

**AWARENESS OF SEXUALLY TRANSMITTED DISEASES AMONG
UNIVERSITY OF BENIN STUDENTS**

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BENIN CITY**

JULY, 2019

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**A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF
HEALTH, SAFETY AND ENVIRONMENTAL EDUCATION,
UNIVERSITY OF BENIN, BENIN CITY, IN PARTIAL FUFILMENT
OF THE REQUIREMENT FOR THE AWARD OF BACHELOR OF
SCIENCE EDUCATION DEGREE B Sc. (Ed) HEALTH EDUCATION**

JULY, 2019

APPROVAL PAGE

This is to certify that this project work was carried out by **Ndukwe Chidumebi Stanley** in the Department of Health, Safety and Environmental Education, Faculty of Education, University of Benin, Benin City and that the research project was approved as adequate in scope and quality for the partial fulfillment of the award of Bachelor of Science (Ed) degree in Health, Safety and Environmental Education.

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(Project Supervisor)

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CERTIFICATION

We the undersigned, certify that this research work was carried out by **NDUKWE CHIDUMEBI STANLEY** with Mat. No **EDU150 3255** in the Department of Health, Safety and Environmental Education, Faculty of Education, University of Benin, Benin City.

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DEDICATION

This project work is dedicated to Almighty God who has been my strength throughout this programme and to my late dad.

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I wish to express my sincere gratitude to my research supervisor, Mrs. N.I. Egbochukwu for providing invaluable guidance to this research project. His vision, sincerity and motivation have deeply inspired me. He is indeed a source of intellectual knowledge and contributed in no small measure to the accomplishment of this project. Sir, may God bless and reward you abundantly. Also, I wish to express my special thanks to all the lecturers in department of Health, Safety and Environmental Education who have impacted knowledge in me through their dedicated work; I say a big thank you to you all.

I will like to acknowledge with gratitude and continually appreciate the support and unrelenting efforts of my parents Late Mr. Iriogbe Usiho and Mrs. Obehi Ebole. They did not only assist me but also extended their support psychologically, emotionally and with prayers. Special thanks also go to my siblings Kingsley Usiho, Mrs Ejiro Solomon, Daniel Oghenekevwe, Daniel Edesiri, Ebole Emmanuel, Abandy Roosevelt, Daniel Oteri and Daniel Obaro for their kind support towards my academics. I say thank you.

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ABSTRACT

The purpose of this study was to awareness of sexually transmitted diseases among University of Benin Students. Three research questions were raised to guide the study. A descriptive survey research design was used in this study. The population for the study comprised of all female undergraduate students across the halls of residence in University of Benin, Ugbowo campus, Benin City. One hundred and ninety (190) female undergraduate students were sampled for the study. A self-structured questionnaire was used as the instrument for data collection which was validated by the researcher's supervisor and two other experts. Test retest reliability technique was used to ascertain the reliability of the research instrument which yielded a reliability score of 0.85. Data collected was analyzed using frequency, percentages, as well as mean and standard deviation.

Results of the study revealed that there is a high level of awareness and positive attitudes as regards the effect of usage of family planning among female students in University of Benin. However, in terms of practice, undergraduate female students in University of Benin were found to have poor practice. The study thus concluded that there is an obvious gap that requires policy decisions at all levels of educational interventions in Universities. Based on the findings, it was recommended that family planning awareness programme should be included in formal education system especially in the school curricula so that school girls can acquire correct knowledge from reliable and socially accepted sources rather than from peers, magazines, etc. Also, health care workers are hereby recommended to always give adequate, accurate and detailed information about family planning services to decrease their inconsistent use.

CHAPTER ONE

INTRODUCTION

Background to the Study

As Nigeria strives to achieve the sustainable development goals (SDG) particularly in the area of reduction of maternal mortality, one of the key interventions according to International Planned Parenthood Federation (IPPF) (2014) is the promotion and usage of effective family planning services. Family planning is a conscious effort by a couple to limit or space the number of children they have through the use of contraceptive methods. Contraceptive methods are classified as modern or traditional methods, the modern methods include female sterilization, male sterilization, the pill, the Intra Uterine Device (IUD), injectable, implants, male condom, female condom, diaphragm/foam/jelly, while standard days method and lactation amenorrhea method (LAM) methods such as rhythm (periodic abstinence), withdrawal, and folk methods are grouped as traditional. These family planning programs help people achieve their personal reproductive goals (Ahmed & Kabir, 2017).

Family planning practices enable individuals or couples to avoid unwanted pregnancies, regulate the intervals between pregnancies, control the time of birth in relation to the age of the parents and determine the number of children in the family (Johnson & Ekong, 2016). According to the World Health Organisation (WHO) (2017) family planning is a way of thinking and living that is adopted voluntarily upon the basis of knowledge, attitude and responsible decision by individuals in order to promote the health and welfare of the family group and thus contributes effectively to the social development of the country.

The essence of family planning as the fourth goal of the sustainable development has become a necessary factor in the improvement of economic outcomes, schooling especially for girls and women (Canning & Schultz, 2012; Schultz & Joshi, 2013). Also it educate young people on birth control before going into marriage and becoming pregnant so that they can desire to have reasonable family size that they can adequately cater for (World Health Organization, 2017). In spite of all the efforts made by the government and some concerned citizens, some couples and individuals have not embraced

contraceptives with reason being that there is lack of awareness, high level of illiteracy and the effect of culture and religious belief.

However, efforts over the past two decades have succeeded in decreasing female deaths worldwide from 750,000 per annum in 1990 to 330,000 per annum in 2015 (Dangat & Njau, 2016; maternal health, 2016). As a result, the lives of many women have been saved from high risk pregnancies or unsafe abortions. It is envisaged that if all women could avoid high risk pregnancies, the number of maternal death could fall by one quarter (maternal health, 2016). Besides controlling birth-rates, many family planning methods have other health benefits, for example, some hormonal methods help prevent certain cancers and condoms help prevent sexually transmitted infections.

Family planning saves the lives of children by helping women space birth. About 13-15 million children under age 5 die each year, if all children were born at least 2years apart, 3 to 4 million of these death would be avoided (WHO, 2017). Health experts around the world believes that planning their families helps them to provide a better life for their families and also improves family wellbeing, because couples with fewer children are

better able to provide them with enough food, clothing, housing and schooling (Schultz & Joshi, 2013). Thus, family planning also helps nations develop. In countries where women are having fewer children than their mothers did, the people's economic situation tends to improve faster than in most other countries. It is against this background that this study assessed the awareness of the effect of usage of family planning among female students in University of Benin, Benin City.

Statement of the problem

There are myriad of problems bedeviling female health in Nigeria, one of such is that of unwanted pregnancies. This is due to the fact that unexpected or unplanned pregnancy poses a major public health challenge in women of reproductive age, especially in developing countries like Nigeria. It has been estimated that out of the 210 million pregnancies that occur annually worldwide, about 80 million (38%) are unplanned, and 46 million (22%) end in abortion (International Planned Parenthood Federation, 2014). Many female students in developing countries would like to delay pregnancy due to their education, but seem not to know how to go about it. This according to WHO (2017) often result in unexpected or unplanned

pregnancy which becomes a burden on them in the society. Alkema et al. (2016) found that unwanted pregnancies have correlation with maternal mortality. In furtherance of Alkema et al. (2016) finding, WHO (2017) reported that countries with ineffective family planning programs are also countries with very high maternal mortality ratios.

