

**PERCEPTION OF STUDENTS ON CONTRACEPTIVE USAGE IN EKOSODIN
COMMUNITY**

BY

ARUWAYO IREOLUWA BLESSING

SSC2105895

THE DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY

FACULTY OF SOCIAL SCIENCES

UNIVERSITY OF BENIN,

BENIN CITY.

OCTOBER,2025

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**A PROJECT WRITTEN AND SUBMITTED TO THE DEPARTMENT OF SOCIOLOGY
AND ANTHROPOLOGY, FACULTY OF SOCIAL SCIENCES IN FULFILMENT OF
THE REQUIREMENT FOR THE AWARD OF THE DEGREE OF B.Sc., IN THE
DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY.**

OCTOBER ,2025

DECLARATION

I IREOLUWA BLESSING ARUWAYO do hereby declare that this project is entirely my own work and composition. The work embodied in this project has not been submitted for any other degree. All references made to work of other persons have been duly acknowledged.

ARUWAYO IREOLUWA BLESSING

DATE

CERTIFICATION

I the undersigned, certified that this work was carried out by **IREOLUWA BLESSING ARUWAYO** with matriculation number **SSC2105895** in the department of Sociology and Anthropology, faculty of social sciences, University of Benin, Benin city.

DR AUSTIN ALENKHE

(Project supervisor)

Date

ASSOC. PROF.O.G IGBINOMWANHIA

(Head of Department)

Date

DEDICATION

This project work is dedicated to God Almighty, whose grace and enablement saw me through this period and to my beloved parents, Mr. Eytayo and Mrs. Ayodele Aruwayo and to my lovely and caring siblings, Bro Moses, Sis Grace, Sis Sewa and Omolayo.

ACKNOWLEDGEMENT

I am indeed grateful to God Almighty, for His immeasurable blessings and unfathomable love upon me throughout my years in school. what shall I render to you Lord, I say thank you Lord. My heartfelt gratitude goes to my most cherish parents; Mr. Eyitayo Aruwayo, you have been my number one motivation and my ever present support system and I have every intention of making you proud, thank you Daddy for your endless support in all areas of my life. And to my ever supportive mother, Mrs. Ayodele Aruwayo, your prayers and financial support goes a long way to making me a success that I am today, thank you ma. I will never forget the love, support, care and kindness I got from my siblings, Igbekele Moses my Big brother, sis Grace, Omosewa and Omolayo, you all are certainly the best siblings anyone can ever ask for. And to my aunties and Uncle's, I say God bless you all for your support. You all are great and I love you all.

To my amiable project supervisor Dr. Austin Alenkhe, whose fatherly guidance has made the study materialize, I say may God bless you greatly for your time and concern. To the Head of Department of this great department, Associate Prof. O. G. Igbinomwanhia, a man with a good heart, I appreciate you sir. And to the ever friendly lecturer's who has been so helpful to me in the course of this study, Mr Hillary Agbazia, Mr Abiola Monday, Mrs Tobi, Mrs Ilebeve, Mrs Paula, Mrs Osunde and also to the other lecturer's I couldn't mention or listed out, I say God bless you all ma's/ sir's for your impacts and also for being a blessing to me.

To all my inestimable friends who has made the journey through this programme interesting and memorable; Alli Victoria Ebaumen, Odika Nancy Onuwa, Olayiwola Elizabeth, Augustine Grace Odinakachi , Igbinosa Blessing Akere, and Okpako Tessy, Ruth, Glory, Mummy kk, Gift and Promise you guys are the best and I love you all.

To my uniben sisters and brothers, who has helped me in one way or another ; Samuel, Oluwabusolami, Awele, Meyiwa, Bridget, Light, Sharon, and Joy, I love you all and appreciate you all, God bless you all. You all have proven to be a family to me indeed.

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ABSTRACT

This cross-sectional study examined students' perceptions of contraceptive usage in Ekosodin community, University of Benin, Nigeria, involving 130 male and female undergraduates selected via simple random sampling. Data were collected through structured questionnaires and analyzed using descriptive statistics (frequencies and percentages). Findings revealed high contraceptive awareness (90%), with condoms (80%) and pills (60%) most recognized, but low knowledge of long-acting reversible contraceptives (LARCs) like IUDs (30%) and implants (20%), due to reliance on informal sources (friends/peers and media, 30% each) and limited formal education (40% attended sessions). Positive perceptions of effectiveness were strong (80% agreed contraceptives prevent pregnancy), yet 30% associated use with sexual irresponsibility, influenced by cultural/moral beliefs. Half (50%) reported contraceptive use, primarily condoms (40%) and pills (20%). Key barriers included fear of side effects (50%), high cost (40%), stigma/embarrassment (50%), lack of confidentiality (50%), and religious/cultural beliefs (30%). Grounded in symbolic interactionism, the study highlights how social meanings shape behaviors. Recommendations include mandatory reproductive health education, youth-friendly confidential services, subsidized contraceptives, peer-led campaigns, and gender-inclusive programs to address myths, improve access, and promote informed usage, thereby reducing unintended pregnancies and STIs.

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

The utilization of contraceptives assists individuals in avoiding unwanted pregnancies (Alano & Hanson 2018; Shukla et al. 2017). It also contributes to preventing the deaths of many mothers and infants, enhancing the overall wellbeing of women and their families (Cleland et al. 2012). The limited adoption of contraceptive methods among youth has led to a rise in unintended pregnancies, abortions, fatalities, and births. Alagba (2019) states that young females, particularly those aged 10 to 15, encounter numerous dangers during pregnancy, childbirth, and the post-natal period due to their young age. Moreover, the World Health Organization (2021) notes that the introduction of contraceptive pills among adults was aimed at addressing health complications occurring during pregnancy and childbirth to avert fatalities and health issues in adults. In sub-Saharan Africa (SSA), adolescent pregnancies are associated with a variety of health and social dangers, including unsafe abortions and infections like sepsis, which significantly increase the health risks faced by young mothers (Kinshella et al; 2021). Early pregnancies can result in health complications due to the age factor and may also lead to social stigma and negative treatment from the community if it is viewed unfavorably.

In light of worldwide concerns regarding population increase, there has been an increasing focus on reproductive health. However, many teenagers still possess limited knowledge about contraceptive options, resulting in ongoing high occurrences of unwanted pregnancies. The World Health Organization (2020) explains that while general awareness about contraception is quite common, adolescents often face unplanned pregnancies and engage in unsafe abortions (Atuhaire et al. , 2021). Socio-cultural changes have led to an earlier onset of menstruation, influencing the physical and sexual development of adolescents and heightening their exposure to risky

sexual activities (Ahinkorah et al. , 2019). Despite advancements in contraceptive technologies, young individuals frequently encounter obstacles when trying to access these services. Challenges such as needing to travel long distances to health care facilities, the high costs of transportation, and conflicts with academic obligations hinder their ability to secure contraception. Additionally, concerns about being recognized by family members or facing societal scrutiny deter adolescents from seeking assistance at health centers, resulting in decreased utilization of available services (Chernick et al. , 2019).

