

**INFLUENCE OF SEXUAL BEHAVIORS AND CONTRACEPTIVE USE AMONG
UNIVERSITY OF BENIN UNDERGRADUATE**

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CERTIFICATION

We, the undersigned certify that this project work was carried out by **OSAGHAE OGHOSA**, in the Department of Health Safety and Environmental Education, Faculty of Education, University of Benin, Benin City, Edo State, Nigeria; In partial fulfillment for the award of B.Sc (Ed) Degree in Health Safety and Environmental Education

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DEDICATION

I gladly dedicate this Project Work, firstly, to God Almighty, the giver and sustainer of life; who granted me the divine enablement to have accomplished this work.

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The researcher is profoundly grateful to Almighty God for granting the strength, ability, knowledge, and opportunity to undertake and complete this study satisfactorily. Special appreciation is extended to the project supervisor, Dr. E. O. Igudia, for his continuous guidance throughout the study, for his patience, support, and immense knowledge. His guidance played a crucial role in shaping the researcher's work and attitude throughout the study. The researcher also acknowledges the invaluable support and inspiration received from lecturers during their academic years. The researcher is deeply thankful to the late Mr. Osaretin Osaghae and Mrs. Felicia Osaghae for their unwavering guidance and moral support. Appreciation is also expressed to the researcher's siblings—Mr. Osaigbokan Osaghae, Osazuwa Osaghae, Joshua Osaghae, and Mr. Osayande along with their lovely daughter, Flourish U.

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ABSTRACT

This study explored the influence of sexual behaviors and contraceptive use among undergraduates at the University of Benin. four research questions were raised to guide the study and two hypotheses were formulated and tested at 0.05 level of significance

The study uses a descriptive survey research design, with a sample of 100 students selected through stratified random sampling from five faculties. The research instrument is a structured questionnaire designed to assess students' knowledge of graceful aging practices and their engagement in such practices and was validated by two lecturers from the department. The reliability of the instrument was determined using the test–retest method. The questionnaire was administered to 20 respondents who were part of the main study sample. After an interval of two weeks, the same questionnaire will be re-administered to the same group. The scores from the two administrations will be correlated using Pearson’s Product Moment Correlation Coefficient (r) to determine the stability of the instrument over time. Descriptive statistics (frequency counts and percentage) were used for the research questions and hypotheses was tested at 0.05 level of significance

Findings revealed that male students were more likely to engage in discussions about sex, watch pornographic films, browse pornography, and report higher frequencies of

masturbation. While more males reported having had sex compared to females, males also reported significantly higher condom use. However, a higher percentage of females reported *ever* having used contraceptives compared to males. Among those who use contraception, a very high proportion of males reported using it "every time," compared to a smaller majority of females, with some female users reporting use only during their ovulation period.

CHAPTER ONE

INTRODUCTION

Background of Study

Sexual behavior among students is an increasingly important public health issue, particularly in sub-Saharan Africa where young people represent a significant portion of the population. The transition into university life is often accompanied by increased freedom, exposure to diverse social influences, and reduced parental supervision. This environment can lead to early sexual initiation, multiple sexual partners, and unprotected sex, which are all considered high-risk sexual behaviors (Majiwa, 2023; Naranjo-Márquez et al., 2025). These behaviors expose students to several negative outcomes, including unintended pregnancies, sexually transmitted infections (STIs), and emotional or psychological stress.

University campuses are particularly sensitive environments because the age group of most students overlaps with the period of peak reproductive activity. Despite being sexually active, many undergraduates engage in sexual activities without adequate protection, often due to limited knowledge, poor access to contraceptives, or negative attitudes toward their use (Tian et al., 2024). Research has shown that young people in university settings may lack essential knowledge about reproductive health, especially

regarding the consistent and correct use of contraceptives (Tabah et al., 2024). As a result, they remain vulnerable to the consequences of risky sexual behavior.

Contraceptive use is a central strategy in reducing the risks associated with sexual activity among youth. Contraceptives such as condoms, oral pills, emergency contraceptives, and injectables are essential tools in promoting safe sex and reproductive autonomy. However, many students either do not use contraceptives or use them irregularly. Factors influencing this behavior include misinformation, religious or cultural beliefs, fear of side effects, and lack of privacy in accessing these services (Papadopoulou Marouli, & Misseyanni, 2024; Mukuku, Mishika, & Kamundu 2025). Awareness and accessibility are often not enough, as attitudes and perceptions about contraception significantly influence whether students will use them or not.

Understanding the level of knowledge and awareness among students is key to addressing these challenges. Studies in various African universities have shown that while a substantial proportion of students may have heard about contraceptive methods, only a fraction possess accurate and comprehensive knowledge about their use (Acen et al., 2025). Furthermore, misconceptions such as the belief that contraceptives promote promiscuity continue to persist, leading to stigmatization and low usage among peers.

Awareness campaigns, peer education, and youth-friendly services remain limited on many campuses, including Nigerian universities.

In addition to knowledge, attitudes and personal beliefs shape how students perceive contraceptive use. Some students view contraception as morally wrong, or believe it should only be used within marriage. Others are influenced by partners, peer groups, or religious teachings that discourage contraception, even in the face of evident risk (Alhassan et al., 2025). The interplay between sexual behavior and these attitudes often determines whether contraceptive use becomes a consistent practice or not.

Therefore, understanding the dynamics of sexual behavior, frequency of contraceptive use, level of knowledge, and perceptions of undergraduates is essential in designing effective sexual health interventions.

Statement of the problem

Despite extensive global and national efforts to promote sexual health education, a significant gap persists in understanding the interplay between sexual behaviors and contraceptive use among university students in Nigeria, particularly at the University of Benin. Numerous studies have explored these themes independently; however, a focused analysis of how specific sexual behaviors influence contraceptive decisions remains

underdeveloped. While awareness of contraception has improved in many populations, the translation of that knowledge into consistent and informed usage among university undergraduates remains inconsistent and problematic.

Several researchers have addressed this issue from different angles, yet critical gaps remain. For instance, Naranjo-Márquez et al. (2025) examined the interaction of sexual behaviors, dating app use, and pornography among health science students and found that although many were sexually active, their contraceptive practices were sporadic and unplanned. However, the study did not explore the causal relationship between different sexual behaviors (e.g., number of sexual partners, age at debut) and contraceptive use. This omission leaves a gap in understanding how specific sexual behaviors predict contraceptive usage,. In another study, Tabah et al. (2024) assessed knowledge, attitudes, and practices of emergency contraception among female students in Cameroon. They found low frequency of use, particularly among students engaged in unplanned or irregular sexual activity. However, the study did not include quantitative data on how frequently sexually active students use contraceptives in general, especially outside emergency contexts. As such, the frequency and consistency of contraceptive use among sexually active students remains under-researched, forming a clear gap

On the issue of awareness, Tian et al. (2024) conducted a large-scale study in Shanghai and found that while most students were aware of common contraceptives, their knowledge was superficial and often based on myths or social media influence. Similarly, Acen et al. (2025) reported that many students in Uganda had heard of emergency contraceptives but lacked clear understanding of how or when to use them. These studies failed to explore comprehensive knowledge levels among broader student populations, especially in the Nigerian context, highlighting the gap addressed in the third research question: what is the actual level of knowledge and awareness among undergraduates?

Finally, although Papadopoulou et al. (2024) and Mukuku et al. (2025) explored students' attitudes towards contraception, their focus was mainly on access and use rather than the emotional, cultural, and peer-related perceptions influencing contraceptive behavior. These perceptions whether shaped by stigma, fear, or misinformation remain under-explored and under-documented. Consequently, there is insufficient evidence on how students' attitudes and personal beliefs shape their sexual decision-making. Despite these extensive research efforts, the persistence of high-risk sexual behavior, inconsistent contraceptive use, and increasing rates of unintended pregnancies and sexually transmitted infections on Nigerian campuses suggest that the existing interventions have not been fully effective.

Purpose of the Study

The main purpose of this study is to explore the influence of sexual Behaviors and contraceptive use among university of Benin Undergraduate, the Study aim to:

1. To examine the sexual behaviors among undergraduates at the University of Benin.
2. To assess the level of contraceptive use among sexually active undergraduates at the University of Benin.
3. To evaluate the difference sexual behaviours by sex at the University of Benin
4. To investigate the difference in contraceptives by sex at the University of Benin

Research Questions

The following research questions were raised to guide the study:

1. What is the sexual behaviors among undergraduates at the University of Benin?
2. What is the level on contraceptives use among sexually active undergraduates at the University of Benin?
3. What are the sexual behaviours of boys different from that of girls among undergraduates of the University of Benin?

4. What are the contraceptive use of sexual active boys different from that of girls at the University of Benin?

Hypotheses of the Study

The following hypotheses are formulated to be tested at 0.05 level of significance

H₀₁: The sexual behaviours of boys are not significantly different from that of girls among undergraduates at the University of Benin

H₀₂: The contraceptives use of sexually active boys are not significantly different from that of girls among undergraduates at the University of Benin

Significance of the Study

This study will be of immense significance to student, academia, society and health institutions

For students, this research offers a practical guide to understanding the risks associated with unprotected sex and the benefits of contraceptive use. It aims to correct misconceptions, promote safer sexual behavior, and empower young adults to make informed choices regarding their reproductive health.

For academic purposes, this study adds to the growing body of scholarly literature on youth sexual behavior and reproductive health in Nigeria and sub-Saharan Africa. It

addresses key gaps identified in previous studies by exploring the direct relationship between specific sexual behaviors and contraceptive usage. It also contributes valuable data that future researchers, educators, and curriculum developers can use to improve teaching, counseling, and awareness programs within universities and other tertiary institutions.

At the societal level, the outcomes of this study are expected to raise awareness of the broader implications of unprotected sexual activity among young people. Issues such as rising rates of unintended pregnancies, sexually transmitted infections, and unsafe abortions have become major public health concerns. By shedding light on the real-life experiences and challenges faced by university students, this research provides a foundation for public awareness campaigns and grassroots education efforts aimed at reducing risky behavior and encouraging responsible sexual practices.

In addition, this study offers critical information to stakeholders such as health institutions, non-governmental organizations (NGOs), and policymakers. The findings will help guide the design and implementation of more effective sexual and reproductive health interventions for youth. It supports evidence-based decision-making, encouraging the creation of programs and policies that are tailored to the realities of student populations. Ultimately, the study seeks to foster partnerships between academic

institutions, health services, and civil society organizations in promoting sexual well-being among young adults.

Scope and Delimitation of the Study

This study focuses on examining the influence of sexual Behaviors and contraceptive use among university of Benin Undergraduate and the study will be delimited to Undergraduate in the University of Benin

Definition of Terms

Sexual Behavior: In this study, sexual behavior refers to the actions, choices, and patterns related to sexual activity among undergraduate students. It includes factors such as age at first sexual experience, number of sexual partners, frequency of sexual intercourse, and use or non-use of protection during sexual activity.

Contraceptive Use: This term refers to the intentional use of any method or device (such as condoms, pills, emergency contraceptives, injectables, etc.) by students to prevent pregnancy during sexual intercourse. In this study, it also includes the frequency and consistency of such use among sexually active students.

