

**KNOWLEDGE AND ATTITUDES TOWARDS FAMILY PLANNING AMONG
UNDERGRADUATE STUDENTS IN THE UNIVERSITY OF BENIN**

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DEPARTMENT OF HEALTH, SAFETY AND ENVIRONMENTAL EDUCATION

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UNIVERSITY OF BENIN, BENIN CITY, EDO STATE

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**A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF HEALTH,
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CERTIFICATION

We, the undersigned, certify that this project was carried out by **Zamijafe Emmanuella, AIDOMOKHAI**, with **Mat No. EDU2203547**, in the Department of Health, Safety and Environmental Education, Faculty of Education, University of Benin, Benin City, in partial fulfilment of the requirements for the Award of Bachelor of Science (B.Sc. Ed) Degree in Health Education.

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DEDICATION

I dedicate this project work first and foremost to God Almighty, for His grace, wisdom, strength, and guidance throughout this academic journey. This work is also dedicated to my beloved parents, Mr. and Mrs. Aidomokhai, for their endless love, sacrifices, encouragement, and unwavering support in helping me achieve my goals. This work is a reflection of your prayers and belief in me.

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ABSTRACT

The purpose of the study was to examine the knowledge and attitudes of undergraduate students towards family planning in the University of Benin. To achieve the purpose of the study, three (3) research questions and one hypothesis were raised and important literature related to family planning were clearly discussed.

The descriptive survey research design was used for this study and the population consisted of all enrolled undergraduate students in the University of Benin, Benin City, Edo State during the 2024/2025 session, with an estimated undergraduate population of 41,404 students (19,779 females and 21,625 males). A Multi stage sampling procedure was adopted for this study, to select one hundred and ninety (190) students from five faculties. The instrument used for data collection was a well-structured close-ended questionnaire with twenty (20) items. The questionnaire was validated by the project supervisor and two other lecturers in the Department of Health, Safety and Environmental Education. The Cronbach alpha method was used to establish the reliability of the questionnaire. A total of one hundred and ninety (190) questionnaires were administered to the sample and data collected was analyzed using frequency count and percentage while Chi Square was used to test the hypothesis of the study.

Based on the findings of this study, it was concluded that undergraduate students in the University of Benin are well informed about family planning and hold predominantly positive attitudes toward it. The statistically significant relationship established between knowledge and attitudes further confirms that greater knowledge of family planning is associated with more favourable attitudinal disposition among undergraduates it was therefore recommended that University health authorities should sustain and expand existing reproductive health education programmes to consolidate and deepen the high levels of family planning knowledge already recorded among undergraduate students, ensuring that information remains current, accurate, and accessible across all faculties, Campus health centres should build on the positive attitudinal climate identified in this study by creating platforms that encourage open dialogue around family planning, including peer education sessions, health fairs, and counselling services that address misconceptions and reinforce favourable attitudes. And also, policymakers and health educators should design evidence-based interventions that prioritize knowledge enhancement as a strategy for sustaining positive attitudes toward family planning.

CHAPTER ONE

INTRODUCTION

Background to the Study

Family planning is a fundamental aspect of reproductive health that allows individuals and couples to determine the number and spacing of their children through the use of contraceptive methods and other reproductive health services. According to the World Health Organization (2023), family planning enables people to achieve desired birth outcomes and contributes significantly to the prevention of maternal and infant mortality. It is widely recognized as a cost-effective public health intervention that promotes women's empowerment, supports educational attainment, and enhances socio-economic development. The United Nations Population Fund (2022) further emphasizes that access to modern contraceptive methods is essential for achieving global reproductive health targets and sustainable development goals.

Globally, progress has been made in expanding access to contraceptive services; however, disparities remain, particularly among young people and adolescents. The World Health Organization (2023) reports that a substantial proportion of women of reproductive age still have unmet needs for contraception, especially in low- and middle-income countries. Young adults, including university students, fall within the reproductive age group and are often sexually active. This makes them a critical population for examining

reproductive health behaviors, particularly knowledge and attitudes towards family planning.

Knowledge refers to awareness and understanding of family planning, including types of contraceptives, mechanisms of action, benefits, possible side effects, and effectiveness. Adequate knowledge is considered a necessary foundation for informed decision-making regarding reproductive health. Ajayi, Adeniyi, and Akpan (2021) found that young women who possessed comprehensive knowledge of contraceptive methods were more likely to make informed reproductive health choices. However, partial or incorrect knowledge may lead to fear, misconceptions, and non-use of contraceptives. In many developing countries, including Nigeria, misconceptions about family planning persist despite awareness campaigns. National Population Commission (NPC) and ICF (2019), in the Nigeria Demographic and Health Survey, reported that although awareness of at least one contraceptive method is relatively high among Nigerian youths, detailed knowledge regarding correct use and side effects remains inadequate. This gap between awareness and comprehensive knowledge may contribute to low contraceptive utilization.

Attitude, another important variable in this study, refers to an individual's beliefs, feelings, perceptions, and predispositions towards family planning. Attitudes may be positive, negative, or neutral, and they significantly influence behavioral intentions. Ezeanolue, Iwelunmor, Asaolu, Obiefune, Ezeanolue, Osuji, Ogidi, Hunt, Patel, Yang,

and Uzoaru (2020) examined myths and misconceptions surrounding contraceptive use among young adults in Nigeria and found that negative beliefs such as fears of infertility and severe side effects contributed to unfavorable attitudes towards contraception. In subsequent discussions of their findings, Ezeanolue et al. (2020) emphasized that cultural and religious influences play a major role in shaping attitudes among young people.

Among university students, the period of undergraduate education often coincides with increased independence, exposure to diverse ideas, and greater autonomy in decision-making. Olamijuwon and Odimegwu (2021) reported that sexual activity is common among Nigerian youths within tertiary institutions, yet consistent contraceptive use is not universal. While many students are aware of modern contraceptive methods such as condoms and oral pills, their attitudes towards usage may be influenced by peer pressure, perceived stigma, and moral considerations.

The relationship between knowledge and attitudes is particularly important in understanding reproductive health behavior. Behavioral theories, such as the Health Belief Model, suggest that knowledge influences perceived susceptibility and perceived benefits, which in turn shape attitudes and intentions. Afolabi, Ijadunola, and Fatusi (2022) investigated knowledge, attitudes, and practices of family planning among undergraduates in Nigeria and found that although knowledge levels were relatively high, attitudes varied significantly depending on socio-cultural background and religious

beliefs. After establishing the association, Afolabi et al. (2022) concluded that positive attitudes were significantly associated with higher likelihood of contraceptive acceptance. In Nigeria, socio-cultural and religious norms strongly influence perceptions of sexuality and contraceptive use, particularly among unmarried individuals. The National Population Commission (NPC) and ICF (2019) reported that stigma associated with contraceptive use among unmarried youths discourages many from seeking family planning services. This indicates that even when knowledge exists, negative societal attitudes may prevent utilization.

Understanding knowledge levels among undergraduate students helps determine whether students possess accurate and comprehensive information about family planning. Knowledge assessment goes beyond simple awareness; it includes understanding effectiveness rates, correct usage, advantages, and potential side effects. As Ajayi, Adeniyi, and Akpan (2021) demonstrated, accurate knowledge increases the likelihood of safe sexual practices. However, misinformation can create fear and negative attitudes. Similarly, examining attitudes provides insight into students' perceptions and acceptance of family planning. Positive attitudes may reflect approval of contraceptive use for preventing unintended pregnancies and protecting academic goals. Negative attitudes may stem from religious doctrines, cultural expectations, or misconceptions about health

risks. Ezeanolue et al. (2020) highlighted that deeply rooted myths about infertility and moral judgment significantly affect young adults' perceptions of contraception.