In 2017, it was estimated that about 212,000 females were treated in health facilities for complications of induced abortion; this remains an important contributor to maternal morbidity and mortality in Nigeria (Bankole et al., 2015). In 2015, roughly 303,000 females died during and following pregnancy and multiple child birth (Alkema et al., 2016). Nigeria therefore has a large unmet need for family planning which is a big problem. To the best of the researcher's knowledge, majority of studies in the area of family planning have focused on the types and usefulness of family planning programs and interventions. The awareness of the usage of family planning among female students as a key to maternal mortality and morbidity has rarely been studied in developing countries like Nigeria. It is against this backdrop that this study is on the awareness of the effect of usage of family planning among female students in University of Benin, Benin City.

Research Questions

1. What is the level of awareness of the effect of usage of family planning among female students in University of Benin, Benin City?
2. What is the attitude towards the effect of usage of family planning among female students in University of Benin, Benin City?
3. What is the level of practice of family planning among female students in University of Benin, Benin City?

Purpose of the Study

The general objective of this study is to awareness of sexually transmitted diseases among University of Benin students. The specific objectives are as follows:

1. To assess the level of awareness of the effect of usage of family planning among female students in University of Benin, Benin City.
2. To elicit the attitude towards the effect of usage of family planning among female students in University of Benin, Benin City.
3. To determine the practice of family planning among female students in University of Benin, Benin City.

Significance of the Study

This study will help to create awareness on family planning, its benefits and effectiveness. This will help to prevent unwanted pregnancies among female students and the risks associated with it. More specifically, this study will be of immense benefit to female students and women generally, as it will afford them the ability to know the different family planning services available and be aware of effective contraceptives. This will help to proffer the right knowledge and attitude towards family planning and help reduce maternal death as well as improve family well-being.

This study will help to create awareness among health educators and health professionals generally on the knowledge, attitude and practice of female students towards the usage of family planning. This will assist health educators and the entire medical team in shaping family planning services that are more informative to women.

This study will be significant to policy makers as this study will help access reasons why female students are not utilizing family planning programs. This study will further help policy makers and stakeholders in family planning to plan and implement various delivery strategies to ensure

the success of family planning in all schools across the country. All these are very crucial to reduce maternal morbidity and mortality rate, as well as ease the responsibility bore by female students in terms of decision making on family planning methods.

The information gathered in this study will add to existing knowledge and guide for future researchers and serve as empirical reference for future studies. It will enlighten and increase the general public's awareness towards the usage of family planning and motivate the general public to utilize family planning services. This will help to prevent population explosion as well as unwanted pregnancies and the risks associated with it.

Scope and Delimitation of the Study

This study focused on the awareness of sexually transmitted diseases among University of Benin students. However, this study was delimited to female students in University of Benin, Benin City. Hence, female students across the halls of residence in University of Benin, Benin City constituted the population of the study.

Operational Definition of Terms

Family planning: Refers to the use of contraceptive by female students to prevent pregnancy.

Knowledge: Refers to the fact of knowing about the usage of family planning. It is the general understanding of female students utilizing family planning.

Practice: Refers to the habitual action or performance toward the utilization of family planning among female students.

Attitude: This refers to a way of thinking or behaviour that female students' exhibit towards family planning.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

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

- Concept of Family Planning
- Methods of Family Planning
- Other Classifications of Family Planning Methods
- Review of Empirical Literature
- Summary of Related Literature

Concept of Family Planning

Family planning allows people to attain their desired number of children and determine the spacing of pregnancies. It is achieved through use of contraceptive methods and the treatment of infertility. Family planning is a way of thinking and living adopted voluntarily upon the basis of knowledge, attitude and responsible decision by individuals and couples in order to promote the health of the family and these contribute effectively to the social development of a country (WHO, 2017). It is a method of having children by choice and not by chance (Myles, 2016). Family planning

refers to action an individual or couple take to avoid pregnancy, space future pregnancies for a specific reason or to gain control over the number of children conceived (Sally Olds, 2016). It is an important component of women health worldwide, women who are able to plan the number of pregnancies they have and the interval between pregnancies benefits in different ways.

Adesokan (2014) defined family planning as when a couple decides that they have as many children as they want and they use some method to avoid pregnancy. He also stated that most women feel satisfied using injectables since it provides privacy and it is not expensive especially for women whose husbands do not consent to their use of family planning method. According to Dewi (2016), family planning is a program to regulate the number and spacing of children in a family through the practice of contraception or other methods of birth control. Ballack (2015) see family planning as the control of the number of children in a family and of the intervals between them, especially by the use of contraceptives while Hossain (2017) see family planning as the concept or a program of limiting the size of families through the spacing or prevention of pregnancies, especially for economic reasons.

Clark, Yount and Roger (2014) stated that family planning is the use of education and birth control to limit the number of offspring and the population of a country.

Contemporary notions of family planning, however, tend to place a woman and her childbearing decisions at the center of the discussion, as notions of women's empowerment and reproductive autonomy have gained grip in many parts of the world. Family planning may involve consideration of the number of children a woman wishes to have, including the choice to have or not to have children, as well as the age at which she wishes to have them. These matters are influenced by external factors such as marital situation, career considerations, financial position, and any disabilities that may affect their ability to have children and raise them, besides many other considerations (Donahoe, 2016). If sexually active, family planning may involve the use of contraception (Khan & Rahman, 2014) and other techniques to control the timing of reproduction. Other techniques commonly used include sexuality education (Ballack, 2015), prevention and management of sexually transmitted infections, pre-conception counseling, and management, and infertility management (Ahmed & Kabir, 2017).

Olagunju (2012) stated that some religions are against the practice of other family methods therefore they feel that abstinence should only be preached among women of reproductive age they also believe it is against God's plan and it is used for abortion. Some culture forbids the practice of family planning saying children are gifts from their gods. Polygamy also hinders the practice of family planning because women are in competition as to who will have the highest number of children (Olagunju, 2012). In WHO (2016) report, the following were highlighted as the objectives of family planning:

- To control population explosion.
- To minimise child dumping.
- To ensure a healthy and happy family by preventing anxiety and stress.
- To prevent unwanted pregnancies.
- To ensure good quality education for the children.
- To reduce maternal morbidity and mortality rate.
- To help the government plan economically.
- To help infertile individuals or couple to produce children.

Methods of Family Planning

Three broad methods of family planning can be highlighted from the literature. These are traditional methods, natural methods, and artificial methods. However, the government health facilities usually have male and female family planning methods. The most commonly used male method of family planning is the male condoms. Though many married men are generally reluctant to use condoms when they are sexually involved with their wives but when with other mistresses, they at times use condoms. As for unmarried men, they often use condoms mainly due to the fear of unwanted pregnancies and sexually transmitted infections. The condoms are usually supplied at health facilities and can be obtained easily at the shops. Other male methods of family planning such as vasectomy are not commonly accepted by men. On the other hand, the most commonly used female modern family planning method is the depovera injection that last 3 month. Most women use this method without any consultation from their male partners. Other methods used are norplants, however some men forces their partner to remove the norplants when they are inserted without their approval. Rarely used methods are the IUCDs and tubal ligation since women knows their men don't like them and the women themselves are not

comfortable with them. Female condoms are not being used often because they are not available and are disliked by most men and women.

