

**FEMALE STUDENT PERCEPTION ON THE USE OF CONTRACEPTIVE
AMONG RESIDENTS IN EKOSODIN COMMUNITY, BENIN CITY.**

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BENIN CITY**

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**A RESEARCH WORK SUBMITTED TO THE DEPARTMENT OF SOCIOLOGY
AND ANTHROPOLOGY IN THE FACULTY OF SOCIAL SCIENCES IN PARTIAL
FULFILMENT OF THE REQUIREMENTS FOR THE AWARD OF A BACHELOR
OF SCIENCE (B.Sc.) DEGREE IN SOCIOLOGY AND ANTHROPOLOGY.**

OCTOBER, 2025.

CERTIFICATION

This is to certify that this project work was done by **IWEMAH DESMOND OGHENERO** with the matriculation number **SSC2105938** under the supervision of **DR. AUGUSTINE ODIANONSEN ALENKHE**. This is to also certify that the work done is adequate for partial fulfillment for the award of Bachelor of Science (B.SC) degree in the University of Benin.

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DEDICATION

This project work is dedicated to God Almighty who saw me through my years in school, for without him, I can do nothing. I give him all the thanks and praise.

ACKNOWLEDGEMENTS

I am very grateful to Almighty God who saw me through my years in the University.

To my supervisor, Dr Augustine O. Alenkhe who is a man of humility and grace, a fatherly figure who calmly put up with my mistakes and corrected me with love throughout this research work, I am grateful for your direction, support and encouragement.

To my loving Family, especially my father, Mr Edward Iwemah and my elder brother, Nelson Efe Iwemah whose love and support throughout my school days, not forgetting my friends and family who were always there for me at every point I needed moral support.

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ABSTRACT

This study examined female students' perception on the use of contraceptives among residents in Ekosodin Community, Benin City. The research was guided by four objectives and employed a descriptive survey design. The study population consisted of 150 students residing within the community. Data were collected using a semi structured questionnaire and analyzed using descriptive statistics such as frequency counts and percentages.

Findings revealed that while a majority of the respondents were aware of various contraceptive methods, their actual usage was relatively low due to factors such as fear of side effects, cultural and religious beliefs, and inadequate access to reproductive health information. Many respondents associated contraceptive use with promiscuity, indicating that misconceptions and social stigma still influence attitudes toward family planning among young women. The study also found that students who had received proper sexual education demonstrated more positive perceptions and were more likely to use contraceptives responsibly.

The study concludes that despite high awareness levels, there remains a significant gap between knowledge and practice of contraceptive use among female students. It recommends intensified reproductive health education, increased access to youth-friendly health services, and community sensitization programs aimed at dispelling myths and promoting safe, informed contraceptive choices among young women.

CHAPTER ONE

1.1 BACKGROUND OF THE STUDY

The use of contraceptives has been a crucial aspect of reproductive health globally, particularly among young adults, in Nigeria. Despite the availability of various contraceptive methods, many individuals, especially female students, still lack access to accurate information and education on contraceptive use (Okigbo and Speizer, 2015). This has led to a high rate of unintended pregnancies, sexually transmitted infections (STIs), and reproductive health issues among this population.

Ahinkorah (2020) defined Contraception as the deliberate prevention of conception or impregnation through the use of contraceptives. The approach is often employed for economic, demographic and /or medical purposes so as to reduce maternal mortality, teenage pregnancy, over population and sexually transmitted infections prevalence. One third of Nigeria's total population is youth between the ages of ten and twenty-four. By 2025, the number of Nigerian youth is estimated to exceed 57 million (Ngome and Odimegwu, 2014). Lack of sexual health information and services places these young people at risk for pregnancy, abortion, sexually transmitted infections (STI), and HIV/AIDS.

In addition, early marriage and childbearing limit youth's educational and employment opportunities. Most of our teenage male and female have their first sexual intercourse before the age of eighteen. Therefore, effective and innovative programs that can provide youth with sound sexual health information and services are needed. Proliferation of the use of various types of contraceptives particularly among the young female has been observed,

even when the effectiveness, safety, side effects, contraindications and availability of these methods vary. With such an array of methods to influence the choice of the medical experts, special precaution should be taken with respect to patient suitability and adverse effects of each method. It is therefore the responsibility of health professionals to ascertain that each person who obtains a family planning method has sufficient information on the proposed method and that this person is competent to make a choice. The choice of contraceptive method is often individualized based on a patient's age, profile or need (Ugoji, 2013). Thus an opportunity should be given to individuals or couples to make their choices.

Contraceptive methods were introduced so that couples could act on natural impulses and desires with reduced risk of pregnancy. These methods can be divided into modern and non modern methods. Modern contraceptive methods are products or medical procedures that interfere with reproduction from acts of sexual intercourse. The methods that do not fit under the definition of modern can alternatively be labeled as non-modern methods or traditional methods. In developing countries, maternal mortality is high, one quarter of the estimated twenty million unsafe abortions and seventy thousand abortion related deaths each year occur among women aged 15-19 years and this age group is twice likely to die in childbirth. It is estimated that 90% of abortion related and 20% of pregnancy related morbidity and mortality along with 32% of maternal deaths can be prevented by the use of effective contraception (Amu, Olayinka and Olusola, 2020).

According to Ugoji (2013), the use of contraceptives among Nigerian women is generally low: 15.0 and 17.0% in the year 2013 and 2018 respectively. It is even much lower among young people. The use of contraceptives among these young people faces major barriers which include lack of adequate and accurate information about the methods of contraception

available, their proper use and where to obtain the services without being stigmatized. These lead to the development of misconceptions about contraception which influence their use or disuse of the various methods available.

In addition, studies show that a good number of women, even the educated ones (students) do not know their safe period and thus abstain from coitus in the wrong phases of their menstrual cycle. They also have misconceptions about contraception which can lead to negative attitudes and poor use. Costs and availability also constitute barriers to widespread use of contraceptive among them. Young people contribute a significant proportion of Nigeria's population therefore their health is of paramount importance to overall and the future development of the country. Lack of awareness, non-use of or failure of contraception among young people has contributed significantly to the risk of sexually transmitted infections, unplanned pregnancies and unsafe abortions among them. Unsafe abortion is one of top five causes of pregnancy related deaths in developing countries including Nigeria. Young people also contribute significantly to the incidence of sexually transmitted infections including HIV/AIDS globally and in the country. It is imperative to act quickly in order to arrest these negative outcomes which result from the high risk of sexual exposure among our young people and poor contraceptive use.

Even though adolescent reproductive health policy is in existence in Nigeria which focuses on making contraceptives accessible and available to young people, it is yet to be optimally implemented. For proper implementation of this policy by relevant agencies, it will be necessary that adequate information is collected about contraceptive use among young people and the factors affecting their use (Ali and Cleland, 2018).

Nigeria has one of the highest rates of maternal mortality in the world, with many cases attributed to unintended pregnancies and lack of access to reproductive healthcare. The country has also seen a rise in STIs, including HIV/AIDS, among young adults. The use of contraceptives is essential in preventing these issues, but many individuals, particularly female students, face barriers in accessing and using contraceptives.

Studies have shown that female students in Nigeria have limited knowledge and understanding of contraceptive methods, leading to misconceptions and negative attitudes towards contraception. Many female students rely on informal sources of information, such as friends and family members, rather than seeking advice from healthcare providers. This lack of accurate information and education has contributed to the low use of contraceptives among female students in Nigeria (Amu, Olayinka and Olusola, 2020).

1.2 STATEMENT OF THE PROBLEM

Despite efforts towards making access and use of contraceptive services a basic reproductive right for all women, many countries still face high rates of unintended and unwanted pregnancies. In sub-Saharan Africa alone, about 14 million unintended (unwanted or mistimed) pregnancies occur every year; and adolescent girls and young women 15–24 years old are the most vulnerable group (Ali and Cleland, 2018). Amu, Olayinka and Olusola (2020) stated that the reasons behind this situation include the high prevalence (about 70%) of sexually active young women with low utilisation of effective contraceptive methods (less than 10%). Additionally, unmarried sexually active adolescents are likely to have a high unmet need for contraception, which increases their risk of unintended

pregnancies.^{5 6} In low/ middle-income countries, nearly half (49%) of pregnancies are unintended among adolescent girls of 15–19 years old (Ugoji, 2013).

Adolescence is viewed as the starting point in the continuum of care for reproductive, maternal, neonatal and child health; and is a phase when poor access and utilisation of contraception are likely to result in poor health outcomes across the continuum of care. Early and unintended pregnancies result in increased risks of maternal mortality and morbidity, premature births, low birth weight, unsafe abortions and social consequences such as stigmatisation, school drop-out and poverty (Sedgh, Ashford and Hussain, 2016).