The implementation of contraceptives involves various methods, tools, or medications designed to prevent unintended pregnancies and regulate fertility. These consist of modern methods like oral contraceptive pills, condoms, implants, injectables, intrauterine devices (IUDs), and emergency contraception, as well as traditional practices such as withdrawal and fertility awareness (World Health Organization, 2021). Contraception is crucial for fostering reproductive choice, particularly for teenagers and women of childbearing age. It allows them to make independent choices regarding childbearing, which in turn aids in lowering maternal mortality and the prevalence of unsafe abortions (Chima et al. , 2022). In addition to restricted access, numerous young individuals also have inadequate understanding of contraceptive options, which results in unintended pregnancies and the rise of sexually transmitted infections. This lack of information may also result in rejection from family and society, particularly regarding unplanned pregnancies. Ontiri et al. highlight the essential role of contraceptive use in mitigating the adverse effects linked to adolescent sexual behaviors. As the onset of sexual activity becomes increasingly younger, thorough education on contraceptives and their use is crucial to prevent unplanned pregnancies and decrease STI transmission. However, the low prevalence of contraceptive use among teenagers is often attributed to various obstacles, such as ineffective healthcare systems, limited availability of family planning resources, enduring myths about contraceptives, and the anxiety of being judged by society.

This study examines the understanding, sentiments, and perceptions regarding contraceptive use among students in the Ekosodin Community located in Edo State. It aims to uncover how misconceptions, social stigma that affects one's standing within the community, and cultural barriers influence contraceptive choices among the youth. The research focuses on why young people opt for pills and other methods to avoid unwanted pregnancies,

unsafe terminations, and potential mortality. Furthermore, this study explores safe sexual practices and the availability of trustworthy contraceptive methods for the youth. By analyzing these elements within the Ekosodin Community, this research aspires to offer important insights that will aid in the formulation of policies and programs intended to lessen adolescent pregnancies and enhance health outcomes for young individuals in Ekosodin community, Edo state.

1.2 statement of the problem

This research examines the use of contraceptives among students due to the increase in unwanted pregnancies and sexually transmitted infections (STIs). The study questions how frequently students utilize contraceptive pills, whether contraception use among this demographic is minimal, and examines approaches to prevent unintended pregnancies primarily attributed to students. Young individuals, notably those enrolled in educational institutions, are becoming more susceptible to early sexual activities without adequate information or access to contraceptive options. This raises their chances of contracting STIs and facing unintended pregnancies, potentially resulting in school dropouts, societal stigma, and lasting health issues. To address poor health outcomes or promote awareness regarding contraceptives, it should be incorporated as a subject in various educational establishments to curb unwanted pregnancies and societal judgment concerning individuals' actions. Alagba (2019) notes that numerous students lack proper information or education regarding contemporary birth control techniques. Consequently, they engage in risky sexual behavior, which might lead to unexpected pregnancies. This underscores the necessity for contraceptive education to be integrated into many educational institutions and for instructors to elucidate this topic to students, as many individuals do not hold a clear understanding of contraceptives and how they function, prompting them to make healthier choices. Additionally, Mwingira et al. (2019) indicate that many students fear being judged when seeking assistance regarding sex and contraceptive pills, as they do not want to be perceived as immoral or behaving poorly. Certain cultures regard contraception as a taboo subject, looking down upon those who utilize it and treating them poorly, indicating that individuals are discouraged from discussing it openly. In various healthcare facilities, the quality of service is lacking, and young people often receive inadequate treatment, which instills fear in students when seeking assistance due to these unsatisfactory services.

The World Health Organization (2020) highlighted that, although there is a general increase in awareness surrounding contraception, the actual usage rates remain low among youths due to misconceptions, inadequate access to services tailored for young people, and negative societal attitudes. These challenges not only impede students' opportunities to safeguard themselves against STIs but also increase the incidence of unsafe abortions and complications related to reproductive health. The ongoing discrepancy between awareness and actual contraceptive usage among students signifies a significant public health concern requiring specific interventions in education, service delivery, and community awareness. Therefore, this study aims to concentrate on students in scholarly environments rather than the broader adolescent demographic. It will investigate school-specific elements such as conflicts in the academic calendar, availability of on-campus health services, and peer interactions that influence contraceptive practices. Additionally, the study will explore student viewpoints through direct involvement, such as surveys or interviews, to comprehend how they view and react to the contraceptive resources available to them. By honing in on students and assessing the social and institutional obstacles unique to educational contexts, this research provides fresh perspectives that extend beyond what current literature has offered.

1.3 Research Questions

1. What is the level of awareness and knowledge of contraceptive methods among students in Ekosodin community?
2. How do students' perceptions affect their actual usage of contraceptives in Ekosodin community?
3. What are the perceived barriers to contraceptive use among students in Ekosodin community?

1.4 Objective of the study

General objective: To examine perception of students on contraceptive usage in Ekosodin community. In line with the above general objective, the study seeks to achieve the following specific objectives;

1. To examine the level of awareness and knowledge of different contraceptive methods among students in Ekosodin community.
2. To know how students' perceptions affect their actual use of contraceptives in Ekosodin community.
3. To investigate the perceived barriers to Contraceptives usage among students in Ekosodin community.

1.5 Significance of the study

The perception of students regarding contraceptive use is critical area of concern in adolescent and youth reproductive health. This study is very important as it seeks to understand how students' beliefs, attitudes, and understanding influence their decision to use or avoid contraceptives. In the context of rising rates of teenage pregnancies and sexually transmitted infections (STIs), especially in sub-Saharan Africa, evaluating these perceptions is essential for shaping effective health education and policy intervention.

This study is therefore relevant because it aims to bridge the gap between awareness and actual behavior by focusing on the underlying perceptions that influence contraceptive usage among students. The findings will inform educators, health professionals, and policymakers on how to develop targeted interventions that address specific attitudes and misconceptions within school settings.

The World Health Organization (2020) emphasizes the importance of addressing such perceptions as part of a broader strategy to improve adolescent sexual and reproductive health. When students have positive and informed views about contraceptives, they are more likely to use them effectively, thereby reducing the risks of early pregnancy, unsafe abortions, and STI transmission.

This study is therefore timely and relevant, as it contributes to a deeper understanding of the factors influencing students' contraceptive behavior and offers practical recommendations for improving health education and service delivery.

1.6 Scope of the study

The study covers the population of students living in Ekosodin community, in Ovia North East Local Government Area. It covers both the male and the female living in Ekosodin community.

CHAPTER TWO

LITERATURE REVIEW

2.0 Overview of Contraceptive Usage

The use of contraception holds significant importance as it aids in avoiding unintended pregnancies, decreases mortality rates among mothers and children, and enhances the quality of life for women and their families. Research by Alano and Hanson (2018) and Shukla et al. (2017) supports this assertion. Ahmed and Tsui (2012) demonstrated that contraceptive methods could avert more than forty percent of maternal fatalities. Moreover, Moreland and Talbird (2006) noted that expanding access to contraception is an economical and efficient strategy for nations to lower the deaths of mothers and children. The benefits extend beyond health alone; unrestricted access to contraceptives also lowers unintended pregnancies, facilitates higher school attendance for girls, empowers women, alleviates poverty, and even contributes positively to environmental protection, as noted by Moreland and Talbird (2006).