Traditional Family Planning Methods

Etokidem (2017) stated that traditional methods of family planning are the calendar method (rhythm method) and withdrawal (coitus interruptus). They are practice and beliefs handed down from one generation to another. It is classified in two ways.

- **Non-Appliance Method:** These are methods that do not need the attention of herbalist. They include polygamy, menstrual period, prolonged lactation, and isolation.
- **Appliance Method:** These are methods that need herbalist's attention, they involve specific preparation by the herbalist and they include: scarification, oral concoction, douching, and charms.

In those days couples resorted to traditional method of family planning. In recent times with advent of health advancement, some of the traditional concoction are not only found to be unreliable but with no scientific mode of action. They are ineffective and are actually harmful to the body.

Natural Family Planning Method

Natural family planning method is a type of fertility awareness based method (FABM) that employed abstinence during the fertile window if being used to postpone pregnancy. It does not require any kind of medical device (Unsel, 2017). Natural family planning uses one or more of the following methods to determine fertile and infertile periods in a woman's menstrual cycle. They include:

- **Basal Body Temperature (BBT) Method:** This is when the client takes her temperature in the morning before getting out of bed and before doing anything. This temperature is to be taken at the same time every morning. The individual must follow the following instruction to achieve his/her goal (World Health Organization, 2015).
 - Record reading on a temperature chart and do this for 3 – 6 consecutive months to determine the pattern of temperature rise.
 - Abstain from intercourse from the 1st day of period until after the 3rd consecutive day of rise of body temperature.
 - Do not use this method if you are breast feeding.

- **Calendar/Rhythm Method:** This method includes counting the days of menstruation using the calendar. This includes.
 - Determine the beginning of the fertile period by subtracting 18days from the shortest cycle.
 - If the longest period is 31days and the shortest period is 23days, fertile period is from 5th to the 20th day of the cycle.
 - Abstain from intercourse during this period every month.
 - If period is irregular, do not use this method.
- **Cervical Mucus Method or Billings Ovulation Method:** This method is based on the changes that take place in the quantity and quality of cervical mucus during the menstrual cycle. Prior to ovulation the mucus is thick and at ovulation the mucus becomes thin, clear and slippery then becomes thick again and does not stretch.
- **Symptom – Thermal Method:** This is a combination of the temperature, calendar and cervical mucus methods to determine time of ovulation. Other ovulation associated signs and symptoms include enlarged breast,

increased temperatures feeling of belatedness, mid-cycle pain, vaginal spotting are also used in this method.

- **Lactational Amenorrhoea Method (LAM):** Exclusive breast feeding can be used as a method of contraceptive because it causes lactational amenorrhoea and anovulation. For it to be very effective a client must have adequate information and the mother should practice exclusive breast feeding for the first 6months and also continually till the child is 2years. The client has to do the following (Network family health, 2007).
 - More prolong breast feeding.
 - More breast feeding on demand.
 - More simultaneous use of abstinence during breast feeding.

Advantages of Natural Methods

Some of the advantages of natural methods include:

- No physical side effect.
- No effect on breast feeding or breast milk.
- It is safe.
- Helpful for planning or preventing pregnancy.
- Inexpensive.
- No need to buy any drug.

- Encourages couples to communicate about family planning and sexuality.
- Acceptable to many religious group that oppose conventional methods.

Disadvantages of Natural Methods

Some of the advantages of natural methods include:

- Abstinence may be difficult for some couple.
- Require high motivation for success.
- Requires long time of practice.
- Not suitable for women with irregular menses.
- Predispose to marital disputes
- No protection against HIV/AIDS and sexually transmitted infections.

Artificial Family Planning Method

By the word “Artificial” it simply means something that is being created by people. Artificial method of family planning is the use of artificial method to prevent fertilization of egg especially during ovulation. It is a modern method whose purpose is to prevent conception (Delano, 2016).

- **Barrier Method** – This is the use of chemical action or mechanical obstruction to prevent spermatozoa from entering the uterus either by chemical or mechanical method (Amory, 2012).

- **Chemical Method** – These are chemicals such as spermicidal cream or tablet placed in the vaginal to immobilize or destroy spermatozoa. It can be used in combination with condoms and diaphragm. It is placed in the vagina before intercourse to block the cervix or destroy spermatozoa thus preventing pregnancy.

Advantages of Artificial Method

- It can be used by anyone as it is easy to insert.
- No prescription is required.
- Commodity is readily available.
- They serve as lubricant for the vagina.

Disadvantages of Artificial Method

- May interrupt sexual intercourse as couple must wait for 10 – 15 minutes to allow the spermicide to be effective.
- it may cause sensation or heat to the woman or her partner.
- It may cause irritation.
- It makes the vaginal wet several hours after intercourse.

Other Classifications of Family Planning Methods

- **Mechanical Method:** In this method condoms and diaphragm are used.

Condom – It is a short or thin synthetic rubber like balloon. It is commonly referred to as “durex” and can be opaque, transparent or coloured. It is worn

over the man's erect penis before intercourse to prevent pregnancy and infection (Amory, 2012).

Advantages include;

- Easy to use.
- Inexpensive.
- Very effective in the prevention of sexually transmitted infections (STIs) and AIDS.
- It is highly effective in the prevention of pregnancy if properly used.

Disadvantages include;

- Fore play is interrupted as the man stops to put on the condom.
- Some men cannot maintain erection with condom.
- Some couples do not enjoy sex when condom is used as the belief of foreign body present.

Diaphragm– This is a cervical barrier and it is a soft latex or silicone dome shape with a spring moulded into a rim. The spring creates a seal against the walls of the vagina.

Advantages

- It does not interfere with a woman's menstrual cycle.
- It is used dependently.
- It is less expensive than other methods of contraception.
- It is inserted several hours before intercourse allowing un-interruption of foreplay and intercourse.

Disadvantages

- There is high risk of urinary tract infection.
- It requires high level of hygiene.

• Hormonal Method

Injectables: These are long acting hormonal contraceptives containing combined oestrogen and progesterone or progesterone only and are given by intramuscular injection. The types of injectables include;

- Noristerat – It comes in an oily preparation with a standard dose of 20mg given every 8 weeks.
- Depo-Provera – It comes in an aqueous solution form with a standard dose of 150mg given every 12 weeks.

Advantages

- Injectables are culturally more acceptable.
- It does not interfere with sexual intercourse.
- Long acting and highly effective (99%)
- They can be used by women over 35years.
- They do not suppress lactation.

Disadvantages

- May cause menstrual irregularities.
- May cause amenorrhoea.
- Return to fertility may be delayed.
- **Oral Contraceptives** – This is also known as “pills” it has recorded 99% effective (Amory, 2012). Types of oral contraceptives include;

- Combined pills – These contain oestrogen and progesterone in different doses. They are taken daily from the 5th day of a period for 21 days followed by 1 week of placebo.

- Mini pills or progesterone only pills: This contains only progesterone. It does not only suppress ovulation but also alters the viscosity of the cervical mucus preventing penetration of spermatozoa. It is useful for breast feeding mothers as the pills does not have any effect on the baby and does not interfere with milk production.