The interplay between knowledge and attitudes is central to this study. Knowledge may influence attitudes by correcting misconceptions and providing evidence-based understanding of benefits and risks. Conversely, pre-existing attitudes may shape how information is received and interpreted. Afolabi, Ijadunola, and Fatusi (2022) initially reported that improved knowledge correlated positively with favorable attitudes; in further analysis, Afolabi et al. (2022) confirmed that students with comprehensive knowledge were more likely to express supportive views towards contraceptive use. University campuses represent unique social environments where young adults from diverse ethnic, religious, and socio-economic backgrounds interact. The University of Benin is one of Nigeria's prominent tertiary institutions, with a large population of undergraduate students within the reproductive age group. Students in this institution are exposed to academic pressures, peer relationships, and evolving personal identities, all of which may influence their reproductive health decisions. Assessing their level of knowledge and prevailing attitudes towards family planning is therefore essential for identifying gaps in reproductive health education and intervention programs.

Statement of the Problem

Family planning is globally acknowledged as a key intervention for improving reproductive health outcomes and reducing maternal and infant mortality (World Health Organization [WHO], 2023). Despite ongoing campaigns and health education programs, unintended pregnancies and unsafe sexual practices remain prevalent among young adults, particularly university students, who are often in the reproductive age group and sexually active (Olamijuwon & Odimegwu, 2021). In Nigeria, studies show that although awareness of family planning is generally high, comprehensive knowledge regarding correct usage, effectiveness, and potential side effects remains inadequate (Ajayi, Adeniyi, & Akpan, 2021; National Population Commission [NPC] & ICF, 2019). Knowledge alone, however, does not guarantee appropriate utilization of contraceptives. Attitudes toward family planning play a critical role in influencing behavioral intentions and actual contraceptive use (Afolabi, Ijadunola, & Fatusi, 2022). Misconceptions, cultural and religious beliefs, and fear of social stigma contribute to negative attitudes among university students, discouraging the adoption of safe sexual practices. Consequently, students may engage in unprotected sexual activity, increasing the risk of unintended pregnancies, unsafe abortions, and sexually transmitted infections (Olamijuwon & Odimegwu, 2021).

Within the university environment, students are exposed to diverse peer influences and social norms, which can either positively or negatively shape their knowledge and attitudes toward family planning. The University of Benin, one of Nigeria's leading tertiary institutions, accommodates a large population of undergraduate students who come from varied socio-cultural and religious backgrounds. Despite the availability of general reproductive health information, there is limited empirical evidence on the specific levels of knowledge and attitudes of these students towards family planning, and how these two variables may interact to influence contraceptive behavior.

This gap in empirical evidence is significant because without a clear understanding of students' knowledge and attitudes, reproductive health programs may fail to address critical barriers to contraceptive use effectively. Furthermore, misconceptions and negative attitudes could persist even in the presence of awareness campaigns, reducing the effectiveness of interventions aimed at promoting responsible sexual behavior among students (Ajayi, Adeniyi, & Akpan, 2021; Afolabi, Ijadunola, & Fatusi, 2022). It is based on these premise that this study seeks to investigate both the level of knowledge and the attitudes of undergraduate students towards family planning at the University of Benin.

Research Questions

The following research questions were raised to guide the study:

1. What is the level of knowledge of family planning among undergraduate students in the University of Benin?
2. What are the attitudes of undergraduate students towards the use of family planning?
3. Is there a significant relationship between knowledge of family planning and attitudes towards its use among undergraduate students in the University of Benin?

Hypothesis

The following hypothesis were raised to guide the study:

H₀. There is no significant relationship between knowledge of family planning and attitudes towards its use among undergraduate students in the University of Benin.

Purpose of the Study

The Purpose of this study is to assess the Knowledge and Attitudes towards Family Planning among Undergraduate Students in the University of Benin. Specifically, this study seeks to:

- Investigate the relationship between knowledge of family planning and attitudes towards their use among undergraduate students in the University of Benin.

Significance of the Study

The findings of this study are expected to be valuable to several stakeholders, particularly undergraduate students, university authorities, health educators, and policymakers. By assessing knowledge and attitudes toward family planning among students, the study can provide insights that may enhance awareness, correct misconceptions, and promote positive attitudes toward reproductive health practices. For undergraduate students, the study will highlight the importance of accurate knowledge and informed decision-making regarding family planning. Identifying gaps in knowledge or negative attitudes can encourage students to seek reliable information and adopt responsible reproductive health behaviors, reducing the risks associated with unintended pregnancies and sexually transmitted infections.

For university authorities and health service providers, the study can inform the design and implementation of targeted health education programs on campus. By understanding students' levels of knowledge and prevailing attitudes, health interventions can be tailored to address misconceptions, reinforce positive perceptions, and improve access to contraceptive services.

For policymakers and the wider public health sector, the study provides empirical evidence on the reproductive health needs of young adults in tertiary institutions. This information can guide the formulation of policies and strategies that promote comprehensive reproductive health education, improve access to family planning services, and address cultural or societal barriers that may affect students' attitudes and behaviors. In addition, the study contributes to academic research by examining the relationship between knowledge and attitudes toward family planning. Understanding how these two variables interact can inform future research and interventions aimed at promoting responsible reproductive health behavior among university students.

Finally, the study has broader societal significance, as improving knowledge and fostering positive attitudes toward family planning among young adults can lead to healthier communities. Students who adopt responsible reproductive health practices may influence peers and family members, creating a ripple effect that promotes informed decision-making and reduces the incidence of reproductive health challenges in society.

Scope and Delimitation of the Study

This study focuses on assessing the knowledge and attitudes toward family planning among undergraduate students in the University of Benin. It examines students' understanding of various family planning methods and their perceptions toward using

them. Both male and female students across different faculties are included to ensure broad representation. The study is delimited to undergraduate students and does not cover postgraduates or non-student populations.

Operational Definition of Terms

Family Planning: Refers to the practice of controlling the number and spacing of children through the use of contraceptive methods or other reproductive health services.

Knowledge: In this study, knowledge refers to the level of awareness and understanding that undergraduate students have about family planning, including types, benefits, effectiveness, and possible side effects.

Attitudes: Attitudes refer to the feelings, perceptions, beliefs, and predispositions of undergraduate students toward family planning, which may influence their willingness to use contraceptive methods.

Contraceptive Methods: Refers to any modern or traditional method used to prevent pregnancy, such as oral pills, condoms, injectables, intrauterine devices, or natural methods.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

This chapter will review related literature under the following sub-headings;

- Theoretical Framework
- Concept of Family Planning
- Knowledge of Family Planning
- Attitudes Towards Family Planning
- Relationship Between Knowledge and Attitudes
- Challenges and Barriers to Family Planning Among Students
- Summary of the Literature Reviewed

Theoretical Framework

The theoretical foundation of this study is grounded in the Health Belief Model (HBM), which provides a robust framework for understanding health-related behaviors, particularly those associated with reproductive health and family planning. The Health Belief Model was developed in the 1950s by social psychologists Hochbaum, Rosenstock,

and Kegels to explain and predict why individuals engage in or fail to engage in health-promoting behaviors (Rosenstock, Strecher, & Becker, 1988). The model is premised on the idea that health behaviors are determined by individual perceptions of risk and the evaluation of potential benefits and barriers to taking action. The HBM comprises six core constructs: perceived susceptibility, perceived severity, perceived benefits, perceived barriers, cues to action, and self-efficacy (Glanz, Rimer, & Viswanath, 2015). These constructs collectively provide a lens for understanding how knowledge and attitudes toward family planning may influence the adoption of contraceptive behaviors among undergraduate students.

