfort experienced during the use of contraceptive.
- Age does not have influence on the female students' use of contraceptives.

Conclusion

Throughout the world, female students are exposed to the risk of unplanned pregnancies as a result of improper or non-use of contraceptives. Hence, it becomes imperative to investigate the use of contraceptives among female students in a selected tertiary institution. In this study, the contraceptive use among female students of University of Benin, Benin City was assessed. Study findings revealed that female undergraduate students are aware and have fair knowledge of contraception; their use of contraception is somewhat high. The proportion of female students using contraception in University of Benin is just below two-third of the general population. Emergency contraceptive pills, oral pills and withdrawal method constituted the most commonly used contraceptive among female students of University of Benin.

Recommendations

Based on the findings of the study, the following recommendations become necessary:

1. Consistent use of regular contraceptives and condoms should be emphasized to reduce not only unplanned pregnancies but also sexually transmitted diseases.
2. Government, individuals, philanthropic organizations and Non-governmental organizations should fully participate and increase funding and logistic support to ensure that sensitization of contraceptive use cover every nooks and crannies of University campuses.
3. Those involved in selling contraceptives should always treat buyers in a friendly and dignified way when interacting and selling contraceptives to them.
4. Establishing user-friendly reproductive and sexual health services will help improve student use of contraceptives.
5. University authorities should establish awareness programmes in the school curricula so that female students can acquire correct knowledge from reliable and social accepted sources as regards contraceptive use.
6. The establishment of guidance and counseling unit should be given prominence in all University campuses.

References

- Abera, H. & Tebeje, B., 2009, 'Knowledge, attitudes, and practices towards emergency contraception among female Jimma University students, Jimma, Southwest Ethiopia', *Ethiopian Journal of Reproductive Health* 3(1), 37–43.
- Adinma JI, Okeke AO. (2005) Contraception: awareness and practice amongst Nigerian tertiary school girls. *West Afr J Med.* (1):34-8.
- Ahmed ,F .A ,moussa, K.M, Petterson, K.O & Asamoah, B. O ,(2012). *Assessing knowledge, attitude and practice of emergency contraception: A cross sectional study among Ethiopian undergraduate female students*, *BMC public Health*,12, 110
- Arowojulu, Adekunle, Okpani and Okpani (2000). Perception and practice of emergency contraception by post-secondary school students in southwest Nigeria. *African journal of reproductive health* 4:56-65
- Aziken, M.I. Okonta, P.I. and Ande, A.B.A. (2003). *Knowledge and Perception of Emergency Contraception among Female Nigerian Undergraduates. International Family Planning Perspectives*, 29(2), 84-87
- Devika Mehra,Annette Agardh,Karen of of berg Peterson & perf-Olof ostergren, (2012). *Non-use of contraception: determinants among Uganda university students* *Glob Health Action*
- Dreyer G, (2012), *contraception: A South African perspective*, van schaik publishers, Pretoria.
- Eggieson T.; Veronneau, H. (2012). "An ecological analysis of the effects of deviant peer clustering on sexual promiscuity, problem behavior, and childbearing from early adolescence to adulthood: *An enhancement of the life history framework*". *Developmental Psychology*. 48 (3), 703–717.
- Gueye M, Castle, S, & Konate M. (2001). Timing of first Intercourse among Malian adolescents: implications for contraceptive use. Article in the international perspectives on sexual and reproductive health 27(2):56-62

