

## **CHAPTER ONE**

### **INTRODUCTION**

#### **Background of the study**

Globally, youths are more sexually active than any subgroup of the population. The proportion of sexually active adolescents has been on the increase worldwide including Nigeria. This is exposing large numbers of youths to the risk of unwanted pregnancies and sexually transmitted diseases (STDs) including HIV/AIDS. The bio-social gap between the early onset of puberty and the increasing age of marriage has widened in most African countries . This widens the window for pre-marital sexual activity that further exposes them to the risk of unwanted pregnancies, unsafe abortions, and sexually-transmitted infections (STIs). Tertiary education gives students opportunity for greater independence from home, with new friendships and romantic or sexual relationships. These new opportunities and freedom come with high risk behaviors such as unplanned and unprotected sex sometimes with multiple sexual partners. These new behaviors are often hinged on curiosity, peer pressure and sexual maturation. The result of such sexual experimentation includes unplanned and or unwanted pregnancies that leads to abortions, (mostly unsafe), and sexually transmitted infections including

HIV/AIDS. The level of prostitution and all forms of promiscuous behavior associated with students of tertiary institutions and other anti-social sexual behaviors, coupled with the widespread of sexually transmitted infections and teenage pregnancy amongst undergraduates is of great concern to the society. The absence of contraceptive services in tertiary institutions has further led to increased rates of unwanted pregnancy, unsafe abortions and STIs among undergraduates of these institutions.

In developed and developing countries, sexuality and contraception amongst students remains a public health concern. The effects of Unplanned pregnancies are immense and include high rates of induced abortions which may result in complications (Ahman & Shah cited in Makhaza & Ige, 2014).

It is estimated that 46 million abortions are performed each year, 20 million of which occur in countries where abortion is prohibited by law (Glenn, 2002). Adolescent sexual activity and pregnancy are alarmingly common in many countries (Yang, 1995). Premature sexual intercourse results in high incidence and prevalence of pregnancy and abortion and also increases the risk of sexually transmitted infections and, as such, adolescent pregnancy needs careful and proper monitoring to ensure a safe outcome (Creastas, 1993). Despite the social and

cultural importance of child bearing in African society, unwanted pregnancies are a source of concerns within the family. This is more acute for adolescent girls who often fall pregnant out of wedlock. In a bid to avoid facing judgment from their family and community, resulting to abortion is commonly their only choice. Studies in Nigeria indicate high rate of sexual activities as well as limited knowledge and use of condom among secondary school students as well as undergraduates (Ogbuji, 2005; Orji et al., 2005; Iyaniwura and Salako, 2005). The resultant effect is an increased rate of unwanted pregnancy and the attendant unsafe abortion. As unintended pregnancy still poses a major challenge to the reproductive health of young adults in developing countries, there is need to improve on their knowledge, attitude and practices of contraceptives.

Despite the availability of effective methods of contraception world wide, the number of unintended pregnancies among young adults is alarming and it is a significant cause of morbidity and mortality amongst that age group. Although there is evident that the total number of these unintended pregnancies is declining, the burden remains a public health concern. Identified contributory factors include discrepancies in awareness, attitudes towards and low accessibility of contraception. Forced sexual intercourse also play a major role in this burden.

Proper use of contraception can reduce these rates of abortions and also prevent sexually transmitted infections (STIs) which are prevalent in young adolescents.

Contraception is regarded as an important preventive measure of unintended pregnancies and sexually transmitted diseases, including human immunodeficiency virus infection and acquired immune deficiency syndrome (HIV/AIDS), among youths.

Contraception is defined as deliberate prevention of conception or impregnations . Numerous methods of contraception are available hence classification varies. Abstinence provides 100 percent protection from HIV, STIs, and pregnancy. For some, this means avoiding vaginal, anal, and oral-genital intercourse altogether. Other types of contraception include; Barrier methods (condoms), hormonal methods (Pills), Implants, Intra-Uterine Contraceptive Devices (IUCDs) and Emergency contraception.

The history of birth control, also known as contraception and fertility control, refers to the methods or devices that have been historically used to prevent pregnancy.(MedicineNet.August 2012).Birth control, also known as contraception, anticonception, and fertility control, is the use of methods or devices to prevent unintended pregnancy. Birth control has been used since ancient times, but

effective and safe methods of birth control only became available in the 20th century(Hanson SJ, Burke AE (2010). ")Some cultures limit or discourage access to birth control because they consider it to be morally, religiously, or politically undesirable.( Hanson SJ, Burke AE (2010).

In developing countries, one in three women give birth before the age of 20 and pregnancy-related death during child birth is two times higher compared to women older than 20 years. A quarter of the estimated 20 million unsafe abortions and 70,000 related deaths each year occur among women aged 15–19 years. In sub-Saharan Africa alone, it is estimated that 14 million unintended pregnancies occur every year, with almost half occurring among women aged 15–24 years. It is evident that use of effective contraceptive methods would potentially prevent 90 % of abortions, 20 % pregnancy-related morbidity and a third (32 %) of maternal deaths worldwide.

The proportion of young women reporting unintended pregnancy and unmet need for contraception remains high in developing countries. Unintended pregnancies are associated with increased risk of unsafe abortions, maternal morbidity and mortality. In order to avert the unintended pregnancies and consequent adverse outcomes, contraceptive use has been prioritized as a key intervention. Improving

the universal access to sexual and reproductive health services including contraceptives was a key target of the Millennium Development Goals (MDG).

In Uganda, an estimated 1.2 million unintended pregnancies occurred in 2008, representing more than half of the country's 2.2 million pregnancies . The risk of pregnancy increases with a widening gap between sexual debut and age of first marriage. In Uganda nearly two thirds (64 %) of women aged 25–49 years reported early sexual debut before the age of 18 years. At the time of enrolling into Universities, women are at an age of about two years above the median age of sexual debut in Uganda suggesting that they are usually sexually active. According to the two major surveys conducted among university students in Uganda, findings indicated that students did not have access to sexual and reproductive health services and HIV/AIDS-related programmes despite their engagement in high-risk sexual behaviours. Findings also showed that a quarter (25 %) of the university students had unmet need for contraceptives yet their level of awareness about contraceptives was high.

Overall, the use of contraceptives is not openly discussed among young unmarried women due to strong cultural and religious beliefs, which exposes the young women to the increased risk of unwanted/unintended pregnancies. In many

African traditional culture settings, pregnancy before marriage is often viewed as an abomination. As such, many unmarried females who get unintended pregnancies seek abortions services for fear of societal judgment. Abortion in Uganda being illegal increases the risk of maternal deaths because it is usually unsafe and at times conducted by traditional herbalists.

### **Statement of problem**

Contraception is regarded as an important preventive measure of unintended pregnancies and sexually transmitted diseases, including human immunodeficiency virus infection and acquired immune deficiency syndrome (HIV/AIDS), among youths.

Although the group is the most sexually active, girls in the group are faced with more challenges in accessing contraceptives than are married women due to the stigma attached to their sexual activities before marriage. This poses the risk of unwanted and teen pregnancies and unsafe abortions. The latter is a significant public health concern in many developing countries, with the most recent publication showing global annual incidence estimates that suggest that 25.1 million women had undergone unsafe abortions between 2010 and 2014.