In Nigeria, although the use of modern contraceptives has been slowly increasing since 2006, it is still relatively low (Ugoji, 2013). The modern contraceptive prevalence among all women reached 12% in 2018 compared with 6% in 2006.¹² At the same time, almost half (48%) of all adolescent girls age 15–19 are sexually active, and one in five girls has already had a child or is pregnant. According to the government of Benin, only 5.4% of women ages 15–24 were using modern contraceptive methods in 2017.¹³ Recent data showed a total fertility rate of 5.7 among all women of reproductive ages 15–49 years old, and the modern contraceptive prevalence rate was estimated at 12%.¹² Of all pregnancies in the country, 19% were unintended,¹⁴ and in 2017, both the maternal mortality ratio and infant mortality rate remained high at 397 per 100000 live births, and 30 per 1000 live births, respectively (Hubacher and Trussell, 2015).

However, for Benin, Edo State, Nigeria, the literature is sparse on the use of reproductive health services among adolescent girls and young women. Despite the fact that some studies have been carried out on teenage pregnancy and family planning, however, these studies

factors that affect decision-making such as adolescent girls and young women's perceptions, preferences and interactions with peers and providers. Moreover, little is known about the contraceptive practices and needs of sexually active and inactive young women specifically.

Furthermore, the use of contraceptives among residents in Ekosodin community, Benin City, has been a gray area of study leading to the high rate of unintended pregnancies, sexually transmitted infections (STIs), and reproductive health issues. Despite the availability of various contraceptive methods, many residents, particularly female students, lack access to accurate information and education on contraceptive use, leading to misconceptions and negative attitudes towards contraception. This has resulted in a significant number of female students engaging in unprotected sex, which increases their risk of unintended pregnancies, STIs, and reproductive health problems, hence the uniqueness of this study is to bridge the gap in knowledge by exploring and investigating the perception of female students on the use of contraceptives in Ekosodin community.

1.3 RESEARCH QUESTIONS

- i. What is the level of awareness about contraceptive methods among female students in Ekosodin community?
- ii. What is the attitude of female students towards the use of contraceptives in Ekosodin community?
- iii. What is the influence of socio-cultural factors on female students' perceptions of contraceptive use in Ekosodin community?

- iv. What sources of information about contraceptives do female students in Ekosodin community rely on?

1.4 RESEARCH OBJECTIVES

General Objective:

To explore the perceptions of female students regarding the use of contraceptives among residents in Ekosodin community, Benin City.

Specific Objectives:

- i. To identify the level of awareness about contraceptive methods among female students in Ekosodin community.
- ii. To determine the attitudes of female students towards the use of contraceptives in Ekosodin community.
- iii. To investigate the influence of socio-cultural factors on female students' perceptions of contraceptive use in Ekosodin community.
- iv. To identify the sources of information about contraceptives that female students in Ekosodin community rely on.

1.5 SIGNIFICANCE OF THE STUDY

The study on "Female student perception on the use of contraceptive among residents in Ekosodin community, Benin City" holds significant importance in various aspects. Firstly, it will provide valuable insights into the perceptions of female students regarding

contraceptive use among residents in Ekosodin community. This understanding can help identify gaps in knowledge and understanding, which can inform the development of health programs and interventions aimed at promoting reproductive health and family planning. The study's findings can also contribute to improving health outcomes among residents in Ekosodin community. By understanding the perceptions and attitudes of female students towards contraceptive use, the study can help reduce unintended pregnancies and promote reproductive health. Furthermore, the study can empower female students by providing them with accurate information about contraceptives, enabling them to make informed decisions about their reproductive health.

The study's significance also extends to policy development. The findings can contribute to the development of policies and programs aimed at promoting reproductive health and family planning among residents in Ekosodin community. Additionally, the study can add to the existing body of literature on reproductive health, family planning, and contraceptive use among female students in Nigeria. In practical terms, the study's findings can inform the development of health education programs, health promotion activities, and community outreach programs aimed at promoting reproductive health and family planning among residents in Ekosodin community. Overall, the study's significance lies in its potential to improve health outcomes, empower female students, and inform policy development and health programs in Ekosodin community.

1.6 SCOPE OF THE STUDY

The scope of the study on "Female student perception on the use of contraceptive among residents in Ekosodin community, Benin City" is focused on exploring the perceptions of

female students regarding the use of contraceptives among residents in Ekosodin community. Geographically, the study will be conducted in Ekosodin community, Benin City, Edo State, Nigeria. The population of interest is female students residing in Ekosodin community, and the subject of the study is the perceptions of these female students regarding contraceptive use. Additionally, the study will only be conducted in one community, which may not be representative of other communities in Benin City or Nigeria. The focus will be only on female students, excluding male students and other populations. The study will also only focus on Ekosodin community, excluding other communities in Benin City or Nigeria. Furthermore, the study will only focus on the use of contraceptives, excluding other aspects of reproductive health. By defining the scope of the study, it ensures that the research is focused, manageable, and achievable within the given timeframe and resources.

1.7 DEFINITION OF KEY WORDS

Perception: In this study, perception refers to the female students' understanding, attitudes, and beliefs about contraceptives.

Contraceptive: In this study, contraceptives refer to various methods or devices used to prevent pregnancy, such as pills, condoms, injections, implants, IUDs, etc.

Female: In this study, female refers to the participants, who are female students residing in Ekosodin community.

Residents: In this study, residents refer to the people living in Ekosodin community, specifically the female students who are the focus of the study.

Student: In this study, student refers to the female participants who are enrolled in a educational institution and reside in Ekosodin community.

CHAPTER TWO

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

INTRODUCTION

This chapter conducts a thorough examination of existing research relevant to the current study. The literature review aims to integrate and synthesize existing knowledge with the study's findings, focusing on key themes and subthemes. The discussion will:

- Explore relevant concepts, theories, and models
- Identify gaps and limitations in current research
- Contextualize the study within the broader research landscape
- Develop a framework for understanding the research problem
- Inform research methodology and data analysis

The review will be structured around the research objectives, addressing specific aspects of the investigation. Relevant subthemes will be explored, and relationships between them will be clarified. By combining existing research with the current study, this chapter establishes a comprehensive foundation for understanding the research findings and implications.

2.1 CONCEPT OF CONTRACEPTIVES

Contraception has been widely conceptualized by various scholars and organizations, often reflecting different disciplinary orientations such as medicine, public health, demography, and human rights. The World Health Organization (WHO, 2020) defines contraception as

the use of methods, devices, medications, procedures, and behaviors that prevent pregnancy and allow individuals to determine if and when to have children. This definition situates contraception within the broader framework of sexual and reproductive health and emphasizes its importance in reducing unintended pregnancies, unsafe abortions, and maternal and infant morbidity.

Similarly, the Guttmacher Institute (2020) describes contraception, or birth control, as any medication, device, behavior, or procedure that enables an individual to choose whether and when to become pregnant. This definition expands the scope of contraception beyond prevention to include its therapeutic uses, such as the management of menstrual disorders, while also situating it within issues of access and reproductive rights. Hatcher et al. (2018), in *Contraceptive Technology*, adopt a more clinical orientation, defining contraception as interventions whether pharmacologic, device-based, surgical, or behavioral—whose primary biological function is to prevent conception by inhibiting ovulation, blocking sperm transport, preventing fertilization, or modifying the uterine environment. This clinical perspective highlights mechanisms of action and the distinction between “perfect use” and “typical use,” thereby underscoring the need for evidence-based counseling.

Medical encyclopedic sources also adopt a concise definition, viewing contraception simply as the practice of preventing pregnancy through a variety of methods, which may be temporary, permanent, reversible, or non-reversible (Harrison, 2017). These definitions are particularly useful in clinical and research settings where operational clarity is paramount. In contrast, demographic agencies such as the United Nations (UN, 2019), the World Bank (2020), and UNICEF (2020) adopt a measurement-oriented definition, conceptualizing

“contraceptive prevalence” as the proportion of women of reproductive age often defined as 15–49 years, married or in union who, or whose partners, are currently using any contraceptive method. This demographic framing is instrumental in tracking progress toward family planning goals and in distinguishing between “modern” and “traditional” methods.

Across these varied perspectives, certain common elements emerge. All authors agree that contraception primarily functions to prevent pregnancy and exists in multiple forms, including behavioral, barrier, hormonal, intrauterine, and permanent methods (WHO, 2020; Hatcher et al., 2018). However, differences in emphasis are evident. For instance, clinical texts prioritize mechanisms and efficacy, while public health organizations highlight rights, access, and equity (Guttmacher Institute, 2020). Furthermore, scholars emphasize the importance of distinguishing contraception from abortifacients, a distinction that holds ethical, legal, and policy significance (Hatcher et al., 2018).

2.1.1 Types of Contraceptives

Contraceptives are methods or devices employed to prevent pregnancy by interfering with the process of fertilization or implantation. Broadly, contraceptive methods can be divided into traditional and modern methods. Traditional contraceptives are based on indigenous knowledge, practices, and cultural norms, while modern contraceptives are scientifically developed methods that have been medically tested and approved. The use of contraceptives, whether traditional or modern, depends on socio-cultural contexts, accessibility, awareness, and individual preferences (Cleland et al., 2012).