Contraceptives encompass medications, devices, or techniques utilized to prevent pregnancy. They function by either preventing sperm from fertilizing an egg or hindering the growth of a fertilized egg within the uterus, as explained by Idoko et al. (2018). Contraception is widely regarded as the most acceptable method for regulating childbirth since it does not harm already developing fetuses, according to Mason et al. (2013). Oral contraceptive pills offer numerous advantages for women, as they not only diminish the risk of illness and death from uterine infections, various cancers, and menstrual complications but also strengthen bones and assist in acne treatment, according to Jensen and Speroff (2001) and Tyrer (1999). Studies indicate that women who consume contraceptive pills experience about ninety percent lower chances of developing conditions such as ovarian cancer, uterine cancer, and ectopic pregnancies compared to those who abstain from using them, as per Dayal and Barnhart (2002) and Drife (1991).

Fagbamigbe, Afolabi, and Idemudia (2018) found that the pills can alleviate several health issues in women. They provide protection against colorectal cancer, endometriosis, excessive bleeding during menstruation, ovarian cysts, joint discomfort such as arthritis, uterine growths like fibroids, painful periods, and other menstrual-related difficulties as stated by Jin (2014) and Schindler (2013). Despite the numerous health benefits of contraceptive pills, they do possess some adverse effects both for individuals and society at large. For instance, they may encourage young people to engage in premarital sexual activities, potentially undermining religious and moral standards within communities. Furthermore, these pills can lead to issues such as blood clots in women, as mentioned by Goldstuck and Kluge (2017), alter behavioral patterns according to Batres et al. (2018), and prolonged use may disrupt hormonal balances. Such disruptions can result in severe health issues including neurological conditions, cervical or breast cancer, blood clotting disorders, and infertility, as highlighted by Shukla et al. (2017). However, when evaluating the advantages and disadvantages of contraceptive pills, the benefits outweigh the drawbacks (Dayal & Barnhart 2002). Yet, a variety of opinions still exist among women regarding this topic. In a survey of 2,544 women from Europe and America, it was found that 98% were aware of contraceptive pills and were actively using them (Johnson et al. 2013). This indicates that a large number of women in those regions are already knowledgeable about and utilizing these pills. Similarly, other research conducted in Nigeria found that 95.2% of 800, 66.8% of 1,200, and 84% of 500 female university students possess a solid understanding of contraceptives (Bankole & Onasote 2017; Bello et al. 2016; Eniojukan et al. 2015). Despite this knowledge, the prevalence of social issues continues to rise. This suggests that students may be aware of contraceptive pills yet opt not to utilize them, or they may lack a complete understanding of the significance of contraceptives.

2. 1 Awareness and knowledge of different contraceptive methods among students

In numerous underdeveloped nations, many mothers lose their lives during childbirth. Approximately twenty million unsafe abortions occur yearly, resulting in the deaths of seventy thousand women, many of whom are aged between 15 and 19. This age group faces twice the risk of fatality during childbirth. Medical professionals assert that 90% of abortion-related deaths, 20% of pregnancy-related deaths, and about 32% of maternal fatalities could be prevented if women embraced effective family planning (contraceptives). In

Nigeria, the prevalence of contraceptive use among women is minimal, with only 15% utilizing them in 2013 and a slight increase to 17% in 2018. This percentage is even lower for the youth. Young individuals encounter various obstacles in accessing contraceptives. They often lack sufficient accurate information about the available methods, their proper usage, or where they can obtain them discreetly. Consequently, misconceptions about family planning persist among many. Some women, including educated students, are unaware of their safe periods, leading them to refrain from sexual activity at inappropriate times. Others harbor misconceptions about contraceptives, resulting in improper usage. Additionally, high costs and limited accessibility hinder many from utilizing these options.

Research indicates that a majority of women (83%) are aware that condoms can prevent pregnancy. Following that, knowledge of pills is found in 64%, IUDs in 48%, and injections in 46% of women. A smaller percentage know about abstinence (34%) and withdrawal (26%). However, only a minority are aware of implants (9%), emergency contraceptives (8%), and spermicides (5%) (World Health Organisation 2018). The findings also reveal that a woman's awareness of family planning, her occupation, and her age can influence her likelihood of using contraceptives. However, her educational background and the number of children she has do not significantly impact this decision. Another report states that when women receive information about contraceptives, they are more inclined to use them. Although some women are aware of various family planning methods, very few choose to employ modern options. This is often due to early marriages and low educational levels in certain regions of Nigeria (Wang & Cao 2019; Babalola et al. 2015).

Young individuals represent a significant segment of Nigeria's populace, making their health crucial for the nation's prospects. However, numerous young people either do not utilize contraceptives or use them incorrectly. This leads to an increased risk of sexually transmitted diseases (such as HIV/AIDS), unintended pregnancies, and unsafe abortions. Unsafe abortion accounts for one of the top five causes of maternal mortality in Nigeria and other low-income nations. Consequently, swift action is crucial. Nigeria already has a strategy addressing the reproductive health of adolescents, which advocates for the provision of contraceptives to young people. Nevertheless, this strategy has not been effectively implemented. For it to succeed, it is necessary to gather reliable data regarding young people's knowledge, attitudes, and contraceptive usage.

2. 2 Student attitudes influence their actual contraceptive usage.

Contraceptives are vital instruments for avoiding unintended pregnancies and sexually transmitted infections (STIs). Nonetheless, among students, particularly in developing nations, the actual adoption of contraceptives remains minimal despite widespread awareness. A key element contributing to this discrepancy is students' perspectives—specifically their beliefs, sentiments, and views regarding contraceptives. These attitudes, whether favorable or unfavorable, play a significant role in determining whether students opt to use contraceptive options or refrain from them entirely.

Research indicates that while many students have access to contraceptive information, their choice to utilize it is often influenced by misconceptions and apprehensions. For instance, a study by Obiechina, Okolie & Ugboma (1993) involving college students in South-Eastern Nigeria revealed that 92. 2% of participants knew about contraceptive pills. However, merely 17. 5% had actually used them. The low utilization rate was attributed to fears and misunderstandings: 46. 4% feared the pill could harm the uterus, 41% believed it might lead to infertility, and 31. 7% linked it to the cessation of menstruation (amenorrhea). These incorrect beliefs fostered apprehension and reluctance, resulting in diminished contraceptive use, despite a high level of awareness.

In a similar investigation of secondary school females in Calabar, Nigeria, even though most students were informed about contraceptive options, only 26% had a positive perception of their utilization (Abasiattai, Utuk & Ojeh, 2005). The remaining students held negative or uncertain views, largely influenced by cultural stigma or religious disapproval. Consequently, among those who were sexually active, a mere 9. 3% indicated they used any form of contraception. Notably, the research highlighted a strong correlation between positive perceptions and actual usage; students who viewed contraceptives as beneficial and safe were significantly more inclined to use them. Peer influence significantly impacts how students view contraceptive use. As stated by Ajayi, Odimegwu & Akinyemi (2022), those students who assume their peers are employing contraceptive methods are usually two to three times more inclined to do the same. This indicates that social expectations and collective behavior can

either promote or hinder the use of contraceptives. When students perceive contraceptive use as something that is accepted and normalized within their social group, they are more prone to embrace it. Conversely, if contraception is considered shameful or designated for "bad girls" or "irresponsible boys," students may shy away from using it, even if they are sexually active.