Despite being freely available at health facilities throughout the country, the utilization of contraception among students, especially females, remains low, with increased rates of unplanned pregnancies being reported

The correct use of contraception can prevent unintended pregnancies, unsafe abortions, and sexually transmitted infections, including HIV . Unwanted pregnancies among students of higher learning institutions create a major public health problem, particularly in developing countries, and may jeopardize students' learning and potential careers. Globally, several studies have reported on the knowledge, attitude, and practice toward the use of contraception among various groups of students but little is known about the current knowledge, attitude, and practice toward the use of contraception among young females in this study setting.

Despite the availability of various contraceptive options and sexual health education programs, the KAP of contraceptive methods among undergraduate students may still face challenges. Misconceptions, cultural factors, social stigma, and limited access to information and resources can all contribute to inadequate contraceptive use and risky sexual behaviors.

To address these issues effectively, it is essential to assess the current level of knowledge, attitudes, and practices of contraceptive methods among

undergraduate students. Identifying the factors that influence their understanding and behaviors regarding contraception will aid in developing targeted interventions to promote responsible sexual practices and reduce the incidence of unintended pregnancies and STIs.

### **Research Questions**

1. What is the level of knowledge of contraceptive among university undergraduates.
2. What is the attitude of undergraduate towards the use of contraceptive?
3. What factors influence the decision-making process of university undergraduates when choosing a contraceptive method?

### **Purpose of study**

The purpose of this study is to investigate the knowledge attitude and practices of contraceptives among university of Benin undergraduate students. Specifically, this research aims to:

1. Identify the level of knowledge of contraceptive among university undergraduates.

2. Ascertain the attitude of university undergraduate towards the use of contraceptives

3. To identify contraceptive use

### **Significance of study**

This research's findings will have significant implications for various stakeholders, including university authorities, health educators, policymakers, and healthcare providers. Understanding the current level of contraceptive knowledge among undergraduate students will aid in tailoring sexual health education programs that address specific gaps and misconceptions.

Exploring the attitudes of undergraduate students towards contraceptive use will provide insights into potential barriers and facilitators that can shape their decisions regarding reproductive health.

Examining the contraceptive practices of undergraduate students will offer valuable information for designing targeted interventions to improve contraceptive usage and promote safer sexual behaviors.

Lastly, identifying the factors influencing contraceptive KAP among undergraduate students will assist in developing comprehensive strategies that

address cultural, social, and structural challenges, thereby enhancing overall sexual and reproductive health outcomes among this population.

### **Scope/Delimitation of the study**

The scope of this study focuses on examining the knowledge, attitude, and practices towards the use of contraceptives among university undergraduate in university of Benin.

### **Definition of terms**

Contraceptives: an instrument used before, during and after sexual intercourse for the purpose of preventing unwanted pregnancy or sexually transmitted infections.

Contraception: this is the conscious or deliberate use of artificial methods or other techniques to prevent pregnancy as a consequence of sexual intercourse.

STIs: sexually transmitted diseases, an infection transmitted through sexual Intercourse that is caused by bacteria, viruses or parasite.

Mortality: This is the state of being subjected to death.

Morbidity: This refers to symptoms of disease, or to the amount of disease within a population.

Sexuality: This is the development of sexual attitudes and practices that creates room for sexual Intimate relationship.

## **CHAPTER TWO**

### **REVIEW OF RELATED LITERATURE**

This chapter describes knowledge and work done by different authors and will be used for this study under the following sub-heading;

- Concept of contraceptives
- Contraception in Nigeria
- Method of Contraception
- Knowledge of Contraception among Undergraduates
- Attitude towards Contraception among Undergraduates
- Practice of Contraceptives among undergraduate
- Influence of Socio-Demographic Data on the Utilization of Contraception
- Consequences of Non-use of Contraception
- Summary of review of related literature

## **Concept of Contraception**

Arguably, the concept of contraception is as old as the history of human existence. Contraception is essentially preventing pregnancy and it is defined as the intentional prevention of conception through the use of various devices, sexual practices, chemicals, drugs or surgical procedures including some behaviors that are focused on preventing a woman from becoming pregnant Sule et al, (2015). The use of modern contraceptive method translates into the prevention of unwanted pregnancies and subsequent abortion Monjok et al, (2010). Some of these contraceptives also reduce the likelihood of disease transmission and protection against certain cancers and health problems.

Contraceptives that is reliable and safe irrespective of whether they are reversible or not offers sexually active people the chance to lead a healthy sexual lifestyle. Contraceptive use has increased in many parts of the world especially in Asia and Latin America, but in Africa the use of contraceptives is still very low (20%) compared to other developed continents of the world which is greater than 50% Sule et al, (2015). Despite the knowledge of modern contraceptives, a wide gap still exists between knowledge, attitude and the practice towards the adoption of contraception. However, no form of contraceptive method other than abstinence

has been proven 100% protection in terms of pregnancy prevention or protection from STDs. Extensive research and clinical trials have led to improvement in existing methods of control and development of new, more effective and acceptable methods with fewer side effects Monjok et al, (2010).

There are several methods of contraception available to individuals these includes; abstinence, barrier method which includes the use of condoms (available as male or female condom), diaphragm, cervical caps and spermicides, use of hormonal preparation which may either be oral, injectable or implants and use of intra-uterine device(IUD), rhythm or safe period and withdrawal (coitus interrupts).however, there are the traditional method of contraception such as wearing of waist beads, rings, use of charms, wooden carvings etc. Oguntona et al, (2013).

### **Contraception in Nigeria**

In pre-colonial Nigerian communities, procreation was generally regarded as the primary function of marriage. Children were seen as assets, as the number of children born in a family would determine the work force of the family as well as its status within the community. Families with larger number of children were given greater respect as they were believed to be contributing more to the

workforce and well-being of the community Obinna, (2011). Despite the desire for more children in the families, there was a general knowledge that reproductive health problems were the leading cause of morbidity and mortality among women of child bearing age Sule et al, (2015).

Traditional method of birth control used local resources to ensure the reduction of reproductive health problem among its people. A major form of contraception in pre- colonial Nigeria societies was abstinence. Traditional beads were also worn by women as waist bands or as armlets. These items were usually soaked in recipes available as concoction or decoction and thereafter believed to possess certain spiritual powers to protect women from getting pregnant during sexual intercourse. Rings and padlocks were also used as clamps on the vagina of the women to ensure that she does not have sex within a given period. These were provided and administered by Traditional Medical Practitioners (TMP) who was mostly women Obinna, (2011).

Although the efficacy of these methods is often only explicated by the TMPs and their clients, it is however important to emphasize the relevance of traditional contraceptive method to these clients. Most users of traditional contraceptives in Nigeria may lack access to modern contraceptive, they however

believe that traditional contraceptive methods are production of their fore father's wisdom which recognized their socio-cultural and religious values and has little or no side effects when compared to modern contraceptives Adesina, (2013).