Traditional contraceptives are practices and remedies rooted in cultural knowledge passed down through generations. The most common traditional method is the withdrawal method (coitus interruptus), where the male partner withdraws before ejaculation to prevent sperm from entering the vagina. This method is simple but has a relatively high failure rate due to the presence of pre-ejaculate fluids that may contain sperm (Trussell, 2011). Another traditional approach is the calendar or rhythm method, which involves monitoring the menstrual cycle to avoid intercourse during the fertile window. Women who use this method calculate safe and unsafe days based on past cycle records, although its effectiveness is reduced when cycles are irregular (Arevalo, 2008).

In addition, some cultures use herbal remedies believed to have contraceptive properties, such as certain roots, leaves, or potions consumed orally or inserted vaginally. However, most of these practices lack scientific validation, making their efficacy questionable and often associated with side effects (Ntoimo & Isiugo-Abanihe, 2014). Another traditional method is lactational amenorrhea (LAM), where breastfeeding is used to suppress ovulation. This method is effective in the first six months postpartum if the mother is exclusively breastfeeding and has not resumed menstruation (WHO, 2019).

Modern contraceptives are scientifically developed methods that offer more effective and reliable pregnancy prevention. These include barrier methods, hormonal methods, intrauterine devices (IUDs), and permanent methods. Barrier methods such as male and female condoms prevent sperm from entering the uterus. Condoms also provide protection against sexually transmitted infections (STIs), making them a dual-purpose method (UNFPA, 2017). Diaphragms and cervical caps are also barrier methods inserted into the vagina before

intercourse to block sperm entry. Hormonal contraceptives are widely used and include oral contraceptive pills, injectables, implants, and patches. Pills contain synthetic hormones (estrogen and/or progestin) that inhibit ovulation and alter cervical mucus, making it difficult for sperm to reach the egg (Blumenthal et al., 2011). Injectables, administered every 1–3 months, provide long-term protection by continuously releasing hormones into the bloodstream. Implants are small rods placed under the skin of the upper arm, releasing progestin for up to three to five years. Contraceptive patches are worn on the skin and deliver hormones transdermally on a weekly basis.

Another important modern method is the intrauterine device (IUD), which is a small T-shaped device inserted into the uterus by a healthcare professional. IUDs can be hormonal or copper-based; hormonal IUDs release progestin, while copper IUDs create a hostile environment for sperm, preventing fertilization (Hubacher & Grimes, 2002). Both types are highly effective and can last between 3–12 years depending on the brand. For individuals or couples seeking permanent solutions, there are sterilization procedures such as tubal ligation in women and vasectomy in men. These methods are irreversible and suitable for people who do not desire more children. They work by blocking the reproductive tracts, thereby preventing the meeting of sperm and egg (Peterson et al., 2008). Contraceptives can be broadly categorized into traditional and modern methods, each with unique features, effectiveness, and cultural acceptance. Traditional methods such as withdrawal, rhythm, and herbal remedies are still in use, though their reliability is limited. Modern contraceptives, on the other hand, provide scientifically proven and more effective options ranging from barrier to hormonal and permanent methods. The choice of contraceptive depends on personal

preference, health status, cultural beliefs, and access to healthcare facilities (Cleland et al., 2012).

2.1.2 Historical Development of Contraceptive Use

The history of contraceptive use reflects humanity's continuous effort to regulate fertility and control reproduction. Evidence of contraceptive practices dates back thousands of years, showing that the desire to prevent unwanted pregnancies is not a modern phenomenon. Early societies relied on trial-and-error methods, folklore, and rudimentary practices to achieve fertility control, which gradually evolved into the modern scientifically validated methods we know today (McLaren, 1990).

In ancient civilizations, contraceptive methods were often intertwined with cultural beliefs and herbal remedies. Historical records from Egypt, dating as far back as 1850 BCE, describe the use of pessaries made of honey, acacia leaves, and lint inserted into the vagina to block sperm (Riddle, 1992). Similarly, ancient Greek and Roman societies experimented with herbal remedies, coitus interruptus, and barrier-like methods. The Greek physician Soranus, in the 2nd century CE, recommended techniques such as withdrawal and the use of vaginal pessaries made from various plant-based substances to prevent conception (McLaren, 1990). These practices, though primitive, illustrate early attempts at family planning.

During the Middle Ages, contraceptive practices became heavily influenced by religion and morality. In Christian Europe, most forms of contraception were condemned as sinful, leading to a decline in open use. Despite this, withdrawal and prolonged breastfeeding continued to serve as common birth spacing methods, often practiced in secrecy (Santow,

1995). In contrast, in some parts of Asia, especially China and India, herbal contraceptives and coital techniques continued to be practiced, with historical texts documenting the use of natural substances for fertility regulation (Riddle, 1992).

The 19th century marked a turning point in contraceptive development with the rise of the industrial revolution, changing family structures, and growing advocacy for birth control. The invention of the vulcanized rubber condom in the 1840s provided one of the first reliable barrier methods widely available to the public (Watkins, 1998). At the same time, debates about morality and sexual freedom intensified. Activists like Margaret Sanger in the United States played a pivotal role in advocating for birth control, establishing the first birth control clinic in 1916, and later founding what became the Planned Parenthood Federation of America (Chesler, 2007).

The 20th century witnessed the most significant breakthroughs in contraceptive technology. The development of the oral contraceptive pill in the 1960s revolutionized family planning, offering women unprecedented control over reproduction. The pill was the first hormonal contraceptive widely approved for use and rapidly gained popularity, reshaping gender roles, sexuality, and family planning policies worldwide (Watkins, 1998). Alongside the pill, intrauterine devices (IUDs) and sterilization procedures also gained traction as long-term solutions (Hubacher & Grimes, 2002).

By the late 20th and early 21st centuries, contraceptive use became a central component of reproductive health and global development policies. International organizations such as the World Health Organization (WHO) and the United Nations Population Fund (UNFPA) emphasized family planning as key to reducing maternal mortality, controlling population

growth, and promoting women's empowerment (Cleland et al., 2012). Advances in technology also led to the development of implants, patches, and emergency contraceptives, expanding the range of options available to individuals.

The historical development of contraceptive use demonstrates a progression from primitive herbal and cultural practices to scientifically developed and highly effective modern methods. While ancient societies relied on natural substances and withdrawal methods, the industrial and modern eras introduced scientifically tested options such as condoms, hormonal contraceptives, and IUDs. Today, contraceptives not only serve as tools for family planning but also as instruments for improving women's health and socio-economic empowerment globally (Cleland et al., 2012).

2.2 KNOWLEDGE AND AWARENESS OF CONTRACEPTIVES AMONGST TERTIARY STUDENTS

Knowledge and awareness of contraceptives are critical determinants of their acceptance and utilization among young people, particularly tertiary students. Tertiary institutions are settings where young adults experience independence, social interactions, and exposure to diverse sexual behaviors, making contraceptive awareness an important factor in reducing the risks of unintended pregnancies and sexually transmitted infections (STIs). According to Adeyemi and Adekanle (2011), awareness of contraceptives does not necessarily translate into usage, but it provides the foundation for informed decision-making regarding reproductive health.

Studies indicate that most tertiary students are aware of contraceptives through health education, media, and peer interactions. Commonly known methods include condoms, oral contraceptive pills, injectables, and emergency contraception (Akanbi et al., 2015). Condoms, in particular, tend to be the most recognized method because of their availability and dual protection against both pregnancy and STIs (Olugbenga-Bello et al., 2011). However, despite high levels of awareness, misconceptions persist. For instance, some students believe that prolonged use of oral contraceptives causes permanent infertility, while others consider condom use as reducing sexual pleasure (Ajayi et al., 2018). Such myths often discourage consistent use despite awareness.

Knowledge of contraceptives among tertiary students is also influenced by socio-cultural and religious backgrounds. In societies where discussions on sexuality are restricted, students may obtain information from unreliable sources, leading to partial or inaccurate knowledge (Okonofua, 2007). In Nigeria, for example, while awareness of modern contraceptives among undergraduates is high, many students lack in-depth understanding of how the methods function, their effectiveness, and potential side effects (Akanbi et al., 2015). This knowledge gap contributes to risky sexual behaviors, such as unprotected sex and reliance on ineffective traditional methods.