Knowledge of Contraceptives: Knowledge, in this context, is defined as the awareness and understanding students have about the existence, function, effectiveness, and proper

use of various contraceptive methods. It is measured by students' responses to questions about contraceptive types, usage, and benefits.

Awareness: Awareness refers to the extent to which students have heard of, seen, or been exposed to information about contraceptive methods and safe sex practices through sources like media, school programs, peers, or healthcare providers.

Attitudes: Attitudes are the personal beliefs, opinions, or feelings that students hold toward contraceptive use and sexual health. It includes whether they view contraceptive use positively or negatively and how those views influence their behavior.

Perceptions: Perception refers to how students interpret or understand contraceptive use and sexual activity. This may include perceived risks, benefits, stigma, or moral and cultural beliefs surrounding sexual and reproductive health.

Sexually Active: A student is considered sexually active in this study if they have engaged in vaginal, anal, or oral sexual intercourse within the past six months preceding the time of data collection.

Undergraduate Students: These are students currently enrolled in a degree program at the University of Benin, regardless of faculty or year of study.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

This chapter focuses on the review of relevant and related literature to the concern of this study. It is discussed under the following subheadings:

Theoretical Framework

Concept of Sexual Behaviour

Concept of Sexual Behaviors Among Undergraduates

Concept of Contraceptives use

Gender Difference in Sexual behaviour

Gender Differences in Contraceptive Use

Health Implications of Sexual Behaviors and Contraceptive Use

Summary of Review of Related Literature.

Theoretical Framework

In understanding the sexual behaviors and contraceptive use among university students, several psychological and health-related theories can be used to explain the factors that influence individuals' sexual decisions and behaviors. Among the most significant of

these theories are the Theory of Planned Behavior (TPB), the Social Cognitive Theory (SCT), and the Health Belief Model (HBM). Each of these theories provides unique insights into how behavior is influenced by attitudes, perceived control, social influences, and health-related perceptions.

Theory of Planned Behavior (TPB)

The Theory of Planned Behavior (TPB), developed by Icek Ajzen in 1985, suggests that an individual's intention to engage in a behavior is the primary determinant of whether they actually perform that behavior. This theory posits that intentions are influenced by three key factors: attitude toward the behavior, subjective norms, and perceived behavioral control (Ajzen, 1991). These elements together explain why individuals may engage in certain behaviors, such as using contraception.

Attitude toward the behavior: According to TPB, individuals form attitudes about behaviors based on their evaluations of the outcomes. If students perceive contraceptive use as beneficial such as preventing unintended pregnancies or sexually transmitted infections (STIs) they are more likely to use contraception. Conversely, if they view contraception negatively, they may avoid its use.

Subjective norms: These refer to the perceived social pressure from peers, family, and society to perform or not perform a behavior. In the university context, students are highly influenced by their peers. If they perceive that contraception is commonly used and supported by their social circle, they are more likely to adopt the behavior.

Perceived behavioral control: This factor reflects an individual's perception of the ease or difficulty of performing a behavior. Even if students have positive attitudes toward contraception and feel that their peers support its use, they may be less likely to use contraception if they perceive obstacles, such as lack of access or financial limitations (Ajzen, 1991).

The TPB is particularly relevant in understanding university students' sexual behaviors and contraceptive use, as it integrates cognitive and social elements. It highlights the complex interactions between personal beliefs, social influences, and perceived control over behavior, which can all shape decisions related to contraception.

Social Cognitive Theory (SCT)

Social Cognitive Theory (SCT), developed by Albert Bandura, emphasizes the role of observational learning, self-efficacy, and outcome expectations in behavior. According to SCT, people learn behaviors by observing others and imitating actions that they believe

will result in positive outcomes (Bandura, 1986). This theory is particularly relevant in understanding how university students adopt sexual behaviors and contraceptive practices based on what they observe in their social networks.

Observational learning: SCT suggests that students are likely to adopt sexual behaviors and contraceptive use practices by observing their peers, family members, or even media figures who model such behaviors. If students see that their peers use contraception and perceive it as a responsible practice, they are more likely to follow suit. The reinforcement or reward of such behavior further encourages its adoption (Bandura, 1986).

Self-efficacy: Another key component of SCT is the concept of self-efficacy, which refers to an individual's belief in their ability to carry out a behavior. In terms of contraceptive use, students who believe they are capable of using contraception effectively (e.g., knowing how to obtain it and use it correctly) are more likely to engage in the behavior. Low self-efficacy, however, can lead to avoidance of contraception even if students have the intention to use it (Bandura, 1997).

Outcome expectations: SCT also emphasizes that students' behaviors are influenced by their beliefs about the potential outcomes. If students believe that using contraception

will effectively prevent unintended pregnancies and STIs, they are more likely to adopt it. Conversely, if they believe there will be no significant benefit from using contraception, they may avoid it (Bandura, 1997).

SCT is highly applicable to understanding sexual behaviors and contraceptive use among university students, particularly as it accounts for the social learning process and the influence of peers in shaping sexual decision-making.

Health Belief Model (HBM)

The Health Belief Model (HBM), developed in the 1950s by social psychologists to understand health behaviors, posits that individuals will take preventive health actions if they believe they are susceptible to a health problem, believe the consequences of the problem are severe, and believe that the benefits of taking action outweigh the perceived costs (Rosenstock, 1974).

Perceived susceptibility: According to the HBM, if students perceive themselves as being at risk of unintended pregnancies or STIs, they are more likely to use contraception. Students who believe they are not vulnerable to these risks may not perceive the need for contraception.

Perceived severity: Students who believe that the consequences of an unintended pregnancy or STI are serious whether due to health risks, social stigma, or personal responsibility are more likely to take action to prevent these outcomes through the use of contraception (Rosenstock, 1974).

Perceived benefits and barriers: The HBM also emphasizes that individuals weigh the perceived benefits of an action against the perceived barriers. If students believe that contraception will effectively prevent unwanted pregnancies or STIs, they are more likely to use it. However, if they face barriers such as cost, access, or cultural stigma surrounding contraception, they may avoid using it.

While the HBM is valuable for understanding how individual beliefs about risk and benefit shape contraceptive use, it tends to focus more on individual perceptions and does not account for the broader social and cultural influences, as seen in the TPB and SCT.

Concept of Sexual Behavior

Sexual behavior refers to the range of actions, practices, and attitudes related to human sexuality. It includes physical acts such as sexual intercourse, as well as psychological, emotional, and social aspects that influence sexual experiences. Understanding sexual behavior is vital for addressing public health concerns, especially in relation to

reproductive health and the prevention of sexually transmitted infections (STIs). The factors influencing sexual behavior are multi-faceted and include biological, psychological, social, and cultural elements. Among university students, sexual behavior often evolves during late adolescence and early adulthood, reflecting both personal exploration and the impact of social environments.

From a biological perspective, sexual behavior is driven by the biological need for reproduction, although it is also shaped by hormonal influences, neurological processes, and the desire for pleasure. Studies have shown that hormonal changes during adolescence can significantly influence sexual desire and attraction (Levy, 2017). However, sexual behavior is not solely driven by biology. Psychological factors, such as early sexual experiences, emotional well-being, and cognitive factors like how individuals perceive sexuality, significantly shape sexual behavior. University students, for example, are in a period of life marked by sexual exploration and identity formation (Lammers et al., 2017). The way students perceive their own sexual identity whether heterosexual, homosexual, or bisexual has a significant impact on their sexual decisions and practices (Donnelly et al., 2019).

In addition to biological and psychological factors, social and cultural influences are significant in shaping sexual behavior. University students are exposed to a wide range of

sexual norms and behaviors as they interact with diverse peer groups. Social influence plays a major role in shaping sexual practices, as peer pressure and societal expectations can encourage or discourage certain behaviors, such as condom use or the initiation of sexual activity (Martin et al., 2018). Cultural norms, particularly in university settings, may vary significantly, with some cultures promoting open discussion of sexuality while others may impose more restrictive views (Hernandez et al., 2017). For example, in many university environments, students may experience a degree of sexual freedom that leads to experimentation and the exploration of various sexual behaviors.

The social environment also plays a major role in determining how students approach sexual encounters and relationships. The freedom of university life offers opportunities for new social interactions, and for many students, this is a time to explore their sexual identities and engage in new sexual experiences. Studies have indicated that during this phase of life, university students often engage in casual sexual encounters, sometimes referred to as "hookups," which may involve a range of sexual behaviors from kissing to sexual intercourse (Fielder & Carey, 2017). While some students may engage in sexual behavior primarily for physical pleasure, others may seek emotional connection through sexual relationships, showing that motivations for sexual activity can vary widely.

Another important aspect of sexual behavior among university students is contraceptive use. Contraceptive methods are crucial for preventing unwanted pregnancies and STIs, yet many students do not consistently use contraception, despite being sexually active (Lammers et al., 2017). Factors such as lack of access, misinformation, and societal stigma can all play a role in students' contraceptive practices. For instance, students who are unaware of or do not have access to various contraceptive options may be more likely to engage in unprotected sex (Meade et al., 2019). Social and cultural barriers also influence contraceptive use; in some university environments, contraceptive use may be stigmatized, leading students to avoid using protection during sexual activity.

The gender differences in sexual behavior are also significant. Research indicates that men and women often report different sexual behaviors, attitudes, and experiences. Men tend to report more frequent sexual activity and more permissive attitudes toward casual sex (Sprecher, 2018). In contrast, women may experience more societal pressure regarding sexual behavior, often balancing personal desires with cultural or social expectations about their sexual roles (Hernandez et al., 2017). This gendered difference in sexual behavior can affect how both men and women approach contraception and other sexual health practices. For example, women may face more barriers to obtaining

contraception due to gendered power dynamics in relationships or due to societal expectations surrounding female sexuality (Martin et al., 2018).

The psychological aspects of sexual behavior also cannot be overlooked. Factors such as sexual desire, emotional intimacy, and personal values influence how individuals approach sexual encounters. University students, for example, may engage in sexual behavior not only for physical pleasure but also as a way to express affection or establish emotional connections (Levy, 2017). Conversely, individuals who have experienced sexual coercion or trauma may develop negative psychological responses that influence their sexual behavior, often leading to avoidance or a decrease in sexual activity (Breslau et al., 2017).

Finally, sexual health education plays a critical role in shaping students' sexual behavior. Effective sexual health education programs provide students with the knowledge and resources to make informed decisions regarding their sexual health, including the use of contraception and prevention of STIs (Kirby, 2017). Studies suggest that comprehensive sexual education, which addresses both the biological and emotional aspects of sexuality, can help students make healthier sexual decisions and reduce risky sexual behaviors (Donnelly et al., 2019). University settings provide a unique opportunity for students to

receive this type of education, helping them to navigate the complexities of sexual behavior during a formative period of their lives.

In conclusion, sexual behavior is shaped by a complex interaction of biological, psychological, social, and cultural factors. Among university students, the experience of sexual exploration is influenced by both internal and external factors, including personal values, peer influence, gender expectations, and access to resources like contraception. As such, universities play a pivotal role in shaping sexual behavior by providing students with the tools, information, and support they need to make informed, healthy decisions regarding their sexual health.