The Nigerian government in 2004 developed a population policy with the inclusion of family planning as an integral component of maternal and child health programme. With the awareness that the use of contraception is very important in socio- economic development as well as addressing important health problems, the government encouraged the promotion and uptake of modern method of contraception. Research carried out in Nigeria indicated more than 60% of women with an unplanned pregnancy are not using any form of contraception Monjok et al, (2010).

In Nigeria, Ogboghodo et al, (2017) carried out a study on prevalence and determinants of contraceptives among women of childbearing age. The result showed that among current contraceptive users, informed cost of contraceptives and access of contraceptive services was the three most important factors that affected contraceptive use. Similarly, Olajide et al, (2014) carried out a research on awareness and use of modern contraceptives among physically challenged. The result showed that the commonest contraceptive method in use was condom with

28% of sexually active respondents has used male condoms while 14% have used female condom.

## **Method of Contraception**

There are two well-known method of family planning. These include:

- i. The traditional methods
- ii. The new modern methods

### **1. Traditional Methods of Family Planning**

According to Faudjar, Chandler & Biswabandita, (2014) the traditional method of contraception are preferred over the modern methods in India. The traditional methods of contraception we're practiced as far back history could tell. This has been confirmed by the display of these methods side by side with newly introduced modern methods. These traditional methods include prolonged breast feeding, post-partum abstinence, the use of ring, waist band, "blue" (a chemical substance dissolved in water for drinking immediately after sex to prevent pregnancy and for abortion), hair pin (for women) feather (attached to hair during sex), salt ( to be dissolved and taken immediately after sex), padlock (which is opened and attached to the body during sex), broom (a small gourd with

medicine inside, to be taken after sex) and the use of black soap. The uses of various objects are sometimes accompanied by incantation and divination. These methods are also associated with some taboos. Any violation of the taboo associated to these methods will render them ineffective. Civilization and modernization have however helped in putting behind many of the traditional methods replace with modern methods particularly in African cities.

## 2. **New Modern Methods**

According to Monjok et al, (2010), the use of modern contraception translates into the prevention of unwanted pregnancies and subsequent abortions. The new methods of contraception can be categorized into three types. These include;

- i. Temporary contraceptive methods
- ii. Permanent contraceptive methods
- iii. Natural contraceptive methods

1. **Temporary family planning methods:** These are methods that couples can use to delay pregnancy and space their children as they wish. They can stop using them when they want to have a child. Examples are:

- a. **IUCD (Intrauterine Contraceptive Device):** These devices are inserted into the uterus; they contain copper which increases contraceptive efficacy. The IUCD is very popular and widely used in Nigeria especially by older married women.
- b. **Hormonal Contraceptive pill:** These are oral contraceptive which helps to reduce the fertility rate in women with ease. This pill contains the synthetic steroid hormones oestrogen and progesterone. The pill is very effective in preventing pregnancy provide it is taken correctly and consistently Guillebaud & Macgregor, (2013).
- c. **The Injectable:** these injectables prevent ovulation, thicken cervical mucus and cause atrophy of the endometrium. There are two contraceptive progestogen injections currently available they are the Depo-Provera or Depot Medroxyprogesterone Acetate (DMPA) and Noristerat (Norethisterone enanthate). Both methods are given by deep intramuscular injection.
- d. **Implant:** Implant is capsules containing progestogen, which are inserted under local anaesthetic into the inner aspect of the non- dominant upper arm. The steroid is released into the circulation, producing a change in the

cervical mucus which prevents spermatozoa penetration, disturbance of the maturation of endometrium and suppression of ovulation.

- e. **The condom:** condom is a barrier method that prevents sperm from coming in contact with the oocyte. This method includes the male and female condoms. It offers some protection against sexually transmitted diseases and Human Immunodeficiency virus. The condom can only be used once after which it is disposed.
- f. **Diaphragm:** A diaphragm consisted of a thin rubber dome with a metal circumference to help maintain its shape, a range of different types are available. The diaphragms are individually fitted at contraception clinics.
- g. **Emergency Contraceptive Pill:** Emergency contraception is required when contraception has not been used before or during sexual intercourse, used incorrectly or when there is perceived to have been failure in the contraceptive method used, e.g. a condom mishap such as breaking, tearing or coming off. There are three types and it includes emergency hormonal contraception, selective progesterone receptor modulator and the copper intra- uterine contraceptive device.
- h. **Spermicidal products:** spermicidal agents have been known to increase the efficacy of condoms

2. **Permanent Family Planning Methods:** This includes the male and female sterilization. These are methods that are used by couples once they have decided their family is complete. Couples requesting sterilization need thorough counseling to ensure that they have considered all eventualities including possible change in family circumstance.
  - a. **Male Sterilization:** This is also referred to as vasectomy. It involves the excision of part of the vas deferens, which is the tube that carries sperm from the testes to the penis. A small cut or puncture to the skin of the scrotum is made to gain easier access to the Vas deferens. It is a permanent birth control method for men who do not want to have any more children.
  - b. **Female Sterilization:** it is a permanent birth control method for women who do not want to have more children. During the procedure the uterine tube is occluded using division and location, application of clips or rings, diathermy or laser treatment. The operation is performed under a local or general anaesthetic.
3. **Natural Family Planning Methods:** These are methods that do not rely on any medication or device. Natural family planning requires that a woman should be aware of her fertile days so that she and her partner can plan sex

to avoid or achieve pregnancy. Examples of such methods are withdrawal, Rhythm methods and the Lactational Amenorrhoea Method (LAM).

- a. **Coitus Interruptus:** This involves the withdrawal of the penis from the vagina prior to ejaculation. The couples should also be aware of emergency contraception. The success of this method depends on the man exercising a great amount of self-control and is based on trust and honesty.
- b. **Rhythm:** This is also referred to as calendar method and it is based on observation of the woman's past menstrual cycles. Before commencing this method the specialist and the woman should examine the six previous menstrual cycles. Guillebaud & Macgregor (2013) indicated that the calendar method is not sufficiently reliable.
- c. **Lactational Amenorrhoea Method:** It is thought that the action of the infant suckling at the breast causes neural inputs to the hypothalamus. This results in the inhibition of gonadotrophin release from the anterior pituitary gland, leading to suppression of ovarian activity. The maintenance of night-feeds and the introduction of supplementary feeds also affect the return of ovulation. However it is not recommended for

use after six months following birth because of the increased likelihood of ovulation.

### **Knowledge of Contraception among Undergraduates**

Contraception is one of the essential elements of youth reproductive health. It allows youth to determine the timing and the number of their children and empowers them to manage their lives with respect and dignity. Adolescent reproductive health is increasingly being recognized as one of the major determinant of human development. Among the essential development concern about contraception or prevention of unwanted early pregnancies considered to have a significant potential in improving the status of youth.

Studies have been conducted around the globe to evaluate the knowledge young people have about contraceptives. Generally, these studies reveal higher knowledge of contraceptive methods among young people in Europe compared to developing countries in Asia and Africa. This marked difference has over the years caused serious concerns which have led to the implementation of health programs to increase contraceptive knowledge and practice in developing countries, with different levels of success according to Olisemeka & Salim, 2011; Sule at al., (2015).