Advantages

- It does not suppress lactation.
- Decrease menstrual cramps.
- It is easily reversible.
- Effective rate is high if used correctly.
- The client can discontinue use independently.

Disadvantages

- Excessive weight gain.
- It does not protect against sexually transmitted infections.
- **Norplant** – It is also known as implant and it is one of the methods of birth control recently introduced. It is a long acting method usually as long as 5 years. It contains 6 capsule made up of elastic silicon rubber tubing filing with progesterone. The capsules are implanted in the upper arm of a woman to prevent pregnancy for a period of 5years or more.

Advantages

- It is highly effective.
- Less side effect
- It does not interfere with sexual intercourse.
- Becomes effective within 24hours of insertion.
- Return to fertility is immediate after removal.

Disadvantages

- Risk of infection at the insertion site.
- Not easily available.
- Only special trained personnel can administer and remove it.
- Temporary slight discomfort on the implantation site.
- **Voluntary Surgical Contraceptive (Sterilization):** Sterilization is a safe surgical and permanent method of birth control performed on either a man or a woman who has decided to stop having children. It include

Vasectomy (male) – This is the cutting of the vas deferent in the male organ to prevent the passage off the spermatozoa in the seminal fluid.

Advantages

- It can be easy to perform depending on the approach chosen.
- It does not interfere with intercourse.
- It can be performed postpartum.
- It is highly effective more than any other method of contraceptive.

Disadvantages

- It carries risk of complication.

- It must be considered irreversible.

Bilateral tubal ligation (female): This is a form of sterilization in which the fallopian tubes are tied off. It is a permanent method of contraceptive in which the fallopian tubes are sealed in order to prevent sperm from reaching the ova. It is performed by laparoscopy which involves two small incisions in the abdomen. The fallopian tubes are sealed using clips or by cutting.

Advantages

- Highly effective.
- No effect on lactation.
- No day to day action is required.
- Long acting.

Disadvantages

- Risk of anaesthesia.
- Later regret.
- The procedure has to be performed by a specifically trained doctor.
- **Intra Uterine Contraceptive Device (IUCD):** IUCDs are small objects from plastic material (medicated or non-medicated) placed in the uterine cavity for contraceptive purpose (Amory, 2012). The medication which could be copper or progesterone increases the effectiveness of the plastic object. The mechanism of IUCD is that it works by interfering with the passage of sperm through uterine cavity, forming a physical barrier to implantation which then changes the endometrial lining, thus making it

hostile to sperm. According to Amory (2012, the various types of ICUDs include;

- Non-medicated e.g. lippies loop, saft, coil.
- Medicated e.g. progesterone.
- Copper T.
- Multiload.
- Saf-T-coil.

Advantages

- Highly effective.
- Easily available.
- Not to be felt by the partner.
- No effect on lactation.
- For women who are contra-indicated to hormonal method.
- No day to day action is required.

Disadvantages

- Increase risk of infection.
- Risk of ectopic pregnancy or intra-uterine pregnancy.
- Menstrual irregularities.
- Requires medical supervision.

Review of Empirical Literature

Empirical review is use to standardized knowledge or result of other people's research work in the same area of study as a comparison or guide in the recent research study. Reason for empirical review is to ideally indicate the title of the previous study being consulted; the persons that did the study, date, place where the study was done, the population and sample used. This study will review empirical works on knowledge, attitude and practice of family planning.

Awareness of Family Planning

Ikechebelu et al. (2015) conducted a study on Knowledge, attitude and practice of family planning among Igbo women of south-eastern Nigeria. A total of 200 Nigerian women visiting Nnamdi Azikiwe University Teaching Hospital's antenatal clinic were interviewed about their knowledge, attitude and practice of family planning. About 90% were literate. Majority (80%) of the respondents' level of awareness towards family planning was quite high and their approval (87%) of family planning was high, but the practice of modern family planning was low (25%) with most women involved in Billings/safe period (56%). The common methods used were Billings/safe period, condom, withdrawal and the intrauterine contraceptive device

(IUCD). A total of 81.5% of the respondents are still willing to give birth while 77% agreed that their last pregnancy was planned. A total of 58.5% of respondents were educated about family planning in the antenatal clinic. The most common source of family planning information was mass media, closely followed by health workers, while the most common single reason for non-practice of family planning was rejection by the husband.

Nansseu, Nchinda, Katte, Nchagnouot and Nguetsa (2015) conducted a study to assess the knowledge, attitude and practice of family planning among women living in a resource-poor rural setting. 120 households were selected. Participants were women aged at least 15 years old, sexually active, and who volunteered to participate in the study. A total of 101 women were enrolled, their ages ranging from 18–58 years with a mean of 31.7 ± 8.8 years. Ninety-six percent of these women had already heard about family planning. Almost all respondents (98 %) were aware of at least one contraceptive method, the most cited being the male condom (96 %), the safe period (86.1%), injectables (76.2%) and oral pills (75.2%), Sixty-six women (65.3%) were currently practicing at least one contraceptive method,

and the three prevailing methods used were: the safe period (50%), the male condom (34.8%), and injectables (12.1%).

Attitude towards Family Planning

Taiwo (2012) conducted a study to examine the attitude of women from selected rural areas in Ibadan towards family planning using the Health Belief Model and Social Action as frameworks for explanation. The qualitative and quantitative methods of research were employed with a survey of 136 randomly selected mothers from 5 rural communities in Ibadan. The study revealed that the socio-economic status of mothers significantly influenced their attitude towards family planning. Most of the women had only primary education and more women had no formal education compared to those who had secondary and tertiary education, hence few of them displayed positive attitude towards family planning methods. Majority of the women hardly gave birth in hospitals and depended on their husbands to decide what ever method will be used to space or limit the number of children they will have. The study also revealed that women perceived benefits of family planning as measures: to control population, reduce infant and maternal mortality and also make mothers healthy and

strong after child birth. However, these were learnt after they had given birth to more than four children in other places aside the hospitals.

Dangat and Njau (2013) conducted a study to assess knowledge, attitudes and practices on family planning services among adolescents in secondary schools in Hai District in northern Tanzania. A cross sectional study was conducted among 316 randomly selected students in 10 secondary schools using a self-administered pre-tested questionnaire. Median age of participants was 17 years (15-19 years). Two-thirds (67.4%) of the respondents had adequate level of knowledge on family planning services (FPS) and the most popular source of information was the radio (65.8 %). Being in a lower class ($\chi^2 = 8.6$; $P < 0.02$) and attending co-education schools ($\chi^2 = 12.9$; $P < 0.001$) were predictors of inadequate level of knowledge on FPS. Most, 71.2% (225/316) respondents reported that FPS should not be used by adolescents and mentioned several reasons against its use. Less than 6 % (18/316) of all respondents had used FPS in their lifetime, with 44.4 % (8/18) in the past month, 33.3 % (6/18) in the past year, and 22.3 % (4/18) in the past 5 years.

