



## Knowledge and Use of Contraceptives Among Students of Imo State University

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### Abstract

Contraceptives are tools that are used, artificially or by other means, to stop pregnancy after sexual activity. The purpose of the study was to evaluate Imo State University students' awareness about and usage of contraceptives. Four goals were established in order to direct this investigation. For this study, a descriptive cross-sectional research design was chosen. Utilizing structured questionnaires, data was gathered. Surveys were disseminated and gathered for examination utilizing SPSS version 23, the statistical tool for social science. The analysis employed percentage, mean, and standard deviation. The results showed that 92.6% of students knew how to use contraceptives. When asked what considerations would encourage students to use contraceptives, 60.6% of them said that they would rather avoid getting pregnant. Sixty-one percent (61.1%) of those surveyed said they were concerned of the adverse effects when asked what would be the biggest obstacle to their ability to use contraceptives. It was suggested that birth control and family planning education for girls should receive more focus.

**Keywords:** knowledge, contraceptives, students.

## INTRODUCTION

The country's development is hampered by the population expansion. The UN Fund for Population Activities states that men and women between the ages of 15 and 24 play a significant role in shaping future population trends, with fertility decisions playing a major role [1]. Nigeria adopted its first population policy in 1988 as a response of rising rates of poverty and crime brought on by the country's population expansion [2, 3].

Evidence currently available indicates that it is necessary to evaluate African populations' respective levels of contraceptive awareness. There aren't many research that can be found that indicate a poorer level of understanding about contraceptives and a suboptimal usage of them in some African academic settings [4,5].

Comparing worldwide contraceptive awareness to global contraceptive use, the former is thought to be higher. According to reports, the rate and awareness of contraceptive use among Nigerians are roughly 12% and 89.9%, respectively. Despite this high knowledge, there is no correlation between it and a favorable attitude toward using contraceptives [6, 7].

In addition to significantly lowering female morbidity and mortality, contraception gives girls the power to make educated decisions about their fertility [8]. Most teenagers still report unwanted, unexpected pregnancies despite readily available contraception and accessible reproductive health legislation. Eighty percent of adolescent moms say they were not planning on getting pregnant in the first place [9,10,11].

Among the most serious health risks that young people face are those associated with the high rates of sexual activity and low use of contraception among Nigerian students, particularly with regard to unwanted pregnancy and STIs. These risks can jeopardize not only the physical health of these individuals but also their social, emotional, and economic well-being. [12,13]

According to the study, it is essential to create a program that puts students at the center and increases their understanding of contraception and how to use it. By doing so, unplanned births and the negative effects they can have on our tertiary institutions can be prevented.

## **MATERIALS AND METHODS**

### **Research Design**

This study adopts a cross-sectional study design and was conducted among undergraduate of Imo State University. Including male and female student this form of study is usually employed to gain more information on a particular issue among a given population.

### **Area of study**

Imo State University (IMSU) is located in [Owerri, Imo State, Nigeria](#) which was established in 1981 through law No. 4 passed by the Imo State House of Assembly

### **Population for the study**

The study population consisted of 20,320 undergraduate students of Imo State University.

### **Instrument of Data Collection**

Data were collected through a structured survey questionnaire which was specifically designed for the study. The questionnaire contained four sections covering a total of 42 questions. The choice of items to include in the questionnaire was informed by the objective of the study. The questionnaire also drew on a survey that was similar in some ways to this study, which was conducted by Kitshoff in 2010 among students of Stellenbosch University. The first section of the questionnaire sought to elicit socio-demographic information from respondents. The second section covered students' knowledge about contraceptives and the sources through which they had acquired this knowledge, while the third section addressed students' attitude towards sexual behaviors and contraceptive use while the fourth addressed student practice on contraceptive use among students of Imo State University.

### **Validity of the Instrument**

Validity is the ability of an instrument to measure what the investigator will like it to measure. The questionnaires were validated and approved by the supervisor.

### **Reliability of the Instrument**

Reliability is the extent to which similar information is supplied or obtained where a measurement is performed more than once. It is also defined as the level of consistency or stability of the measuring device overtime.

A test-retest method was done. The Cronbach-alpha method gave a reliability coefficient of 0.70 ( $P < 0.05$ ). A correlation coefficient of 0.6 and above is acceptable for reliability of a study.

### **Methods of Data Collection**

Questionnaires were distributed personally by hand to the respondents after which it was retrieved. Review of many authors well related to the topic was done and relevant information was gathered.