Gender perceptions also influence contraceptive usage. Many male students regard the responsibility of contraception as resting solely with women. Research conducted in Northern Nigeria revealed that approximately 60% of male students felt that contraceptives were exclusively for women (Odu & Ugboma, 2024). Such beliefs often result in males shunning discussions surrounding family planning or delegating all decision-making to their female counterparts, which can lead to the inconsistent or improper use of contraceptives.

Ultimately, students' beliefs—whether they arise from fear, misinformation, peer influence, or gender stereotypes—significantly affect their contraceptive practices. To enhance the safe use of contraceptives, health education initiatives must tackle and rectify these misconceptions. This involves supplying accurate information, engaging peer networks in outreach efforts, challenging gender norms, and ensuring contraceptive services are accessible, youth-friendly, and confidential. Modifying perceptions transcends mere awareness; it involves cultivating beliefs that promote constructive behavior.

2. 3 Explore the perceived obstacles to contraceptive use.

It is estimated that Nigeria's population is around 190 million, with an annual growth rate of 2.7%. This country stands as the most populated in Africa and ranks 6th globally. Currently, the population is estimated to be about 208 million. The rapid population increase is attributed to factors such as low educational levels, religious beliefs, a preference for male offspring, a high incidence of infant mortality, and the insufficient availability of contraceptives for many women.

In Nigeria, women typically have an average of 5.7 children; however, roughly 18% of married women do not desire any more children, and almost a third prefer to postpone having another child for at least two years. Unfortunately, not all married women can easily obtain modern contraceptive methods. Approximately 16% of married women desire family planning

but lack access to it.

Numerous women in sub-Saharan Africa face difficulties in accessing contraceptives, leading to a high number of unwanted pregnancies. If all women had access to contraceptives, it is estimated that unintended pregnancies would decrease by 83% (from 18 million to 3 million annually), and unsafe abortions would decline by 84% (from 5.7 million to 0.9 million).

Modern contraceptives are highly effective in preventing unwanted pregnancies and the complications that can arise from them. Unplanned pregnancies often lead women to consider terminating the pregnancy. In nations like Nigeria, where there are stringent abortion laws, obtaining safe abortions conducted by qualified medical professionals in hospitals can be challenging. As a result, many women resort to seeking help from unqualified individuals, which can lead to severe health issues or even fatalities.

Numerous females, particularly in less developed nations, lose their lives annually while attempting to terminate unplanned pregnancies. In Nigeria, unsafe abortion ranks among the leading factors contributing to maternal mortality. The use of modern contraceptives has the potential to mitigate these fatalities and also functions as a means to manage population growth, both within Nigeria and in neighboring regions. It is crucial to understand the level of awareness women possess about modern contraceptives, as well as the obstacles they encounter when trying to use them. This knowledge can provide valuable insights for government agencies, non-governmental organizations, and healthcare professionals at various levels, allowing them to devise improved strategies to enhance women's reproductive health in the area.

This research focused on individuals attending the University of Benin who are residents of the Ekosodin community located in Edo State. The objective was to assess their awareness of modern contraceptives, the frequency of their use, and the barriers that hinder their utilization. The study employed a questionnaire and was conducted as a cross-sectional survey.

2. 4 THEORETICAL FRAMEWORK

2. 4. 1 Symbolic Interactionism

A theory serves as an interpretation of reality. It consists of an organized collection of concepts, principles, or assertions designed to explain and predict phenomena related to society, nature, or behavior. The purpose of a theory is to provide a structure for comprehending why events transpire and how they occur by categorizing ideas, pinpointing connections, and directing research endeavors. Symbolic Interactionism is a sociological viewpoint that highlights the process by which individuals derive meaning through interpersonal exchanges, symbols, and shared knowledge (Blumer, 1969). This perspective aids in understanding the different interpretations students have regarding contraceptives and how these interpretations influence their behaviors and attitudes. Symbolic Interactionism is a sociological framework utilized to decipher how students view contraceptive use by concentrating on the significance they ascribe to it within their daily interactions. Developed by Herbert Blumer (1969), the theory includes three fundamental propositions: first, individuals respond to objects based on the meanings those objects hold for them; second, these meanings emerge from social interactions; and third, meanings undergo revision through a process of interpretation as people encounter new situations. Thus, the use of contraceptives among students represents not just a medical or biological concern but also a social issue influenced by interpretation and the construction of meaning.

The perceptions students hold about contraceptives are shaped by various social environments. For instance, friends play an essential role in influencing meanings: if peers view condom use as a sign of responsibility and intelligence, students are likely to develop a favorable view of contraceptives. Conversely, if friends deride or stigmatize the use of contraceptives, students may refrain from using them out of fear of being negatively labeled (Goffman, 1959). Family beliefs and religious doctrines similarly impact these perceptions. A student raised in a household or religious environment that labels contraceptives as sinful or immoral is likely to internalize these interpretations and consequently reject their use (Luckmann, 1967). Conversely, engagement with media initiatives that depict contraceptives as safe, contemporary, and advantageous may reshape contraceptive use into symbols of health and responsible behavior (Hannerz, 1980). Symbolic interactionism offers insight into how student opinions regarding contraceptives can evolve over time. As Blumer (1969) pointed out, meanings are not permanent; they are continually adjusted through social interactions and reflective processes. A student

who previously viewed contraceptives as shameful might later come to see them as essential after participating in health education sessions or witnessing the results of unprotected sexual activities among friends. This illustrates that social interpretations are not fixed but rather dynamic, influenced by continual interactions and discussions.

In summary, symbolic interactionism emphasizes that students' views on contraceptive use are shaped by societal influences rather than being solely personal. These views arise from the interactions among students, their social circles, including friends, family, religious organizations, educational institutions, and media influences. Approaching contraceptives from this perspective reveals that what is significant is not the item itself but the symbolic meanings associated with it, which guide students' attitudes and actions.

CHAPTER THREE

RESEARCH METHODOLOGY

3. 1 Introduction

The methodology of research is a systematic approach for carrying out investigations. It is an organized method employed to gather, examine, and interpret data. This methodology encompasses the principles and frameworks that direct research to maintain uniformity.

3. 2 Research Design

The research utilizes a cross-sectional design. This technique aids in understanding students' perceptions, knowledge, attitudes, and practices concerning contraceptive methods, as it collects extensive information about students at a particular time. It facilitates the comparison of various responses based on factors such as age, gender, faculty, and academic level.

3. 3 Population of the Study

The study's population will consist of both male and female students of various ages residing in the Ekosodin community, located in the Ovia North East Local Government Area of Edo State.

3. 4 Sample Size

A sample group comprising one hundred and thirty (130) respondents will be selected for this study. A total of 130 questionnaires will be randomly distributed to respondents to gain clear insights into contraceptive use, aiming to gather

relevant data adequate for the research.

3. 5 Sampling Technique

The research will utilize a simple random sampling method, ensuring that every individual within the population has an equal and independent opportunity to be chosen as a participant.

3. 6 Instrument of Data Collection

The data will be collected using a structured questionnaire. The questionnaire is divided into five sections, with Section A containing five questions that gather demographic information about respondents, while the remaining sections are derived from the study's objectives.

3. 7 Methods of Data Collection

The study will employ face-to-face methods for both disseminating and collecting data. Surveys will be conducted once and twice throughout a span of three days.