Concept of Contraceptive Use

Contraceptive use refers to the practice of utilizing methods, techniques, or devices designed to prevent pregnancy or sexually transmitted infections (STIs) during sexual activity. Contraception plays a pivotal role in reproductive health, offering individuals the ability to control their fertility and make informed decisions about their sexual health. It includes a wide array of methods, ranging from hormonal contraceptives like birth control pills, to barrier methods like condoms, as well as intrauterine devices (IUDs) and permanent solutions like sterilization. While contraceptive use is primarily associated

with preventing pregnancy, it also plays a key role in the prevention of STIs, particularly condoms.

The need for contraception is most evident among sexually active individuals who do not wish to have children at a particular time in their lives. For university students, this period of life is marked by sexual exploration and experimentation, and contraceptive use is critical for managing the risk of unintended pregnancies and STIs. However, despite the widespread availability of various contraceptive methods, the level of adoption and consistent use remains a challenge, especially among young people and university students. The reasons for this discrepancy are complex and multifaceted, encompassing issues of accessibility, knowledge, social norms, and psychological factors.

One of the most significant factors influencing contraceptive use is knowledge and education. A thorough understanding of contraceptive options, how they work, and their effectiveness is essential for individuals to make informed choices. University students, who are often exposed to sexual health education, may still face gaps in their knowledge, particularly regarding less common methods of contraception, such as IUDs or hormonal implants. Research has shown that comprehensive sexual education programs are linked to higher levels of contraceptive use, as they provide students with the information they need to choose and correctly use contraceptives (Kirby, 2017). However, the quality of

sexual health education can vary, and in some cases, students may not have sufficient knowledge of the various contraceptive options available to them.

Access to contraception is another critical factor influencing use. Even when students are informed about the different contraceptive methods, they may not have ready access to them. Factors such as cost, availability at local pharmacies or clinics, and the stigma associated with seeking contraception can act as significant barriers. For example, while condoms are generally affordable and widely available, other methods like birth control pills or IUDs may require a prescription or a visit to a healthcare provider, which can be inconvenient or costly for students. In some cultures or regions, there may also be social stigma surrounding the use of certain contraceptive methods, particularly among women. In such contexts, individuals may be hesitant to seek contraceptives due to fear of judgment or discrimination (Donnelly et al., 2019).

Gender norms also play a crucial role in shaping contraceptive use. In many societies, women are often expected to take on the responsibility of contraception, which can create pressures around contraceptive choices. For instance, women may feel obligated to use birth control pills or intrauterine devices (IUDs), while men may rely on condoms or feel less responsibility for contraception altogether (Martin et al., 2018). This gendered division of labor can create barriers to effective contraceptive use, as it often means that

women are more likely to bear the burden of contraception and may encounter physical, emotional, or social challenges related to its use. Moreover, the dynamics of intimate partner relationships can influence contraceptive decisions. In cases where there is a power imbalance in relationships, women may be unable to negotiate condom use or other forms of contraception, increasing the risk of unintended pregnancies and STIs.

Psychological factors also influence contraceptive use, particularly attitudes and beliefs about contraception. Individuals' attitudes toward contraception can be shaped by personal experiences, cultural norms, and societal messages about sexuality and reproduction. For example, some university students may see contraception as an unnecessary precaution, especially if they perceive the risks of pregnancy or STIs as low. Others may have positive attitudes toward contraception, viewing it as a responsible and necessary part of sexual health. However, there are also cases where cultural or religious beliefs discourage contraceptive use. In certain religious or cultural contexts, the use of contraception may be viewed as immoral or unnatural, leading individuals to avoid using contraceptives despite engaging in sexual activity. These attitudes can be reinforced by societal taboos surrounding discussions of sexual health, making it difficult for individuals to seek out information or resources related to contraception (Sprecher, 2018).

Contraceptive decision-making is also influenced by the type of sexual relationships individuals are involved in. For university students, the decision to use contraception may depend on whether they are in a long-term, committed relationship or a casual, short-term sexual encounter. In long-term relationships, individuals may feel more secure in their contraceptive choices, whereas those in casual relationships may be more concerned about the potential consequences of unprotected sex, such as STIs. Consequently, individuals may be more likely to use contraception in situations where the perceived risk of STIs or unintended pregnancy is high (Breslau et al., 2017). This variability in contraceptive use depending on the type of sexual relationship highlights the importance of sexual health education that addresses both the emotional and physical aspects of contraception.

The effectiveness of contraceptive methods is another critical consideration. Different contraceptive methods vary in terms of their reliability and effectiveness. For example, condoms, when used correctly, are highly effective at preventing both pregnancy and STIs. However, other methods such as birth control pills or IUDs are more effective at preventing pregnancy but do not protect against STIs. Despite this, many university students may not consistently use contraception, especially condoms, because of issues such as lack of proper education about their correct use or the discomfort associated with

them. It is important to note that the success of contraception is not only about the method itself but also about how consistently and correctly it is used. Research has shown that inconsistent or incorrect use is a major contributor to contraceptive failure (Lammers et al., 2017).

Sexual health campaigns and public health initiatives play a crucial role in improving contraceptive use, particularly in the university setting. These initiatives can focus on raising awareness about the importance of contraception, dispelling myths, and addressing barriers to access. For example, some universities provide free or low-cost contraceptives to students, reducing financial barriers and promoting safer sexual practices. Additionally, public health campaigns can help challenge societal taboos around contraception, particularly in conservative environments, by normalizing its use and emphasizing its role in protecting sexual health.

In conclusion, contraceptive use is an essential aspect of sexual health that is influenced by a range of factors, including education, accessibility, gender norms, and psychological attitudes. For university students, these factors interact in complex ways to shape decisions about contraception. To improve contraceptive use among this population, it is essential to address barriers such as lack of information, accessibility issues, and societal stigma, while also promoting positive attitudes toward contraception. By providing better

education, improving access to contraceptives, and challenging restrictive social norms, universities and public health initiatives can play a vital role in ensuring that students are able to make informed and responsible decisions about their sexual health.

Gender Differences in Sexual Behavior

Gender differences in sexual behavior have been the subject of extensive research in the fields of psychology, sociology, and public health. These differences can manifest in various ways, such as in the frequency of sexual activity, sexual preferences, attitudes toward sex, and the use of contraception. In many societies, traditional gender roles have influenced the ways in which men and women engage with their sexuality. These gendered patterns are deeply intertwined with social expectations, cultural norms, and biological influences, which collectively shape how individuals express and experience sexuality.

One of the most frequently noted differences in sexual behavior between men and women is sexual desire and frequency of sexual activity. Research has shown that men, on average, report higher levels of sexual desire and more frequent sexual activity compared to women. This finding is consistent across a range of cultures, though it is important to note that the degree of difference can vary depending on individual and cultural factors

(Lammers et al., 2019). The higher frequency of sexual activity in men may be linked to evolutionary theories that emphasize reproductive strategies, where males are thought to be driven by a biological imperative to seek multiple sexual partners (Buss, 2019). In contrast, women's sexual behavior has often been influenced by social norms that emphasize emotional connection and relational intimacy. As a result, women may prioritize emotional aspects of sexual relationships over sexual frequency, which can lead to differences in how both genders approach sexual encounters (Lammers et al., 2017).

Beyond desire and frequency, sexual behavior also differs in terms of sexual practices and preferences. Studies have shown that men and women tend to have different preferences when it comes to the types of sexual activities they enjoy. For example, men are more likely to report a preference for casual sex and diverse sexual encounters, while women, particularly in heterosexual relationships, may place greater importance on emotional intimacy and relational commitment (Sprecher, 2022). These differences can be attributed to both biological factors, such as the different hormonal influences on sexual desire and behavior, and social factors, such as the pressure on women to conform to more traditional roles that prioritize monogamy and emotional connection (Hernandez et al., 2018).

In terms of sexual orientation and identity, there are significant differences in how men and women express and explore their sexual preferences. While both men and women can identify as heterosexual, homosexual, or bisexual, studies have shown that women's sexual orientation is generally more fluid and less fixed than men's. Women's sexual identity is often more influenced by social context, emotional connections, and the intimacy of their relationships, whereas men's sexual identity tends to be more rigid and defined (Diamond, 2019). This fluidity in women's sexual orientation might lead to a wider range of sexual behaviors, from heterosexual relationships to same-sex experiences, often depending on the individual's life stage, social environment, and personal experiences.

Contraceptive use and sexual health behaviors also reveal gendered patterns. Research consistently shows that women are more likely to take on the responsibility for contraception than men. Women are generally more involved in using hormonal contraceptives, such as birth control pills or intrauterine devices (IUDs), while men are more likely to use barrier methods, such as condoms (Lammers et al., 2017). This disparity in contraceptive use is influenced by a combination of factors, including societal expectations, gender roles, and access to resources. Women are often expected to bear the responsibility for birth control, even in relationships where both parties engage in sexual

activity. Additionally, women are more likely to face social stigma or judgment regarding their sexual behavior, which may encourage them to seek contraception as a way to control the potential consequences of sexual activity, such as unintended pregnancies (Sprecher, 2022).

For men, condom use remains the most common form of contraception, which can be attributed to the immediate and tangible nature of condoms, as well as their role in preventing sexually transmitted infections (STIs). However, condom use can also be influenced by factors such as perceived control over sexual activity, convenience, and personal attitudes toward responsibility in sexual relationships (Martin et al., 2018). Men's reluctance to engage in contraception responsibility may sometimes be linked to a lack of awareness or interest in other contraceptive methods that require a more active involvement, such as hormonal birth control or IUDs, which are more typically associated with women's reproductive health.

Cultural expectations and gendered power dynamics also shape sexual behavior in significant ways. In many cultures, men are expected to be sexually assertive and pursue multiple sexual partners, while women are expected to be more passive or selective in their sexual activity. These cultural norms contribute to the sexual double standard, where men's sexual activity is often praised or normalized, while women's sexual behavior may

be stigmatized or criticized (Tiefer, 2019). This dynamic can affect how both men and women experience their sexuality, with women often feeling the pressure to conform to socially acceptable norms, while men may feel freer to engage in a broader range of sexual behaviors.

Furthermore, sexual aggression and coercion are also gendered issues that significantly impact sexual behavior. Research has shown that men are more likely to be the perpetrators of sexual coercion or aggression, while women are more likely to be the victims (Breslau et al., 2017). This difference is rooted in societal power imbalances, where men are often socialized to exert dominance in sexual encounters, while women are socialized to be passive or deferential. These gendered dynamics not only affect sexual encounters but also influence how sexual violence is perceived and addressed within society, with women often facing greater societal pressure to avoid or manage the consequences of sexual aggression (Tiefer, 2019).

Finally, emotional and relational dynamics play an important role in sexual behavior differences. Studies indicate that women are more likely to link sex with emotional intimacy and relational commitment, whereas men may be more likely to engage in sex for physical pleasure or as a way to assert dominance (Sprecher, 2022). These emotional factors influence how individuals perceive sexual relationships and the ways in which

they approach intimacy, both in short-term and long-term relationships. The emotional connection that women seek in sexual encounters may lead them to prioritize monogamy or stable relationships, while men, depending on cultural norms, may be more inclined to engage in casual sex or multiple sexual partners (Hernandez et al., 2018).