Practice of Family Planning

Nansseu *et al* (2015) study assessed the knowledge, attitude and practice of family planning among women living in a resource-poor rural setting. 120 households were selected. Participants were women aged at least 15 years old, sexually active, and who volunteered to participate in the study. A total of 101 women were enrolled, their ages ranging from 18–58 years with a mean of 31.7 ± 8.8 years. Sixty-six respondents (66.3 %) were currently practicing at least one contraceptive method, and the three prevailing methods used were: the safe period (50%), the male condom (34.8 %), and injectables (12.1 %). The main reasons precluding women from practicing contraception were lack of knowledge (31.4%), uselessness (31.4 %) and unbearable side effects (8.6 %). Fourteen of these women (42.4 %) expressed the willingness to start practicing contraception if they received more information about the subject. Decision on the number of children to have was made by both the man and the woman in 59.5 % of cases. The practice of contraception had been decided by the couple in 39.6 % of cases, and 9.4 % of men were not aware that their wives were currently practicing contraception.

Okeowo and Olujide (2014) in their study examined the attitude, knowledge and utilization of family planning methods among rural women in Ogun State. Interview schedule was designed to obtain data from the respondents (rural women). Data were gathered from 120 rural women selected from the four zones of Ogun State Agricultural Development Programme (OGADEP). The result shows that majority (80%) of the respondents were married, while most of them (68%) were within the ages of 20-35 years. The respondents' sources of information on family planning were friends and spouses (77%), radio (62%), market place (74%) and health centers (88%). Also, 68% of the respondents utilized pills, 48% utilize condoms, while 20% of the respondents utilize prolonged breastfeeding as their family planning methods. Significant relationship existed between respondents' utilization and knowledge of family planning methods. Correlation analysis showed a significant relationship between factors militating against the utilization of family planning methods and knowledge of family planning methods.

Summary of Related Literature

This chapter has reviewed literature related to this study. This chapter carefully reviewed the concept of family planning as well as the awareness, attitude and practice towards family planning. Family planning allows people to attain their desired number of children and determine the spacing of pregnancies. In the literature review, family planning was seen as a program to regulate the number and spacing of children in a family through the practice of contraception or other methods of birth control. Three broad methods of family planning can be highlighted from the literature. These are traditional methods, natural methods, and artificial methods. However, the government health facilities usually have male and female family planning methods. The most commonly used male method of family planning is the male condoms. Other male methods of family planning such as vasectomy are not commonly accepted by men. On the other hand, the most commonly used female modern family planning method is the depovera injection that last 3 month. Most women use this method without any consultation from their male partners. Other methods used are norplants, however some men forces their partner to remove the norplants when they are inserted without their approval. Rarely used methods are the IUCDs and tubal ligation.

Female condoms are also not being used often because they are not available and are disliked by most men and women.

Also, different scholarly literature on the relationships that exists among the content variables was reviewed. Thus, it was seen in the literature review that different scholars and authors have varying opinions as regards the awareness, attitude and practice towards family planning. The results of empirical literatures that were reviewed showed that the level of awareness towards family planning was quite high among majority of women. Majority of the studies that were empirically reviewed revealed that the socio-economic status of women significantly influenced their attitude towards family planning. Few of the women displayed positive attitude towards family planning methods while majority depended on their spouse to decide what ever method will be used to space or limit the number of children they will have. In practice, majority of women in the studies reviewed practiced at least one contraceptive method, and the four prevailing methods used were; the safe period, the male condom, pills, and injectables.

CHAPTER THREE

METHODOLOGY

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

- Research Design
- Population of the 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. This involves the process of identifying the variables that exist in a given situation and describing the relationship that exist among the variables, as well as examining the factors that link these variables together.

Population of the Study

The population of this study comprised of all female undergraduate students across the halls of residence in University of Benin, Ugbowo campus, Benin City. The population of female undergraduate students residing in Hall I, Hall II, Hall V, Hall VI, NDDC and Medical Hostels is estimated at three thousand and eight hundred (3800) students according to records from the department of student affairs, University of Benin, Benin City. This figure constituted the target population of this study.

Sample and Sampling Techniques

One hundred and ninety (190) female undergraduate students in the halls of residence, which constituted five percent of the study population, were sampled for this study. To ensure a representative sample for this study, sampling was done using the simple random sampling technique. Only

female students that are residing in the female hostels and are readily available were however sampled for this study.

Research Instrument

The research instrument that was used in this study was a self-structured questionnaire that sought information from the female undergraduate students in the halls of residence in University of Benin. The instrument was designed in two (2) sections, sections A, and B. Section A sought information from the female undergraduate students as regards their demography. Section B sought information from the female undergraduate students as regards their level of awareness of the effect of usage of family planning, attitude towards the effect of usage of family planning as well as level of practice of family planning in University of Benin, Benin City. Section B of the research instrument comprised of 22 items which are closed-ended. Questions were raised in each of the research questions where the respondents will be required to select the most appropriate options. The responses was rated on a four (4) point Likert scale ranging from Strongly

Agree (SA) = 4; Agree (A) = 3; Disagree (D) = 2; and Strongly Disagree (SD) = 1.

Validity of the Instrument

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

Reliability of the Instrument

The reliability of the research instrument was ascertained using test-retest reliability technique. This was done by administering the research instrument to 20 undergraduate female students that were part of the study population but were not part of the selected sample size. The instrument was administered twice to each respondent in an interval of one week. There after, the reliability of the retrieved instrument was ascertained using Spearman Correlation Coefficient. A reliability coefficient score of 0.85 was obtained, which indicated that the instrument was reliable.

Methods of Data Collection

Primary data was relied upon to source for data in the study and as such Questionnaires were administered to female undergraduate students in their halls of residence through face to face and on the spot retrieval of the completed questionnaires.

Method of Data Analysis

Data collected from the respondents was analyzed using descriptive statistics such as frequency, percentages, as well as mean and standard deviation.

CHAPTER FOUR

DATA ANALYSIS AND PRESENTATION OF RESULTS

This chapter presents the analysis of data collected from self-administered questionnaires to 190 female undergraduate students across the halls of residence in University of Benin, Ugbowo campus, Benin City. Frequencies, percentages and mean were used to analyse the data in tables. The analysis was carried out with the aid of IBM SPSS statistical software version 22.0.

Presentation of Findings

In this section of the study, the demographic information of the respondents was presented first and then the three research questions raised in this study were subsequently answered.

Respondents' Demographic Variables

The demographic variables that pertained to this study and assessed by the researcher were age, faculty, academic level, and hall of residence. Table

1 below shows the demographic variables with respect to the afore-listed variables.