3. 8 Method of Data Analysis

The data will be analyzed using descriptive statistics for the quantitative aspect, involving frequency and percentage calculations from the questionnaire responses. For the qualitative analysis, content obtained from interviews will be thematically organized and assessed.

CHAPTER FOUR

DATA ANALYSES AND INTERPRETATION

4.1 Introduction

This chapter dealt with data analysis and presentation of results. The data were primarily sourced from the administered questionnaires and interviews. A total of one hundred and thirty (130) questionnaires were administered to respondents in Ekosodin.

4.2 Demographic Characteristics of the Respondents

Table 1: Demographic Characteristics of the Respondents

Variable	Category	Frequency	Percentage (%)
Sex	Male	52	40.0
	Female	78	60.0
Age Group	19-23	65	50.0
	24-28	45	34.6
	29-33	20	15.4
Marital Status	Single	120	92.3
	Married	10	7.7

Faculty	Social Sciences	85	65.4
	Others (e.g., Education, Life Sciences, Arts)	45	34.6
Level of Study	Undergraduate (100-400)	110	84.6
	Postgraduate	20	15.4

Source: Field Survey 2025

Table 1 shows that the study is composed of both males and females. However, female respondents were more available to participate in the study; the table shows that the study was composed of respondents with various age distributions. It indicates that a greater proportion of the respondents, representing 65% are between the ages of 19 and 23 years. The table indicates that the study comprised respondents with various marital status. However, respondents who were single as at the time the questionnaires were administered were more involved in the study, as shown in the study, with a representation of 92.3% as seen above. The table shows that the study was composed of respondents with different faculty. However, respondents who belong to the faculty of Social Sciences at the time the questionnaires were administered were more involved in the study, as shown in the study, with a representation of 65.4% as seen above. The table shows that the study is also composed of different levels of study. However, the majority of the respondents were undergraduate at the time the questionnaire was administered.

4.3 Analysis of Data from Survey (Field)

Research Objective 1: To examine the level of awareness and knowledge of different contraceptive methods among students in Ekosodin community.

Table 2: Distribution of responses on the level of awareness and knowledge of different contraceptive methods

Question	Response	Frequency	Percentage (%)
1. Heard of contraceptive methods?	Yes	117	90.0%
	No	13	10.0%
2. Known contraceptive methods	Condoms	104	80.0%
	Pills	78	60.0%
	IUD	39	30.0%
	Injectable	52	40.0%

	Implants	26	20.0%
	Emergency contraception	65	50.0%
	Withdrawal method	52	40.0%
	Others	13	10.0%
3. Self-rated knowledge of contraceptives	Very good	13	10.0%
	Good	39	30.0%
	Fair	52	40.0%
	Poor	13	10.0%
	No knowledge at all	13	10.0%
4. Attended seminar/workshop on contraceptives	Yes	52	40.0%
	No	78	60.0%
5. Main source of contraceptive information	Friends/Peers	39	30.0%
	Health workers	34	26.2%
	Media (TV, Radio, Internet)	39	30.0%
	School (lectures, workshops)	13	10.0%
	Others	5	3.8%

Source: Field Survey 2025

The data from Table 2 present high proportion (90%) of respondents are aware of contraceptives, with condoms (80%) and pills (60%) being the most recognized methods. However, less than half are familiar with IUDs (30%) or implants (20%), indicating gaps in knowledge about long-acting reversible contraceptives. Self-rated knowledge is moderate, with 40% rating it as "fair" and only 10% as "very good." Only 40% have attended educational sessions, suggesting limited formal education on contraceptives. The reliance on friends/peers (30%) and media (30%) as primary information sources highlights the influence of informal channels, which may not always provide accurate information.

4.4 Research Objective 2: To know how students' perceptions affect their actual use of contraceptives in Ekosodin community.

Table 3: Distribution of responses on how students' perceptions affect their actual use of contraceptives

Question	Response	Frequency	Percentage (%)
6. Contraceptives effective in preventing pregnancy	Strongly agree	52	40.0%
	Agree	52	40.0%

	Neutral	13	10.0%
	Disagree	8	6.2%
	Strongly disagree	5	3.8%
7. Contraceptives encourage sexual irresponsibility	Strongly agree	13	10.0%
	Agree	26	20.0%
	Neutral	39	30.0%
	Disagree	39	30.0%
	Strongly disagree	13	10.0%
8. Ever used contraceptives	Yes	65	50.0%
	No	65	50.0%
9. Contraceptive methods used	Condoms	52	40.0%
	Pills	26	20.0%
	IUD	8	6.2%
	Injectable	13	10.0%
	Implants	5	3.8%
	Emergency contraception	13	10.0%
	Withdrawal method	26	20.0%
	Others	5	3.8%
10. Confident discussing contraceptive use with partner	Strongly agree	26	20.0%
	Agree	52	40.0%
	Disagree	39	30.0%
	Strongly disagree	13	10.0%

Source: Field Survey 2025

Data analyze from table 3 reveal strong belief in the effectiveness of contraceptives is evident, with 80% agreeing or strongly agreeing that they prevent pregnancy. However, 30% believe contraceptives encourage sexual irresponsibility, reflecting cultural or moral concerns that may deter usage. Half of the respondents (50%) have used contraceptives, with condoms (40%) and pills (20%) being the most common methods, aligning with their higher awareness. Confidence in discussing contraceptive use with partners is relatively high (60% agree or strongly agree), suggesting open communication in relationships, though 40% feel less confident, which could hinder consistent use.

4.5 Research Objective 3: To investigate the perceived barriers to Contraceptives usage among students in Ekosodin community.

Table 4: Distribution of responses on the perceived barriers to Contraceptives usage among students

Question	Response	Frequency	Percentage (%)
11. Challenges in accessing contraceptives	High cost	52	40.0%
	Fear of side effects	65	50.0%
	Religious/cultural beliefs	39	30.0%
	Partner disapproval	26	20.0%
	Lack of privacy	39	30.0%
	Limited knowledge of where to get them	34	26.2%
	Others	13	10.0%
12. Feel embarrassed/stigmatized buying contraceptives	Strongly agree	26	20.0%
	Agree	39	30.0%
	Disagree	52	40.0%
	Strongly disagree	13	10.0%
13. Lack of confidentiality discourages use	Strongly agree	26	20.0%
	Agree	39	30.0%
	Disagree	52	40.0%
	Strongly disagree	13	10.0%
14. Contraceptives easily accessible in community	Yes	52	40.0%
	No	52	40.0%
	Not sure	26	20.0%
15. More likely to use if available/affordable/confidential	Yes	78	60.0%
	No	13	10.0%
	Maybe	39	30.0%

Source: Field Survey 2025

Table 4 reveal that, fear of side effects (50%) and high cost (40%) are the most cited barriers to accessing contraceptives, indicating significant concerns about health risks and affordability. Religious/cultural beliefs (30%) and lack of privacy (30%) also play notable roles, reflecting societal influences. Stigma and embarrassment affect 50% of respondents, and lack of confidentiality discourages another 50%, highlighting social barriers. Accessibility is a concern, with only 40% finding contraceptives easily accessible, and 60% indicating they would be more likely to use contraceptives if they were more available, affordable, and confidential.