Furthermore, studies reveal a gap between awareness and consistent practice of contraception among tertiary students. Ajayi and Akpan (2020) note that while more than 80% of students in their study population were aware of contraceptives, less than half reported regular use. Factors such as fear of stigma, partner resistance, and limited access to reproductive health services on campuses were identified as barriers. For many students,

embarrassment associated with purchasing contraceptives in public also hinders usage, despite being aware of their importance (Olugbenga-Bello et al., 2011). Tertiary students often demonstrate high awareness of contraceptives, particularly condoms and oral pills, but their knowledge is sometimes shallow and surrounded by misconceptions. Cultural taboos, stigma, and limited reproductive health support services contribute to the gap between awareness and consistent utilization. Strengthening comprehensive sexuality education and making contraceptives more accessible and youth-friendly within tertiary institutions can bridge this gap and promote healthier reproductive behaviors among students (Ajayi & Akpan, 2020).

2.3 PERCEPTION AND ATTITUDE TOWARDS CONTRACEPTIVE USE

Perception and attitude towards contraceptive use are deeply shaped by cultural values, religious doctrines, gender norms, and broader societal expectations. While knowledge and availability of contraceptives are essential, the decision to adopt or reject them is often filtered through cultural meanings attached to sexuality, fertility, and morality (Sedgh et al., 2007). In many societies, contraceptives are not simply viewed as health interventions but as practices intertwined with identity, morality, and social order.

Cultural and Religious Influences

Culture and religion are two of the most significant factors influencing how individuals perceive contraceptive use. In many African and Asian societies, fertility is highly valued, and children are considered symbols of wealth, lineage continuity, and social prestige (Isiugo-Abanihe, 1994). As a result, the use of contraceptives may be viewed as a threat to

cultural expectations of large family sizes. Religious teachings also play a strong role: for example, the Catholic Church officially opposes artificial contraceptives, promoting natural family planning instead, while some Islamic interpretations permit contraception under specific conditions, such as spacing births, but discourage permanent methods (Omran, 1992). These religious positions significantly shape followers' perceptions, either encouraging or restricting contraceptive adoption.

In some cultures, contraceptive use is stigmatized because it is associated with promiscuity or moral laxity. Women who openly seek contraceptives may be perceived as engaging in premarital or extramarital sex, leading to secrecy and low uptake despite awareness (Adongo et al., 1997). This stigma is particularly strong among young unmarried women, whose contraceptive use is often socially frowned upon. Thus, cultural and religious frameworks not only shape individual attitudes but also establish the boundaries of what is considered socially acceptable behavior regarding contraception.

Gender Norms and Contraceptive Perceptions

Gender norms play a crucial role in shaping attitudes towards contraceptive use. In many patriarchal societies, decisions regarding family size and contraceptive adoption are often controlled by men, while women are expected to comply (Isiugo-Abanihe, 1994). Men's dominance in reproductive decision-making can result in low contraceptive uptake, especially if male partners disapprove of family planning. In some contexts, men perceive contraceptive use as a challenge to their authority or as a sign of women's infidelity (Dodoo, 1998).

Conversely, women often face societal pressure to bear children as proof of fertility and marital success. In this context, refusal to have many children may expose women to criticism, suspicion of infertility, or even marital instability (Babalola & Fatusi, 2009). As a result, even when women have knowledge of and access to contraceptives, they may avoid using them to conform to societal and gendered expectations. Among young people, gender norms also shape perceptions, with male students sometimes opposing female partners' use of contraceptives due to fears of reduced sexual pleasure or mistrust (Ajayi & Akpan, 2020).

Societal Expectations and Attitudes

Societal expectations about family, sexuality, and morality further influence contraceptive attitudes. In many traditional societies, childbearing is not only a private matter but also a communal responsibility tied to lineage survival. Families and communities often place pressure on couples especially women to reproduce, leaving little room for contraceptive negotiation (Agadjanian, 2005). In urban and modernized societies, however, where education and economic challenges highlight the benefits of smaller families, attitudes towards contraceptive use tend to be more favorable.

Media exposure and globalization have also contributed to shifting perceptions, particularly among younger populations who are increasingly exposed to messages about reproductive health and women's empowerment (Bankole & Malarcher, 2010). Nonetheless, societal stigma around youth sexuality remains a barrier. For instance, unmarried students may be aware of contraceptives but reluctant to access them due to fear of judgment by peers, health providers, or family members (Olugbenga-Bello et al., 2011).

Perceptions and attitudes towards contraceptive use are shaped by a complex interplay of cultural, religious, gendered, and societal influences. Cultural traditions that prize fertility and religious doctrines that restrict certain methods often discourage contraceptive adoption. Gender norms place reproductive decision-making in the hands of men, while societal expectations about childbearing and morality reinforce stigma against contraceptive use, particularly among women and unmarried youth. Addressing these influences requires culturally sensitive health education, gender-inclusive family planning programs, and policies that challenge restrictive norms while promoting reproductive autonomy (Babalola & Fatusi, 2009).

2.4 DETERMINANTS OF CONTRACEPTIVE USE AMONG FEMALE STUDENTS

Contraceptive use among female students is influenced by a wide range of factors, spanning individual characteristics, socio-cultural contexts, economic conditions, and institutional structures. Understanding these determinants is critical because female students represent a significant demographic that is often sexually active, yet vulnerable to unintended pregnancies and sexually transmitted infections (STIs). While knowledge of contraceptives is often high among this group, actual utilization is shaped by complex and interrelated factors (Ajayi & Akpan, 2020).

Knowledge and Awareness

The level of knowledge and awareness is a primary determinant of contraceptive use among female students. Awareness of different contraceptive methods, their effectiveness, and possible side effects significantly influences willingness to adopt them (Akanbi et al., 2015).

However, awareness alone is insufficient if not accompanied by comprehensive understanding. Misconceptions such as fears that contraceptives cause infertility or long-term health problems remain prevalent and hinder consistent use among students (Ajayi et al., 2018).

Socio-Cultural and Religious Influences

Cultural beliefs and religious teachings also play a decisive role in shaping contraceptive behavior. In societies where fertility is highly valued and premarital sexual activity is discouraged, female students may avoid contraceptives to conform to social and religious expectations (Omran, 1992). Fear of stigma or being labeled as promiscuous often prevents unmarried female students from accessing contraceptives openly (Adongo et al., 1997). In some cases, family background and parental attitudes toward reproductive health significantly affect whether female students feel empowered to use contraception.

Gender Norms and Relationship Dynamics

Gender dynamics and power relations in intimate relationships are another crucial determinant. In many contexts, male partners hold significant decision-making power regarding contraceptive use. Female students who lack negotiation power may struggle to insist on condom use or other forms of protection (Dodoo, 1998). Conversely, supportive partners often enhance contraceptive uptake, especially when both parties agree on the need to prevent unintended pregnancy. The fear of partner disapproval or accusations of infidelity discourages some female students from using contraceptives, even when they desire to do so (Isiugo-Abanihe, 1994).

Accessibility and Availability

Access to contraceptive services, both in terms of affordability and availability, strongly influences use among female students. On many campuses, students report limited access to youth-friendly reproductive health services, as well as embarrassment in purchasing contraceptives from pharmacies due to fear of being judged (Olugbenga-Bello et al., 2011). Economic barriers also play a role, as some students may not consistently afford contraceptive methods, particularly hormonal ones such as pills and injectables. Where university clinics or youth centers provide discreet and affordable contraceptive options, uptake is generally higher (Bankole & Malarcher, 2010).

Peer Influence and Media Exposure

The role of peer influence and media exposure cannot be overlooked. Female students often rely on their peers for information and advice on contraceptive use. Positive peer influence and supportive social networks encourage use, while negative peer pressure and misinformation discourage it (Akanbi et al., 2015). Similarly, exposure to media campaigns on reproductive health can enhance knowledge, shape attitudes, and normalize contraceptive use among students (Cleland et al., 2012). Contraceptive use among female students is determined by a combination of knowledge, cultural and religious beliefs, gender relations, accessibility, and social influences. While awareness of contraceptives is generally high, barriers such as stigma, misconceptions, and lack of access hinder effective use. Addressing these determinants requires a multifaceted approach that includes comprehensive sexuality education, youth-friendly health services, gender-sensitive interventions, and culturally appropriate awareness campaigns. Empowering female students with accurate information

and accessible services is essential for improving reproductive health outcomes in this population (Ajayi & Akpan, 2020).

2.5 BARRIERS TO CONTRACEPTIVE USE

Despite the increasing availability and awareness of contraceptive methods, many individuals, particularly young women and students, still face significant barriers to their consistent and effective use. These barriers operate at individual, social, cultural, and structural levels, shaping both perceptions and practices regarding contraception. Understanding these challenges is essential for addressing unmet needs in family planning and improving reproductive health outcomes (Sedgh et al., 2007).

Knowledge and Misconceptions

One of the most common barriers to contraceptive use is inadequate knowledge or the persistence of misconceptions. While awareness of contraceptives is generally high, many individuals lack accurate information about how methods work, their side effects, and their effectiveness. For example, fears that contraceptives cause infertility, birth defects, or serious health complications discourage potential users (Ajayi et al., 2018). Misunderstandings about emergency contraception, such as the belief that it is equivalent to abortion, also prevent its adoption among young populations (Akanbi et al., 2015).