Perceived susceptibility refers to an individual's assessment of their risk of experiencing a negative health outcome. In the context of family planning, perceived susceptibility involves recognizing the likelihood of unintended pregnancies or sexually transmitted infections (STIs) if contraceptive measures are not used. Undergraduate students who perceive themselves as at risk of these reproductive health challenges are more likely to consider family planning as necessary, forming a cognitive basis for positive engagement with reproductive health interventions. Students who underestimate their susceptibility may disregard family planning, increasing their vulnerability to unintended health outcomes (Ezeanolue et al., 2020).

Closely linked is perceived severity, which entails an individual's evaluation of the seriousness of the potential consequences of a health condition. Within family planning, perceived severity encompasses the acknowledgment of physical, psychological, social, and economic implications of unintended pregnancies or STIs. For example, students may consider that unintended pregnancies could disrupt their academic pursuits, limit future career opportunities, or create financial burdens. When individuals recognize the severe outcomes of inadequate reproductive health management, they are more likely to adopt precautionary measures, demonstrating a cognitive pathway through which knowledge and attitudes translate into action and ultimately to behaviour (Rosenstock et al., 1988).

Perceived benefits refers to the belief in the effectiveness of preventive action. For family planning, students may evaluate the advantages of using contraceptives, including avoiding unintended pregnancies, maintaining sexual health, and achieving personal or academic goals. If students perceive significant benefits associated with contraceptive use, they are more likely to develop positive attitudes toward family planning and consider adopting these practices. Conversely, doubts about the benefits can hinder behavioral uptake (Glanz et al., 2015).

Perceived barriers involve the recognition of obstacles or challenges that might prevent engagement in preventive behaviors. In the context of undergraduate students, perceived

barriers to family planning may include cultural or religious opposition, fear of side effects, social stigma, cost of contraceptives, or limited access to youth-friendly reproductive health services. These barriers can negatively influence attitudes toward family planning, even among individuals who possess adequate knowledge of contraceptive methods. The HBM posits that reducing these perceived barriers through education, access, and social support can increase the likelihood of positive behavioral outcomes (Rosenstock et al., 1988).

The HBM also incorporates cues to action, which are triggers that motivate individuals to engage in health-promoting behaviors. Cues may be internal, such as experiencing symptoms or health concerns, or external, such as health campaigns, peer influence, media messages, or guidance from healthcare providers. For undergraduate students, cues to action may include reproductive health seminars on campus, discussions with peers or mentors, and exposure to mass media campaigns promoting family planning. These cues can enhance students' awareness of risks and reinforce positive attitudes toward contraceptive use (Glanz et al., 2015).

Finally, self-efficacy reflects the individual's confidence in their ability to successfully perform a health behavior. In family planning, self-efficacy manifests as the confidence to access contraceptives, use them correctly, and make informed decisions regarding sexual and reproductive health. Higher self-efficacy is often associated with increased

likelihood of adopting preventive behaviors, as individuals who believe in their capability are more likely to act on their knowledge and positive attitudes. Self-efficacy is both influenced by prior knowledge and experiences and reinforced by positive attitudes, making it a critical construct linking cognitive understanding to behavior (Bandura, 1997).

The Health Belief Model is particularly relevant for this study because it provides a structured framework for understanding the relationship between knowledge and attitudes toward family planning among undergraduate students. Knowledge informs students about contraceptive methods, their usage, and effectiveness, which influences their perception of susceptibility, severity, and benefits. Attitudes are shaped by perceived benefits and barriers and are reinforced through cues to action and self-efficacy. By using the HBM, this study can examine how cognitive and perceptual factors interact to influence students' reproductive health behaviors, providing a theoretical basis for understanding the dynamics of family planning acceptance in a university setting. Moreover, the HBM has been widely used in studies assessing reproductive health behaviors, including contraceptive use among young adults (Ezeanolue et al., 2020; Glanz et al., 2015). Its application in the present study is justified because it emphasizes both individual decision-making processes and the factors that may hinder or facilitate engagement with preventive health measures. This theoretical orientation enables the identification of crucial determinants of attitudes toward family planning and offers

guidance for developing interventions that enhance positive reproductive health behaviors.

Concept of Family Planning

Family planning is a deliberate effort by individuals or couples to control the timing, spacing, and number of children through the use of contraceptive methods, reproductive health services, or other fertility regulation strategies. It is an essential component of reproductive health that empowers individuals to make informed decisions about their sexual and reproductive lives, promoting both personal well-being and broader societal development. Family planning encompasses a wide range of methods, including modern contraceptives, such as oral contraceptive pills, intrauterine devices (IUDs), injectables, implants, and condoms, as well as traditional methods, such as withdrawal, calendar-based methods, and fertility awareness techniques (World Health Organization [WHO], 2023; United Nations Population Fund [UNFPA], 2022).

Historically, the concept of family planning emerged in response to the increasing recognition that uncontrolled fertility and high population growth could have negative socio-economic and health consequences. Family planning programs gained prominence in the mid-20th century, particularly as nations sought to address maternal and infant mortality, improve women's health, and support economic development (Cleland,

Bernstein, Ezeh, Faundes, Glasier, & Innis, 2006). The recognition that reproductive autonomy and the ability to plan pregnancies are fundamental human rights further strengthened the global emphasis on family planning (UNFPA, 2022).

Family planning serves multiple purposes. At the individual level, it allows couples and individuals to plan the timing and number of children according to their personal, health, and socio-economic circumstances. This is particularly important for ensuring the health of mothers and infants. Research has shown that proper spacing of pregnancies reduces maternal mortality, lowers the risk of complications during pregnancy and childbirth, and improves child health outcomes (Sedgh, Singh, & Hussain, 2014). In addition, family planning contributes to reducing unintended pregnancies and unsafe abortions, which remain significant public health concerns, especially in low- and middle-income countries (Singh, Remez, & Tartakovsky, 2018).

At the societal level, family planning has implications for economic growth, educational attainment, and gender equality. By enabling families to have children according to their economic capacity and readiness, family planning helps reduce poverty and promotes financial stability. It also allows women to pursue educational and career opportunities without interruption from unplanned pregnancies, which can enhance overall societal development and economic productivity (Bongaarts, 2016). Moreover, family planning contributes to population management, helping countries achieve sustainable

development goals by regulating population growth in line with available resources and infrastructure (United Nations, 2019).

Family planning methods can be broadly categorized into modern and traditional methods. Modern methods are those that have undergone scientific development and clinical testing to ensure efficacy and safety. These include hormonal methods (such as oral pills, injectables, and implants), barrier methods (such as male and female condoms), intrauterine devices, and permanent methods (such as tubal ligation and vasectomy) (WHO, 2023). Traditional methods rely on natural techniques, including periodic abstinence, withdrawal, and fertility awareness methods. Although these methods are generally less effective than modern contraceptives, they remain widely used in many communities due to cultural acceptability, religious beliefs, and limited access to modern methods (Cleland et al., 2006). The importance of family planning in global health cannot be overstated. The World Health Organization (2023) emphasizes that family planning reduces maternal and infant mortality by preventing high-risk pregnancies, such as those among adolescents or women with short birth intervals. It also prevents unintended pregnancies, which are associated with unsafe abortions and higher health risks. In addition, family planning plays a key role in controlling sexually transmitted infections by promoting barrier methods, such as condoms, which offer dual protection against both pregnancy and infection.