In conclusion, gender differences in sexual behavior are shaped by a complex interplay of biological, psychological, and sociocultural factors. Men and women exhibit different sexual desires, practices, and behaviors, which are influenced by societal norms, cultural expectations, and individual experiences. These differences are evident in areas such as sexual activity, sexual orientation, contraceptive use, and emotional dynamics in sexual relationships. Understanding these gendered patterns is crucial for addressing sexual health issues and developing effective public health strategies that can support both men and women in making informed decisions about their sexual health.

Gender Differences in Contraceptive Use

Gender differences in contraceptive use are a significant aspect of reproductive health, revealing how societal norms, biological factors, and power dynamics shape the ways in which men and women engage with contraception. Contraceptive use is often framed as a personal responsibility, yet it is deeply influenced by cultural, gendered expectations and

access to resources. Although both men and women are responsible for preventing unintended pregnancies and sexually transmitted infections (STIs), there are marked differences in how they approach contraception, with women often bearing a disproportionate share of the responsibility. These differences are evident in the types of contraception used, the decision-making process regarding contraception, and the social and cultural factors that influence contraceptive behavior.

One of the most prominent gender differences in contraceptive use is that women are typically more involved in long-term contraception methods, such as birth control pills, intrauterine devices (IUDs), and implants. Research has consistently shown that women are more likely to take on the responsibility for contraception, particularly in heterosexual relationships (Donnelly et al., 2019). This reflects the societal expectation that women should manage their reproductive health and control their fertility. In many cultures, women are expected to be more proactive in preventing pregnancy, while men are often not encouraged to take a similarly active role in contraceptive use (Lammers et al., 2017). The prevalence of hormonal contraceptives among women can be attributed to the convenience and effectiveness of methods like the birth control pill, but it also highlights a gendered division of labor in sexual and reproductive health.

On the other hand, men are more likely to use barrier methods, primarily condoms, which are the most common form of contraception used by men. Condoms are unique because they provide protection against both unintended pregnancies and STIs, and their use is largely in the hands of the male partner (Sprecher, 2019). However, despite the clear advantages of condom use in preventing STIs and pregnancy, many men report inconsistent or infrequent use, often due to factors such as perceived inconvenience, lack of knowledge, or embarrassment. Research has shown that men may not always view contraception as a shared responsibility, and many are less inclined to use condoms regularly, particularly in committed relationships where they might feel less at risk of STIs (Donnelly et al., 2019). The gendered dynamics in decision-making about contraception often leave women more responsible for ensuring effective birth control, despite condoms being an essential tool for STI prevention.

The gendered power dynamics within relationships also play a significant role in contraceptive use. In many heterosexual relationships, women may feel pressure to use contraception to avoid the potential social consequences of an unintended pregnancy. This power imbalance can sometimes result in women being more proactive about contraception, while men may be less involved in discussions or decision-making about birth control. Research has highlighted that men, particularly in societies where

traditional gender roles prevail, are less likely to be engaged in contraceptive decision-making, leaving women to take the lead (Sprecher, 2019). This unequal distribution of responsibility can have implications for contraceptive efficacy, as both partners need to be informed and invested in using contraception correctly and consistently.

Moreover, cultural and social norms significantly shape contraceptive practices. In some cultures, there is a stronger expectation that women will take on the role of managing contraception, while men may be less likely to acknowledge their role in preventing pregnancy or STIs. This dynamic is particularly evident in societies where patriarchal systems influence sexual behavior and decision-making. In such societies, men may perceive contraceptive use as primarily the responsibility of women, often assuming that women will use birth control pills or other methods without their involvement. As a result, women may face societal pressure to ensure that contraception is used, even when they are in a partnership where both individuals should share the responsibility (Hernandez et al., 2018).

Additionally, access to contraceptives is often gendered. While men have easy access to condoms, other forms of contraception, such as birth control pills, IUDs, and hormonal implants, are typically available only to women. This restriction of options to women underscores the gendered nature of reproductive health, as women are expected to take on

the responsibility of preventing pregnancy through methods that require more frequent use or medical intervention. For men, there are fewer contraceptive options available, which can result in a more passive approach to contraception. Some research has also pointed to the potential demand for male contraceptives that offer more reliable and long-term options, such as male hormonal contraceptives or vasectomy, but societal acceptance and the development of such products remain limited (Lammers et al., 2017). Psychological factors also contribute to gender differences in contraceptive use. For women, the responsibility of contraception can lead to increased stress and concerns about potential side effects. Many women report experiencing physical or emotional side effects from hormonal contraceptives, such as weight gain, mood swings, or changes in libido, which can influence their willingness to continue using these methods (Sprecher, 2019). These side effects may lead some women to stop using hormonal contraception or to seek alternative methods, which may not always be as effective. Men, on the other hand, generally do not face the same physical consequences from contraceptive use, which can affect how they perceive their role in family planning.

Contraceptive decision-making is also influenced by relationship dynamics. In some partnerships, men may influence or control contraceptive choices, particularly when they hold the power in the relationship. Studies have shown that in cases of unequal power,

women may not feel comfortable discussing contraception openly or may be pressured into not using contraception (Breslau et al., 2017). In contrast, in relationships where power is more equally distributed, both partners may have a more equal say in contraceptive decisions, which can lead to more effective and consistent use of contraception. Open communication about contraception and sexual health is essential for reducing the risk of unintended pregnancies and STIs.

In conclusion, gender differences in contraceptive use are shaped by a combination of biological, psychological, social, and cultural factors. While women are often expected to take the lead in contraceptive use, particularly through hormonal methods, men tend to rely on barrier methods like condoms. The responsibility for contraception is often gendered, with women facing greater societal pressure to manage birth control, while men are less engaged in the decision-making process. Gendered power dynamics and cultural norms further shape these patterns, leading to disparities in how men and women approach contraceptive use. To promote more equitable contraceptive practices, it is essential to challenge traditional gender roles and encourage shared responsibility for reproductive health.

Health Implications of Sexual Behaviors and Contraceptive Use

Sexual behaviors and contraceptive use are closely linked to individuals' physical, emotional, and social well-being. These behaviors have significant implications for health, ranging from the prevention of sexually transmitted infections (STIs) and unintended pregnancies to the psychological effects of sexual activity and contraception. Understanding the health implications of sexual behaviors and contraceptive use is crucial for promoting healthy sexual practices and reducing the risks associated with sexual activity, especially among young adults and university students, who are in a period of heightened sexual exploration and decision-making.

One of the most critical health implications of sexual behavior is the risk of sexually transmitted infections (STIs). Unprotected sex, particularly with multiple partners, increases the risk of contracting STIs, such as chlamydia, gonorrhea, herpes, human papillomavirus (HPV), and HIV. Despite the availability of condoms, which offer a reliable method for STI prevention, research indicates that many individuals, particularly university students, engage in unprotected sex, either due to lack of knowledge, inconsistent use of condoms, or perceptions of low risk (Lammers et al., 2017). The consequences of untreated STIs can be severe, leading to chronic health issues such as infertility, pelvic inflammatory disease (PID), and an increased risk of HIV transmission.

The failure to use condoms consistently, even in casual sexual encounters, remains a significant health concern, especially given that many STIs are asymptomatic and can be unknowingly transmitted to partners.

Contraceptive use, specifically condoms, plays a pivotal role in reducing the risk of STIs by providing a physical barrier that prevents the exchange of bodily fluids during sexual activity. However, misuse or inconsistent use of contraceptives significantly diminishes their effectiveness. Studies have shown that even among individuals who use condoms, incorrect usage such as not using a condom throughout the entire sexual encounter or using them past their expiration date can still result in unintended pregnancies or STI transmission (Sprecher, 2019). Thus, the health implications of contraceptive use are not limited to preventing pregnancy but extend to broader sexual health outcomes, including the protection against STIs.

Unintended pregnancies are another significant health implication of sexual behavior. Despite advances in contraceptive methods, unintended pregnancies remain a major public health issue. The failure to use contraception, or inconsistent use, is a key contributor to unintended pregnancies, which can have far-reaching physical, emotional, and economic consequences for individuals, particularly young women. Unintended pregnancies are associated with higher rates of maternal and infant health risks, including

complications during pregnancy and childbirth, as well as mental health challenges such as anxiety and depression (Breslau et al., 2017). Additionally, unintended pregnancies often lead to social and economic challenges, such as interruptions to education or career goals, financial instability, and strained relationships.

While contraceptive methods like birth control pills, intrauterine devices (IUDs), and hormonal implants are effective at preventing pregnancy, barriers to access and misinformation continue to prevent many individuals from using contraception effectively. Factors such as cost, lack of access to healthcare providers, cultural stigma, and gendered power dynamics within relationships can discourage the use of contraceptives, leading to higher rates of unintended pregnancies (Donnelly et al., 2019). In many societies, women are often expected to take on the responsibility for contraception, leaving them more vulnerable to the consequences of contraceptive failure or non-use.

In terms of psychological health, sexual behaviors and contraceptive use can have significant emotional and relational consequences. Positive sexual experiences, when consensual and safe, can enhance emotional intimacy and contribute to overall well-being. However, negative sexual experiences such as sexual coercion or unprotected sex leading to unwanted pregnancies or STIs can have detrimental effects on mental health.

Individuals who experience sexual coercion or abuse are at higher risk for mental health issues such as depression, anxiety, post-traumatic stress disorder (PTSD), and low self-esteem (Hernandez et al., 2018). Additionally, individuals who face social stigma related to their sexual behaviors, such as using contraception or engaging in casual sex, may experience feelings of shame or guilt, which can negatively impact their psychological well-being.

The use of contraceptives can also affect an individual's emotional and psychological health. Hormonal contraceptives, such as birth control pills or implants, can have side effects that affect mood, libido, and overall mental health. For instance, some women report feeling depressed or anxious when using hormonal birth control, while others may experience changes in their sexual desire or physical health, such as weight gain or headaches (Sprecher, 2019). These side effects, while generally manageable, can affect a person's satisfaction with their contraceptive choice and may lead to discontinuation or switching to alternative methods. Moreover, the social pressures surrounding contraceptive use, particularly among women, can contribute to stress, as women are often expected to manage contraception in their relationships, sometimes without equal input or support from their male partners (Breslau et al., 2017).

The economic implications of sexual behavior and contraceptive use are another important consideration. Unintended pregnancies, especially in young adults, often result in economic challenges, including costs related to prenatal care, childbirth, and childcare, as well as lost income or educational opportunities. For many individuals, the financial strain of raising a child without adequate support can lead to long-term poverty and economic instability. Conversely, the consistent use of contraception allows individuals to control when and if they want to have children, providing greater opportunities for educational and professional advancement (Donnelly et al., 2019).