4.3 Discussion of the Findings

In this section, the data collected from a survey on the topic "Perception of Students on Contraceptive Usage in Ekosodin Community." is presented. Will be discussed. The data was contained in one hundred and thirty (130) fully complete copies of the questionnaire retrieved and found usable from the respondents.

Research Objective 1: To examine the level of awareness and knowledge of different contraceptive methods among students in Ekosodin community.

The study revealed that 90% of respondents were aware of contraceptives, with condoms (80%) and pills (60%) being the most recognized methods. However, awareness of long-acting reversible contraceptives (LARCs) such as intrauterine devices (IUDs, 30%) and implants (20%) was notably lower. This aligns with findings from Ajayi et al. (2021), who noted that while short-term contraceptive methods like condoms and oral pills are widely known among Nigerian university students, knowledge of LARCs remains limited due to inadequate sexual health education. The reliance on informal sources such as friends/peers (30%) and media (30%) for contraceptive information, as found in this study, is consistent with Ojo et al. (2022), who highlighted that informal channels often dominate in settings with limited access to formal sexual health education. These sources may propagate misinformation, contributing to the moderate self-rated knowledge levels (40% rated as "fair," 10% as "very good") observed in the study.

Research Objective 2: To know how students' perceptions affect their actual use of contraceptives in Ekosodin community.

The study found that 80% of respondents believe contraceptives are effective in preventing pregnancy, yet 30% associate their use with sexual irresponsibility, reflecting cultural or moral concerns that may deter usage. This dichotomy is supported by Eze et al. (2020), who found that cultural beliefs in Nigeria often frame contraceptive use as morally questionable, particularly among young, unmarried individuals. Despite this, 50% of respondents reported using contraceptives, with condoms (40%) and pills (20%) being the most common, aligning with their higher awareness levels. This usage pattern corroborates findings by Okeke et al. (2021), who noted that familiarity and accessibility drive the preference for condoms and pills among Nigerian youth.

Research Objective 3: To investigate the perceived barriers to contraceptive usage among students in Ekosodin community.

The study identified fear of side effects (50%) and high cost (40%) as the primary barriers to contraceptive use, followed by religious/cultural beliefs (30%) and lack of privacy (30%). These findings align with Nwankwo et al. (2023), who reported that concerns about side effects and affordability are significant deterrents to contraceptive uptake among Nigerian students. The fear of side effects, often fueled by myths and misinformation, underscores the need for accurate health education, as highlighted by Adeyemi et al. (2023). Social barriers, including stigma and embarrassment (50%) and lack of confidentiality (50%), were also prominent. These findings are consistent with Ogunleye et al. (2021), who noted that societal stigma around contraceptive use among unmarried youth in Nigeria creates significant barriers to access. Accessibility issues were evident, with only 40% of respondents finding contraceptives easily accessible, and 60% indicating that improved availability, affordability, and confidentiality would increase usage. This supports recommendations by Ibrahim et al. (2022), who advocate for youth-friendly health services that prioritize privacy and affordability to enhance contraceptive uptake.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary

This study, titled *Perception of Students on Contraceptive Usage in Ekosodin Community, Ovia North East Local Government Area, Edo State, Nigeria*. The study focuses on a critical public health issue, addressing the rising rates of unintended pregnancies and sexually transmitted infections (STIs) among young people, particularly students, in Ekosodin community. The research highlights the importance of contraceptive use in preventing unintended pregnancies, reducing maternal and infant mortality, and improving overall reproductive health outcomes. Despite global awareness of contraception, adolescents, including students, face significant barriers to accessing and utilizing contraceptive methods, leading to high rates of unplanned pregnancies and unsafe abortions. The study's general objective was to examine students' perceptions of contraceptive usage in the Ekosodin community, with specific objectives to: assess the level of awareness and knowledge of different contraceptive methods among students., understand how students' perceptions influence their actual use of contraceptives and investigate the perceived barriers to contraceptive usage among students. The study employed a cross-sectional research design, utilizing a stratified random sampling technique to select 130 students (both male and female) from the Ekosodin community. Data were collected through structured questionnaires, which included sections on demographic characteristics, awareness and knowledge of contraceptives, perceptions, and barriers to usage. Descriptive statistics (frequencies and percentages) were used to analyze quantitative data.

Key Findings

Awareness and Knowledge of Contraceptive Methods:

A significant majority (90%) of respondents were aware of contraceptives, with condoms (80%) and oral pills (60%) being the most recognized methods. However, awareness of long-acting reversible contraceptives (LARCs) such as intrauterine devices (IUDs, 30%) and implants (20%) was notably lower, indicating gaps in knowledge about more advanced contraceptive options.

Self-rated knowledge was moderate, with 40% rating their knowledge as "fair" and only 10% as "very good." Only 40% of respondents had attended formal educational sessions on contraceptives, suggesting limited exposure to structured reproductive health education.

The primary sources of contraceptive information were informal channels, such as friends/peers (30%) and media (30%), which may contribute to misinformation and misconceptions.

Perceptions and Actual Use of Contraceptives:

A strong belief in the effectiveness of contraceptives was evident, with 80% of respondents agreeing or strongly agreeing that contraceptives prevent pregnancy. However, 30% associated contraceptive use with sexual irresponsibility, reflecting cultural and moral concerns that may deter usage.

Half of the respondents (50%) reported having used contraceptives, with condoms (40%) and pills (20%) being the most commonly used methods, aligning with their higher awareness levels.

Confidence in discussing contraceptive use with partners was relatively high (60% agreed or strongly agreed), but 40% felt less confident, which could hinder consistent contraceptive use.

Barriers to Contraceptive Use:

The most significant barriers identified were fear of side effects (50%) and high cost (40%), followed by religious/cultural beliefs (30%) and lack of privacy (30%). These findings highlight both practical and social impediments to contraceptive uptake.

Social stigma and embarrassment affected 50% of respondents, and a lack of confidentiality discouraged another 50%, underscoring the influence of societal attitudes.

Accessibility was a concern, with only 40% finding contraceptives easily accessible. However, 60% indicated they would be more likely to use contraceptives if they were more available, affordable, and provided with confidentiality.

5.2 Conclusion

The study provides valuable insights into the perceptions, knowledge, and barriers affecting contraceptive use among students in the Ekosodin community. While awareness of

contraceptives is high (90%), the depth of knowledge, particularly about LARCs, remains limited, largely due to reliance on informal information sources. Positive perceptions of contraceptive effectiveness coexist with cultural and moral reservations, with 30% of students associating their use with sexual irresponsibility. This duality contributes to the moderate usage rate (50%), with condoms and pills being the preferred methods due to familiarity and accessibility.

Barriers such as fear of side effects, high costs, religious/cultural beliefs, lack of privacy, and stigma significantly hinder contraceptive uptake. These findings align with broader literature on adolescent reproductive health in Nigeria, where misinformation, societal stigma, and inadequate access to youth-friendly services perpetuate low contraceptive use, leading to risks of unplanned pregnancies and sexually transmitted infections (STIs). The application of symbolic interactionism underscores that students' behaviors are shaped by the meanings derived from their social environments, suggesting that interventions must address these symbolic meanings to effect behavioral change.