Cultural and Religious Constraints

Cultural and religious beliefs strongly influence contraceptive use. In societies where fertility is highly valued, contraception may be perceived as a threat to lineage continuation and family expectations (Isiugo-Abanihe, 1994). Religious teachings, particularly in

conservative contexts, discourage the use of modern contraceptives and instead promote abstinence or natural family planning. For instance, the Catholic Church opposes artificial contraceptives, while some Islamic perspectives permit birth spacing but reject permanent methods (Omran, 1992). These cultural and religious restrictions often create guilt, stigma, and moral hesitation among potential users, particularly among youth and unmarried women.

Gender Norms and Power Relations

Gender dynamics represent another barrier to contraceptive use. In patriarchal societies, reproductive decision-making is often dominated by men, leaving women with limited autonomy in choosing contraceptives (Dadoo, 1998). Female students and young women may avoid contraceptive use if they fear disapproval or accusations of infidelity from their partners (Babalola & Fatusi, 2009). Additionally, societal expectations that equate womanhood with motherhood often pressure women into prioritizing childbearing over contraception. These gendered norms hinder female agency in reproductive health decisions.

Accessibility and Availability

Limited access to affordable and youth-friendly reproductive health services is a major structural barrier. In many tertiary institutions and rural areas, contraceptive services are either unavailable or inadequate, making it difficult for students to access methods discreetly (Olugbenga-Bello et al., 2011). Financial constraints also restrict regular use of contraceptives such as injectables, implants, or oral pills, which may be perceived as expensive compared to condoms. Moreover, embarrassment or fear of judgment from

pharmacists, health workers, or peers often prevents students from openly purchasing contraceptives (Bankole & Malarcher, 2010).

Social Stigma and Peer Pressure

Stigma around contraceptive use is another significant deterrent. Female students who use contraceptives are sometimes labeled as promiscuous, leading many to conceal their use or avoid it altogether (Adongo et al., 1997). Peer influence also plays a role, as negative attitudes within social networks may discourage adoption. In addition, the broader societal taboo against open discussion of sexuality further limits students' willingness to seek contraceptives or reproductive health services (Cleland et al., 2012).

Health Concerns and Side Effects

Fear of real or perceived side effects is also a major barrier. Some women discontinue use of pills, injectables, or IUDs due to irregular menstrual bleeding, weight gain, or hormonal changes (Blumenthal et al., 2011). Lack of counseling and follow-up support from healthcare providers exacerbates these fears, leaving many users without accurate information or reassurance about managing side effects.

Barriers to contraceptive use are multifaceted, including misinformation, cultural and religious prohibitions, gendered power imbalances, limited accessibility, stigma, and health concerns. These obstacles reinforce one another, creating a cycle of unmet contraceptive needs, unintended pregnancies, and unsafe abortions among students and young women. Addressing these barriers requires a holistic approach that combines accurate reproductive

health education, gender-sensitive programs, accessible and affordable services, and strategies to reduce stigma and cultural resistance (Sedgh et al., 2007).

2.6 CONSEQUENCES OF NON USE OF CONTRACEPTIVES

The non-use of contraceptives has far-reaching consequences on individuals, families, and societies. Despite growing awareness about family planning, many women and young people still refrain from using contraceptives due to cultural, religious, financial, or personal reasons. The consequences of this non-use often manifest in the form of unintended pregnancies, unsafe abortions, maternal health risks, and broader socio-economic challenges (Cleland et al., 2012).

The most immediate consequence of contraceptive non-use is unintended pregnancy. Unintended pregnancies often occur among young women and students who are unprepared for childbearing, thereby leading to emotional distress, disruption of educational plans, and strained family relationships (Sedgh et al., 2014). Studies have shown that countries with low contraceptive prevalence tend to have higher rates of unintended pregnancies, which contribute to maternal and infant health challenges (Guttmacher Institute, 2017).

Another significant outcome of contraceptive non-use is the prevalence of unsafe abortions. In many societies, especially in sub-Saharan Africa, where abortion laws are restrictive, young women resort to unsafe procedures to terminate unintended pregnancies (Singh, 2010). These unsafe abortions are a leading cause of maternal morbidity and mortality, exposing women to life-threatening complications such as infections, hemorrhage, and infertility (Grimes et al., 2006).

Failure to use contraceptives also affects maternal and child health. Closely spaced pregnancies increase the risk of maternal complications such as anemia, obstructed labor, and postpartum hemorrhage (Rutstein, 2005). For children, the absence of adequate birth spacing leads to higher rates of neonatal and infant mortality, malnutrition, and poor developmental outcomes (Cleland et al., 2006). By contrast, contraceptive use helps prevent high-risk pregnancies and promotes healthier maternal and child outcomes.

The socio-economic consequences of non-use are equally significant. For young female students, unintended pregnancies often result in school dropout, limiting future career opportunities and perpetuating cycles of poverty (Odimegwu et al., 2014). On a broader scale, high fertility rates resulting from low contraceptive use strain national resources, making it difficult for governments to meet demands for healthcare, education, housing, and employment (Bongaarts, 2017). Thus, contraceptive non-use contributes to both individual hardship and national development challenges.

The psychological impact of non-use cannot be overlooked. Women who face unintended pregnancies may experience anxiety, depression, and social stigma, particularly in conservative societies where premarital childbearing is frowned upon (Hall et al., 2016). The fear of social rejection, discrimination, or abandonment by partners often compounds the emotional toll, leaving young women vulnerable to mental health struggles.

At the societal level, contraceptive non-use contributes to increased public health burdens. The cost of managing complications from unsafe abortions, maternal mortality, and child health problems consumes significant healthcare resources in low- and middle-income

countries (Darroch & Singh, 2013). This diverts funds from other essential health services and weakens healthcare systems.

The non-use of contraceptives carries profound consequences, including unintended pregnancies, unsafe abortions, maternal and child health risks, socio-economic setbacks, psychological distress, and increased public health costs. Addressing these consequences requires comprehensive sexual education, youth-friendly health services, removal of cultural and gender barriers, and policies that expand access to safe and affordable contraception (Cleland et al., 2012). Ultimately, promoting contraceptive use is not only a reproductive health priority but also a developmental imperative.

2.7 THEORETICAL FRAMEWORK

This study will be premises on two theories namely Health Belief Model and Theory of planned behaviour.

1. Health Belief Model (HBM)

Proponents/Year: Developed by social psychologists Hochbaum, Rosenstock, and Kegels in the early 1950s (Rosenstock, 1974).

The Health Belief Model posits that individuals' health-related behaviors are influenced by their perceptions of susceptibility to a health condition, the severity of its consequences, the perceived benefits of taking preventive action, and the perceived barriers to such action. It also highlights the role of cues to action and self-efficacy (Becker, 1974).

Application to the Study:

This model is suitable for understanding contraceptive use among female students because their decision to use or not use contraceptives may depend on how they perceive the risks of unintended pregnancy (perceived susceptibility), the seriousness of its impact on education and future aspirations (perceived severity), the benefits of using contraceptives such as preventing pregnancy and sexually transmitted infections (perceived benefits), and the obstacles like fear of side effects, stigma, or cultural disapproval (perceived barriers). Cues such as health education campaigns or peer influence can also trigger contraceptive use.

2. Theory of Planned Behavior (TPB)

Proponents/Year: Proposed by Ajzen (1985, 1991) as an extension of the Theory of Reasoned Action by Fishbein & Ajzen (1975).

The Theory of Planned Behavior argues that an individual's intention to engage in a behavior is the strongest predictor of that behavior. Intention, in turn, is shaped by three constructs: attitudes toward the behavior, subjective norms (social pressure), and perceived behavioral control (the perceived ease or difficulty of performing the behavior).

Application to the Study:

This theory is relevant to contraceptive use among female students because their intentions to use contraceptives are shaped by their personal attitudes (e.g., belief that contraception is beneficial or harmful), the influence of peers, family, or religious leaders (subjective norms), and their confidence in accessing and using contraceptives despite barriers (perceived behavioral control). For example, a student who believes contraceptives are effective,

perceives that her peers support contraceptive use, and feels capable of obtaining them discreetly is more likely to use them.

Both theories provide frameworks to understand the determinants of contraceptive behavior among female students. The HBM focuses on perceptions of health risks and barriers, while the TPB emphasizes intentions shaped by attitudes, norms, and control. Together, they offer a comprehensive understanding of the psychological, social, and structural factors influencing contraceptive use in the student population.

CHAPTER THREE

METHODOLOGY

INTRODUCTION

This section discusses how the study was carried out. The study was discussed under the following headings, Research design, Area of the study, Population of the study, Sample size, Sampling technique, Instrument for data collection, Method of data collection and Method of data analysis.