Knowledge and the use of contraception by undergraduates was also revealed in a study carried out by Ogboghodo et al, (2017) that condom was the most commonly used contraceptive method due to the fact that it is readily available over the counter at most drug stores and that there is much less restriction on its purchase and use compared with other forms of contraceptives.

Also, in a study carried out by Folakemi, (2014) on the awareness and use of modern contraceptives by physically challenged, it revealed that only about two fifth of the respondents (38%) had ever heard about modern contraceptive method. The most common source of information was through the television and radio (79.2%) and the least common source was the internet (18%). Same study also showed that about 26% of the respondents were aware of the male condom while the least known contraceptive was the spermicides.

In a research carried out by Sule et al, (2015) also indicated that majority of respondents (64.2%) in the study carried out reported that contraceptives are used for preventing unwanted pregnancies, 52.1% said it helps prevent STDs.

## **Attitude towards Contraception by Undergraduates**

Studies have shown that the attitude of youths towards contraception is an important determinant to the use and non-use of contraception. In a study carried out by Kajic et al (2015), it revealed that attitude towards contraception was strongly associated with its use. It was also stated that higher educated students had positive attitude towards contraception and it could be assumed that appropriate training could improve attitude about contraception which will eventually lead to its wider use.

According to Abdul-Zahra et al (2013), education is the most dynamic and influential tool for inducing a positive attitude among couples towards the method and measures of contraception. In a study carried out by Myoung-Hee Kim (2016), reported low level of contraceptive use and knowledge despite being sexually active which reflected that sexual education and education on contraception given at home and schools is very superficial and not concrete.

In a similar study carried out by Ugoji (2013) revealed that sexual attitude and behaviour of adolescents have been significantly sharpened by socio-physiological factors and consequently affected their knowledge of contraception. The study also revealed that there is no significant difference between the attitude

of male and female students towards Contraceptive use. Likewise a study carried out by Idowu et al (2017), showed that more than half of the students had positive attitude towards the use of contraceptive and 88.1% of them indicated intention to use in their future sexual encounters.

In a study carried out by Nsubuga, Sekandi, Sempeera & Makumbi, (2016), revealed that students had positive attitude towards using contraceptive however, negative perception and attitude existed about the accessibility to contraceptive services. Also it was inferred from this study that a high proportion of students perceived contraception as bad because they believe it caused infertility.

### **Practice of Contraceptives**

The use of contraceptive methods translates into the prevention of unwanted pregnancy and subsequent abortions Dann, (2016). If contraceptive use in the population increases among Nigerian men and women who are sexually active, there will be a significant reduction in unwanted pregnancies and abortions leading to reduced maternal mortality. Sule et al (2015) reported that more than 60% of women with an unplanned pregnancy are not using any form of contraception. However, the practice of contraceptive use has increased worldwide due to the development and introduction of modern contraceptives and the

establishment of organized family planning programs. The contraceptive prevalence rate in many developing countries rose from 9% in the 1960 to 60% in 1997, and this has helped in reducing the total fertility rate of some developing countries (the lifetime average number of children per woman) from 6.0 in 1960 to 3.1 in 2010 (Oguntona et al, 2013).

Studies evaluating the practice of contraceptive use among varying populations in different societies have led to similar findings. These studies reveal that while there are people who do not use contraceptives due to lack of knowledge, there are others who are aware of their existence and importance but will rather not use them, Reasons for this include fear of side effects, the fact that it contradicts religious or social norms as well as unavailability and partner disapproval Osakinle et al, 2013; Ogboghodo et al, (2017).

Studies conducted among Nigerian students in tertiary institutions have also shown a low rate of contraceptive use compared to high level of awareness. A 2005 study by Osakinle et al (2013) involving 300 Nigerian students found that at the time of the study, 50% of the respondents were sexually active, but of these sexually active respondents, only 13.3% reported having used a form of contraceptive during their last act of intercourse. However, another 2005 study

among Nigerian students conducted by Ogboghodo et al (2017) revealed a relatively high rate (75% current users) of contraceptive use among a study sample of 283 students. Although these studies were both conducted in the south-western part of Nigeria in the same year, there were differences in their findings as regard the prevalence rate of contraceptive use among students. This difference could be as a result of age and gender variations in the respondents used for each study. In the first study, by Osakinle (2013), 66.7% of the respondents were females while only 33.3% were males and all respondents were within the age bracket of 13-19 years. In the second study, by Ogboghodo (2017), there were more male respondents and a higher age bracket of 18-49 years. This could suggest that contraceptive use is positively affected by an increase in age of respondents, and that gender is an important variable. Interestingly, both studies reveal that the most commonly known contraceptive among both study samples was the male condom at 80% and 83% respectively. Therefore, this could possibly justify why contraceptive prevalence rate was higher among the male dominated study sample. Other Nigerian studies confirm the low prevalence of contraceptive use among both male and female students, Sule et al (2015) conducted a similar study among female Nigerian students and found that 77.6% of female respondents were sexually active, but only 25.4% had ever used any form of contraception.

According to the Nigeria Demographic and Health Survey (NDHS) (2015) survey, the country's overall fertility rate was 7.0 children per woman in the northeast and 6.7 children per woman in the northwest, compared with only 4.1 in the southwest. This survey by NDHS (2015) has shown that there is still a large unmet need for contraceptive use in Nigeria.

### **Influence of Socio-Demographic Data on the Use of Contraception**

Deciding to use contraceptives is a difficult decision by most prospective users, especially women. According to Dann (2016) the difficulties arise from the strength of the interplay of influences from close family relations. Furthermore, the economic dependency level of the woman on her close relations affects the decision process for the uptake of contraceptives Monjok, (2010). The type of work and the amount of income earned in particular have a strong relation to use of contraceptives Makhaza & Ige, (2014). Studies during the past few decades have established a close and significant relation between contraceptive use and fertility preferences. The economic value ascribed to children enhances fertility among those who are economically poor.

Dann (2016) studied the socio-cultural determinants of fertility. In their study, education is found to be the prime influencing factor. Education may have a direct

influence on fertility, since education affects the attitudinal and behavioural patterns of the individuals. However, besides several cultural factors, non-availability and/or lack of knowledge, attitude towards desired family size, traditional beliefs and practices play an important role in family planning. A number of studies have been taken up covering different population groups. Monjok et al, (2010) in their study found out that raise in education besides providing knowledge on the contraceptive methods helps in improving acceptance of contraceptive.

In a cross-sectional survey of 21 countries in sub-saharan Africa, using demographic health survey data, WHO established that discussions with partners on contraceptive informs women of their husbands' attitude towards contraceptive and therefore the intention for its use. The study also established that women usually do not discuss sexual plans and desire with their husbands especially on matters relating to the number of children to have and spacing of birth (WHO, 2015).

## **Consequences of Non-use of Contraception**

The major consequences associated with non-use of contraception among Nigerian youths in tertiary institutions are contraction of STDs and unsafe abortion resulting from unplanned pregnancy Osakinle et al, (2013).