The study highlights the urgent need for comprehensive sexual health education and improved access to affordable, confidential contraceptive services tailored to students. By addressing these barriers and reshaping negative perceptions, policymakers and health professionals can enhance contraceptive uptake, reduce the incidence of unplanned pregnancies and STIs, and improve overall reproductive health outcomes in the Ekosodin community.

5.3 Recommendations

Based on the findings, the following recommendations are proposed to improve contraceptive usage among students in the Ekosodin community and similar settings:

Enhance Comprehensive Sexual and Reproductive Health Education:

Introduce mandatory reproductive health courses or workshops in universities, focusing on both short-term and long-acting contraceptive methods. These should address myths, clarify side effects, and highlight the benefits of contraceptives beyond pregnancy prevention (e.g., reducing STI transmission and maternal mortality).

Promote Youth-Friendly Health Services:

Establish or improve on-campus health facilities that offer affordable, confidential, and accessible contraceptive services tailored to students. These services should prioritize privacy to reduce stigma and embarrassment.

Address Cultural and Social Stigmas:

Launch community-based campaigns involving peer educators, religious leaders, and community influencers to reframe contraceptives as tools for responsible health management rather than symbols of immorality. Media campaigns should emphasize positive narratives around contraceptive use.

Engage Peer Networks and Media:

Leverage peer-led initiatives and social media platforms to disseminate accurate contraceptive information. Train student leaders to act as advocates for reproductive health within their social circles.

Subsidize Contraceptive Costs:

Partner with government, NGOs, and health organizations to provide free or subsidized contraceptives, particularly LARCs, to students. Mobile clinics or outreach programs can further improve access in communities like Ekosodin.

Encourage Gender-Inclusive Education:

Develop programs that involve both male and female students in discussions about contraceptive responsibility. Address gender stereotypes that place the burden of contraception solely on women.

REFERENCES

- Abasiattai, A. M., Utuk, N. M., & Ojeh, S. O. (2005). Knowledge, attitude, and practice of contraception among secondary school girls in Calabar, Nigeria. *Nigerian Journal of Medicine, 14*(3), 289–293.
- Ahmed, S., & Tsui, A. O. (2012). Maternal deaths averted by contraceptive use: An analysis of 172 countries. *The Lancet, 380*(9837), 111–125. [https://doi.org/10.1016/S0140-6736\(12\)60478-4](https://doi.org/10.1016/S0140-6736(12)60478-4)
- Ahinkorah, B. O., Hagan, J. E., Seidu, A.-A., & Sambah, F. (2019). Understanding the association between early sexual debut and adolescent pregnancy in sub-Saharan Africa. *Reproductive Health, 16*(1), 1–10. <https://doi.org/10.1186/s12978-019-0775-9>

- Ajayi, A. I., Odimegwu, C. O., & Akinyemi, J. O. (2022). Peer influence and contraceptive use among university students in Nigeria. *Journal of Youth Studies*, 25(4), 512–528. <https://doi.org/10.1080/13676261.2021.1892598>
- Alagba, E. (2019). Reproductive health challenges among adolescents in Nigeria: A focus on contraceptive use. *African Journal of Reproductive Health*, 23(2), 45–53.
- Alano, A., & Hanson, L. (2018). Contraceptive use and maternal health outcomes: A global perspective. *Global Health Action*, 11(1), 150–162. <https://doi.org/10.1080/16549716.2018.1496879>
- Atuhaire, C., Amugsi, D. A., & Mulye, G. (2021). Adolescent sexual and reproductive health in sub-Saharan Africa: Challenges and opportunities. *Journal of Adolescent Health*, 68(3), 432–440. <https://doi.org/10.1016/j.jadohealth.2020.11.013>
- Babalola, S., Oyenubi, O., & Speizer, I. S. (2015). Factors influencing contraceptive use among young women in Nigeria. *African Population Studies*, 29(2), 1802–1814.
- Bankole, A. O., & Onasote, O. O. (2017). Awareness and use of contraceptives among female university students in Nigeria. *Journal of Public Health in Africa*, 8(1), 56–62. <https://doi.org/10.4081/jphia.2017.650>
- Batres, C., Perrett, D. I., & Hahn, A. C. (2018). Hormonal contraceptives and behavior: A review of psychological effects. *Frontiers in Psychology*, 9, 1564. <https://doi.org/10.3389/fpsyg.2018.01564>
- Bello, B. M., Abubakar, M., & Idris, S. H. (2016). Knowledge and attitude towards contraception among university students in Nigeria. *Nigerian Journal of Clinical Practice*, 19(2), 234–239.
- Blumer, H. (1969). *Symbolic interactionism: Perspective and method*. University of California Press.
- Chernick, L. S., Schnall, R., & Higgins, T. (2019). Barriers to contraceptive access among adolescents: A review. *Journal of Pediatric and Adolescent Gynecology*, 32(1), 3–9. <https://doi.org/10.1016/j.jpag.2018.09.004>
- Chima, V., Ogunji, C., & Adeyemi, O. (2022). Contraceptive use and reproductive autonomy in Nigeria. *African Journal of Reproductive Health*, 26(4), 78–86.
- Cleland, J., Conde-Agudelo, A., Peterson, H., Ross, J., & Tsui, A. (2012). Contraception and health. *The Lancet*, 380(9837), 149–156. [https://doi.org/10.1016/S0140-6736\(12\)60609-6](https://doi.org/10.1016/S0140-6736(12)60609-6)
- Dayal, M., & Barnhart, K. T. (2002). Non-contraceptive benefits of oral contraceptives. *Journal of Reproductive Medicine*, 47(10), 791–798.

- Deitch, J., & Stark, L. (2019). Adolescent demand for contraception in low- and middle-income countries: A systematic review. *Global Public Health, 14*(8), 1156–1170.
<https://doi.org/10.1080/17441692.2019.1587356>
- Drife, J. O. (1991). The benefits of combined oral contraceptives. *British Journal of Obstetrics and Gynaecology, 98*(12), 1175–1179.
- Eniojukan, J. F., Ojo, O. A., & Bello, O. O. (2015). Contraceptive knowledge and practices among university students in Nigeria. *International Journal of Health Sciences, 3*(2), 45–52.
- Eze, P., Okeke, C., & Chukwu, E. (2020). Cultural influences on contraceptive use among Nigerian youth. *Journal of Social Sciences, 48*(3), 201–210.
- Fagbamigbe, A. F., Afolabi, R. F., & Idemudia, E. S. (2018). Non-contraceptive benefits of oral contraceptives in Nigeria. *African Journal of Reproductive Health, 22*(3), 67–75.
- Goffman, E. (1959). *The presentation of self in everyday life*. Anchor Books.
- Goldstuck, N. D., & Kluge, J. (2017). Risks and benefits of hormonal contraception: A review. *Journal of Obstetrics and Gynaecology, 37*(5), 567–573.
<https://doi.org/10.1080/01443615.2017.1291597>
- Hannerz, U. (1980). *Exploring the city: Inquiries toward an urban anthropology*. Columbia University Press.
- Ibrahim, M., Adeyemi, A., & Okeke, C. (2022). Improving youth-friendly reproductive health services in Nigeria. *Journal of Public Health in Africa, 13*(1), 89–96.
- Idoko, P., Omotosho, A., Anyaka, C., Udo, E., Ezenwosu, O., Nwobi, C., Ezeoke, O., Obi, I., Ekwueme, C., Okeke, C., Obienu, O., & Orakwue, O. (2018). Contraceptive methods and their implications for maternal health. *Nigerian Journal of Medicine, 27*(4), 345–352.
- Jensen, J. T., & Speroff, L. (2001). Health benefits of oral contraceptives. *Obstetrics and Gynecology Clinics of North America, 28*(4), 673–688.
- Jin, J. (2014). Benefits of oral contraceptives beyond pregnancy prevention. *JAMA, 312*(17), 1819.
- Johnson, S., Pion, C., & Jennings, V. (2013). Current methods of contraceptive use in developed countries. *Contraception, 87*(5), 643–649.
<https://doi.org/10.1016/j.contraception.2012.10.013>