### **Methods of Data Analysis**

The returned questionnaires were properly cross-checked for adequacy of information. Copies that do not have adequate responses were discarded. The responses were coded on computer coding sheets, thereafter the Statistical Package for the Social Sciences (SPSS) version 23 was employed in data analysis. Percentages and mean were used in analyzing their responses regarding knowledge and practice of contraceptive. The data were analyzed on an item-by-item basis to indicate the response frequencies and percentages of respondents according to age, level of education. With regard to practice, quantitative data was presented using, descriptive frequency, percentages; chart etc. which was used for inferential statistics. Chi-square was used to test for hypothesis.

## RESULTS

The results of the study are presented in accordance with the research question and hypothesis.

**Table 4.1: Socio demographic Characteristics of the Respondents**

Demographic Characteristics	Frequency	Percent
<b>Gender</b>		
Male	113	29.8
Female	266	70.2
Total	379	100.0
<b>School of Study</b>		
Health Sciences	225	59.4
Law	14	3.7
Social Sciences	6	1.6
Engineering	10	2.6
Others	124	32.7
Total	379	100
<b>Level of Study</b>		
First Year	44	11.6
Second Year	116	30.6
Third Year	116	30.6
Fourth Year	95	25.1
Others	8	2.1
Total	379	100
<b>Marital/Relationship Status</b>		
Single	235	62.0
In a non relationship	38	10.0
In a serious relationship	82	21.6
Engaged	6	1.6
Married	16	4.2
Widowed	2	0.5
Total	379	100

### 4.1 Socio demographic Characteristics of the Respondents

The socio demographic characteristics of the study respondents are contained in table 4.1. the table shows 266 (70.2%) were female students and the remaining 113 (29.8%) were males. Students who were from school of health sciences make up 59.4% (225) of the group. Those from other schools were as follows: Law (14: 3.7%), Social Sciences (6: 1.6) and Engineering (10: 2.6%).

In terms of their levels of study, 44 (11.6%) were at first year (100 level), 116 (30.6%) each were from second year and third year levels while 95 (25.1%) and 8 (2.1%) were respectively sampled from fourth year level and other levels such as fifth year. Majority of the respondent students were singles (235:62%), 48 (10.0%) were in a relationship, 6 (4.2%) were engaged and 2 (0.5%) were engaged.

## 4.2 Birth Control/ Family Planning Knowledge

**Table 4.2: Knowledge of Birth Control/ Family Planning among the Study Group**

Do you know what birth control/family planning is?	Yes	351	92.6	
	No	28	7.4	
	Total	379	100.0	
What type of birth control have you heard of/planning (Can choose more than one)	Intrauterine device	83	21.9	
	Calendar method	151	39.8	
	Lactation amenorrhea method	8	2.1	
	Condoms	275	72.6	
	The pill	221	58.3	
	The injection	168	44.3	
	The morning after pill	84	22.2	
	Pull out method	191	50.4	
	Sterilization	70	18.5	
Where can you get birth control/family planning from (Can choose more than one)?	Implant	122	32.2	
	Clinic	157	41.4	
	Hospital	313	82.6	
	Pharmacy	117	30.9	
	Doctor	127	33.5	
	School	100	26.4	
	Other	20	5.3	
	Where do you get information about birth control/family planning from (Can choose more than one)?	TV	98	25.9
		Radio	72	19.0
		Newspapers/Magazines	66	17.4
Health workers (nurse, doctor, pharmacist etc.)		275	72.6	
School		81	21.4	
Family		193	50.9	
Friends		104	27.4	
Other		72	19.0	
Do you learn about birth control/family planning as part of your school subjects?	Other	14	3.7	
	Yes	315	83.1	
	No	64	16.9	
	Total	379	100	

In table 4.2, the overwhelm majority responded that the know what family planning is (351: 92.6%). In terms of the type of birth control / family planning method heard of, majority responded for condoms (275: 72.6%). Many also responded that the know of the use of pills (221: 98%), pull out method (191:58.3%), and calendar method (151: 50.4%). Majority indicated that they can obtain the birth control from hospital (313: 82.6%). Some other responses were as follows: clinic (157 : 41.4%), doctor (127: 33.5%), pharmacy (117: 30.9%) and school (100:26.4%).

Clear majority (275: 72.6%) responded that they got information about birth control/family planning from health workers, while up to half (193: 50.9%) responded that they got it from school. When requested whether they learnt birth control/family planning as part of your school subjects, 315 (83.1%) responded “yes” compared to 64 (16.9%) that responded “No”.