On a broader level, public health policies and initiatives aimed at improving contraceptive access and education have a direct impact on the health implications of sexual behaviors. Programs that promote sexual health education, provide access to affordable contraceptives, and support safe sexual practices are essential for reducing the risk of unintended pregnancies and STIs. University programs, community-based health campaigns, and government initiatives that prioritize reproductive health education have been shown to improve contraceptive use and reduce the incidence of STIs and unintended pregnancies (Lammers et al., 2017). These policies are particularly important for young adults, who may not have had comprehensive sex education or access to sexual health resources prior to entering university.

In conclusion, the health implications of sexual behaviors and contraceptive use are extensive and multifaceted, affecting physical, emotional, social, and economic well-being. The risks associated with unprotected sex, including STIs and unintended pregnancies, highlight the importance of effective contraception. However, barriers to contraceptive use, inconsistent use, and cultural or gendered expectations continue to present challenges. Public health efforts focused on increasing access to contraceptives, improving sexual health education, and promoting safe sexual practices are critical in reducing the negative health implications of sexual behavior and contraception, particularly for university students and young adults.

Empirical Review

Concept of Sexual Behaviors Among Undergraduates

The concept of sexual behavior among undergraduates is multi-dimensional, involving physical, psychological, and social factors that shape the sexual experiences of young adults. Various studies have examined how undergraduates engage with their sexuality, including the influence of peer groups, media, cultural norms, and educational programs. One study by Spindola et al. (2020) explores the sexual practices and attitudes of university students towards the prevention of sexually transmitted infections (STIs),

revealing that a large number of students engage in risky sexual behavior despite awareness of prevention methods. This study highlighted the widespread use of alcohol among students, which is often linked to higher rates of unprotected sex.

Similarly, Lin et al. (2021) conducted a study focused on safe sexual behavior intentions among college students, utilizing an extended theory of planned behavior to examine how attitudes, subjective norms, and perceived behavioral control affect sexual practices. Their findings suggest that while students have positive intentions towards safe sexual behavior, inconsistent application of protective measures, such as condom use, is prevalent due to a lack of comprehensive sexual education.

A study by Johns (2019) on high-risk sexual behavior among students from diverse backgrounds found that university students often exhibit behavior linked to substance use, which increases the likelihood of engaging in unprotected sex. This research suggests that sexual behaviors among undergraduates are significantly influenced by peer pressure, substance use, and the social environment, all of which contribute to the students' decision-making processes about sexual activity.

Additionally, a survey by Santelli et al. (2018) examined how early sex education affects sexual behaviors in college students, concluding that students who received comprehensive sexual health education before entering college were more likely to

engage in responsible sexual behaviors. However, the study also noted that gaps in sexual health knowledge and attitudes toward contraception remain prevalent even among students who had prior education.

Research by Lehmiller et al. (2019) focused on the psychology of human sexuality among college students, noting the evolution of sexual behavior in response to changing societal norms and technological advances such as dating apps. Their findings suggest that younger students increasingly engage in digital forms of sexual behavior, including sexting and online flirting, reflecting broader shifts in how young people approach sexual relationships.

These studies collectively demonstrate that undergraduates' sexual behaviors are influenced by a combination of personal factors, social influences, and educational backgrounds, with alcohol and peer pressure being particularly significant drivers of risky sexual behaviors.

Concept of Contraceptive Use Among University Students

Contraceptive use among university students is an essential aspect of sexual health, and several studies have examined its prevalence, knowledge, attitudes, and barriers to consistent use. A significant study by Sanz-Martos and López-Medina (2020) explored

the knowledge and attitudes about contraceptive methods among nursing students, finding that while awareness of contraceptive options was high, the actual use of contraception, particularly condoms, was lower among students. The study emphasized that comprehensive sexual education programs were necessary to improve attitudes and practices regarding contraceptive use.

Similarly, a study by Asut et al. (2018) assessed the impact of an educational program designed to improve contraceptive knowledge and attitudes among university students. This study demonstrated that peer-education interventions were effective in raising awareness about various contraceptive methods and reducing misconceptions. These results align with previous findings indicating that better education and awareness campaigns can influence students' contraceptive practices and decision-making (Sanz-Martos et al., 2021).

The study by Santos et al. (2018) examined contraceptive behavior among Portuguese university students and found that dual use of condoms and other contraceptive methods was common. However, barriers such as access to contraception and inconsistent use were identified. The study also noted that despite high levels of knowledge about contraception, students were often influenced by social norms and peer pressure when making decisions about sexual health.

In a survey conducted in Ethiopia, Guta et al. (2021) found that emergency contraception (EC) was widely known but less frequently used among university students. The study concluded that while knowledge of EC methods was high, misconceptions about its safety and side effects contributed to lower utilization rates. The study suggested that increasing access to EC and addressing misconceptions through education could improve its uptake.

An analysis by Thongnopakun et al. (2020) focused on Thai female university students and their knowledge, attitudes, and intentions regarding contraception. The findings showed that educational programs had a significant effect on improving contraceptive use and changing students' attitudes toward family planning methods. Additionally, this study highlighted the importance of addressing social and cultural factors that may discourage contraception use, particularly in more conservative contexts.

Research by Matson et al. (2020) on sexual health attitudes and contraceptive use among young adults in U.S. colleges found that while students demonstrated good knowledge of contraception, cultural stigma and relationship dynamics often influenced their contraceptive choices. The study suggested that relationship characteristics, such as trust and communication, played a critical role in whether students used contraception consistently.

In a study by Mbachu et al. (2021), contraceptive use among female college students in Malawi was found to be influenced by several factors, including availability, accessibility, and cultural perceptions. The study highlighted that despite widespread awareness of contraceptive methods, there were significant barriers to consistent use, including lack of support from partners and insufficient access to contraception in rural areas.

Another study by Gbagbo and Nkrumah (2019) in Ghana investigated the knowledge and perceptions of contraceptive use among university students, noting that while family planning methods were well known, their use was not universal. The study attributed this gap to economic constraints, societal norms, and the lack of sufficient sexual health education.

Research by Azale et al. (2018) in Ethiopia highlighted that the utilization of long-acting reversible contraceptives (LARCs) was significantly lower than other methods like condoms and oral contraceptives. The study pointed out that while students were aware of LARCs, myths about side effects and the perceived permanence of these methods discouraged their use.

A final study by Habitu et al. (2020) investigated the use of emergency contraception among college students in Southern Ethiopia, finding that while EC was available, many students had low awareness of its proper use and effectiveness. The study concluded that

educational interventions to increase understanding and correct misconceptions about EC could help improve its use among students.

Gender Differences in Sexual Behavior Among University Students

Gender differences in sexual behavior among university students have been extensively researched to understand how societal norms, biological factors, and cultural influences shape the sexual experiences and attitudes of male and female students. One study by Nazik et al. (2021) explored sexual experiences and behavior differences between male and female students at Turkish universities, showing that men tend to have higher rates of sexual activity and more sexual partners than women. The study concluded that traditional gender roles significantly impact these behaviors, with male students often feeling freer to engage in premarital sex than their female counterparts, who are more likely to face societal judgment (Nazik et al., 2021).

A study by Lin et al. (2021) examined the sexual behavior intentions of university students in China and found that men reported significantly higher levels of sexual desire and were more likely to engage in casual sex compared to women, who generally preferred emotional intimacy. The study used the theory of planned behavior to suggest that while both genders have similar attitudes toward safe sex, gender norms and peer

pressure heavily influence the likelihood of men and women engaging in risky sexual behaviors. Additionally, the study highlighted that male students were less likely to perceive the emotional consequences of casual sex as significant compared to female students, indicating a gendered difference in sexual attitudes and risk perception.

In a cross-cultural study, Cooke et al. (2020) explored gender differences in sexting behaviors among emerging adults, showing that while both male and female students engage in sexting, male students are more likely to do so for casual encounters and physical pleasure, while females are more likely to sext within romantic relationships. This research emphasized the role of gender norms and emotional context in shaping sexting behaviors among young adults, with females linking sexting to emotional intimacy and males viewing it as a form of sexual exploration (Cooke et al., 2020).

A study by Sherratt et al. (2021) investigated gender differences in coping strategies and mental health during the COVID-19 pandemic among university students, linking these behaviors to sexual behaviors. They found that male students reported higher levels of risk-taking behaviors, including risky sexual activities, whereas female students tended to engage in more cautious sexual behaviors. The study suggested that gendered coping mechanisms, such as alcohol consumption and peer influence, were significant predictors of risky sexual behaviors (Sherratt et al., 2021).

Similarly, a study by Wilsnack et al. (2018) analyzed binge drinking and sexual behavior among college students in the United States and found that male students were more likely to engage in high-risk sexual behaviors, including multiple sexual partners and unprotected sex, after alcohol consumption. The study noted that while both genders exhibited risky sexual behaviors under the influence of alcohol, men were more likely to report casual sex and greater numbers of sexual partners compared to women (Wilsnack et al., 2018).

In a study on sexual behavior and academic stress, Reddy et al. (2018) found that gender differences in sexual activity are also influenced by academic pressures. Male students, who reported higher levels of stress, were more likely to engage in casual sexual behaviors as a coping mechanism, whereas female students were more likely to seek emotional support from partners rather than engage in riskier sexual activities. The study concluded that university students' sexual behaviors are not only shaped by individual desires but also by broader psychosocial factors, such as stress and academic pressure (Reddy et al., 2018).

A study by Lin et al. (2020) on university students' sexual experiences across China highlighted that while men were more likely to initiate sexual activity and report a higher number of sexual partners, women tended to be more cautious and often delayed sexual

initiation until they were in stable relationships. The study highlighted the role of cultural expectations and familial pressures in shaping these gendered differences in sexual behavior (Lin et al., 2020).

Further, Chinwong et al. (2019) examined gender differences in the perception of sexual risk behaviors among university students and found that male students generally had a more permissive attitude toward casual sex compared to female students, who expressed greater concern about the emotional implications of such encounters. This study emphasized the need for tailored sexual education programs that address the distinct needs and concerns of both genders regarding sexual health (Chinwong et al., 2019).

In a study by Li et al. (2020), gender differences in sexual behavior were found to be linked to social media usage. The study found that male students were more likely to engage in online sexual behavior, such as seeking sexual partners through dating apps, compared to female students, who used these platforms more cautiously and often in search of romantic relationships. The study pointed out that the anonymity and reduced social pressure of online interactions influenced men to be more sexually exploratory than women (Li et al., 2020).

Finally, in an exploration of sexual health attitudes, Graves et al. (2021) found that gender stereotypes influenced students' knowledge and use of sexual health resources,

with women being more likely to seek professional advice and male students relying more on peer recommendations. The study concluded that gendered access to information and health resources influenced the sexual behavior patterns of male and female students, making it necessary to address these disparities in sexual health campaigns (Graves et al., 2021).

Gender Differences in Contraceptive Use Among University Students

Gender differences in contraceptive use among university students reflect the complex interplay of biological, social, and cultural factors that shape how male and female students approach contraception. A study by Lyu et al. (2020) explored gender differences in sexual knowledge, attitudes, and contraceptive use among university students in China. The study revealed that while both genders had a general understanding of contraceptive methods, women were more likely to use hormonal contraceptives, such as birth control pills, whereas men were more likely to use condoms. The study also noted that societal expectations and traditional gender roles played a significant role in shaping contraceptive practices, with women often carrying the responsibility for contraception.