Table 1: Demographic Information

S/N	Variables	Attributes	Frequency	Percent (%)
1	Age	Less than 20 years	45	23.7
		20-24 years	82	43.2
		25-29 years	52	27.4
		30 years and above	11	5.8
2	Faculty	Education	35	18.4
		Physical Sciences	25	13.2
		Agricultural Science	26	13.7
		Law	24	12.6
		Management Sciences	27	14.2
		Social Sciences	32	16.8
		Basic Medical Sciences	21	11.1
3	Academic Level	100 level	38	20.0
		200level	38	20.0
		300level	38	20.0
		400level	38	20.0
		500level	38	20.0
4	Hall of Residence	Hall I	35	18.4
		Hall II	40	21.1
		Hall V	29	15.3
		Hall VI	30	15.8
		NDDC	31	16.3
	Medical	25	13.2	

Source: Field survey, 2021

Table 1 revealed that out of 190 respondents that were sampled in this study, the age distribution of the respondents as shown in table 1 revealed that 45 (23.7%) of the respondents are less than 20 years old, 82 (43.2%) are

between 20 and 24 years, 52 (27.4%) are within 25 to 29 years while 11 (5.8%) of the respondents are 30 years old and above. Majority of the respondents are therefore less than 30 years old. In terms of the respondents' faculties, 35 (18.4%) are in education faculty, 25 (13.2%) are in physical sciences, 26 (13.7%) are in Agricultural sciences, 24 (12.6%) are in law faculty, 27 (14.2%) are in management sciences, 32 (16.8%) are in social sciences while 21 (11.1%) of the respondents are in Basic Medical Sciences. In terms of the distribution of the respondents based on their academic level, 38 respondents were selected from each academic level of 100 to 500 level. In terms of the distribution of the respondents based on their halls of residence, 35 (18.4%) were selected from hall I, 40 (21.1%) from hall II, 29 (15.3%) from hall V, 30 (15.8%) from hall VI, 31 (16.3%) from NDDC while 25 (13.2%) were selected from medical hostel.

Analysis of Research Questions

The analysis of this study was based on the research questions. Consequently, the three (3) research questions of the study were duly analysed.

Research Question 1: What is the level of awareness of the effect of usage of family planning among female students in University of Benin, Benin City?

Table 2 contains responses from the respondents as regards their level of awareness of the effect of usage of family planning. The responses from the respondents were used to answer research question one (1).

Table 2: Descriptive statistics on students' level of awareness of the effect of usage of family planning

S/N	ITEMS	SA	A	D	SD	Mean	Remark
1	Family planning causes morbidity and mortality among women	11 (5.8%)	63 (33.2%)	109 (57.4%)	7 (3.7%)	2.41	Agree
2	Some side effects have been reported in the use of various family planning methods	27 (14.2%)	126 (66.3%)	37 (19.5%)	-	2.95	Agree
3	The use of family planning by couples help in preventing unwanted pregnancies	64 (33.7%)	79 (41.6%)	47 (24.7%)	-	3.09	Agree
4	Couples that desires child spacing can use family planning methods to achieve that aim	51 (26.8%)	65 (34.2%)	64 (33.7%)	10 (5.3%)	2.83	Agree
5	Use of condoms as a family planning method is not one hundred percent effective	79 (41.6%)	78 (41.1%)	33 (17.4%)	-	3.24	Agree
6	Male condoms are more preferable to female condoms by couples	34 (17.9%)	114 (60%)	12 (6.3%)	30 (15.8%)	2.80	Agree
7	Pills are meant for both male and female couples	37 (19.5%)	89 (46.8%)	54 (28.4%)	10 (5.3%)	2.81	Agree
8	Some couples have reported discomfort in the use of pills as a family planning method	33 (17.4%)	83 (43.7%)	64 (33.7%)	10 (5.3%)	2.73	Agree
9	Family planning programmes can assist infertile individuals or couple to produce children	20 (10.5%)	75 (39.5%)	95 (50%)	-	2.61	Agree
AVERAGE MEAN						2.83	

Source: Field survey, 2021

Response to the 9 items in Table 2 showed that the mean response to all 9 items were above the decision point of 2.50, thus indicative that majority of the respondents agreed to all items in the table. The average mean to the items was computed as 2.83, which indicates that the respondents had a high level of awareness of the effect of usage of family planning.

Research Question 2: What is the attitude towards the effect of usage of family planning among female students in University of Benin, Benin City?

Table 3 contains responses from the respondents as regards their attitude towards the effect of usage of family planning. The responses from the respondents were used to answer research question two (2).

Table 3: Descriptive statistics on students’ attitude towards the effect of usage of family planning

S/N	ITEMS	SA	A	D	SD	Mean	Remark
1	I am in support of family planning by couples	11 (5.8%)	75 (39.5%)	104 (54.7%)	-	2.51	Positive
2	I expect couples to encourage each other on the use of family planning method to control unwanted pregnancies	29 (15.3%)	144 (75.8%)	17 (8.9%)	-	3.06	Positive
3	Family planning is awesome for couples who wants to space childbirth	44 (23.2%)	106 (55.8%)	30 (15.8%)	10 (5.3%)	2.97	Positive
4	I feel that family planning can be used to improve the wellbeing of families	29 (15.3%)	127 (66.8%)	34 (17.9%)		2.97	Positive
5	Couples that desire a healthy and happy life have to adopt family planning	85 (44.7%)	59 (31.1%)	26 (13.7%)	20 (10.5%)	3.10	Positive
6	Raising fewer children that couples can cater for should be everyone’s goal	46 (24.2%)	124 (65.3%)	20 (10.5%)	-	3.14	Positive
7	Nations all over the world can make family planning compulsory for couples so as to control population explosion	20 (10.5%)	93 (48.9%)	67 (35.3%)	10 (5.3%)	2.65	Positive

Source: Field survey, 2021

Responses to the 7 items in table 3 showed that the mean response to the 7 items lies between 2.51 and 3.14, which were all above the decision point of 2.50, thus indicating an agreement with all the items in the table. The average mean score of 2.91 computed for all 7 items in table 3 showed that the respondents' exhibited positive attitudes towards the effect of usage of family planning.

Research Question 3: What is the level of practice of family planning among female students in University of Benin, Benin City?

Table 4 contains responses from the respondents as regards their level of practice of family planning. The responses from the respondents were used to answer research question three (3).

Table 4: Descriptive statistics on students' level of practice of family planning

S/N	ITEMS	SA	A	D	SD	Mean	Remark
1	I often practice family planning	37 (19.5%)	100 (52.6%)	53 (27.9%)	-	2.92	High
2	My religious belief made me to avoid the practice of family planning	39 (20.5%)	46 (24.2%)	47 (24.7%)	58 (30.5%)	2.35	Low
3	My cultural belief made me not to practice family planning	23 (12.1%)	62 (32.6%)	67 (35.3%)	38 (20%)	2.37	Low
4	I do visit a family planning clinic around my area once in a while	11 (5.8%)	56 (29.5%)	68 (35.8%)	55 (28.9%)	2.12	Low
5	My spouse often encourage me to use family planning	33 (17.4%)	109 (57.4%)	41 (21.6%)	7 (3.7%)	2.88	High
6	I have used at least one of condom, pills, IUCD and/or natural methods as a family planning method in the past	20 (10.5%)	54 (28.4%)	79 (41.6%)	37 (19.5%)	2.30	Low
7	Due to the reactions I get after using a family planning method, I have stopped practicing family planning	57 (30%)	80 (42.1%)	53 (27.9%)	-	2.02	Low
AVERAGE MEAN						2.42	Low

Source: Field survey, 2021

Table 4 showed that the mean response to items 1 and 5 were respectively 2.92 and 2.88, which were all greater than the decision point of 2.50. However, the mean response to items 2, 3, 4, 6, and 7 were respectively 2.35, 2.37, 2.12, 2.30, and 2.02. These were less than the decision point of 2.50. However, the average mean score to all items in the table was computed as 2.42, which is less than the decision point. From the mean response scores, it can be seen that the respondents had a low level of practice of family planning.