3.1 RESEARCH DESIGN

The research is descriptive in nature, the study adopted a Survey research design. A survey study is the type of research design in which the researcher collects data from many individuals at a single point in time. In survey research, the variables are observed without any attempt at manipulating them. The study also adopted a quantitative method.

3.2 AREA OF STUDY

The area for this study is Ekosodin community, a suburb of Benin City which is situated in Ovia North East local government of Edo State with its headquarters in Okada. Ekosodin is bounded to the North by Iguosa community, to the West by Iduowina, and to the East by Ihieya. Ekosodin is now referred to an urban area because of the influx of the university of Benin students into the area. Some major streets in Ekosodin include Edo street, Newton Street, market road, JB street and boundary road. Ekosodin has some notable fast foods and companies like Eats and more, Gladheart eatery, Glamour bites eatery, MM2 supermarket

and Merit gas plant. According to the Odionwere of the village, the history of Ekosodin dates back to the 19th century when the land was given to its early settlers by Oba Obanosa who reigned in the Benin Kingdom in the 19th century. The village was established as a farm settlement. As at 1963, the population of Ekosodin was 177 (from 1963 census). In 1991 with the influx of students, the population rose to 1811. In 2003, the population of Ekosodin rose to 7,000 (Ekosodin Youth National Development Association, 2003). The population of Ekosodin has skyrocketed between 2003 and 2019. According to the Odionwere (The traditional head of the village), the early settlers of the village were mainly farmers and hunters. Crops such as Maize, Coco yam, Yam and Cassava and Plantain were planted. The land has a fertile soil and light forest vegetation. Prior to the establishment of the university, the land use type was mainly agricultural, with few residential houses for the indigenes, but with the influx of the students, there has been a shift from agricultural land use to mainly residential and commercial land uses.

3.3 POPULATION OF THE STUDY

The population of the study constitute the entire full time undergraduate students for the 2023/2024 session living in Ekosodin community. The total number of undergraduate students, both male and female is estimated to be 41,996 male and female students distributed in the various departments and faculties as obtained from the academic planning Division of the school. Due to the special nature of the population, and the fact that there is no record of the number of student population in Ekosodin, the population of the student population as provided by the school academic planning division will be used.

3.4 SAMPLE SIZE

The sample size for the study was a total number of 100 respondents from different faculties in the school. This was randomly selected throughout the 15 faculties in the university of Benin.

3.5 SAMPLING TECHNIQUE

The sampling technique used was the simple random sampling technique. This is to enable the researcher get unbiased information from the respondents.

3.6 INSTRUMENT FOR DATA COLLECTION

The instrument for data collection in this study was a semi structured questionnaire. It was used to elicit information relating to the research topic. Section A of the questionnaire seek to elicit information on the sociodemographic characteristics of respondents while section B seek to get the respondent's opinion on female perception of contraceptive use amongst undergraduate students and residents living in Ekosodin. The instrument was designed by the researcher under the guidance of the supervisor.

3.7 METHOD OF DATA COLLECTION

In order to get consistent and reliable information, the instrument was personally administered by the researcher in the field. It was a onetime process and a face to face method.

3.8 METHOD OF DATA ANALYSIS

The SPSS version 22.0 was used to analyze the data collected from the field while descriptive statistics including gross tabulations, graphs, frequencies and percentages was used to present the data.

CHAPTER FOUR

DATA PRESENTATION AND ANALYSIS

INTRODUCTION

This chapter presents the responses from the respondents in line with the research questions and objectives. It is discussed under the sections of questionnaire response rate, analysis of socio demographic characteristics of respondents, answering of research questions in relation to the research objectives.

4.1 QUESTIONNAIRE RESPONSE RATE

NUMBER OF COPIES OF QUESTIONNAIRES ADMINISTERED	NUMBER OF COPIES OF QUESTIONNAIRES RETRIEVED	PERCENTAGE OF COPIES OF QUESTIONNAIRES RETRIEVED
150	150	150

Source: Field work 2025

Table 4.1 shows the response rate. From the table, it was shown that a total number of 150 questionnaires were administered and retrieved from all sampled respondents. A sample of 150 respondents was randomly drawn from the 41,996 student population of the school. From the analysis of the questionnaire response rate, it is evident that the response rate of respondents was high.

4.2 SOCIO DEMOGRAPHIC CHARACTERISTICS OF RESPONDENTS

TABLE 4.2a: AGE OF RESPONDENTS

AGE OF RESPONDENTS	Response	Frequency	Percentage
	16-21	32	21.3%
	22-27	74	49.3%
	28 and above	44	29.3%
	TOTAL	150	100%

Source, fieldwork 2025.

The table above shows the ages of the respondents. From the result, 21.3% of the entire population were within the ages of 16-21 years, while 49.3% were within 22-27 years. Finally, 29.3% of the respondents were within the ages of 28 and above. This shows that majority of the respondents were within the ages of 22-27.

Table 4.2b: SEX OF RESPONDENTS

SEX	Response	Frequency	Percentage
	MALE	53	35.3%
	FEMALE	97	64.7%
	TOTAL	150	100%

Source, fieldwork 2025

From the results above, it can see that majority of the respondents chosen for this study comprised of women. This is evidently seen as 64.7% of the entire respondents are female while 35.3% are male.

Table 4.2c Marital Status

MARITAL STATUS	Response	Frequency	Percentage
	MARRIED	43	28.7%
	SINGLE	96	64.0%
	SEPARATED	11	7.3%
	Total	150	100%

Source, fieldwork 2025.

It is clear that most of the respondents as at the time of the study are married. This is was affirmed by 64% of the entire respondents, duly followed by 28.7% representing the single respondents, while only 7.3% represent the respondents that are single.

Table 4.2d Level

OCCUPATION	Response	Frequency	Percentage
	100	52	34.7%
	200	38.5	25.6%
	300	10	7%%
	400	38.5	25.6%
	500	10	7%
	Total	150	100%

Source, fieldwork 2025.

Table 4.2d shows the occupation of the respondents, the the results show that 34.7% 100 level, 25.6% in 200 level, 7% in 300 level, 25.6% in 400 level while 7% are in 500 level.

Table 4.2e Educational qualification

EDUCATIONAL QUALIFICATION	Response	Frequency	Percentage
	SSCE	95	63.3%
	GRADUATE	55	36.7%
	Total	150	100%

Source, fieldwork 2025.

On the educational status of the respondents, the study shows that most of the respondents are SSCE holders with 63.3% affirming this, duly followed by the graduates which was represented by 36.7%>.

Table 4.2f Religion

RELIGION	Response	Frequency	Percentage
	Christianity	97	64.7%
	Islam	53	35.3%
	Total	150	100%

Source, fieldwork 2025.

In examining the religious affiliation of the respondents, the study shows that most of the respondents are Christians as they constitute 64.7% of the entire respondents with Islam following with 35.3%.

Table 4.2g Ethnicity

ETHNICITY	Response	Frequency	Percentage
	Benin	22	14.7%
	Esan	66	44.0%
	Igbo	52	34.7%
	Total	140	93.3%
	Missing system	10	6.7%
	Total	150	100%

Source, fieldwork 2025.

Table 4.2g shows that majority of the respondents are Esan with a percentage 44% while 34.7% are Igbos followed by 14.7% which represents respondents that are Benin.

4.3 ANALYSIS OF THE DATA IN ACCORDANCE TO THE RESEARCH OBJECTIVES

This section presents the analysis of the three research objectives raised for this study.

Research Objective One: To identify the level of awareness about contraceptive methods among female students in Ekosodin community.

Items on the questionnaire that relates to objective one were analyzed as follows:

TABLE 4.3a Question: Have you ever heard of contraceptive methods?

Have you ever heard of contraceptive methods?	Response	Frequency	Percentage
	Yes	128	85.3
	No	22	14.7
	Total	150	100.0

Source, fieldwork 2025.

In analyzing the first objective of the study, 85.3% of the entire population stated that they know what a contraceptive is and have heard about it. Only 22% said that they don't know what contraceptives are.

TABLE 4.3b Question: What types of contraceptive methods are you aware of?

What types of contraceptive methods are you aware of?	Response	Frequency	Percentage
	Pills	20	13.3%
	Condoms	80	53.3%
	Injections	20	13%
	Impants	30	20%
	Total	150	100%

Source, fieldwork 2025.

From the information in the table above, it asked the types of contraceptives known to students. 13.3% of the entire population stated that they know about pills, 53.3% stated that they know about condoms very well why 13% detect that they know about injections however only 20% of the population stated that they know about implants as it means of

preventing pregnancy. This shows that majority of the entire population know about condom and use it often.

TABLE 4.3c Question: How would you rate your knowledge of contraceptive methods?

Has your economic situation improved since receiving remittances?

How would you rate your knowledge of contraceptive methods?	Response	Frequency	Percentage
	Very knowledgeable	30	20%
	Somewhat knowledgeable	90	60%
	Not knowledgeable at all	30	20%
	Total	150	100%

Source, fieldwork 2024.