- Mehrez, Kathleen Boykin (2007). "*The Two Faces of Adolescents' Success with Peers: Adolescent Popularity, Social Adaptation, and Deviant Behavior*". *Child Development*. 76 (3), 747–760
- Obono, O. Mohammed, M. (2010). The Liminality of Adolescent Sexual and Reproductive Behaviour in Ibadan, Southern Nigeria. *The Nigerian Journal of Sociology and Anthropology*.8:55-85.
- O'Brien L, Albert D, Chein J, Steinberg L.(2011). “Adolescents prefer more immediate rewards when in the presence of their peers. *Journal of Research on Adolescence* 21:747–753
- Okpani, A.O.U. and Okpani, J.U. (2000). Sexual Activity and Contraceptive Use among Female Adolescents: A Report from Port-Harcourt, Nigeria. *African Journal of Reproductive Health*, 4(1): 40-47.
- Ortese, P.T. (2009). *Evaluating Sex Value of Adolescents in a Nigerian University*, *Gender & Behaviour*, 7.1:2151-2159
- Peltzer, K., Pengpid, S and Pelzer. (2008). Dual Protection, Contraceptive Use and HIV Risk among a Sample of South African Male and Female, *Gender & Behaviour*, 8. 2:1858-1869.
- Rakhi Jain and Sumathi Muralidhar(2012). *Contraceptive Methods: Needs, Options and Utilization*. *J Obstet Gynaecol India*. 2011 Dec; 61(6): 626–634.
- Ryan, A. M. (2001). "*The peer group as a context for the development of young adolescent motivation and achievement*". *Child Development*. 72 (4): 1135–1150.
- Sugh, E.T. 2011. The Challenges of Teaching Sexual Education to Nigerian Adolescents and its Implication in the 21st Century. *Nigerian Journal of Health Education*, 15(1): 1-10..
- Vanguard Newspaper. (2012). Jonathan’s Birth Control Idea Angers Nigerians. www.vanguardngr.com/health/contraception.
- Vermaas L., (2010). ‘*Dealing with unplanned pregnancies and abortions amongst tertiary students*’, paper presented at the 6th African Conference on Psychotherapy in Uganda, Kampala, Uganda, 14–16.

- Wasileh Petro-Nustas (1999), "Men's Knowledge of and Attitudes Toward Birthspacing and Contraceptive Use in Jordan", *International Family Planning Perspectives*, 25 (4), 181-185.
- World Health Organization.(2001) Global Consultation of Friendly Health Services A Consensus Statement. Department of Adolescent and Child Health and Development, Geneva 7-12
- Ross, J. and Hardee, K. 2012. Access to Contraceptive Methods and Prevalence of Use. *Journal of Biosocial Science, First view* : 1-18.
- Orgi, E.O. and Esimai, O.A. 2005. Sexual Behaviour and Contraceptive Use among Secondary School Students in Illesha South West Nigeria. *Journal of Obstetrics and Gynaecology*, 25(3), 269-272.

**FACULTY OF EDUCATION
UNIVERSITY OF BENIN
BENIN CITY**

**QUESTIONNAIRE ON
A STUDY ON THE USE OF CONTRACEPTIVES AMONG FEMALE STUDENTS
OF UNIVERSITY OF BENIN**

Dear Respondent,

I am a final year student of the above named institution and I am carrying out a research study on the topic: "The Use of Contraceptives Among Female Students Of University Of Benin". Kindly assist me by indicating your opinion where necessary.

This study is strictly for academic purpose and you are hereby assured that all information supplied will be treated in a strictly confidential manner.

Thank you.

Yours faithfully,
Egbujor Maureen

Researcher

Instruction: Please tick () appropriately in the sections that follow.

SECTION A: DEMOGRAPHY

Sex: Female ()

Age: Less than 20 years (); 20-24 years (); 25-29 years (); 30 years & above ()

Marital Status: Married () Single ()

Religion: Christian (); Muslim (); others (specify): _____

Faculty: Life science () BMS () Law () Physical science () Pharmacy () Arts ()
Education ()

Level: 100 () 200 () 300 () 400 () 500 ()

SECTION B

S/N	ITEMS	YES	NO
RQ1	What proportion of female students in the university Of Benin use contraceptives?		
1	Contraceptive is used to prevent pregnancy?		
2	Have you ever used contraceptive?		
3	Do you use contraceptive?		
RQ2	What are the common methods of contraceptives used among female students of University of Benin?		
4	Have you ever used contraceptive sponge		
5	Have you ever used female condom?		
6	Have you ever used oral pills?		
7	Have you ever used injectable?		
8	Have you ever used intrauterine device?		
9	Have you ever used Implants?		
10	Have you ever used the withdrawal method?		
11	Have you ever used the traditional method?		
12	Have you used methods emergency contraceptive pills?		
RQ3	what are the constraints to contraceptive use among female students of University of Benin		
13	The failure ascribed to the use of contraceptives makes you not to use contraceptives?		
14	Do you feel embarrassed when trying to purchase any contraceptive item?		
15	Have you ever had any side effects or complications after using any of the contraceptives?		
16	Does the side effects hinder you from using any contraceptives?		
17	Does the discomfort experienced during the use of any contraceptive hinders you from utilizing it?		
18	Does your religion hinder you from using contraceptives		
RQ4	Does age influence the use of contraceptives		
19	Do you think you are too young to use any of the contraceptives?		
20	Were you stopped from purchasing any contraceptive from a pharmacy because you are too young?		
21	Are you ashamed to buy contraceptives because you are young?		