- **Sexually Transmitted Diseases:** Despite high and increasing awareness among young students on reproductive health, studies still suggests a relatively High incidence of STDs among students resulting from improper or non- use of contraceptives (Omoyemi, Akinyemi & Fatusi, 2012, Sule et al, 2015). The use of contraceptives reduces the likelihood of disease transmission and protection against certain cancers and some health problems (Sule et al, 2015.). Students often get infected as a result of unprotected sex which may either be caused by coerced sex, peer/ partner influence or students perception that STDs are inevitable and can easily be treated (except for HIV/AIDs).

**Unsafe Abortion Resulting from Unwanted Pregnancy:** Globally, reproductive health problem have been reported to be the leading cause of morbidity and mortality among women of child bearing age Sule et al, (2015). Contraceptives aids in the protection of women from unplanned pregnancies, which often lead to

unsafe abortion Ogboghodo et al, (2017). In Nigeria, unprotected sexual intercourse is the primary cause of unplanned pregnancy and many women with unplanned pregnancy decide to end them by abortion. Since abortion is illegal in Nigeria (unless medically recommended), many abortions are carried out in unsafe environment, the consequences of these unsafe abortion are usually grave and can be life- threatening often leading to maternal deaths.

**Barriers to the Use of Contraceptives:** Concerns about the gap between the knowledge of contraceptive and use among young people have led to research on the reasons for their non-use of contraceptive. The common issues in these studies include lack of awareness, lack of access, cultural factors, fear of health risks and side effects and opposition by partners. These were reported to influence young people's attitude to the use of contraceptives Avong, 2012; Osakinle, (2013).

**Lack of Awareness:** Awareness about contraceptives is the first line of action towards adopting a contraceptive method. According to Folakemi, (2015), level of awareness and access of adolescents to contraceptives is lower compared to the general population. A lack of awareness of contraception will definitely lead to non-use of contraceptives.

**Lack of Access:** Accessibility is partly contextualized in terms of the proximity and convenience of contraceptive services to students, cost and method available to them. Some providers have limited knowledge of contraceptive methods Herbert, Schwandt, Boulay & Skinner, (2013) and/or believe that contraceptive services are meant for older, married people and not for young and unmarried students Herbert et al, (2013) thus youths seeking contraceptive services are exposed to experiences of hostility, stigmatization or denial. This correlates with the findings of Lamina, (2013) that since health care services are not youth-friendly, young people may not seek out contraceptives, because they have been made to believe that such services are not meant for them.

**Cultural Factors:** The low prevalence of contraceptives use among Nigeria students is also worsened by the cultural attitudes parents and guardian hold towards the use of contraceptives by youths which are commonly associated with promiscuity. Thus the process of socialization of youths in these society often involves labelling issues about reproductive health as 'dirty' which should not be discussed openly. Since youths are sexually active beings, they are prone to having unprotected sex Marrone, Lutuf, Zaake, Annika, Abdul-Rahman, Coninck & Johansson, (2014).

**Fear of Health risks and Side Effects:** One of the various factors which contribute to low level of contraceptive use is concern about health risks and side effects Ogboghodo et al., (2017). Most undergraduates, because of the perceived fear of health risks and side effects will not prompt them to adopt contraceptive method.

**Opposition of Use by Partner:** Partners' disapproval to the use of contraceptives can be a barrier to the use. According to Monjok et al., (2010) reasons given by respondents for the non-use of contraceptives was objection of contraceptive use by partners. Decision plays a major role in the non-use of contraceptives according to Ogboghodo et al., (2017).

### **Summary of the Related Literature**

From the various literatures in this study, it was found that contraceptive is an important aspect of reproductive health that brings about positive changes and development to undergraduate youth. Contraception as defined by Sule et al, (2015), is the intentional prevention of conception through the use of various devices, sexual practices, chemicals, drugs of surgical procedure including some behaviour that is focused on preventing a woman from getting pregnant. It was

also observed that some of these contraceptives can reduce the likelihood of disease transmission and protection from certain health problems.

It was further observed that practice is influenced by knowledge and attitude although the possession of accurate knowledge and attitude does not guarantee the right health behaviour, knowing the right information about what to do may lead to positive attitude and appropriate behaviors. Review of relevant literature showed that there are two well-known methods of family planning which includes: traditional methods and new modern methods. The traditional methods of controlling family size were practiced as far back as history could tell. These traditional methods include prolonged breast feeding, post-partum, abstinence etc. while the modern methods are categorized into three types. These include: temporary family planning methods, permanent family planning methods and natural family planning methods. Theory of Health Belief Model was reviewed and was applied to the study. The Health Belief Model (HBM) focuses on the attitude and belief of the individuals. It states that a person's readiness to act were based on the perceived susceptibility, perceived severity, perceived benefit and the perceived barriers.

However , after making an in depth study of other people's research work on the issue of contraceptives, it has been observed that no study has been carried out on the knowledge ,attitude and practice of contraceptives among undergraduates in University of Benin, Benin City. Hence a research in this area would be of benefit to parents, Heath workers, guidance counsellors and most especially undergraduates.

## **CHAPTER THREE**

### **METHOD OF THE STUDY**

This chapter deals with the method and procedure that will be used in this study. It will be discussed under the following sub-heading.

- Design of the Study
- Population of the Study
- Sample and Sampling Procedure
- Research Instrument
- Validity of the Instrument
- Reliability of the Instrument
- Method of Data Collection
- Method of Data Analysis

#### **Design of the Study**

A descriptive survey research design will be applied in this study. Survey research design is defined as the systematic collection and analysis of information from a large number of people through their responses (Chinweuba, Ilo, Agbapuonwu, Ogbonnaya, Obasi, Makata, & Iheanacho, 2014). It is considered

the most frequently used and easy because it makes use of structured questions and it's fast.

### **Population of the Study**

The population of the study consists of all forty four thousand, six hundred and ninety-nine (44,699) undergraduates from fourteen (14) faculties in university of Benin. (*Source:* student affairs division 2019).

### **Sample and Sampling Technique**

The sample size will consist of 300 undergraduate i.e 60 undergraduate each from the faculty of Education, Engineering, Agricultural Science, Act and Social Science. The sampling Technique that will be used for this study is the purposive sample technique.

### **Research Instrument**

The instrument that will be used for data collection in this study is a structured questionnaire. The questionnaire will contain four sections. Section A will identify the socio-demographic characteristics of the respondents in the study, section B will contain the Knowledge of contraceptives, and section C will contain

the Attitude of contraceptive while section D will contain the practice of contraceptives.

### **Validity of the instrument**

The instrument will be submitted to the project supervisor and two other experts in health education for face and content validity. Their observations, modifications and suggestions will be affected in the implementation of the final copies of the questionnaire.

### **Reliability of the instrument**

A test re-test reliability method will be used to test the reliability of the instrument. To ensure the reliability of the instrument; the questionnaire will be administered to undergraduate who will not be captured in the population of the study to elicit information to measure the consistency of the instrument, the same instrument will be administered to the same student within two-week interval, this is to ensure that the instrument is reliable. The result from the test will be measured using Cronbach Alpha Coefficient reliability method will be determined.