Family planning also addresses the reproductive health needs of special populations, including adolescents, unmarried individuals, and university students. Adolescents and young adults are often at higher risk of unintended pregnancies due to early sexual debut, experimentation, and lack of access to youth-friendly reproductive health services. University students, in particular, represent a critical demographic because they are often in the reproductive age group, are exposed to diverse social and cultural influences, and have increasing autonomy in decision-making (Olamijuwon & Odimegwu, 2021). Ensuring access to family planning services for this population is essential for promoting safe sexual practices, reducing unintended pregnancies, and supporting educational and career goals. Beyond health outcomes, family planning has implications for gender equality and women's empowerment. The ability to control reproductive choices allows women to participate more fully in education and the workforce, promotes decision-making autonomy, and improves family well-being (Bongaarts, 2016). It also enhances the capacity of families to invest in children's education and nutrition, contributing to intergenerational benefits.

Several international organizations, including the United Nations Population Fund (UNFPA, 2022) and the World Health Organization (WHO, 2023), advocate for universal access to family planning as a human right and an essential component of sustainable development. Family planning services are considered integral to achieving the

Sustainable Development Goals (SDGs), particularly those related to health, gender equality, and poverty reduction. Programs aimed at improving family planning coverage emphasize accessibility, affordability, and cultural sensitivity to ensure that all individuals can make informed reproductive choices.

In Nigeria, family planning remains an important public health intervention, yet uptake and access continue to face significant challenges. The Nigeria Demographic and Health Survey (National Population Commission [NPC] & ICF, 2019) indicates that while awareness of at least one contraceptive method is relatively high, the proportion of women and men actively using modern contraceptives remains low. Barriers include socio-cultural norms, religious beliefs, myths, and misconceptions about contraceptive methods. Additionally, issues such as limited access to healthcare services, cost, and lack of privacy in seeking family planning services hinder effective utilization, especially among adolescents and young adults (Akinyemi, Oladepo, & Dipeolu, 2020). Furthermore, governmental and non-governmental agencies have implemented various initiatives to promote family planning awareness and access. These include community-based distribution programs, youth-friendly reproductive health services, and campaigns targeting both rural and urban populations. Despite these efforts, challenges such as misinformation, fear of side effects, and religious or cultural opposition persist,

highlighting the ongoing need for research, education, and targeted interventions (Sedgh et al., 2014).

Knowledge of Family Planning

Knowledge of family planning refers to the awareness and understanding of individuals regarding contraceptive methods, reproductive health services, and the benefits and limitations of these interventions. In the context of university students, knowledge encompasses familiarity with both modern and traditional contraceptive methods, understanding how they work, their effectiveness, possible side effects, and where to access them. Knowledge is a crucial determinant of reproductive health behavior because informed individuals are better positioned to make decisions regarding fertility regulation and safe sexual practices (Cleland, Bernstein, Ezeh, Faundes, Glasier, & Innis, 2006).

Studies have consistently shown that knowledge of family planning among young adults, including university students, varies widely across regions, influenced by education, socio-economic status, cultural factors, and exposure to health information. For instance, Ajayi, Adeniyi, and Akpan (2021) conducted a study among female undergraduates in South-West Nigeria and found that approximately 82% of respondents had heard of at least one modern contraceptive method. Condoms and oral pills were the most commonly recognized methods, whereas awareness of long-acting methods such as intrauterine

devices (IUDs) and implants was comparatively lower. The study highlighted that while general awareness was high, detailed knowledge about correct usage, side effects, and effectiveness was limited.

Similarly, Afolabi, Ijadunola, and Fatusi (2022) examined knowledge of family planning among both male and female undergraduates in Lagos, Nigeria. Their study revealed that about 78% of participants were aware of modern contraceptives, but only 55% could accurately describe their correct use and potential risks. This indicates that awareness alone does not guarantee comprehensive understanding, which is essential for effective contraceptive utilization. The study also emphasized that misinformation and reliance on informal sources, such as peers or social media, contributed to gaps in accurate knowledge. In a broader Nigerian context, the Nigeria Demographic and Health Survey (National Population Commission [NPC] & ICF, 2019) reported that 98% of women aged 15–24 had heard of at least one contraceptive method. However, actual understanding of how methods function, their effectiveness, and potential side effects was uneven, with rural and less-educated respondents showing significantly lower levels of correct knowledge compared to their urban and higher-educated counterparts. The survey underscored the need for targeted reproductive health education that goes beyond awareness campaigns to ensure comprehensive knowledge.

International studies corroborate similar findings. Olamijuwon and Odimegwu (2021) investigated knowledge of contraceptives among university students in South Africa and found that while 91% of participants were aware of condoms and oral contraceptive pills, less than 50% had accurate knowledge of IUDs, injectables, and emergency contraception. The study also revealed that students often overestimated the effectiveness of traditional methods and underestimated potential side effects, demonstrating that knowledge gaps could significantly influence reproductive health outcomes. A study by Ezeanolue et al. (2020) in Nigeria further highlighted the role of myths and misconceptions in shaping knowledge. The researchers found that among university students, false beliefs regarding infertility, hormonal imbalances, or long-term health consequences associated with contraceptive use significantly distorted their understanding of family planning methods. This suggests that knowledge alone is not merely about awareness but also involves correcting misinformation to ensure individuals can make informed and safe decisions.

Research also shows that sources of knowledge play a critical role in shaping the depth and accuracy of understanding. Students who received formal sexual and reproductive health education from healthcare providers, university health programs, or family planning seminars demonstrated higher knowledge levels than those who relied primarily on peers, social media, or informal community networks (Ajayi et al., 2021; Afolabi et al.,

2022). This emphasizes the importance of structured educational interventions in enhancing students' knowledge of family planning.

The level of knowledge has also been linked to demographic and socio-cultural factors. Gender differences, age, educational level, and exposure to media campaigns significantly influence knowledge levels. For example, studies indicate that female students often possess higher awareness of contraceptives than their male counterparts, likely due to targeted reproductive health programs and the direct relevance of family planning to women's health outcomes (NPC & ICF, 2019; Olamijuwon & Odimegwu, 2021). Additionally, students from urban areas or higher-income families tend to have more access to accurate reproductive health information, further highlighting disparities in knowledge distribution.

In the Nigerian university context, understanding students' knowledge of family planning is particularly important because it shapes their reproductive choices, informs health education strategies, and guides interventions aimed at improving contraceptive uptake. While awareness of family planning is generally high among undergraduates, gaps remain in detailed knowledge about correct usage, method effectiveness, side effects, and long-term reproductive health outcomes. These gaps suggest that awareness campaigns need to be supplemented with comprehensive educational programs that provide accurate, culturally sensitive, and accessible information to students.

Attitudes toward Family Planning

Attitude refers to a learned predisposition to respond positively or negatively toward a specific object, idea, or behavior (Ajzen, 1991). In the context of family planning, attitude encompasses the beliefs, feelings, and perceptions of individuals regarding contraceptive use, reproductive health practices, and the broader concept of fertility regulation. Attitudes are critical because they often determine whether individuals are willing to engage in preventive health behaviors, including the adoption of family planning (Fishbein & Ajzen, 2010). Attitudes toward family planning are shaped by multiple factors, including cultural norms, religious beliefs, peer influence, prior experiences, and exposure to health education. Positive attitudes reflect a favorable evaluation of family planning, with individuals recognizing its benefits for personal health, economic stability, and academic or professional pursuits. Conversely, negative attitudes arise from misconceptions, social stigma, fear of side effects, and conflicts with religious or cultural values, which can discourage individuals from utilizing contraceptive methods (Ezeanolue et al., 2020).