Discussion of Findings

Study findings for research question one (1) revealed that the awareness of the effect of usage of family planning among female students in University of Benin is fairly high. This is due to the fact that there is a fairly high mean response score of 2.83 to the 9 items in table 2 measuring the awareness of the effect of usage of family planning. In line with this finding, Ikechebelu et al. (2015) study revealed that majority (80%) of the respondents in their study had high level of awareness towards family planning. Similarly in another study done by Nansseu et al (2015), it was found that ninety-six percent of women had already heard about family planning and almost all respondents (98%) were aware of at least one contraceptive method.

In regards to research question two (2), the study discovered that female students in University of Benin exhibited positive attitudes towards the effect of usage of family planning. The mean response score to the 7 items in table 3 was 2.91, thus indicative of positive attitudes to the items in the table. In line with this finding, Ikechebelu et al. (2015) study revealed that majority (87%) of respondents had a high approval of family planning in their study. In a similar study, Taiwo (2012) study revealed that majority

(79%) of the respondents in their study had good attitude towards family planning methods.

Results obtained from the present study as regards research question three (3) revealed that female students in University of Benin have a low level of practice of family planning. This is due to the low mean score of 2.42, which was computed for all 7 items in the table. In line with this study, Ikechebelu et al. (2015) study revealed that the practice of modern family planning in their study was low (25%). Ontrary to the study's findings, Nansseu et al (2015) study found that 65.3% women were currently practicing at least one contraceptive method. Also, Okeowo and Olujide (2014) study revealed that 68% of the respondents in their study utilized pills, 48% utilized condoms, while 20% utilized prolonged breastfeeding as their family planning methods. The reason for the difference in results in two out of the three related literature reviewed can be attributed to the fact that this present study sampled undergraduate students in the halls of residence of University of Benin while the other studies sampled married women of child bearing age.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Introduction

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

Summary

This study was carried out to assess the awareness of the effect of usage of family planning among female students in University of Benin, Benin City. Three research questions were raised in the study, they include; what is the level of awareness of the effect of usage of family planning among female students in University of Benin, Benin City; what is the attitude towards the effect of usage of family planning among female students in University of Benin, Benin City; and what is the level of practice of family planning among female students in University of Benin, Benin City.

Related literatures were reviewed to gather information and eminent scholars' view on the variables under study. The descriptive survey design was adopted in this study. The population of this study consists of three thousand and eight hundred (3800) female undergraduate students across the halls of residence in University of Benin City. A sample size of 190 female

students was randomly selected for this study. Descriptive statistics using frequency, percentage, and mean in tables were used in the data analysis of the study.

Findings

- The level of awareness as regards the effect of usage of family planning among female students in University of Benin is quite high.
- Female students in University of Benin have positive attitudes towards the effect of usage of family planning.
- There is a low level of practice of family planning among female students in University of Benin.

Conclusion

Family Planning activities and services are the instruments through which a couple or a nation use to achieve objectives of reducing poverty, maternal and infant mortality, check population explosion, improve income of its citizens all for a better life. Hence, this study assessed the awareness of the effect of usage of family planning among female students in University of Benin, Benin City. Results obtained in this study revealed that undergraduate female students in University of Benin have high level of

awareness of family planning and their attitudes were quite good but were found to have a low practice of family planning. Hence, consistent use of planning services should be emphasized to reduce not only unplanned pregnancies but also sexually transmitted diseases among female students of University of Benin. The University being a tertiary institution mandated to train teachers is expected to ensure that its students have accurate and current information on family planning methods relevant to educate others as well as have a good practice of same. The study thus concluded that this is an obvious gap that requires policy decisions at all levels of educational interventions at the tertiary level of education in Nigeria at large.

Recommendations

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

1. Health care workers are hereby recommended to always give adequate, accurate and detailed information about family planning services to decrease their inconsistent use.
2. Health care workers should also stress the importance of consistent use of family planning to prevent unplanned pregnancies.
3. The establishment of Guidance and Counselling Unit (GCU) should be given prominence in all the available health centres or clinics. Aside this, the family planning unit of the health centres or clinics should have a qualified professional that will be able to handle the issue of health guidance and health counselling.
4. Family planning awareness programme should be included in formal education system especially in the school curricula so that school girls can acquire correct knowledge from reliable and social accepted sources rather than from peers, magazines, pornography etc.
5. Establishing user-friendly reproductive and sexual health services will help improve students' practice of family planning.
6. Government, individuals, philanthropic organizations and Non-governmental organizations should fully participate and increase funding

and logistic support to ensure that the family planning activities covers every nooks and crannies of every state in Nigeria including in tertiary institutions.

7. Those involved in providing family planning services should always treat patients in a friendly and dignified way when interacting and providing services to them.

REFERENCES

- Adesokan, F.O. (2014). *Reproductive health for all ages*. Faxwell Nigeria limited, ekiki state (2014).
- Adinma, J.I. & Nwosu B.O. (2015) Family planning knowledge and practice among Nigeria women attending an antenatal clinic. *Antenatal clinic*, 11 (3), 355-344.
- Ahmed, S.K. & Kabir, S. (2017). Sterilization regret among U.S. couples. *Family Planning Perspectives*, 18(5): 238–240.

- Allison, R. (2014). *Ross and Wilson Anatomy and Physiology in health and illness* (12thed). London, New York Oxford Philadelphia, St Louis Sydney Toronto.
- Amory, J. (2012). Process and prospects in male hormonal contraception. *Current opinion in endocrinology, diabetes and obesity*, 15(3): 255-260.
- Bankole, A. (2015). *Unwanted pregnancy and induced abortion in Nigeria: Causes and consequences*. New York: Guttmacher Institute.
- Barbara, F.W. (2009). *Billiere's Nurses Dictionary for Nurses and health care workers*. (25thed).
- Canning, D. & Paul, T.S. (2012). The economic consequences of reproductive health and family planning. *The lancet*; 380: 165-171.
- Dangat, C.M. & Njau, B. (2013). Knowledge, attitude and practices on family planning services among adolescents in secondary schools in Hai District, northern Tanzania. *Tanzania Journal of Health Research*, 15 (1): 12-17.
- Delano, E. (2007). *Guide to family* (5thed) Ibadan; Spectrum book limited.
- Dereck, A. (2007). *Every woman: A Gynaecology guide for life*. (19thed) London; Faber limited.
- Ehigie, J.E., Okpidae, A.C., Etedafe, P.G. & Okpere, E.E. (2017). Delivery rate in Benin City, Nigeria, *Nigeria Journal of Clinical Practice*, 17 (5): 9-16.
- Ikechebelu, J.I., *et al.* (2015) Knowledge, attitude and practice of family planning among Igbo women of south-eastern. *International Journal of Education and Development*, 13 (5): 38–39.
- International Planned Parenthood Federation (IPPF) (2014). *Medical and service delivery guidelines for family planning*, 2nd edition. London.
- Nansseu, J.R.N., Nchinda, E.R., Katte, J.C., Nchagnouot, F.M., & Nguetsa, G.D. (2015). Assessing the knowledge, attitude and practice of family planning among women living in the Mbouda health district, Cameroon. *Reproductive Health*, 12:92-105.
- Obi, A.I. & Labiran, A. (2015). Contraception usage: Knowledge Attitude and Association factors among women of Reproductive Age Attending a Health Faculty in Benin city, Nigeria. *British journal of medicine and medical research* 9(7): 1-13.