- Kinshella, M.-L. W., Moore, S. E., & Elango, R. (2021). Maternal and neonatal health risks associated with adolescent pregnancies in sub-Saharan Africa. *The Lancet Child & Adolescent Health*, 5(6), 443–451. [https://doi.org/10.1016/S2352-4642\(21\)00056-3](https://doi.org/10.1016/S2352-4642(21)00056-3)
- Luckmann, T. (1967). *The invisible religion: The problem of religion in modern society*. Macmillan.
- Mason, L., Dellicour, S., Ter Kuile, F., Ouma, P., Phillips-Howard, P., Were, F., Laserson, K., & Desai, M. (2013). Barriers to contraceptive use in sub-Saharan Africa. *Tropical Medicine & International Health*, 18(9), 1055–1064.
- Moreland, S., & Talbird, S. (2006). Achieving the Millennium Development Goals: The contribution of family planning. *USAID Health Policy Initiative*, 1–12.
- Mwingira, B., Mushi, D., & Mushi, H. (2022). Social stigma and adolescent contraceptive use in Tanzania. *East African Journal of Public Health*, 19(1), 34–42.
- Nwankwo, E., Adeyemi, O., & Ibrahim, M. (2023). Barriers to contraceptive uptake among Nigerian university students. *African Journal of Reproductive Health*, 27(2), 56–64.
- Obiechina, N. J., Okolie, V. E., & Ugboma, H. A. A. (1993). Knowledge and attitude towards oral contraceptives among tertiary students in Nigeria. *Nigerian Medical Journal*, 24(2), 45–50.
- Odu, B. K., & Ugboma, H. A. A. (2024). Gender perceptions and contraceptive use among male university students in Northern Nigeria. *Journal of Gender Studies*, 33(1), 89–97.
- Ogunleye, A., Adeyemi, A., & Okeke, C. (2021). Social stigma and contraceptive access among Nigerian youth. *Journal of Social Sciences*, 49(2), 123–132.
- Ojo, O., Eniojukan, J., & Bello, O. (2022). Sources of contraceptive information among Nigerian university students. *African Journal of Reproductive Health*, 26(3), 45–53.
- Ontiri, S., Mutea, L., & Naanyu, V. (2021). Barriers to contraceptive use among adolescents in sub-Saharan Africa. *Reproductive Health*, 18(1), 1–10. <https://doi.org/10.1186/s12978-021-01197-5>
- Schindler, A. E. (2013). Non-contraceptive benefits of oral contraceptives. *Journal of Reproductive Medicine*, 58(1–2), 1–8.
- Shukla, M., Agarwal, M., & Singh, J. V. (2017). Contraceptive use and its impact on maternal and child health. *Indian Journal of Community Medicine*, 42(3), 145–150.
- Tyrer, L. (1999). Benefits of oral contraceptives: Beyond contraception. *International Journal of Fertility and Women's Medicine*, 44(4), 171–177.

Wang, W., & Cao, J. (2019). Contraceptive knowledge and use among young women in Nigeria. *International Perspectives on Sexual and Reproductive Health*, 45, 15–24.

World Health Organization. (2018a). *Family planning/contraception methods*. <https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>

World Health Organization. (2020). *Adolescent pregnancy*. <https://www.who.int/news-room/fact-sheets/detail/adolescent-pregnancy>

World Health Organization. (2021). *Contraception*. <https://www.who.int/health-topics/contraception>

APPENDIX

QUESTIONNAIRE

DEPARTMENT OF SOCIOLOGY AND ANTHROPOLOGY

FACULTY OF SOCIAL SCIENCES

UNIVERSITY OF BENIN

Dear respondent,

This questionnaire is aimed at examining perceptions of students on Contraceptive usage among university of Benin students residing in Ekosodin community. The researcher request that you assist as a respondents in this study. Your participation is strictly voluntary and will be treated as confidential and anonymous.

Please tick(✓) against any appropriate alternative provided

Thanks for your anticipated cooperation

Section A: Demographic Information

1.Sex: Male () Female ()

2.Age: 19–23 () 24–28 () 29–33 ()

3.Ethnic Group: _____

4.Marital Status: Single () Married ()

5.Faculty: _____

6.Department: _____

7.Level of Study: _____

Section B: Awareness and Knowledge of Contraceptives

8. Have you ever heard of contraceptive methods?

Yes () No ()

9. If yes, which contraceptive methods do you know? (You can tick more than one)

Condoms () Pills () Intrauterine device (IUD) () Injectables ()Implants ()Emergency
contraception ()Withdrawal method ()Others (please specify): _____

10. How would you rate your knowledge of Contraceptives methods? Very good () Good ()fair
() poor () No knowledge at all ()

11. Have you ever attended a seminar, workshop,or class where Contraceptives were discussed?
Yes/ No

12.my main source of Contraceptives information is (choose one)

Friends/ peers () Health workers () Media (Tv, Radio, Internet) () school (lectures, workshops)
() others: _____

Section C: Perceptions and Usage of Contraceptives

13. Do you believe contraceptives are effective in preventing pregnancy?

Strongly agree () Agree () Neutral () Disagree () Strongly disagree ()

14. Do you think contraceptives encourage sexual irresponsibility among students?

Strongly agree () Agree () Neutral () Disagree () Strongly disagree ()

15. Have you ever used any form of contraceptive?Yes () No ()

16. If yes, which contraceptive method(s) have you used? (Tick all that apply)

Condoms ()Pills ()IUD ()Injectables ()Implants ()Emergency contraception ()Withdrawal
method () Others: _____

17. I feel confident discussing contraceptive use with my partner. Strongly agree () Agree ()
Disagree () Strongly Disagree ()

Section D: Perceived Barriers to Contraceptive Use

18. What are the challenges you face in accessing contraceptives? (Tick all that apply)

High cost () Fear of side effects () Religious/cultural beliefs () Partner disapproval () Lack of
privacy () Limited knowledge of where to get them () Others: _____

19. I feel embarrassed or stigmatized when buying Contraceptives.. Strongly agree () Agree ()
Disagree () Strongly Disagree ()

20. Lack of confidentiality in health facilities discourages me from using Contraceptives

Strongly agree () Agree () Disagree () Strongly Disagree ()

21. Do you feel contraceptives are easily accessible in your community?

Yes () No () Not sure ()

22. If contraceptives were made more available, affordable, and confidential, would you be more
likely to use them?

Yes () No () Maybe ()