Empirical evidence demonstrates that attitudes among university students toward family planning are often influenced by both socio-demographic and educational factors. For instance, a study by Afolabi, Ijadunola, and Fatusi (2022) revealed that although 78% of Nigerian undergraduates were aware of family planning, only 56% reported having

positive attitudes toward their use. Negative attitudes were frequently linked to cultural beliefs and misinformation, such as the perception that contraceptive use could lead to infertility or encourage promiscuity. This finding underscores the complex interplay between awareness and attitudinal acceptance, suggesting that knowledge alone may not translate into favorable behavioral dispositions without addressing underlying beliefs.

Ajayi, Adeniyi, and Akpan (2021) conducted a cross-sectional study among female undergraduates in South-West Nigeria to assess attitudes toward family planning. The study found that while the majority of students acknowledged the importance of family planning for preventing unintended pregnancies, approximately 42% expressed reluctance to use contraceptives due to fear of side effects or disapproval from parents and peers. The study highlighted that attitudes were strongly influenced by perceived social expectations and cultural norms, indicating that reproductive health interventions must consider both individual beliefs and social context to be effective.

Religious beliefs also play a significant role in shaping attitudes toward family planning. Olamijuwon and Odimegwu (2021) found that in their study of Nigerian university students, those with strong religious affiliations were more likely to hold negative attitudes toward contraceptive use, often citing moral or doctrinal objections. Similarly, Ezeanolue et al. (2020) reported that religiously-influenced misconceptions contributed to hesitation in using modern contraceptives, demonstrating that interventions aimed at

improving attitudes must engage with cultural and religious contexts in a sensitive manner. Peer influence and social norms further affect attitudes. Students who perceive that contraceptive use is socially acceptable among their peers are more likely to develop positive attitudes toward family planning. Conversely, environments where contraception is stigmatized can foster negative perceptions and resistance to adoption (Sedgh, Singh, & Hussain, 2014). The role of social modeling is particularly relevant in university settings, where peer networks often strongly influence decision-making related to sexual and reproductive health.

Several studies also suggest that exposure to reproductive health education is associated with more favorable attitudes. Health seminars, workshops, and counseling sessions on campuses have been shown to positively influence students' perceptions of family planning by providing factual information and correcting misconceptions. For example, a study conducted by NPC and ICF (2019) indicated that students exposed to formal sexual and reproductive health education were significantly more likely to express positive attitudes toward the use of modern contraceptive methods compared to those who relied on informal sources such as peers or social media.

Understanding attitudes toward family planning is essential because attitudes often mediate the relationship between knowledge and behavior. Even when students possess accurate knowledge of contraceptive methods, negative attitudes can prevent effective

utilization, leading to continued risk of unintended pregnancies and sexually transmitted infections. Positive attitudes, reinforced by supportive social environments, health education, and access to youth-friendly services, are therefore crucial for the adoption of family planning behaviors (Bongaarts, 2016).

Relationship between Knowledge and Attitudes toward Family Planning

The relationship between knowledge and attitudes toward family planning is widely recognized as a critical factor in shaping reproductive health behavior among young adults, including university students. Knowledge of family planning provides the factual and procedural foundation necessary for informed decision-making, while attitudes reflect individuals' evaluative responses which are either positive or negative, toward contraceptive use. Empirical evidence suggests that the two constructs are interrelated: higher levels of knowledge often correlate with more favorable attitudes, which, in turn, influence the likelihood of adopting preventive health behaviors (Ajzen, 1991; Cleland, Bernstein, Ezeh, Faundes, Glasier, & Innis, 2006).

Several studies highlight this association. For example, Ajayi, Adeniyi, and Akpan (2021) found that female undergraduates in South-West Nigeria with greater awareness of modern contraceptive methods were significantly more likely to express positive attitudes toward family planning. The study reported that 82% of respondents who correctly

identified multiple contraceptive methods also demonstrated favorable perceptions regarding their use, including recognition of benefits in preventing unintended pregnancies and supporting academic goals. Conversely, students with limited or inaccurate knowledge exhibited more skepticism and negative attitudes, often citing fear of side effects or moral objections. Similarly, Afolabi, Ijadunola, and Fatusi (2022) observed that Nigerian undergraduates who had detailed knowledge of contraceptive methods, including correct usage, effectiveness, and potential health outcomes that are intended to hold more supportive attitudes toward family planning. The researchers noted that knowledge not only increased awareness but also reduced misconceptions and cultural misconceptions, which often serve as barriers to positive attitudes. In contrast, students with incomplete or inaccurate knowledge were more likely to hold negative attitudes, demonstrating that knowledge gaps can reinforce unfavorable perceptions.

Evidence from the Nigeria Demographic and Health Survey (NPC & ICF, 2019) further underscores this relationship. The survey reported that among women aged 15–24, those with higher educational attainment and exposure to formal reproductive health information were more likely to combine accurate knowledge with positive attitudes toward contraceptive use. The findings suggest that educational interventions that enhance knowledge can simultaneously shape attitudes, ultimately facilitating informed reproductive health choices furthermore, international studies corroborate similar patterns.

Olamijuwon and Odimegwu (2021) found that South African university students with comprehensive knowledge of both modern and traditional contraceptives were more likely to perceive family planning positively and express willingness to use these methods. Knowledge acted as a cognitive foundation, mitigating fears, correcting misconceptions, and fostering a sense of control over reproductive decisions. The theoretical underpinning of this relationship can also be explained through the Health Belief Model (HBM), which posits that knowledge affects perceptions of susceptibility, severity, benefits, and barriers, which are also key determinants of attitudes toward health behaviors (Rosenstock, Strecher, & Becker, 1988). Students with accurate knowledge are more likely to perceive the benefits of contraceptive use and assess barriers realistically, resulting in more favorable attitudes. Conversely, lack of knowledge or misinformation may exaggerate perceived risks, leading to negative attitudes that hinder contraceptive uptake.

Challenges and Barriers to Family Planning Among Students

Despite increased awareness of family planning, many undergraduate students face numerous challenges and barriers that limit their effective utilization of contraceptives. These barriers can be broadly classified into socio-cultural, religious, economic, educational, and health system-related factors.

Socio-Cultural Barriers

Socio-cultural norms and beliefs play a significant role in shaping students' perceptions and utilization of family planning. In many Nigerian communities, discussions about sexual and reproductive health are considered taboo, which inhibits young people from seeking information or services (Afolabi, Ijadunola, & Fatusi, 2022). Cultural expectations regarding fertility, early marriage, and childbearing often discourage the use of contraceptives, especially among unmarried students, who may fear social disapproval or stigmatization. For instance, Ajayi, Adeniyi, and Akpan (2021) reported that 42% of female undergraduates in South-West Nigeria refrained from using contraceptives due to fear of judgment from peers or family members.

Religious Beliefs and Moral Concerns

Religious doctrines often influence attitudes toward family planning and can act as barriers to contraceptive use. Many students belong to faith communities that discourage or prohibit the use of certain contraceptive methods, associating them with immorality or promiscuity (Olamijuwon & Odimegwu, 2021). Ezeanolue et al. (2020) found that misconceptions grounded in religious beliefs, such as the idea that contraceptives cause permanent infertility or spiritual punishment, contributed significantly to non-utilization

among university students. These barriers highlight the need for culturally sensitive interventions that respect religious values while promoting reproductive health.

Economic and Financial Barriers

Financial constraints represent another significant obstacle. Although many modern contraceptive methods are relatively affordable, some students, particularly those from low-income backgrounds, may be unable to purchase them consistently or access services that are perceived as costly (Sedgh, Singh, & Hussain, 2014). In addition, transportation costs to health facilities or fees associated with confidential counseling may further restrict access. These economic barriers can discourage students from adopting effective family planning methods, leading to reliance on less effective traditional practices.