### **Method of Data Collection**

Copies of the questionnaires will be administered and collected by the researcher and three other assistants. The researcher and his assistance will ensure that the questionnaires are rightly filled and all questioned filled correctly before statically analysis.

### **Method of Data Analysis**

The data will be properly organized and tabulated using frequency count, mean and simple percentage.

## CHAPTER FOUR

### DATA ANALYSIS AND ANSWERING OF RESEARCH QUESTIONS

#### Analysis and Interpretation

**Research question one:** Ascertain the level of knowledge of contraceptives among undergraduates in University of Benin, Benin City

**Table 1: What kind of contraceptive do you know?**

S/N	VARIABLE	RESPONSES		PERCENT OF CASES
		N	PERCENT	
1	Withdrawer	170	13.9	56.6
2	Abstinence	201	16.4	67
3	condoms	297	24.3	99
4	Intra uterine copper device	73	5.9	24.3
5	Injectables	41	3.3	13.6
6	Rings	79	6.4	26.3
7	Waist band	42	3.4	14
8	Implants	46	3.7	16.3
9	Diaphragm	18	1.4	6
10	Pills	253	20.7	84.4

In table 1, majority of respondents 297(99%) are familiar with condoms, 253(84.4%) pills, 201(67%) abstinence, 170(56.6%) withdrawer, 79(26.3%) rings,

73(24.3%) intra uterine copper device, 46 (16.3%) implant, 42(14%) waist band, 41(13.6%) while 18(6%) are familiar with diaphragm.

**Table 2**

S/N	ITEMS	$\bar{x}$	SD	REMARK
<b>1</b>	What is contraception?			
<b>A</b>	The deliberate use of various methods to prevent conception	2.62	7.20	Agree
<b>B</b>	the use of various methods to prevent accidents	2.22	.800	Disagree
<b>C</b>	the use of various methods to get pregnant	2.14	.654	Disagree
<b>D</b>	not sure	2.10	.64	
<b>2</b>	Who should use contraceptives			
<b>A</b>	Females	2.88	.612	Agree
<b>B</b>	Males	2.26	.891	Disagree
<b>C</b>	both gender	2.32	.709	Disagree
	not sure			
<b>3</b>	What are the sources through which students can acquire knowledge about contraception			
<b>A</b>	Peers	3.0	.822	Agree
<b>B</b>	Parents	2.0	.837	Disagree
<b>C</b>	school teacher	2.0	.672	Disagree
<b>D</b>	Health professionals			
<b>4</b>	How many times should a single condom be used during sex			

---

<b>A</b>	Only once	2.88	.901	Agree
<b>B</b>	at least twice	2.45	.655	Disagree
<b>C</b>	three times	2.34	.890	Disagree
<b>D</b>	not sure			
<b>5</b>	What is the effect of oral contraceptive pill			
<b>A</b>	It makes females miss their period	2.22	.499	Disagree
<b>B</b>	prevents females from getting pregnant during sexual intercourse	2.75	.547	Agree
<b>C</b>	it prevents STDs	2.30	7.91	Disagree
<b>D</b>	none of the above			

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In table 2, item one was to determine the knowledge of respondent toward what is contraception, the table revealed that 2.62 the deliberate use of various methods to prevent conception is what contraceptive mean. While the other items were below the mean cut point of 2.5, indicating that the respondent knowledge toward contraceptive were accepted.

**Research question two:** Attitudes of university of Benin undergraduate students towards the use contraceptive

**Table 3: Attitude of respondent toward the use of contraceptive**

S/N	VARIABLES	RESPONSES		TOTAL
		YES (%)	NO (%)	
1	Do you approve the use of contraceptives	211(70.3)	89(29.7)	300
2	Should contraceptives be discussed	275(91.6)	25(8.4)	300
3	Do you think adolescents are scared of contraceptives	101(33.7)	199(76.3)	300
4	My religion does not accept contraceptives	22(7.3)	278(92.7)	300
5	Youth should be discouraged from contraceptives use	194	106	300
6	Contraceptive utilization discussion should be prohibited	42	258	300
7	The use of contraceptives among adolescent should be banned	244	66	300
8	The use of contraception is against my religion	256	44	300
9	Youth should be encouraged to use contraception since they can't do without sex			
10	Contraception should be given freely to adolescent			

In table 3, majority of the respondents 211(70.3%) approve the use of contraceptives while 89(29.7%) do not approve.

Majority of the respondents 275(91.6%) approved that contraceptives should be discussed while 25(8.4%) do not approve

Majority of the respondents 199(76.3%) do not think that adolescents are scared of contraceptives while 101(33.7%) think adolescent are scared of contraceptives.

Majority of the respondents 278(92.7%) religion do not support the use of contraceptives while 22(7.3%) of the respondent religion support the use of contraceptives.

Majority of the respondents 15(68%) religion support the use of abstinence while 7(32%) condoms.

Majority of the respondents 212(70.7) indicated that contraceptives are harmful while 88(29.3%) indicated that contraceptives are beneficial.

Majority of the respondent 281(93.6%) indicated that sex education should be taught while 19(6.4%) of the respondent indicated that sex education should not be taught.

Majority of the respondent 270(90%) indicated religious clerics to teach sex education, 261(87%) parents, 259(86.4%) health professionals while 202(67.3%) of the respondent indicated that teachers should teach sex education.

Research question three: Determine if undergraduate of university of Benin use contraceptives

**Research questions three:** what are Factors influence the decision-making process of university undergraduates when choosing a contraceptive method

**Table 2: Mean and standard deviation showing Factors influence the decision-making process of university undergraduates when choosing a contraceptive method**

S/N	ITEMS	$\bar{x}$	SD	REMARK
1	Peer recommendations or experiences influence my choice of contraceptive method	2.55	.612	Agree
2	The ease of access to the contraceptive method is a key consideration for me	2.89	.666	Agree
3	Cultural or religious beliefs influence my choice of contraceptive method.	2.12	.783	disagree
4	My partner's preferences and involvement in contraception are important to me	2.70	.702	Agree
5	Cost plays a significant role in my choice of contraceptive method.	2.66	.900	Agree
6	I consider the long-term impact on fertility when choosing a contraceptive method	2.61	.823	Agree
7	I consider the potential side effects of a contraceptive method when deciding.	2.78	.755	agree
<b>Cluster</b>		<b>2.74</b>	<b>0.7326</b>	<b>Agree</b>

**Note: SD (Standard Deviation), N (Sample Size) Significant Score > 2.50**  
**Source: Computed from Field Work (2023)**

In response to research question one, Table 2 shows that the respondents rated item 1,2, 4,5, 6 and 7 as agree with a mean rating ranging from 2.62 to 2.95 while the standard deviation also ranges from .612 to .900. The mean cluster was greater than 2.5, with these results; the above mean score shows the factors that influence the decision-making process of university undergraduates when choosing a contraceptive method

### **Discussion of findings**

Research Question one: Ascertain the level of knowledge of contraceptives among undergraduates in University of Benin, Benin City

Study findings for research objective one (1) revealed that majority (99.6%) of the respondents are aware of what contraception is all about. This is in line with Sule, (2015) whose study reviewed that despite the knowledge of modern contraceptives, a wide gap still exists between knowledge, attitude and the practice towards the adoption of modern contraception. From the data analyzed it was discovered that majority of the respondents got their knowledge of what contraception is from their peers. The result from analyze it shows that majority of the respondents (99%) are more familiar with condoms, (84.4%) pills, (67%) abstinence and (56.6%) withdrawal methods of contraception, with a verse

majority of the respondent indicating that they will love to know more about contraception.