### 4.3 Attitude towards birth control/family planning

**Table 4.3: Attitude towards birth control/family planning**

Attitude towards birth control/family planning	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	Mean	Std. dev
It is difficult to get access to birth control/family planning	28 (7.4)	46 (12.1)	70 (18.5)	166 (43.8)	69 (18.2)	2.47	1.14
Sex with a condom is not good	92 (24.3)	132 (34.8)	91 (24.0)	46 (12.1)	18(4.7)	3.62	1.12
Using methods of birth control/family planning shows mistrust in your partner	76 (20.1)	84 (22.2)	90 (23.7)	90 (23.7)	12(3.2)	3.41	1.15
Using methods of birth control/family planning increases commitment in your relationship	26 (6.9)	76 (20.1)	138 (36.4)	87 (23.0)	52 (13.7)	2.83	1.11
I have difficulty talking about sex with my friends /partners	24 (6.3)	90 (23.7)	79 (20.8)	110 (29.0)	76 (20.1)	2.67	1.22
The pill and injection may affect female health	20 (5.3)	36 (9.5)	90 (23.7)	127 (33.5)	106 (28.0)	2.31	1.13
The pill and injection are fattening	26 (6.9)	98 (25.9)	117 (30.9)	110 (29.0)	28 (7.4)	2.96	1.06
After using birth control/family planning it is difficult to become pregnant	64 (16.9)	98 (35.9)	110 (29.0)	85 (22.4)	22 (5.8)	3.26	1.15
Birth control/family planning is a female problem	110 (29.0)	119 (31.4)	58 (15.3)	68 (17.9)	24 (6.3)	3.59	1.25
Birth control/family planning provide more sexual freedom	80 (21.1)	189 (49.9)	60 (15.8)	32 (8.4)	18 (4.7)	3.74	1.03
Pregnancy is more fattening than the use of the pill or injection	68 (17.9)	143 (37.7)	96 (25.3)	48 (12.7)	24 (6.3)	3.48	1.12
Birth control/family planning should be the responsibility of the couple	178 (47.0)	161 (42.5)	22 (5.8)	8 (2.1)	10 (2.6)	4.29	0.88
Knowledge around birth control/family planning should be taught at school	211 (55.7)	134 (35.4)	16 (4.2)	8 (2.1)	10 (2.6)	4.39	0.88
Birth control/family planning should be available at schools	86 (22.7)	109 (28.8)	60 (15.8)	98 (25.9)	26 (6.9)	3.35	1.27
I gain enough knowledge around birth control/family planning at school	76 (20.1)	159 (42.0)	82 (21.6)	52 (13.7)	10 (2.6)	3.63	1.03
It is important to know the methods of birth control /family planning before starting sexual relationships	205 (54.1)	134 (35.4)	20 (5.3)	12 (3.2)	8 (2.1)	4.36	0.88
There are no difficulties in using birth control/family planning	28 (7.7)	112 (29.6)	114 (30.1)	92 (24.3)	32 (8.4)	3.03	1.08
You can fall pregnant if you do not use birth control /family planning when sexually active	156 (41.2)	125 (33.0)	50 (13.2)	26 (6.9)	22 (5.8)	3.97	1.16
Getting pregnant may affect my school completion	156 (41.2)	125 (33.0)	60 (15.8)	28 (7.4)	10 (2.6)	4.03	1.05
Total						3.44	1.25