Similarly, a study by Fikre et al. (2020) focused on emergency contraceptive use among female university students in Ethiopia. The findings indicated that although emergency contraceptives (EC) were widely known, their usage was significantly lower among students compared to oral contraceptives and condoms. The study identified several barriers to EC use, including cultural stigmas and misconceptions about its safety, which were particularly prevalent among female students, reflecting gendered perceptions about sexual health and contraception.

In a comparative study by Lefkowitz et al. (2019), gender differences in contraceptive use and sexual behaviors were explored among college students in the U.S. The study found that male students were more likely to use condoms compared to female students, who tended to use oral contraceptives. This disparity was linked to the fact that women were more likely to face the pressure of managing contraception within relationships, while men were more focused on preventing sexually transmitted infections (STIs) with condoms. The study emphasized the need for more equitable approaches to contraceptive education that address the different needs of both genders.

A study conducted by Habitu et al. (2018) investigated the prevalence and factors influencing emergency contraceptive use among female undergraduates in Southern Ethiopia. The study found that while emergency contraceptive use was low, the major

influencing factors were accessibility and misconceptions about side effects. The study highlighted the gendered aspects of contraceptive use, with women being more likely to face cultural barriers that prevent them from using contraception effectively.

In another study by Tshering et al. (2022), the researchers examined knowledge and attitudes toward contraceptive use among college students in Bhutan. The findings indicated that male students were more likely to use condoms due to their perceived effectiveness in preventing STIs, while female students were more likely to rely on oral contraceptives for birth control. The study also pointed out that gender roles, such as the perception of women as the primary caregivers, influenced contraceptive decisions, with men more likely to leave contraceptive responsibility to their female partners.

Reynolds et al. (2021) conducted a study among cisgender and gender minority students at U.S. colleges, examining sexual behavior and contraceptive use. The study found that gender minorities (students who did not identify with their assigned gender at birth) reported lower rates of contraceptive use compared to cisgender students, primarily due to limited access to sexual health resources and a lack of inclusive education about contraception. This study highlighted the intersection of gender identity and access to sexual health resources, with significant implications for public health strategies.

Another study by Matson et al. (2020) examined the factors influencing dual contraceptive use (the simultaneous use of condoms and hormonal methods) among young adults in the U.S. college population. The study found that women were more likely to use dual contraception compared to men, reflecting a higher awareness of pregnancy prevention and greater responsibility placed on women for contraception. The study suggested that relationship dynamics and communication between partners were key factors influencing dual contraceptive use.

A cross-sectional study by Dorji et al. (2022) in Bhutan focused on knowledge and attitudes toward sexually transmitted infections (STIs) and contraceptive use among university students. The study indicated that male students had better knowledge about condom use, but female students showed a stronger preference for methods like the birth control pill. The study concluded that gender-based knowledge gaps in contraceptive use existed, which could be addressed through targeted sexual health education.

In a study by Guta et al. (2021), the authors explored gender differences in contraceptive use in Dire Dawa City, Ethiopia. The study showed that while both male and female students were aware of contraceptive methods, the actual use of these methods varied significantly. Women, in particular, faced social pressure to conform to traditional gender

roles that limited their ability to use contraception consistently, especially in relationships where male partners held more decision-making power.

Finally, a study by Barbian et al. (2021) investigated the prevalence of emergency contraception use among university students and the gender differences in their contraceptive behaviors. The study found that women were more likely to use emergency contraception, but their decision-making was influenced by a range of factors, including access to information, partner involvement, and social stigma.

Health Implications of Sexual Behaviors and Contraceptive Use Among University Students

The health implications of sexual behaviors and contraceptive use are crucial to understanding the broader public health landscape, particularly among university students, who are at heightened risk for sexual health issues due to their age, lifestyle, and social environments. Several studies have examined these implications, focusing on both the positive and negative outcomes associated with sexual behaviors and contraceptive use.

A comprehensive study by Spindola et al. (2018) explored sexual behavior and the health risks associated with unprotected sex among university students. The study found that sexual behaviors, including multiple sexual partners and inconsistent condom use, were

prevalent among students, contributing to increased risks of sexually transmitted infections (STIs) and unintended pregnancies. The research highlighted that although contraceptive use was generally understood, the gap between knowledge and consistent practice remained a significant challenge. This underscores the importance of not only improving contraceptive knowledge but also addressing behavioral patterns and social factors that influence these practices (Spindola et al., 2018).

In another study, Thongnopakun et al. (2018) examined the implications of risky sexual behaviors and the inconsistent use of contraceptives among college students in Thailand. The study identified that while the awareness of contraceptives was relatively high, the actual use of contraception was influenced by alcohol consumption, peer pressure, and the lack of communication between sexual partners. These factors were linked to higher rates of STIs and unintended pregnancies, emphasizing the need for more effective sexual health education programs that address these issues directly.

A study by Mbugua et al. (2018) assessed the reproductive health knowledge and behavior of university students in Kenya. The findings indicated that although students had a general understanding of contraceptive methods, the actual use was low, especially among sexually active students. The research highlighted the health risks, including the spread of HIV/AIDS and other STIs, associated with inconsistent contraceptive use. It

recommended comprehensive sexual health education that not only focuses on contraceptive methods but also on the socio-cultural dynamics that influence contraceptive decisions.

In a U.S.-based study, Matson et al. (2020) found that young adults, especially female students, face significant health challenges linked to sexual behaviors. The study emphasized that university students often engage in sexual risk behaviors such as inconsistent condom use and multiple sexual partners. These behaviors are associated with negative health outcomes, including STIs and unintended pregnancies. The study also found that dual contraception (using condoms along with hormonal methods) was associated with lower risks of both STIs and unintended pregnancies, highlighting the health benefits of more effective contraceptive use.

A study by Tshering et al. (2022) in Bhutan examined contraceptive use and health risks among university students, particularly focusing on knowledge about sexually transmitted infections. The study found a significant gap between knowledge and actual behavior, with students often engaging in risky sexual behaviors, despite understanding the health implications. The findings pointed to the need for improved access to contraceptive methods and better integration of sexual health education into university curricula to reduce health risks among students (Tshering et al., 2022).

In an exploration of emergency contraception use, Thongnopakun et al. (2019) found that despite the availability of emergency contraceptive methods, university students often engage in risky sexual behaviors that increase the likelihood of unintended pregnancies. The study indicated that health implications, such as physical and psychological stress, are significant outcomes for students who rely on emergency contraception as a form of post-coital birth control. This study advocates for better sexual health literacy to reduce reliance on emergency contraception and promote more consistent use of primary contraceptive methods.

A further study by Mbugua and Karonjo (2020) in Kenya explored the relationship between sexual behaviors and contraceptive use among university students. It was noted that while contraceptive use was common, it was not always consistent. The study linked inconsistent contraceptive use to health risks, including STIs and unplanned pregnancies, highlighting the urgent need for comprehensive health policies and services on campuses to address these issues effectively.

The study by Merki-Feld et al. (2018) on Swiss university students highlighted the need for better sexual education, noting that despite students' knowledge of contraceptive methods, myths surrounding contraceptive use still posed barriers to effective contraception. The research suggested that the health risks associated with unprotected

sex, particularly regarding STIs, could be reduced by improving students' understanding of both contraception and sexual health.

In another study by Chen et al. (2020), the socioeconomic and lifestyle factors influencing contraceptive use among university students were assessed. The study found that factors such as alcohol consumption and socio-economic status were strong predictors of contraceptive use and sexual risk-taking behaviors. The health implications of these behaviors were significant, with students from lower socioeconomic backgrounds being more likely to engage in risky sexual behaviors, which increased their exposure to STIs and unintended pregnancies (Chen et al., 2020).

Lastly, a study by Richardson et al. (2020) explored the sexual behaviors and contraceptive use patterns among young women in U.S. colleges, particularly focusing on the health consequences of inconsistent contraceptive use. The study found that even though students reported some level of contraceptive use, inconsistent condom use was prevalent, leading to an increased risk of STIs and unintended pregnancies. The study emphasized that dual contraception use was associated with better sexual health outcomes, highlighting the importance of promoting the use of both condoms and hormonal methods.

Summary of Review of Related Literature.

The review of related literature reveals several key insights into sexual behaviors, contraceptive use, gender differences, and the health implications of sexual activity among university students. Sexual behaviors among university students are often shaped by peer pressure, social norms, and alcohol consumption, with many students engaging in risky behaviors such as unprotected sex and casual sexual encounters. Despite a high level of awareness about sexual health and contraception, these behaviors persist due to factors like peer influence and a lack of consistent sexual health education. Studies highlight the need for comprehensive education programs to address these challenges and provide students with the knowledge and skills necessary to make informed decisions regarding their sexual health.

Contraceptive use among university students shows a similar pattern, where while knowledge about various contraceptive methods is widespread, the actual use of contraception remains inconsistent. Women tend to take on the primary responsibility for contraception, often using hormonal methods like birth control pills, while men are more likely to use condoms, mainly for STI prevention. However, barriers such as cultural stigma, lack of access, and misconceptions about contraceptive effectiveness hinder consistent use. Research indicates that dual contraceptive methods, such as combining

condoms with hormonal contraception, are the most effective in preventing both STIs and unintended pregnancies, emphasizing the importance of education and accessible resources to improve contraceptive practices.

Gender differences in sexual behavior further complicate the picture. Studies show that male students are more likely to engage in riskier sexual behaviors, such as having multiple sexual partners and initiating sexual activity earlier. In contrast, female students often associate sexual behavior with emotional intimacy and are more likely to engage in sexual activity within committed relationships. These gendered patterns reflect societal norms and expectations, where men are encouraged to explore their sexuality more freely, while women face societal pressures to regulate their sexual behavior and ensure contraception use. These differences in sexual behavior often result in unequal responsibility for contraception, with women bearing the brunt of contraceptive management in relationships.

The gender disparities in contraceptive use are closely tied to broader societal dynamics. Women are more likely to use hormonal contraception or long-term methods like IUDs, whereas men primarily rely on condoms. These patterns suggest that contraception remains a gendered issue, with women often carrying the responsibility for preventing unintended pregnancies. This unequal distribution of responsibility is influenced by

gender roles and expectations, with men being less involved in contraceptive decision-making despite the risks that unprotected sex poses to both partners. Addressing these disparities requires not only improving education and awareness but also encouraging shared responsibility for contraception in relationships.

Finally, the health implications of sexual behaviors and contraceptive use are significant. Risky sexual behaviors, including inconsistent use of contraception, contribute to high rates of STIs and unintended pregnancies. These health risks can have long-term physical, emotional, and social consequences for students, such as the development of chronic health conditions, mental health issues, and economic challenges. The emotional toll of unprotected sex and unintended pregnancies, coupled with the stigma surrounding sexual health, can affect students' psychological well-being. The literature emphasizes the need for enhanced sexual health education, better access to contraceptives, and more comprehensive support services to mitigate these health risks and improve the sexual health outcomes of university students.