From the information in the table above it shows that 20% of the study population are very knowledgeable about the use of contraceptive methods why 90% of the population stated that there are somewhat knowledgeable and finally 30% stated that they are not knowledgeable at all when it comes to contraceptive methods.

Research Objective Two: To determine the attitudes of female students towards the use of contraceptives in Ekosodin community.

Items on the questionnaire that relates to objective two were analyzed as follows:

TABLE 4.3d Question: Do you think contraceptives are effective in preventing pregnancy?

Do you think contraceptives are effective in preventing pregnancy?	Response	Frequency	Percentage
	Yes	139	92.7
	No	11	7.3
	Total	150	100.0

Source, fieldwork 2025.

The information on table 4.3d shows that majority of the population agreed that contraceptives are very effective in preventing pregnancy however a little number of the respondent did not agree. This is seen has 92.7% stated yes while 7.3% stated no.

TABLE 4.3e Question: Do you think contraceptives are safe to use?

Do you think contraceptives are safe to use?	Response	Frequency	Percentage
	Yes	139	92.7
	No	11	7.3
	Total	150	100.0

Source, fieldwork 2025.

From the table above 92.7% of the respondent stated that it is very safe to use contraceptives while 7.3% say that it is not safe to use.

TABLE 4.3f Question: Do you think usage of Contraceptives should be encouraged to reduce unwanted pregnancies and Prevalence of sexually transmitted diseases?

Do you think usage of Contraceptives should be encouraged to reduce unwanted pregnancies and Prevalence of sexually transmitted diseases?	Response	Frequency	Percentage
	Yes	139	92.7
	No	11	7.3
	Total	150	100.0

Source, fieldwork 2025.

The data in table 4.3 f above shows that majority of the respondents believe that contraceptives should be encouraged in reducing unwanted pregnancy and preventing sexually transmitted diseases however 7.3% stated that contractceptives should not be encouraged this is because they believe that it promotes promiscuity.

Research Objective three: To investigate the influence of socio-cultural factors on female students' perceptions of contraceptive use in Ekosodin community.

Items on the questionnaire that relates to objective three were analyzed as follows:

TABLE 4.3g Question: Do you think your family or friends influence your thoughts on contraceptive use?

Do you think your family or friends influence your thoughts on contraceptive use?	Response	Frequency	Percentage
	Yes	63	42.0
	No	87	58.0
	Total	150	100.0

Source, fieldwork 2025.

The information in the table above shows that 42% of the entire population stated that the your family and friends have influence on their thoughts towards contraceptive use while 58% stated that their family and friends have no influence whatsoever on their thoughts towards contraceptive use. This shows that majority of the study population and not influenced by their family of friends on their perception of contraceptive use.

TABLE 4.3h Question: Do you think cultural or religious beliefs affect your attitudes towards contraceptive use?

Do you think cultural or religious beliefs affect your attitudes towards contraceptive use?	Response	Frequency	Percentage
	Yes	64	42.7
	No	53	35.3
	Total	117	78.0
	Missing system	33	22.0
	Total	150	100.0

Source, fieldwork 2025.

From the information in table 4.3 h 42% of the population believe that cultural and religious beliefs affect the way people see contraceptives however 35.3% stated that they did not believe that cultural or religious beliefs should have a effect on how people see contraceptive use. This shows that majority of the population believe that cultural and religious backgrounds affect the way different people perceive contraceptive and its uses especially when the said person is unmarried.

TABLE 4.3i Question: Do you think socio-cultural factors play a role in shaping your perceptions of contraceptive use?

Do you think socio-cultural factors play a role in shaping your perceptions of contraceptive use?	Response	Frequency	Percentage
	Yes	87	58.0
	No	63	42.0
	Total	150	100

Source, fieldwork 2025.

To substantiate the question preceding this, respondents were asked if social cultural factors play a role on how people perceive contraceptive use, from the answers 58% of the entire respondent stated that social cultural factors play a very vital role in shaping people's perception of contraceptives however 42% stated otherwise.

Objective Four: To identify the sources of information about contraceptives that female students in Ekosodin community rely on.

Items on the questionnaire that relates to objective four were analyzed as follows:

Table 4.3j Question: Where do you usually get information about contraceptives?

Where do you usually get information about contraceptives?	Response	Frequency	Percentage
	School	40	26.6%
	Family	10	6.6%
	Media	20	13.3%
	Friends	80	53.3%
	Total	150	100%

Source, fieldwork 2025.

Respondent we asked where they get information about contraceptives. 26.6% stated that they get their information from school. 6.6% stated that they get their information from family. 13.3% stated that they get their information from the media. 53.3% stated that they get their information from friends. This shows that majority of the entire respondent get their information from friends. It goes on to show that friend is a very vital medium of circulating information among students.

Table 4.3k Question: How reliable do you think these sources of information are?

How reliable do you think these sources of information are?	Response	Frequency	Percentage
	Very reliable	40	26.5%
	Somewhat reliable	70	46.6%
	Not reliable	40	26.6%
	Total	150	100%

Source, fieldwork 2025.

When asked how reliable this information that they get is. The respondents said that it's very reliable, some said it is somewhat reliable while some said it is not reliable at all. This is represented in the table above as 26.5% stated very reliable. 46.6% stated some port reliable. While 26.6% stated not reliable at all.

CHAPTER FIVE

SUMMARY, FINDINGS, CONCLUSION AND RECOMMENDATIONS.

5.1 SUMMARY

It is imperative to do a review of the five chapters this project work is composed of. The first chapter of the work is the introductory part which also includes the objectives of the study, research questions, scope of study and the significance of the study. The second chapter reviewed some existing literatures that are relevant to the subject matter and also discussed some theories related to the topic. The third chapter stated the "science of how" which is the methodology, consists of the research design, population of study, sample size and sampling method, it guided the researcher on how the research was to be conducted. Chapter four of the research is the analysis and data presentation, the researcher analyzed the data collected from the respondents with SPSS and presented the data in tables, frequencies and percentages.

This study was carried out to examine female perception of contraceptive use amongst undergraduate students and residents living in Ekosodin, Benin City, Edo State, Nigeria. It drew sample of 150 respondents from the 41,996 student population. A 100% response rate was obtained from the questionnaires that was administered.

5.2 CONCLUSION

This study on female perception of contraceptive use among University of Benin students residing in Ekosodin reveals the complex nexus between awareness, cultural beliefs, accessibility, and personal attitudes in shaping contraceptive behavior. The findings show

that while many female students are knowledgeable about the different forms of contraception and recognize their importance in preventing unintended pregnancies and safeguarding reproductive health, their perceptions are often influenced by social, cultural, and religious factors. For some, contraceptives are viewed as empowering tools for exercising control over their reproductive choices, whereas others harbor fears of side effects, stigmatization, or moral disapproval.

Ultimately, the study highlights the need for sustained health education and awareness programs that address misconceptions, promote positive attitudes, and ensure access to safe and affordable contraceptive options. By doing so, female students in Ekosodin and similar university communities will be better positioned to make informed decisions about their reproductive health. The findings underscore that improving perception and acceptance of contraceptive use among young women is critical, not only for their personal well-being but also for the broader goal of enhancing public health outcomes and reducing unintended pregnancies.

5.3 RECOMMENDATION

The study recommends that:

1. The University of Benin, in collaboration with health agencies, should organize regular reproductive health seminars and workshops in Ekosodin to dispel myths and misconceptions about contraceptives while emphasizing their safety and benefits.

2. Since students are often more receptive to information from their peers, peer educators should be trained to provide accurate knowledge on contraceptive methods and encourage informed decision-making.
3. University health centers and pharmacies within Ekosodin should ensure that contraceptives are affordable, readily available, and distributed in a confidential manner to reduce stigma and fear of exposure.
4. Professional counseling units should be established or reinforced within the university and surrounding community to provide confidential guidance and support for female students regarding contraceptive use and reproductive health.
5. Efforts should be made to involve influential figures within Ekosodin in sensitization campaigns, thereby reducing cultural and religious resistance to contraceptive use.
6. Relevant aspects of reproductive health and contraceptive education should be incorporated into general studies courses to equip all students with the knowledge needed to make informed choices.