Study findings for research objective one (2) revealed that majority of the respondents (70.3%) approve the use contraceptives and 91.6% of the respondents indicated that contraception should be discussed and teach among youth. The result from the analysis shows that most religion of respondent (92.7%) does not support the use of contraception. Majority of the respondents from the data analyze indicated that the use of contraception is harmful while (29.3%) indicated that contraception is beneficial. Majority of the respondents also indicated that sex education should be taught among youth through the parent, teachers, religious clerics or health professionals. This finding is line with the study on knowledge and the use of contraception by undergraduates carried out by Ogboghodo *et al.*, (2017). The study revealed that condom was the most commonly used contraceptive method due to the fact that it is readily available over the counter at most drug stores and that there is much less restriction on its purchase and use compared with other forms of contraceptives.

Research question two: to assess the attitudes of university of Benin undergraduate students towards use conceptive, this is in line with Arigbe, (2014)

who carried out a study on prevalence and determinants and attitude of contraceptives among women of childbearing age. The result showed that among current contraceptive users, informed cost of contraceptives and access of contraceptive services was the three most important factors that affected contraceptive

**Objective three:** factors that influence the decision-making process of university undergraduates when choosing a contraceptive method

Study findings for research objective two (3) revealed that Peer recommendations or experiences, The ease of access to the contraceptive method, partner's preferences and involvement in contraception, Cost, long-term impact on fertility, the potential side effects of a contraceptive method when deciding are the factors that influence the decision-making process of university undergraduates when choosing a contraceptive method

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSION AND RECOMMENDATIONS**

The main purpose of this research study was to determining the knowledge, and attitude of contraception among undergraduates in university of Benin, Benin city

#### **Summary of findings**

To make this possible, descriptive research design which is a non-experimental method was adopted for the study. Simple random sampling technique was used to select three hundred (300) accessible respondents for the study. The instrument for data collection was questionnaire; it was a self-designed instrument, built around the research questions and was validated by the researcher's supervisor and other experts. Its reliability value was established as 0.864 using Cronbach Alpha reliability method. The data collected for the research question was analyzed using simple percentage, and mean.

#### **Summary**

This study was aim at assessing the knowledge, and attitude of contraception among undergraduates in university of Benin, Benin City

A cross-sectional descriptive study design was adopted in this study and the study setting was the University of Benin. The study's population comprised of 300 undergraduates from different faculties and level in the University of Benin. Structured and validated questionnaire was used to collect the data for analysis. Analysis of the data collected was done using the descriptive statistics of frequency. Descriptive statistics such as frequencies, percentage and means were used to analyze the data obtained. It was revealed in this study that majority of the respondents had high level of knowledge of what contraception is and had practice the use of contraception. The result also revealed that they are high proportion of sexual practice among the respondent.

The study revealed that there is a significant relationship between the attitudes of undergraduate towards contraceptive uses among undergraduate of university of Benin and that there is a significant relationship between the knowledge of contraception's influence contraceptive use among undergraduate of university of Benin

The study also revealed that peer recommendations or experiences, The ease of access to the contraceptive method, partner's preferences and involvement in contraception, Cost, long-term impact on fertility, the potential side effects of a

contraceptive method when deciding are the factors that influence the decision-making process of university undergraduates when choosing a contraceptive method

## **Conclusion**

From the data obtained in the analyses, it can be concluded that;

There is a high level of knowledge, and attitude of contraception among undergraduate students, and a high proportion of sexually active students, the level of utilization of contraceptives among the students were high. there is a significant relationship between the attitudes of undergraduate towards contraceptive influence contraceptive use among undergraduate of university of Benin and that there is a significant relationship between the knowledge of contraception's influence contraceptive use among undergraduate of university of Benin

The study also concludes that peer recommendations or experiences, The ease of access to the contraceptive method, partner's preferences and involvement in contraception, Cost, long-term impact on fertility, the potential side effects of a contraceptive method when deciding are the factors that influence the decision-

making process of university undergraduates when choosing a contraceptive method.

## **Recommendations**

Based on the study findings and conclusion, the following recommendations are;

The university authority should provide adolescent health clinics which will provide students with counseling on sex related matters and also provide easily accessible contraceptive services where the need arises.

Enlightenment of students on the dangers and consequences of unprotected sex. The commonest source of information for the students, which is the social media, should be exploited and utilized in disseminating this information. However, total abstinence should be encouraged among all students.

Most undergraduate have good attitude towards contraceptives. Information, education and communication activities regarding utilization of modern contraceptive methods among adolescents and their importance should be strengthened by the Ministry of Health through mass media messages and encouraging school health programs. Including family planning in the educational curriculum both at elementary and secondary schools needs emphasis, so that

knowledge and practice of modern contraception can be utilized early at least for those who are not out of school.

Community health education programs regarding culture need to be planned and carried out to the community at large. Encouraging mini media programs and establishing reproductive health clubs should be promoted by school officials.

Base on the fact that many undergraduate got their information about contraception from peers, the study recommend that parent and teachers should do more to enlighten their adolescent on the use of contraception, this is because peers might lead the wrong information and idea about contraception to their fellows, it is important that the knowledge of contraception should come from either the teacher, parent or health professionals, this is to reduce the danger that is associated with the use of contraception and to ensure total abstinence from sexually activities.

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## APPENDIX

### DEPARTMENT OF HEALTH SAFETY AND ENVIRONMENTAL EDUCATION UNIVERSITY OF BENIN QUESTIONNAIRE ON KNOWLEDGE ATTITUDE AND PRACTICES OF CONTRACEPTIVES AMONG UNIVERSITY OF BENIN UNDERGRADUATE STUDENTS

The researcher is a student of above-mentioned department of University of Benin, Benin City conducting research on the knowledge, attitude and practice of contraceptives among undergraduates in university of Benin, Benin City Attached herewith is a questionnaire designed for gathering information for this study. I wish to assure you that all information will be treated with strict confidentiality and purely used for this research.