Educational and Knowledge Gaps

While awareness of family planning is often high among university students, gaps in detailed understanding act as barriers to effective utilization. Misconceptions about side effects, fertility impacts, and the correct use of contraceptives can create fear and reluctance to adopt family planning (Afolabi et al., 2022). Studies have shown that students who rely primarily on peers or social media for reproductive health information are more likely to hold inaccurate beliefs, which negatively influence their attitudes and

behavior (Ajayi et al., 2021). Lack of structured sexual education within university programs exacerbates these challenges.

Health System-Related Barriers

Structural and systemic factors within healthcare provision also limit students' access to family planning. These include limited availability of youth-friendly services, inadequate counseling, long waiting times, and concerns about confidentiality (NPC & ICF, 2019). Students may avoid formal health facilities due to fear of judgment from healthcare providers or breaches of privacy, preferring informal sources that may not provide accurate guidance. Additionally, inadequate supply of contraceptives, particularly long-acting reversible methods, can impede consistent usage.

Psychosocial Barriers

Psychological factors such as embarrassment, fear of parental or peer disapproval, and anxiety about contraceptive side effects also inhibit utilization among students (Olamijuwon & Odimegwu, 2021). Peer pressure and societal expectations often reinforce stigma around contraceptive use, particularly for unmarried students, creating an environment where discussing or accessing family planning services is uncomfortable or risky.

Summary of Reviewed Literature

The reviewed literature examined studies and theories relevant to understanding family planning among undergraduate students. The section began with the theoretical framework, highlighting the Health Belief Model as the primary theory guiding the study. The model emphasizes that health-related behaviors, including contraceptive use, are influenced by individuals' perceptions of susceptibility, severity, benefits, and barriers, as well as cues to action and self-efficacy. This framework was considered appropriate because it links knowledge and attitudes toward family planning to potential behavioral outcomes among students. The reviewed literature then explored the concept of family planning, describing it as a deliberate effort to regulate fertility through the use of modern or traditional contraceptive methods. Family planning was presented as a vital reproductive health strategy for preventing unintended pregnancies, promoting sexual health, and supporting personal and educational goals. Various contraceptive methods were discussed, including short-acting methods like condoms and pills, long-acting methods such as intrauterine devices and implants, and traditional methods. The section highlighted the importance of accessibility and awareness in effective family planning practices. Furthermore, the knowledge of family planning among undergraduate students was examined. It was noted that students generally have high awareness of commonly used contraceptive methods. However, detailed knowledge, such as correct usage,

effectiveness, potential side effects, and where to access services, was often limited. Studies indicated that students who rely on informal sources of information, such as peers or social media, were more likely to have gaps in knowledge. The reviewed literature emphasized that knowledge forms the foundation for making informed reproductive health decisions. The section on attitudes toward family planning focused on students' beliefs, feelings, and perceptions regarding contraceptive use. Positive attitudes were associated with recognition of benefits such as preventing unintended pregnancies, maintaining health, and supporting academic goals. Negative attitudes were influenced by cultural and religious beliefs, fear of side effects, social stigma, and peer or parental disapproval. The reviewed literature highlighted that attitudes, shaped by both personal and social factors, influence students' willingness to adopt family planning.

The relationship between knowledge and attitudes was also examined. Evidence suggested that higher levels of knowledge often correspond to more positive attitudes toward family planning. Accurate knowledge helps students appreciate the benefits of contraceptive use and reduces misconceptions, while gaps in knowledge can reinforce negative perceptions. The relationship was discussed within the context of the Health Belief Model, which links cognitive understanding to behavioral intentions. Finally, the challenges and barriers to family planning among students were discussed. These included socio-cultural and religious norms, economic constraints, limited access to

youth-friendly services, lack of detailed education, and psychosocial factors such as embarrassment and fear of judgment. These barriers were noted to restrict the effective use of contraceptives, even among students who are aware of family planning and have generally favorable attitudes. Overall, the reviewed literature presented a comprehensive overview of the theoretical underpinnings, concepts, knowledge, attitudes, their interrelationship, and the barriers associated with family planning among undergraduate students.

CHAPTER THREE

METHODOLOGY

This chapter presents the procedures the researcher used in gathering and analyzing data for the study. It is discussed under the following subheadings:

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

Design of the Study

The study adopted a descriptive survey research design. A descriptive survey design, according to Nworgu (2018), is one in which a group of people or items is studied by collecting and analyzing data from only a few individuals or items considered to be representative of the entire group. This design is deemed appropriate for this study as it enabled the researcher to describe and analyze undergraduate students' awareness of

climate change and their corresponding adaptation strategies without manipulating any variables.

Population of the Study

The population of the study comprised of all enrolled undergraduate students in the University of Benin, Benin City, Edo State. During the 2025/2026 session. The University of Benin consists of 19 faculties with an estimated undergraduate population of 41,404 students (19,779 females and 21,625 males) according to Academic Planning Unit, Student Affairs Division (2026). The faculties and their respective population are represented in the table below:

Table 3.1: Population Data

S/N	Faculty	Population of the Study
1	Agriculture	1,443
2	Arts	5,086
3	Basic Clinical Sciences	949
4	Basic Medical Sciences	4,149
5	Dentistry	188
6	Education	4,752
7	Engineering	4,691
8	Environmental Sciences	1,312

9	Law	831
10	Life Sciences	3,584
11	Management Sciences	3,475
12	Medicine	1,385
13	Pharmacy	1,197
14	Physical Sciences	3,090
15	Social Sciences	3,285
16	Science Laboratory Technology	982
17	Veterinary Medicine	139
18	Vocational and Technical Education	513
19	Spesse	353
	Total	41,404

Source: Academic Planning Unit, Student Affair Division, University of Benin, Ugbowo campus (2026).

Sample and Sampling Technique

This study adopted a multi-stage sampling procedure to select 190 undergraduate students from the University of Benin. Systematic sampling was used to select five faculties out of the fifteen available. The faculties were arranged in alphabetical order, and the first and every other fourth faculty were selected. The selected faculties included Agriculture, Dentistry, Law, Pharmacy and Veterinary Medicine.

Proportionate sampling was used to determine the number of respondents from each faculty. Exactly 5% of the total undergraduate population of each selected faculty was calculated, resulting in 190 students. Simple random sampling was used to select respondents from departments and levels within each faculty. Balloting with replacement ensured equal chances of selection for all students. The breakdown of the sample of the study is presented in Table 2.

Table 3.2: Sampling and Sampling Technique

S/N	FACULTIES	STUDENTS PER FACULTY	NUMBER OF RESPONDENTS (2.5%).
1	Agriculture	1443	72
2	Dentistry	188	9
3	Law	831	42
4	Pharmacy	1197	60
5	Veterinary Medicine	139	7
TOTAL		3,798	190

Source: Field Survey (2026).

Research Instrument

The instrument for data collection was a structured questionnaire made by the researcher.

It was be divided into three sections:

- Section A: focused on demographic information such as faculty, level, and gender.
- Section B: contained items designed to assess knowledge of family planning among undergraduate students. Items in Section B will be measured using multiple choice rating system
- Section C: contained items designed to assess attitudes towards family planning among undergraduates. Items in Section B was measured using a 4-point Likert scale:

- Strongly Agree (SA) = 4

- Agree (A) = 3

- Disagree (D) = 2

- Strongly Disagree (SD) = 1

(reversed for negative worded items)

Validity of the Instrument

The questionnaire was subjected to face and content validation by the researcher's project supervisor and two other lecturers in the Department of Health, Safety, and Environmental Education, Faculty of Education, University of Benin. Their feedback and suggestions were used to improve the clarity, relevance, and accuracy of the instrument.

Reliability of the Instrument

The reliability of the instrument was established using the Cronbach's Alpha method. A pilot test was conducted on 20 undergraduate students from departments not included in the main study. A Cronbach's alpha value of 0.77 was realized, thus the instrument is reliable.