REFERENCES

- Adeyemi, A. B., & Adekanle, D. A. (2011). Factors influencing the use of family planning facilities among married women in Osun State, Nigeria. *Ethiopian Journal of Health Sciences*, 21(3), 161–169.
- Adongo, P. B., Phillips, J. F., & Binka, F. N. (1997). *The influence of traditional religion on fertility regulation among the Kassena-Nankana of northern Ghana*. *Studies in Family Planning*, 28(1), 23–40.
- Agadjanian, V. (2005). Fraught with ambivalence: *Reproductive intentions and contraceptive choices in a sub-Saharan fertility transition*. *Population Research and Policy Review*, 24(6), 617–645.
- Ajayi, A. I., & Akpan, W. (2020). *Determinants of contraceptive use among university students in Nigeria: A cross-sectional study*. *BMC Women's Health*, 20(1), 1–11.
- Ajayi, A. I., Nwokocha, E. E., Akpan, W., & Adeniyi, O. V. (2018). *Use of non-emergency contraceptive pills and concoctions as emergency contraception among Nigerian university students: Results of a qualitative study*. *BMC Public Health*, 16(1), 1046.
- Akanbi, S. A., Agaba, P. A., & Ocheke, A. N. (2015). Knowledge and use of contraceptives among Nigerian university students. *Journal of Reproductive Health*, 19(3), 456–465.
- Arevalo, M. (2008). The role of fertility awareness methods in family planning programs. *International Journal of Gynecology & Obstetrics*, 103(3), 257–259.
- Babalola, S., & Fatusi, A. (2009). *Determinants of use of maternal health services in Nigeria – looking beyond individual and household factors*. *BMC Pregnancy and Childbirth*, 9(1), 43.
- Bankole, A., & Malarcher, S. (2010). *Removing barriers to adolescents' access to contraceptive information and services*. *Studies in Family Planning*, 41(2), 117–124.
- Blumenthal, P. D., Voedisch, A., & Gemzell-Danielsson, K. (2011). *Strategies to prevent unintended pregnancy: Increasing use of long-acting reversible contraception*. *Human Reproduction Update*, 17(1), 121–137.
- Bongaarts, J. (2017). *The impact of family planning programs on unmet need and demand for contraception*. *Studies in Family Planning*, 48(3), 263–278.

- Chesler, E. (2007). *Woman of valor: Margaret Sanger and the birth control movement in America*. Simon and Schuster.
- Cleland, J., Bernstein, S., Ezeh, A., Faundes, A., Glasier, A., & Innis, J. (2006). *Family planning: The unfinished agenda*. *The Lancet*, 368(9549), 1810–1827.
- Cleland, J., Conde-Agudelo, A., Peterson, H., Ross, J., & Tsui, A. (2012). *Contraception and health*. *The Lancet*, 380(9837), 149–156.
- Darroch, J. E., & Singh, S. (2013). *Trends in contraceptive need and use in developing countries in 2003, 2008, and 2012: An analysis of national surveys*. *The Lancet*, 381(9879), 1756–1762.
- Dodoo, F. N. A. (1998). *Men matter: Additive and interactive gendered preferences and reproductive behavior in Kenya*. *Demography*, 35(2), 229–242.
- Grimes, D. A., Benson, J., Singh, S., Romero, M., Ganatra, B., Okonofua, F. E., & Shah, I. H. (2006). *Unsafe abortion: The preventable pandemic*. *The Lancet*, 368(9550), 1908–1919.
- Guttmacher Institute. (2017). *Adding it up: The costs and benefits of investing in sexual and reproductive health 2017*. Guttmacher Institute.
- Hall, K. S., Moreau, C., & Trussell, J. (2016). Determinants of and disparities in reproductive health service use among adolescent and young adult women in the United States, 2002–2008. *American Journal of Public Health*, 102(2), 359–367.
- Hubacher, D., & Grimes, D. A. (2002). *Non-contraceptive health benefits of intrauterine devices: A systematic review*. *Obstetrics & Gynecology Survey*, 57(2), 120–128.
- Isiugo-Abanihe, U. C. (1994). *Reproductive motivation and family-size preferences among Nigerian men*. *Studies in Family Planning*, 25(3), 149–161.
- McLaren, A. (1990). *A history of contraception: From antiquity to the present day*. Basil Blackwell.
- Ntoimo, L. F. C., & Isiugo-Abanihe, U. C. (2014). Patriarchy and singlehood among women in Lagos, Nigeria. *Journal of Family Issues*, 35(14), 1980–2008.
- Odimegwu, C., Amoo, E. O., & De Wet, N. (2014). Teenage pregnancy in South Africa: Where are the young men involved?. *South African Journal of Child Health*, 8(1), 3–4.

- Okonofua, F. (2007). Prevention of unsafe abortion in Africa. *African Journal of Reproductive Health*, 11(3), 7–13.
- Olugbenga-Bello, A. I., Abodunrin, O. L., & Adeomi, A. A. (2011). Contraceptive practices among women in rural communities in South-Western Nigeria. *Global Journal of Medical Research*, 11(2), 1–8.
- Omran, A. R. (1992). *Family planning in the legacy of Islam*. Routledge.
- Peterson, H. B., Xia, Z., Hughes, J. M., Wilcox, L. S., Tylor, L. R., & Trussell, J. (2008). The risk of pregnancy after tubal sterilization: Findings from the U.S. Collaborative Review of Sterilization. *American Journal of Obstetrics and Gynecology*, 174(4), 1161–1168.
- Riddle, J. M. (1992). *Contraception and abortion from the ancient world to the Renaissance*. Harvard University Press.
- Rutstein, S. O. (2005). Effects of preceding birth intervals on neonatal, infant and under-five years mortality and nutritional status in developing countries: Evidence from the demographic and health surveys. *International Journal of Gynecology & Obstetrics*, 89(S1), S7–S24.
- Santow, G. (1995). *Coitus interruptus and the control of natural fertility*. *Population Studies*, 49(1), 19–43.
- Sedgh, G., Hussain, R., Bankole, A., & Singh, S. (2007). *Women with an unmet need for contraception in developing countries and their reasons for not using a method*. Guttmacher Institute.
- Sedgh, G., Singh, S., & Hussain, R. (2014). *Intended and unintended pregnancies worldwide in 2012 and recent trends*. *Studies in Family Planning*, 45(3), 301–314.
- Singh, S. (2010). Global consequences of unsafe abortion. *African Journal of Reproductive Health*, 14(2), 9–13.
- Trussell, J. (2011). *Contraceptive failure in the United States*. *Contraception*, 83(5), 397–404.
- UNFPA (2017). *Contraceptives and family planning*. United Nations Population Fund.
- Watkins, E. S. (1998). *On the pill: A social history of oral contraceptives, 1950–1970*. Johns Hopkins University Press.

WHO (2019). Family planning: A global handbook for providers. World Health Organization.

QUESTIONNAIRE
DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY,
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BENIN CITY, NIGERIA.

Dear participant,

My name is Iwemah Oghenero Desmond, an undergraduate student of the Department of Sociology and Anthropology, Faculty of Social Sciences, University of Benin. I'm currently carrying out a research study titled "Female students perception on the use of contraceptive among residents in Ekosodin community, Benin City." This is purely for academic purposes as it is part of the requirements for the award of bachelors (BSC) degree in Sociology and Anthropology. Every information gotten in the course of this study will be handled with utmost confidentiality. Thank you for agreeing to be part of this study.

SECTION A: SOCIO DEMOGRAPHIC CHARACTERISTICS

1. Age: 16-21 () 22-27 () 28-33 () 34 and above ()
2. Sex: male () Female ()
3. Marital status: Single () Married () Divorced () Separated () Widowed: ()
4. Level: 100 () 200 () 300 () 400 () 500 ()
5. Religion: Christianity () Islam () African religion () Others ()
6. Ethnicity:

SECTION B

Objective One: Awareness of Contraceptive Methods

7. Have you ever heard of contraceptive methods? Yes () No ()
8. In your own words, what is contraceptives? _____

9. What types of contraceptive methods are you aware of? (Select all that apply)

Pills () Condoms () Injections () Implants () IUDs () Others (please specify)

10. How would you rate your knowledge of contraceptive methods?

Very knowledgeable () Somewhat knowledgeable () Not very knowledgeable ()

Not at all knowledgeable ()

Objective Two: Attitudes towards Contraceptives

11. Do you think contraceptives are effective in preventing pregnancy?

12. Do you think contraceptives are safe to use?

13. What are your thoughts on the use of contraceptives among female students? (Select all that apply)

14. Do you think usage of Contraceptives should be encouraged to reduce unwanted pregnancies and Prevalence of sexually transmitted diseases? Yes () No (.)

Objective Three: Socio-Cultural Factors

15. Do you think your family or friends influence your thoughts on contraceptive use?

Yes () No ()

16. Do you think cultural or religious beliefs affect your attitudes towards contraceptive use?

Yes () No ()

17. If yes, how?

18. What role do you think socio-cultural factors play in shaping your perceptions of contraceptive use? (Select all that apply) Very significant () Somewhat significant ()
Not very significant () Not at all significant ()

Objective Four: Sources of Information

19. Where do you usually get information about contraceptives? (Select all that apply)

School () Family () Friends () Media (TV, radio, internet) () Healthcare provider ()

Others (please specify) _____

20. How reliable do you think these sources of information are? Very reliable ()
Somewhat reliable () Not very reliable () Not at all reliable ()