- Ofonime, J. & Ikobong, E. (2016). Knowledge Attitude and Practice of family planning among women in a rural community in southern Nigeria. *British journal of medicine and medical research* 12(2):1-8
- Ogboghodo, E. O., Adam, V.Y. & Wagbatsoma., V.A. (2017). Prevalence and determinant of contraceptive use among women of child bearing Age in a Rural Community in Southern Nigeria. *Journal of community medicine and primary health care*, 29(2): 97-107.
- Ojo, A. & Briggs. (2009). *A text book for midwives in the tropics* (15thed) Britain; Pultertarryller limited.
- Okeowo, T.A., & Olujide, M. G. (2014). Attitude, Knowledge and Utilization of family planning methods among rural women in Ogun State, Nigeria. *Agrosearch*, 14(1):39-53.
- Pallone, S.R & Bergus, G.R. (2009). Fertility awareness based method: Another option for family planning. *J Am Board Fam med*, 22:147-57.
- Renjhen, P., Gupta, S., Das, B. A., Jaju, S. & Khan, B. (2008). A study of knowledge, attitude and practice of family planning among the women of reproductive age group in Sikkim: *Journal of Obstetrics and Gynecology of India*, 58 (1): 63-67.
- Sally, B. O. (2016). *Maternal: New born nursing and women's health care*. (17thed). New Jersey: USA
- Schultz, T. P. & Shareenjoshi, L. (2013). Family planning and women and children's health: consequences of an outreach program in mat lab. *Australian Journal of Psychology*, 149-180.
- Sitruk-ware, R., Nath, A. & Mishell, D.R. (2013). Contraception technology: past, present and future, *Journal edu*, 87(3): 19-30
- Smoleg, B. & Robinson, C. (2012). Natural family planning. *Am FAM physician*, 86 (10): 924-8.
- Taiwo, P.A.J. (2012). Attitude of Women towards Family Planning in Selected Rural Communities of Ibadan. *African Journal for the Psychological Study of Social Issues*, 15 (1): 19-23.
- Utulu, C.S, (2012). *Record of Family Planning services at Midim Health center, Abak, Nigeria*.

World Health Organization (2015). A prospective multi-center trial of the ovulation method of natural family planning: Characteristics of the menstrual cycle and the fertile phase. *Family and sterility*, 40:773-778.

World Health Organization (WHO) (2017). *Technical consultation for research on sexual and reproductive health and right in humanitarian settings*. Evidence from WHO Case Studies. Geneva.

APPENDIX I

QUESTIONNAIRE

Dear Respondent,

I am a final year student of the above named institution and I am carrying out a research study on the topic: “**awareness of the effect of usage of family planning among female students in university of Benin, Benin City**”. Kindly assist me by indicating your opinion where necessary.

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

Thank you.

Yours faithfully,

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

SECTION A (DEMOGRAPHIC DATA)

1. Age: Less than 20 years (); 20-24years (); 25-29Years (); 30 and above ()
2. Faculty: _____
3. Academic Level: 100 (); 200 (); 300 (); 400 (); 500 ()
4. Hall of Residence: Hall I hostel (); Hall II hostel (); Hall V hostel (); Hall VI (); NDDC hostel (); Medical hostel ()

SECTION B

Please indicate the level of extent to which you agree with the following items in the table:

KEY: Strongly Agree = SA; Agree = A; Disagree = D; Strongly Disagree = SD

S/N	ITEMS	SA	A	D	SD
RQ 1	What is the level of awareness of the effect of usage of family planning among female students in University of Benin, Benin City?				
1	Family planning causes morbidity and mortality among women				
2	Some side effects have been reported in the use of various family planning methods				
3	The use of family planning by couples help in preventing unwanted pregnancies				
4	Couples that desires child spacing can use family planning methods to achieve that aim				
5	Use of condoms as a family planning method is not one hundred percent effective				
6	Male condoms are more preferable to female condoms by				

	couples				
7	Pills are meant for both male and female couples				
8	Some couples have reported discomfort in the use of pills as a family planning method				
9	Family planning programmes can assist infertile individuals or couple to produce children				
RQ 2	What is the attitude towards the effect of usage of family planning among female students in University of Benin, Benin City?				
10	I am in support of family planning by couples				
11	I expect couples to encourage each other on the use of family planning method to control unwanted pregnancies				
12	Family planning is awesome for couples who wants to space childbirth				
13	I feel that family planning can be used to improve the wellbeing of families				
14	Couples that desire a healthy and happy life have to adopt family planning				
15	Raising fewer children that couples can cater for should be everyone's goal				
16	Nations all over the world can make family planning compulsory for couples so as to control population explosion				
RQ 3	What is the level of practice of family planning among female students in University of Benin, Benin City?				
17	I often practice family planning				
18	My religious belief made me to avoid the practice of family planning				
19	My cultural belief made me not to practice family planning				
20	I do visit a family planning clinic around my area once in a while				
21	My spouse often encourage me to use family planning				

22	I have used at least one of condom, pills, IUCD and/or natural methods as a family planning method in the past				
23	Due to the reactions I get after using a family planning method, I have stopped practicing family planning				

APPENDIX II

TEST RETEST RELIABILITY TECHNIQUE

Reliability test using a self-structured instrument of 20 questionnaire items where X and Y are the mean responses of first and second test administration to 20 respondents (i.e. N = 20)

ITEMS	X	Y	X ²	Y ²	XY
1	2.81	2.94	7.90	8.64	8.26
2	2.67	2.71	7.13	7.34	7.24
3	3.40	3.40	11.56	11.56	11.56
4	3.60	3.56	12.96	12.67	12.82
5	3.20	3.20	10.24	10.24	10.24

6	2.78	2.74	7.73	7.51	7.62
7	2.04	2.04	4.16	4.16	4.16
8	2.96	2.99	8.76	8.94	8.85
9	3.40	3.41	11.56	11.63	11.59
10	3.47	3.47	12.04	12.04	12.04
11	2.99	3.01	8.94	9.06	9.00
12	3.53	3.53	12.46	12.46	12.46
13	2.65	2.60	7.02	6.76	6.89
14	2.40	2.20	5.76	4.84	5.28
15	3.20	3.20	10.24	10.24	10.24
16	3.27	3.16	10.69	9.99	10.33
17	3.19	3.17	10.18	10.05	10.11
18	3.07	3.07	9.42	9.42	9.42
19	2.41	2.63	5.81	6.92	6.34
20	3.01	2.95	9.06	8.70	8.88
TOTAL	$\sum X = 60.05$	$\sum Y = 59.98$	$\sum X^2 = 183.62$	$\sum Y^2 = 183.17$	$\sum XY = 183.33$

N=20

$$R = \frac{N\sum XY - (\sum X)(\sum Y)}{\sqrt{\{N\sum X^2 - (\sum X)^2\} \{N\sum Y^2 - (\sum Y)^2\}}}$$

$$R = \frac{20 \times 183.33 - (60.05 \times 59.98)}{\sqrt{\{20 \times 183.62 - (60.05)^2\} \{20 \times 183.17 - (59.98)^2\}}}$$

$$\{20 \times 183.62 - (60.05)^2\} \{20 \times 183.17 - (59.98)^2\}$$

$$R = \frac{64.801}{76.236}$$

$$R = 0.85$$