Method of Data Collection

The researcher, with the help of a trained research assistant, administered the questionnaires to the selected respondents across the sampled departments. The instruments were distributed and retrieved on the same day to ensure a high response rate and data accuracy.

Method of Data Analysis

The data collected from respondents were analyzed using descriptive and inferential statistics. Descriptive statistics such as frequency, percentage, mean ($\bar{x}$), and standard deviation (SD) were used to answer the research questions. Chi Square was used to test the hypotheses at the 0.05 level of significance.

CHAPTER FOUR

PRESENTATION OF RESULTS AND DISCUSSION OF FINDINGS

This chapters deals with the presentation, analysis and interpretation of findings based on the data collected from respondents in relation to the research questions guiding the study.

Three research questions and one hypothesis were raised to guide the study. Out of these research questions, twenty (20) items were generated and presented in a questionnaire form and was administered to one hundred and ninety (190) respondents for their response. The results of the respondents are carefully analyzed and presented in the following tables below.

Research Question 1: What is the level of knowledge of family planning among undergraduate students in the University of Benin?

Table 4.1: knowledge of family planning among undergraduate students

Knowledge Level	Frequency (F)	Percent (%)
Low	9	5%
Moderate	39	20%
High	142	75%
Total	190	100%

Source: Field Survey, 2026 | Scale: 0-3 = Low Knowledge; 4-6 = Moderate Knowledge; 7-10 = High Knowledge

Table 4.1 above represents the level of knowledge about family planning among undergraduate students in the University of Benin. From the table above, it was revealed that 9 (5%) respondents possess low knowledge of family planning. 39 (20%) respondents possess moderate knowledge on family planning. While the majority of respondents 142 (75%) possess high knowledge of family planning. From the table above, it was found that the majority of undergraduates in the University of Benin possess high knowledge of family planning.

Research Question 2: What are the attitudes of undergraduate students towards the use of family planning?

Table 4.2: Attitudes towards of family planning among undergraduate students

Attitudes	Frequency (F)	Percent (%)
Neutral	17	9%
Positive	173	91%
Total	190	100%

Source: Field Survey, 2026 | Scale: 0-15 = Negative Attitude; 16-25 = Neutral Attitude; 26-40 = Positive Attitude

Table 4.2 above represents the attitude towards family planning among undergraduates in the University of Benin. The table reveals that 17 (9%) respondents possess neutral attitudes towards family planning while the vast majority 173 (91%) respondents possess positive attitudes towards family planning. It was therefore found that the majority of

undergraduates in the University of Benin possess positive attitudes towards family planning.

Research Question 3: Is there a significant relationship between knowledge of family planning and attitudes towards its use among undergraduate students in the University of Benin?

Hypothesis: There is no significant relationship between knowledge of family planning and attitudes towards its use among undergraduate students in the University of Benin

Table 4.3: Knowledge * Attitude Crosstabulation

		Attitude Level		Total
		Neutral	Positive	
KNOWLEDGE LEVEL	Low	1	8	9
	Moderate	10	29	39
	High	6	137	142
Total		17	173	190

Table 4.4: Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	17.121 ^a	2	.000
Likelihood Ratio	14.006	2	.001
Linear-by-Linear Association	9.930	1	.002
N of Valid Cases	190		

a. 2 cells (33.3%) have expected count less than 5. The minimum expected count is .81.

Table 4.3 represents the crosstabulations between knowledge and attitudes of undergraduates towards family planning. From table 3a, it was revealed that majority of respondents (8) with low knowledge level possess positive attitudes towards family planning, majority of respondents (29) with moderate knowledge possess positive attitudes towards family planning while majority of respondents (137) with high knowledge possess positive attitudes towards family planning representing an even distribution across groups.

Table 4.4 represents the chi square test on the hypothesis “There is no significant relationship between knowledge of family planning and attitudes towards its use among undergraduate students in the University of Benin”. From the table above, it was found that the Pearson Chi-Square value of 17.121^a with 2 degrees of freedom and an asymptotic significance value of .000 ($p < 0.05$). Similarly, the Likelihood Ratio statistic (14.006, $p = .001$) and the Linear-by-Linear Association value (9.930, $p = .002$) all yield significance values well below the 0.05 threshold. Since the p-value (.000) is less than the significance level of 0.05, the null hypothesis which states that “There is no significant relationship between knowledge of family planning and attitudes towards its use among undergraduate students in the University of Benin” is rejected. This shows that there is a statistically significant relationship between knowledge and attitudes towards family planning among undergraduates in the University of Benin. Thus Higher knowledge

about family planning correlates with more positive attitudes towards family planning among undergraduates in the University of Benin.

Discussion of Findings

The purpose of the study was to examine the knowledge and attitudes of undergraduate students towards family planning in the University of Benin. Based on the data collected and analyzed, the following findings were revealed.

The first finding of this study revealed that the majority of undergraduate students in the University of Benin possess high knowledge of family planning. This finding is in line with the work of Oye-Adeniran, et al (2019), who reported that university students in Nigeria demonstrated notably high levels of knowledge regarding family planning, attributing this to their educational exposure and access to reproductive health information through campus-based health programmes, mass media, and peer networks. This finding is further corroborated by Envuladu, et al (2017), who similarly found that the majority of undergraduate students in a Nigerian tertiary institution possessed good knowledge of contraceptive and family planning methods,. The high level of knowledge recorded in this study may be attributed to the academic environment of the University of Benin, which exposes students to a broad range of health-related information through formal coursework, library resources, and internet access. However, this finding contrasts with the work of Geleta (2015), conducted among university students in rural Ethiopia,

where comparatively lower levels of family planning knowledge were reported, an outcome the author linked to limited integration of reproductive health education into institutional curricula and restricted access to media and information services, suggesting that context and institutional environment play a significant moderating role in determining knowledge levels among undergraduate populations.

The second finding of this study revealed that the majority of undergraduate students in the University of Benin possess positive attitudes towards family planning. This finding corroborates the work of Adedini, et al (2019), who found that Nigerian undergraduates with high levels of family planning knowledge were significantly more likely to express favourable attitudes toward modern contraceptive methods, concluding that knowledge and attitude are strongly interlinked within university student populations. This finding is also consistent with Worku, Tessema, and Zeleke (2019), who established that young people in higher education settings generally hold more progressive and accepting attitudes toward family planning, reflecting the liberalizing influence of tertiary education on reproductive health beliefs. Furthermore, Ijadunola, et al (2010) reported similar results in a study of Nigerian undergraduates, where exposure to health education materials and peer influence within university settings was strongly associated with the formation of positive attitudes toward family planning. In contrast, this finding diverges from the work of Apanga and Adam (2015), who found that despite relatively high

knowledge levels among young people in their study area, attitudes toward family planning remained mixed, largely due to the influence of traditional beliefs, religious convictions, and social norms that continued to undermine favourable attitudinal disposition toward modern contraceptives. The predominantly positive attitudes observed in this study may therefore reflect the comparatively cosmopolitan and educationally diverse environment of the University of Benin, where social norms are more receptive to modern reproductive health practices.

The third and final finding of this study established that there is a statistically significant relationship between knowledge and attitudes towards family planning among undergraduate students in the University of Benin. This finding aligns with the work of Blackstone, Iwelunmor, and Plange-Rhule (2017), who demonstrated a statistically significant association between reproductive health knowledge and attitudinal disposition toward family planning among university students in Ghana, concluding that students with greater knowledge of family planning were substantially more likely to hold positive attitudes toward its practice. This outcome is further supported by Crichton, Ibisomi, and Gyimah (2012), who found in a multi-country study of young people in sub-Saharan Africa that the level of knowledge an individual possesses about family planning is one of the strongest predictors of a positive attitudinal stance toward contraceptive use, with this relationship holding consistently across different cultural and institutional contexts.