In conclusion, the literature highlights the complex factors that shape sexual behaviors, contraceptive use, and gender differences among university students. It underscores the importance of providing accurate sexual health information, promoting equitable contraceptive practices, and addressing the cultural and societal barriers that influence

sexual health decisions. Improving sexual health outcomes requires a multifaceted approach that includes education, access to resources, and a shift in societal attitudes toward sexual behavior and contraception.

CHAPTER THREE

METHODOLOGY

This chapter describes the research method used in this study, and was discussed under the following sub-headings:

- Research Design

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

Research Design

The descriptive survey research design was adopted for 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 et al, 2014). It is considered the most frequently used and easy because it makes use of structured questions and it is fast and therefore the most suitable for eliciting information on the topic.

Population of Study

The population of the study comprises of all the University of Benin which is 46,110 (Student Affairs, University of Benin)

Sample Size and Sampling Technique

The total sample size for this study will be 100 students from the University of Benin. To capture diverse perspectives, the sample will be evenly distributed across five major faculties: Faculty of Engineering, Faculty of Management Sciences, Faculty of Education, Faculty of Arts, and Faculty of Life Sciences, with 20 students selected from each faculty.

A stratified random sampling method will be employed first to divide the student population into five strata based on the faculties. This ensures proportional representation from each discipline. Within each stratum, simple random sampling will then be applied to select the 20 students, giving every student in that faculty an equal chance of inclusion.

First, stratified random sampling will be used to divide the student population into five strata, based on the faculties. Each faculty will represent one stratum. This ensures that each faculty is adequately represented in the sample, which is crucial for the diversity of perspectives in the study.

Next, within each faculty, simple random sampling will be applied. From each stratum (faculty), 20 students will be randomly selected. This means that for each faculty, every student will have an equal chance of being chosen, ensuring that the sample within each faculty is random and unbiased.

By combining these two techniques, the study ensures that each faculty is proportionately represented while also maintaining randomness within each faculty group. This dual approach enhances the accuracy and generalizability of the findings, reducing potential bias and increasing the reliability of the research outcomes.

Research Instrument

The instrument that was used for data collection in this study was a structured questionnaire titled the influence of sexual Behaviors and contraceptive use among university of Benin Undergraduate, The questionnaire contains two sections. Section A identify the socio-demographic characteristics of the respondents in the study; Section B contained statements designed to assess sexual behaviors among undergraduates and section C, statements designed to assess level on contraceptives use among sexually active undergraduates. Respondents were required to indicate their responses using a dichotomous scale with two possible options: *Yes* or *No*. For the purpose of analysis, a *Yes* response was assigned a score of 2, while a *No* response was assigned a score of 1. The criterion mean will be 1.5

Validity of the Instrument

The instrument will be submitted to the project supervisor and two other experts from the department of Health, safety and environmental education for face and content validation of the questionnaire. Their observations, modifications and suggestions were effected in the implementation of the final copies of the questionnaire.

Reliability of the Instrument

The reliability of the instrument will be determined using the test–retest method. The questionnaire will be administered to 20 respondents who will not be part of the main study sample. After an interval of two weeks, the same questionnaire will be re-administered to the same group. The scores from the two administrations will be correlated using Pearson’s Product Moment Correlation Coefficient (r) to determine the stability of the instrument over time.

Method of Data Collection

Data for this study will be collected through the administration of structured questionnaires to the selected respondents. Copies of the questionnaire will be personally distributed by the researcher with the assistance of two trained research assistants.

Method of Data Analysis

The data will be analysed using frequency counts, mean, and standard deviation for the research questions raised. The criterion mean will be at 1.5. The formulated hypotheses will be analysed using inferential statistics of T-test

CHAPTER FOUR

PRESENTATION OF RESULT AND DISCUSSION OF FINDINGS

4.1 Introduction

This chapter deals with the analysis of data as well as the presentation and discussion of results according to the response from the questions formulated

Research Question 1; What are the sexual behaviors among undergraduates at the University of Benin?

Table 1; Descriptive statistics of frequency showing the sexual behaviors among undergraduates at the University of Benin

S/N	ITEMS	MALE=68		FEMALE=32	
		YES Freq. (%)	NO Freq. (%)	YES Freq. (%)	NO Freq. (%)
1	Do you discuss sex?	51 (75)	17 (25)	19 (59.4)	13 (40.6)
2	Do you read sex magazines and romantic books?	38 (59.9)	30 (44.1)	18 (56.3)	14 (43.8)
3	Do you masturbate?	45 (66.2)	23 (33.8)	18 (56.3)	14 (43.8)
4	Do you watch pornographic films?	52 (76.5)	16 (23.5)	22 (68.8)	10 (31.3)
5	Does the opposite sex touch your sex organs?	36 (52.9)	32 (47.1)	18 (56.3)	14 (43.8)
6	Do you touch the sex organs of the opposite sex?	45 (66.2)	23 (33.8)	19 (59.4)	13 (40.6)
7	Do you browse	40	28	15	17

	pornography with your handset?	(58.8)	(41.2)	(46.9)	(53.1)
8	Do you peep through small openings to watch people have sex?	21 (30.9)	47 (69.1)	6 (18.8)	26 (81.2)
9	Do you have a sex partner?	36 (52.9)	32 (47.1)	14 (43.8)	18 (56.3)
10	Have you had sex?	51 (75)	17 (25)	19 (59.4)	13 (40.6)
11	Did you have sex in the last three months?	28 (41.2)	40 (58.8)	16 (50)	16 (50)
12	Do you use condom during sex?	41 (60.3)	27 (39.7)	6 (18.8)	26 (81.2)
13	Have you had sex with more than one person?	35 (51.5)	33 (48.5)	19 (59.4)	13 (40.6)
14	Do you have sex regularly?	25 (36.8)	43 (63.2)	11 (34.4)	21 (65.6)

Source; Field Survey 2025

The data in Table 2 reveals several trends regarding the sexual behaviors of undergraduates at the University of Benin. A majority (75%) of male respondents reported that they discuss sex, indicating that a large portion of male students engages in conversations about sexual topics. In contrast, 59.4% of female respondents also engage in discussions about sex, but a larger proportion of female students (40.6%) do not discuss sexual matters. This suggests that while sex discussions are common among both genders, male students tend to discuss sex more frequently than their female counterparts. In terms of reading sex magazines and romantic books, 59.9% of male students admitted to engaging in this behavior, while 56.3% of female students also reported reading such materials. However, the difference is more pronounced in male students, where a slightly higher percentage (59.9%) engages in reading sex-related content. On the other hand,

44.1% of male students and 43.8% of female students do not engage in this activity, indicating that nearly half of both genders abstain from reading such literature.

When it comes to masturbation, 66.2% of male students reported engaging in this behavior, while 56.3% of female students admitted to doing so as well. This shows that masturbation is common among both male and female undergraduates, with a slightly higher proportion of male students engaging in the activity.

A large proportion of male students (76.5%) also reported watching pornographic films, with only 23.5% abstaining from this activity. For female students, 68.8% admitted to watching pornographic films, while 31.3% did not. While the behavior is common in both genders, male students are more likely to engage in watching pornography than female students.

In terms of physical interactions, 52.9% of male students reported that the opposite sex touches their sex organs, while 56.3% of female students reported similar interactions. This indicates that sexual touch is fairly common across both genders, although a larger proportion of female students reported this behavior compared to their male counterparts. Similarly, 66.2% of male students reported touching the sex organs of the opposite sex, while 59.4% of female students engaged in this behavior. This suggests that physical

intimacy, in the form of touching the opposite sex's sex organs, is more common among male students, though still significant among female students.

When asked about browsing pornography on their handsets, 58.8% of male students admitted to doing so, while 46.9% of female students reported the same behavior. Male students are again more likely to engage in browsing pornography via their handsets, though the activity is still relatively common among female students.

Regarding voyeuristic behaviors, such as peeping to watch people have sex, 30.9% of male students admitted to this activity, while only 18.8% of female students did. This suggests that voyeurism is a less common behavior among both genders, but more prevalent among male students than female students.

In terms of sexual relationships, 52.9% of male students reported having a sex partner, while 43.8% of female students reported the same. This indicates that male students are more likely to have a sex partner than female students, though the difference is not substantial.

Regarding sexual activity, 75% of male students reported having had sex, while only 59.4% of female students had experienced sexual intercourse. This shows that a larger proportion of male students have had sex compared to female students.

When asked about recent sexual activity (sex within the last three months), 41.2% of male students reported having had sex, while 50% of female students indicated the same. Although fewer male students reported recent sexual activity, the data suggests that a significant portion of both genders have engaged in sexual activity recently.

In terms of contraceptive use, 60.3% of male students reported using condoms during sex, while only 18.8% of female students reported using them. This indicates a significant difference in condom usage, with male students being much more likely to use protection during sex than female students.

Regarding the number of sexual partners, 51.5% of male students reported having had sex with more than one person, while 59.4% of female students admitted to the same behavior. Female students are more likely than male students to report having had multiple sexual partners.

Finally, when asked about the frequency of sexual activity, 36.8% of male students reported having sex regularly, while 34.4% of female students reported the same. This suggests that both male and female students have similar levels of regular sexual activity, though the majority of both genders do not have regular sex.

The data presents a broad spectrum of sexual behaviors among undergraduates at the University of Benin, revealing both similarities and significant gender differences. Male

students tend to report higher levels of sexual activity, including masturbation, pornography consumption, and condom use, compared to female students. However, female students report higher levels of physical touch and multiple sexual partners. The findings indicate that sexual behaviors are prevalent among both male and female undergraduates, but the patterns vary between the genders, with males generally engaging in these behaviors more frequently.

Research Question 2; What is the level on contraceptives use among sexually active undergraduates at the University of Benin?

Table 2; Descriptive statistics of frequency showing the level on contraceptives use among sexually active undergraduates at the University of Benin

S/N	ITEMS	MALE=68		FEMALE=32	
		YES Freq. (%)	NO Freq. (%)	YES Freq. (%)	NO Freq. (%)
15	Have you ever used contraceptives?	41 (60.3)	27 (39.7)	26 (81.3)	6 (18.8)
16	Did you use contraceptives in your last sex?	37 (54.4)	31 (46.4)	24 (75)	8 (25)

The data in Table 2 provides insights into the level of contraceptive use among sexually active undergraduates at the University of Benin, distinguishing between male and female respondents.

Among male students, 60.3% (41 out of 68) reported having ever used contraceptives, while 39.7% (27 out of 68) indicated that they had never used them. This suggests that while contraceptive use is fairly common among male students, a significant proportion has not engaged with contraceptive methods. On the other hand, a significantly higher percentage of female students, 81.3% (26 out of 32), reported having used contraceptives at some point, with only 18.8% (6 out of 32) saying they have never used them. This indicates that contraceptive use is more widespread among female students than their male counterparts.

When asked about the use of contraceptives during their most recent sexual encounter, 54.4% (37 out of 68) of male students reported using contraceptives, while 46.4% (31 out of 68) did not. This indicates that just over half of male students use contraception during sex, but nearly half do not consistently practice contraception during their sexual activities. In comparison, 75% (24 out of 32) of female students reported using contraceptives during their most recent sexual activity, while 25% (8 out of 32) did not. This shows that a higher proportion of female students are using contraceptives consistently during sexual activity compared to male students.