#### Section A: Demographic Information

Gender: Male [  ], Female [  ]

How old are you: (a) 16 - 20 years (  ), (b) 21 - 25 years (  ), (c) 26 -30years (  ), (d) 31 & above (  )

Religion: (a) Christian (  ) (a) Islam (  ) (c) tradition (  ) (d) others (specify please)

#### Section B: Please tick [√] the most appropriate option for each item.

##### Knowledge of Contraceptive

1. What is contraception? (a) The deliberate use of various methods to prevent conception (  ) (b) the use of various methods to prevent accidents (  ) (c) the use of various methods to get pregnant (  ) (d) not sure (  )
2. Who should use contraceptives? (a) Females (  ) (b) males (  ) (c) both gender (  ) (d) not sure (  )
3. What are the sources through which students can acquire knowledge about contraception? (a) Peers (  ) (b) parents (  ) (c) school teacher (  ) (d) Health professionals e) books/magazine (  ) f) others specify.....
5. How many times should a single condom be used during sex? (a) Only once (  ) (b) at least twice (  ) (c) three times (  ) (d) not sure (  )

6. What is the effect of oral contraceptive pill? (a) It makes females miss their period ( ) (b) prevents females from getting pregnant during sexual intercourse ( ) (c) it prevents STDs ( ) (d) none of the above ( ) e) not sure ( )
7. What type of contraception do you know? (a) Withdrawal ( ), (b) abstinence ( ), (c) condom ( ), (d) intra uterine copper device (IUCD) ( ), (e) injectable ( ), (f) rings ( ), (g) waist band ( ), (h) implants ( ), (i) diaphragm ( ) (j) Pills ( ), (k) others specify.....
8. Would you like to know more about contraceptives (a) yes ( ), (b) No ( )
9. If yes, what method does your religion support? (a) Withdrawal ( ) (b) abstinence ( ) (c) condom (d) intra uterine copper device (IUCD) (e) injectable ( ) (f) rings ( ) g) waist band ( ) h) implants ( ) I) diaphragm ( ) (j) pills ( )

**SECTION C - Attitude towards the Use**

S/N	ITEM	SA	A	D	SD
20	Do you approve the use of contraceptives by youth?				
21	Should contraceptives be discussed?				
22	Do you think adolescents are scared of contraceptives?				
23	My religion does not accept contraceptives				

**SECTION D - Factors influence the decision-making process of university undergraduates when choosing a contraceptive method**

S/N	ITEM	SA	A	D	SD
24	Peer recommendations or experiences influence my choice of contraceptive method				

25	The ease of access to the contraceptive method is a key consideration for me				
26	Cultural or religious beliefs influence my choice of contraceptive method.				
27	My partner's preferences and involvement in contraception are important to me				
28	Cost plays a significant role in my choice of contraceptive method.				
29	I consider the long-term impact on fertility when choosing a contraceptive method				
30	I consider the potential side effects of a contraceptive method when deciding.				

**KNOWLEDGE, ATTITUDE AND PRACTICE OF CONTRACEPTIVES  
AMONG UNDERGRADUATES IN UNIVERSITY OF BENIN, BENIN  
CITY**

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**OCTOBER, 2023**

**KNOWLEDGE AND PREVENTIVE PRACTICES OF SEXUALLY  
TRANSMITTED INFECTIONS AMONG STUDENTS IN  
UNIVERSITY OF BENIN**

**BY**

**OMOKARO ITOHAN**

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**A PROJECT SUBMITTED TO**

**THE DEPARTMENT OF HEALTH SAFETY AND ENVIRONMENTAL  
EDUCATION, FACULTY OF EDUCATION**

**IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE  
AWARD OF BACHELOR OF SCIENCE B.SC DEGREE IN HEALTH  
EDUCATION OF THE UNIVERSITY OF BENIN, BENIN CITY, NIGERIA**

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## CERTIFICATION

We, the undersigned, certify that this project was carried out by **OMOKARO ITOHAN**, with the Mat No **EDU1804364** in the Department of Health Safety And Environmental Education, Faculty of Education, University of Benin, Benin, Nigeria in partial fulfillment of the requirement for the Award Bachelor of Science (Ed) Degree in Health Education.

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## **DEDICATION**

This project work is dedicated to God Almighty for his divine mercy and grace that saw me throughout my stay and study in the University of Benin.

## **ACKNOWLEDGEMENTS**

The researcher sincerely thanks God almighty, my Heavenly Father who never left my side throughout my stay in this school, I am extremely grateful for his kindness, mercy, love, provision, protection, guidance and so many things he has done in my life during the course of my studies in University of Benin.

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## **TABLE OF CONTENTS**

	<b>PAGE</b>
<b>TITLE</b>	<b>i</b>
<b>CERTIFICATION</b>	<b>iii</b>
<b>DEDICATION</b>	<b>iv</b>
<b>ACKNOWLEDGEMENTS</b>	<b>v</b>
<b>ABSTRACT</b>	<b>ix</b>
 <b>CHAPTER ONE: INTRODUCTION</b>	
Background of the Study	1
Statement of the Problem	7
Research Questions	9
Purpose of the Study	9
Significance of the Study	10
Scope/Delimitations of the Study	11
Definitions of terms	11
 <b>CHAPTER TWO: REVIEW OF RELATED LITERATURE</b>	
Concept of contraceptives	14
Contraception in Nigeria	15
Method of Contraception	16
Knowledge of Contraception among Undergraduates	24
Attitude towards Contraception among Undergraduates	26
Practice of Contraceptives among undergraduate	27
Influence of Socio-Demographic Data on the Utilization of Contraception	30
Consequences of Non-use of Contraception	32
Summary of review of related literature	36

### **CHAPTER THREE: METHOD OF THE STUDY**

Research Design	38
Population of the Study	39
Sample and Sampling Techniques	39
Instrumentation	38
Validity of the Instrument	39
Reliability of the Instrument	40
Administration of the Instrument	41
Method of Data Analysis	41

### **CHAPTER FOUR: PRESENTATION OF RESULT AND DISCUSSION OF FINDINGS**

Presentation of Results	42
Discussion of Findings	48

### **CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS**

Summary	51
Conclusion	53
Recommendations	54
Suggestions for Further Research	51

<b>REFERENCES</b>	<b>56</b>
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<b>APPENDICES</b>	<b>60</b>
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### **ABSTRACT**

The aim of the study was to investigate knowledge, attitude and practice of contraceptives among undergraduates in university of Benin, Benin city, to make it possible, the study investigate

Descriptive survey research design was adopted to accomplish the objectives of the study. The population of the study consists of all fourty four thousand, six hundred and ninety-nine (44,699) undergraduates in university of Benin and the sample size of 300 undergraduate was used in the study. The instrument for data collection was the questionnaire developed by the researcher and was validated by the researcher's supervisor and two other experts from the Department of Health, Safety and Environmental Education. The reliability coefficient was 0.81 was obtained using Pearson's Product Moment Correlation Co-efficient (PPMCC). The data collected were analyzed statistically using the statistical package of social sciences (SPSS) software.

The study discovered that majority of the respondents had high level of knowledge of what contraception is and had practice the use of contraception. The result also revealed that they are high proportion of sexual practice among the respondent and that there is a significant relationship between the attitudes of undergraduate towards contraceptive influence contraceptive use among undergraduate of university of Benin. The study recommend that university authority should provide adolescent health clinics which will provide students with counseling on sex related matters and also provide easily accessible contraceptive services where the need arises. And that enlightenment of students on the dangers and consequences of unprotected sex. The commonest source of information for the students, which is the social media, should be exploited and utilized in disseminating this information. However, total abstinence should be encouraged among all students.