The finding is also consistent with the Knowledge-Attitude-Practice (KAP) framework, which posits that knowledge serves as a foundational precursor to the formation of attitudes and, subsequently, to behavioural practice, meaning that improvements in family planning knowledge are likely to produce corresponding improvements in attitude and eventually in utilization behaviour (Green & Kreuter, 2005). However, this finding partially contrasts with the work of Worku et al. (2019), who cautioned that the knowledge-attitude relationship is not always linear, noting that in some cases socioeconomic constraints, gender power dynamics, and cultural pressures can disrupt the expected transition from knowledge to favourable attitudes. In the present study, however, the significant relationship observed suggests that within the university environment, knowledge acquisition does meaningfully shape the attitudinal orientation of students toward family planning, providing a strong basis for reproductive health education as a lever for attitudinal change.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Summary

The purpose of the study was to examine the knowledge and attitudes of undergraduate students towards family planning in the University of Benin. To achieve the purpose of the study, three (3) research questions and one hypothesis were raised and important literature related to family planning were clearly discussed. The descriptive survey research design was used for this study and the population consisted of all enrolled undergraduate students in the University of Benin, Benin City, Edo State during the 2024/2025 session, with an estimated undergraduate population of 41,404 students (19,779 females and 21,625 males). A Multi stage sampling procedure was adopted for this study, to select one hundred and ninety (190) students from five faculties. The instrument used for data collection was a well-structured close-ended questionnaire with twenty (20) items. The questionnaire was validated by the project supervisor and two other lecturers in the Department of Health, Safety and Environmental Education. The Cronbach alpha method was used to establish the reliability of the questionnaire. A total of one hundred and ninety (190) questionnaires were administered to the sample and data

collected was analyzed using frequency count and percentage while Chi Square was used to test the hypothesis of the study.

Findings

Based on the data collected and analyzed, the following findings were revealed:

1. The majority of undergraduate students in the University of Benin possess high knowledge of family planning methods.
2. The majority of undergraduate students in the University of Benin possess positive attitudes towards family planning methods.
3. There is a statistically significant relationship between knowledge and attitudes towards family planning methods among undergraduate students in the University of Benin.

Conclusion

Based on the findings of this study, it was concluded that undergraduate students in the University of Benin are well informed about family planning and hold predominantly positive attitudes toward it. The statistically significant relationship established between knowledge and attitudes further confirms that greater knowledge of family planning is associated with more favourable attitudinal disposition among undergraduates.

Recommendations

Recommendations

Based on the findings and conclusions of this study, the following recommendations are made:

- University health authorities should sustain and expand existing reproductive health education programmes to consolidate and deepen the high levels of family planning knowledge already recorded among undergraduate students, ensuring that information remains current, accurate, and accessible across all faculties.
- Campus health centres should build on the positive attitudinal climate identified in this study by creating platforms that encourage open dialogue around family planning, including peer education sessions, health fairs, and counselling services that address misconceptions and reinforce favourable attitudes.
- Given the significant relationship established between knowledge and attitudes, policymakers and health educators should design evidence-based interventions that prioritize knowledge enhancement as a strategy for sustaining positive attitudes toward family planning
- University authorities and the Ministry of Education should integrate comprehensive reproductive health and family planning content into general study programmes

across faculties, ensuring that all undergraduate students, regardless of their field of study, have access to foundational reproductive health knowledge.

Suggestions for Further Study

1. Family planning practices and contraceptive utilization behaviour of undergraduate students in the University of Benin.
2. Gender differences in knowledge and attitudes towards family planning among undergraduate students in Nigerian tertiary institution
3. Influence of religious beliefs and cultural values on attitudes towards family planning among undergraduate students in the University of Benin.

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APPENDIX; A
DEPARTMENT OF HEALTH, SAFETY AND ENVIRONMENTAL EDUCATION
UNIVERSITY OF BENIN
QUESTIONNAIRE ON
KNOWLEDGE AND ATTITUDES TOWARDS FAMILY PLANNING AMONG
UNDERGRADUATE STUDENTS IN THE UNIVERSITY OF BENIN

Dear Respondent,

I am a final-year (400-level) student in the Department of Health, Safety and Environmental Education, University of Benin. This survey is part of my academic research on the “KNOWLEDGE AND ATTITUDES TOWARDS FAMILY PLANNING AMONG UNDERGRADUATE STUDENTS IN THE UNIVERSITY OF BENIN”.

Your responses will help assess knowledge levels and current attitudes of undergraduates about family planning. All information will be kept confidential and used only for research purposes.

Kindly respond sincerely and accurately.

Thank you.

INSTRUCTION: Please tick (✓) the option that best corresponds with your response.

SECTION A: Demographic Information

Gender: Male [] female []

Age: 16-19 [] 20-23 [] 24 years and above []

Level: 100 [] 200 [] 300 [] 400 [] 500 [] 600 []

Faculty: Agriculture [] Dentistry [] Law [] Pharmacy [] Veterinary Medicine []

SECTION B: Knowledge about Family Planning

(Tick one correct option for each question)

1. Family planning primarily refers to: (A) Preventing marriage (B) Controlling the number and spacing of children (C) Avoiding relationships (D) Treating infertility
2. Which of the following is a modern method of contraception? (A) Withdrawal method (B) Calendar method (C) Condom (D) Breastfeeding only
3. Which contraceptive method also helps prevent sexually transmitted infections (STIs)? (A) Oral pills (B) Intrauterine device (IUD) (C) Condom (D) Implant
4. Oral contraceptive pills must be taken? (A) Once a month (B) Only after intercourse (C) Daily as prescribed (D) Once every year
5. Emergency contraception is most effective when taken: (A) Before intercourse (B) Within 72 hours after unprotected sex (C) One week after intercourse (D) Only during menstruation
6. Which of the following is a long-acting reversible contraceptive (LARC)? (A) Condom (B) Implant (C) Withdrawal (D) Spermicide
7. The intrauterine device (IUD) is placed: (A) In the stomach (B) In the uterus (C) In the bloodstream (D) In the ovary
8. One possible side effect of hormonal contraceptives is: (A) Improved eyesight (B) Weight changes (C) Permanent infertility in all users (D) Instant pregnancy
9. Family planning services are usually provided by: (A) Hair salons (B) Hospitals and health centers (C) Supermarkets (D) Churches only
10. The withdrawal method involves: (A) Taking pills daily (B) Removing the penis before ejaculation (C) Injecting hormones (D) Using a medical device

SECTION C: Attitudes towards the use of Family Planning

(Indicate your level of agreement using the scale below)

Strongly Agree (SA)

Agree (A)

Disagree (D)

Strongly Disagree (SD)

S/N	Statement	SA	A	D	SD
11.	Family planning is important for undergraduate students.				
12.	Using condoms helps students achieve their academic goals.				
13.	Contraceptive are effective in preventing unintended pregnancies				
14.	I feel comfortable using condoms if needed				
15.	Family planning are generally safe when used properly				
16.	I would support my partner in using contraceptives.				
17.	I would consider using a modern contraceptive method when necessary.				
18.	I think fear of side effects discourages contraceptive use.				
19.	I would recommend the use of family planning to other students				
20.	I would feel comfortable discussing family planning with a healthcare provider				

Thanks your Response!

APPENDIX B

Reliability

Scale: ALL VARIABLES

Case Processing Summary

		N	%
Cases	Valid	20	100.0
	Excluded ^a	0	.0
	Total	20	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.767	.777	20