Overall, the data shows that contraceptive use is more common among female students than male students at the University of Benin, both in terms of lifetime use and consistent

use during recent sexual encounters. While male students are somewhat engaged in contraceptive practices, there is a notable gap in usage compared to female students, suggesting the need for increased awareness and education on contraceptive use, particularly among male undergraduates.

Table 3;

		Male= 41			Female= 26		
S/N	ITEMS	Everytime I have sex Freq. (%)	Only when am in my ovulation Freq. (%)	I do not use at all Freq. (%)	Everytime I have sex Freq. (%)	Only when am in my ovulation Freq. (%)	I do not use at all Freq. (%)
17	How often do you use contraceptives	37 (90.2)	0 (0)	4 (9.8)	19 (73.1)	5 (19.2)	2 (7.7)

MALE=41(those that have ever use contraceptives)

FEMALE=26(those that have ever use contraceptives)

Total= 67

The data in Table 3 provides insights into how often sexually active male and female students at the University of Benin use contraceptives. This question was asked of those who have ever used contraceptives, with 41 male respondents and 26 female respondents providing their answers.

Among male students, a large majority, 90.2% (37 out of 41), reported that they use contraceptives every time they have sex. This indicates that most male students who use

contraceptives do so consistently during each sexual encounter. Only 9.8% (4 out of 41) of male respondents reported not using contraceptives at all. Interestingly, no male respondents indicated that they use contraceptives only during their partner's ovulation period, suggesting that male students who use contraception tend to do so consistently rather than selectively based on fertility awareness.

For female students, 73.1% (19 out of 26) reported using contraceptives every time they have sex, reflecting a high level of consistency in contraceptive use among female respondents as well. However, 19.2% (5 out of 26) indicated that they use contraceptives only during their ovulation period, suggesting that some females are using contraception selectively, likely based on fertility awareness or other personal factors. A smaller proportion, 7.7% (2 out of 26), reported not using contraceptives at all, which is notably lower compared to their male counterparts.

Overall, the data indicates that a significant number of both male and female students who use contraceptives do so consistently during every sexual encounter, with male students showing a higher level of consistent contraceptive use (90.2%) compared to female students (73.1%). However, some female students (19.2%) report using contraception only during their ovulation period, reflecting a selective approach to contraceptive use. The findings suggest that while contraceptive use is generally high,

especially for consistent use, there is still a portion of students who either do not use contraceptives at all or use them selectively based on factors like ovulation.

Discussion of Findings

The findings from the study on sexual behaviors among undergraduates at the University of Benin show that a significant number of male students engage in discussions about sex, with a larger proportion of male students reporting such conversations compared to female students. However, while sex discussions are common among both genders, a substantial proportion of female students do not engage in these discussions, which is in line with the findings of Babajide and Osagbemi (2018), who found that male students in Nigerian universities tend to be more open about discussing sexual matters than female students. Regarding reading sex magazines and romantic books, male students showed a slightly higher tendency to engage with such content compared to female students, although nearly half of both genders abstain. This finding aligns with research by Adeoye and Adediran (2018), who observed that Nigerian university students, regardless of gender, consume sexual content in literature, although it is not universal. In terms of masturbation, a higher proportion of male students reported engaging in this behavior compared to female students. This reflects a

common behavior among both male and female undergraduates, with male students showing more prevalence. These findings are consistent with Akinyele and Adebayo (2019), who found that male university students are more likely to engage in masturbation compared to females in Nigerian universities. Watching pornographic films was reported by a higher number of male students compared to female students, indicating that while both genders engage with pornography, male students are more likely to consume such content. This observation is consistent with Olumide et al. (2018), who found that male students are more likely to consume pornography than their female counterparts. In terms of physical interactions, a larger proportion of male students reported that the opposite sex touches their sex organs, while female students also reported similar interactions. Additionally, a higher proportion of male students reported touching the sex organs of the opposite sex. These findings reflect common physical intimacy behaviors among university students and align with Babajide et al. (2018), who found that male students, in particular, are more likely to engage in such physical sexual behaviors. Regarding voyeuristic behaviors, such as peeping to watch people have sex, male students reported this activity more frequently than female students, though the behavior is less common overall. This is consistent with findings by Olamide et al. (2019), who noted that male students are more likely to engage in

voyeurism compared to their female peers. In terms of sexual relationships, more male students reported having a sex partner compared to female students, which aligns with the findings of Alabi and Ojo (2018), who observed that male university students are more likely to report having a sexual partner than female students. When it comes to having had sex, a larger proportion of male students reported having engaged in sexual intercourse, indicating a higher level of sexual activity among male students. This is consistent with Babajide and Adeyemi (2019), who found that Nigerian male students were more likely to have had sex compared to their female peers. The study also examined recent sexual activity, with male and female students showing similar levels of sexual activity in the last three months. This finding suggests that sexual activity is prevalent among both genders, with a significant portion of both male and female students engaging in sexual activity recently.

Regarding contraceptive use, male students were more likely to report using condoms during sex, while female students showed lower levels of contraceptive use. This significant difference in condom usage is consistent with Adeoye and Adediran (2018), who found that male students in Nigerian universities were more likely to use condoms during sex compared to their female counterparts. Furthermore, while more male students reported having had sex with multiple partners, female students were also

likely to report the same behavior, a finding that corroborates Babajide and Osagbemi (2018), who noted that female students in Nigerian universities are increasingly engaging in sexual behaviors such as having multiple sexual partners. Finally, in terms of the frequency of sexual activity, both male and female students reported similar levels of regular sexual activity, though the majority of both genders do not engage in sex regularly. This finding aligns with Olumide et al. (2018), who found that regular sexual activity is not very common among university students in Nigeria, regardless of gender. In conclusion, the sexual behaviors of undergraduates at the University of Benin reveal both similarities and significant gender differences. Male students tend to report higher levels of sexual activity, including masturbation, pornography consumption, and condom use compared to female students. Female students report higher levels of physical touch, multiple sexual partners, and selective contraceptive use. These findings are consistent with previous studies by Babajide and Osagbemi (2018), Adeoye and Adediran (2018), and Akinyele and Adebayo (2019), which have highlighted similar patterns of sexual behaviors and contraceptive use among Nigerian university students. The study suggests that sexual behaviors are prevalent among both male and female undergraduates, but the patterns vary, with males generally engaging in these behaviors more frequently.

CHAPTER FIVE

SUMMARY, CONCLUSION, AND RECOMMENDATIONS

Summary

This study explored the sexual behaviors and contraceptive use among university of Benin undergraduate, two (2) research questions guided the study, The study reviewed literature on the concept of sexual behaviors and contraceptive, The study adopted the descriptive survey research design. The population of the study consisted of five major faculties in the University of Benin, Edo State, the stratified random sampling technique was used to select 100 students from five major faculties in the University of Benin, Edo State. The instrument for data collection was a structured questionnaire, The instrument was administered by the researcher to the respondents, the data collected was collated and analyzed using descriptive statistics. The findings of the study were as follows;

Findings

1. Male students are more likely to engage in discussions about sex, watch pornographic films, and browse pornography on their handsets compared to female students.
2. Both male and female students engage with sex magazines and romantic books, with male students showing slightly higher engagement.
3. Male students report higher frequencies of masturbation and physical intimacy involving touching the opposite sex's sex organs, while both genders report similar levels of physical interaction with the opposite sex.
4. Male students are more likely to engage in voyeuristic behaviors, use contraceptives, and have had more sexual experiences than female students, although contraceptive use remains inconsistent across genders.

Conclusion

This study provides valuable insights into the sexual behaviors and contraceptive use among undergraduates at the University of Benin. The findings reveal a high level of openness regarding sexual discussions and behaviors, with many students engaging in activities such as consuming sexual content and participating in sexual relationships. A

significant portion of students reported having multiple sexual partners and engaging in regular sexual activity.

In terms of contraceptive use, the study found that while many sexually active students have used contraceptives, there is still a notable gap in consistent use. A large percentage of students use contraceptives selectively, often depending on specific situations such as ovulation, while others do not use them regularly or at all. These patterns suggest that while there is awareness of contraceptive methods, more emphasis is needed on promoting consistent and correct usage.

The study also highlights the importance of addressing sexual health education and providing students with the knowledge and resources to make informed decisions regarding sexual activity and contraception. The findings emphasize the need for universities to implement comprehensive sexual health programs that encourage responsible sexual behaviors and reduce the risks associated with inconsistent contraceptive use. These efforts are essential in fostering a healthier, more informed student population and supporting their overall well-being.

Recommendations

Based on the findings, the following recommendations are proposed:

1. Enhance sexual health education programs at the university.
2. Promote consistent contraceptive use through accessible resources and campaigns.
3. Strengthen peer support systems and counseling services for sexual health.
4. Develop policies on sexual health and well-being at the university.

Suggestions for Further Studies

To further advance knowledge in this field, future studies could consider the following:

1. Investigate factors influencing inconsistent contraceptive use among students.
2. Explore the role of peer influence on sexual behavior and contraceptive use.
3. Assess the impact of sexual health education programs on students' behaviors.
4. Expand research to other universities to compare sexual behaviors and contraceptive use.

APPENDIX I

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APPENDIX II

QUESTIONNAIRE

UNIVERSITY OF BENIN, BENIN CITY

FACULTY OF EDUCATION

DEPARTMENT OF HEALTH SAFETY AND ENVIRONMENTAL EDUCATION

ON

**INFLUENCE OF SEXUAL BEHAVIORS AND CONTRACEPTIVE USE AMONG
UNIVERSITY OF BENIN UNDERGRADUATE**

Dear Respondents

The purpose of this questionnaire is to elicit information on the above-mentioned topic. Your cooperation in providing honest and sincere response to all the questions will be appreciated as they will be treated with utmost confidentiality.

Thanks for your co-operation

Instruction, please tick (appropriately in the boxes provided)

Section A

Demographic Data

Gender : Male (), Female ()

Age: 16 -19 () 20-23() 24 and above ()

Section B

Instruction: Please tick [√] the most appropriate option for each item.

Key: SA – Strongly Agree, A – Agree, D – Disagree, SD – Strongly disagree

S/N	ITEM	SA	A	D	SD
RQ1	What are the sexual behaviors among undergraduates at the University of Benin?				
1	I have engaged in sexual activities while attending university.				
2	Undergraduates are well-informed about safe sex practices.				
3	There is a significant amount of sexual activity among undergraduates on campus.				
4	There is a stigma surrounding discussions of sexual behavior in my university environment.				
5	I have received education on sexual health and consent during my time at university.				

Section B

S/N	ITEM	SA	A	D	SD
RQ2	What is the level on contraceptives use among sexually active undergraduates at the University of Benin?	SA	A	D	SD
6	I regularly use contraceptives during sexual activities.				
7	I trust the contraceptive methods available to me.				
8	I believe that using contraceptives helps in preventing unintended pregnancies.				
9	I feel comfortable discussing contraception with my sexual partners.				
10	I have access to contraceptive methods on my campus or in my community.				