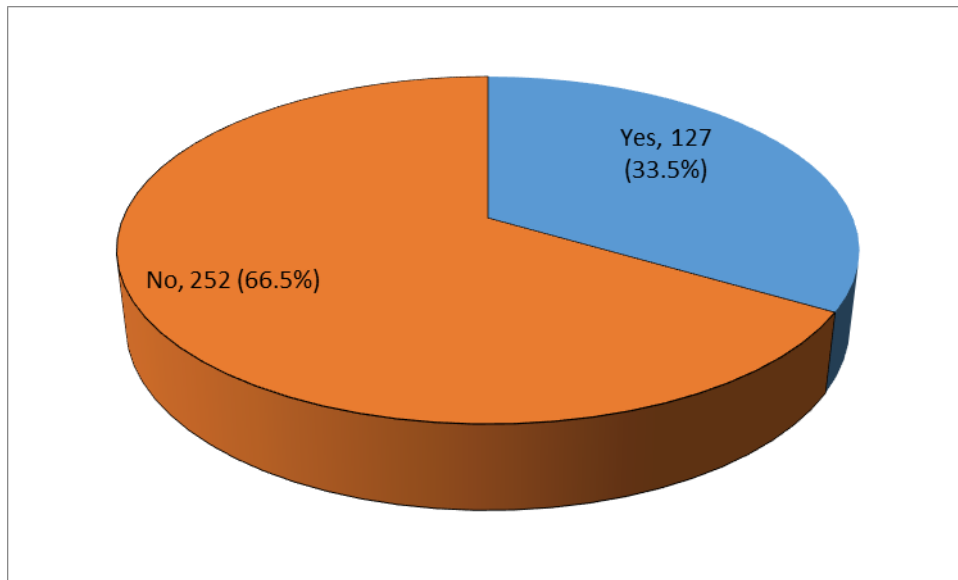
Table 4.3 represents the assessment for and against family. The overall average score was found as 3.44 (std. dev = 1.25) which is quite high above the 3 points mid score in a 5 point likert scale [ie (5+4+3+3+1)/5]. It is a clear indication that many of the respondents supported family planning. Many of the points were above the average which include very strong points such as “Knowledge around birth control/family planning should be taught at school” which recorded the highest average score (mean ± std. dev: 4.39 ± 0.88), followed by the suggestion for the importance to know the methods of birth control /family planning before starting sexual relationships(mean± std. dev : 4.36 ± 0.88) and also the suggestion that birth control/family planning should be the responsibility of the couple (mean± std. dev : 4.29 ± 0.88).

For the suggestion that Knowledge around birth control/family planning should be taught at school, more than 91% supported the idea (strongly agreed= 55.7%, agreed = 35.4%). Similar high proportions were also in support of having the knowledge of methods of birth control /family planning before starting sexual relationships (strongly agreed= 54.1.7%, agreed = 35.4%).

The lowest mean score was obtained in the suggestion that the family support pills and injection are not likely to affect female health (mean± std. dev: 2.31 ± 1.13). Those that strongly agreed to that were just 5.3% and 9.5% agreed compared to 33.5% and 28% that respectively disagreed and strongly disagreed. Only 6.3% and 23.7% strongly agreed and agreed that they have difficulty talking about sex with their friends or partner against 28% and 20% that disagreed and strongly disagreed respectively.

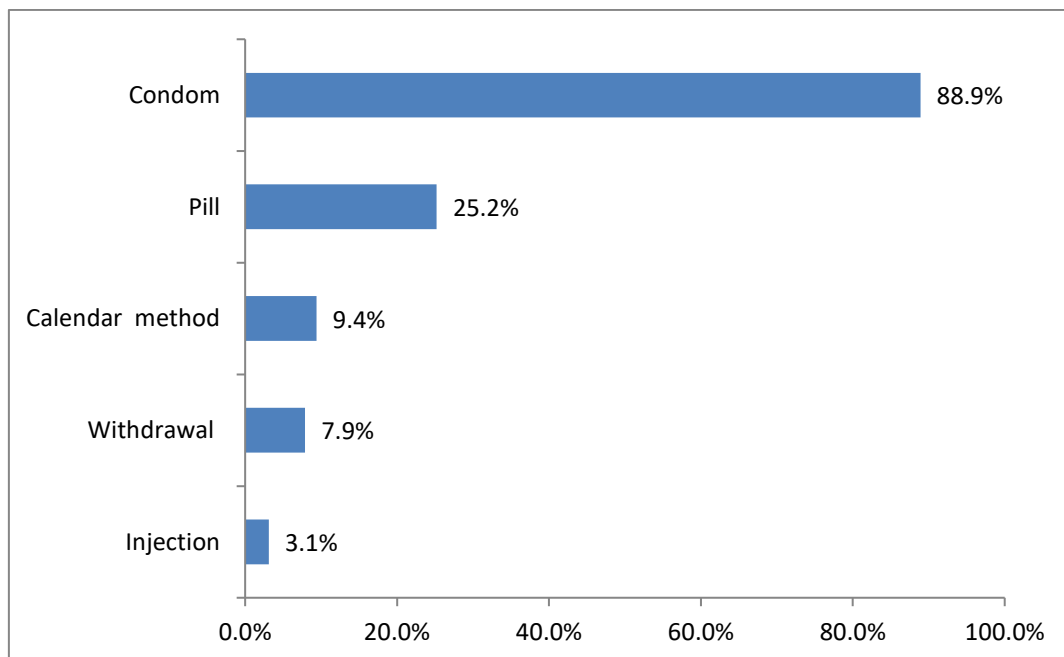
**The use and Practice of birth control/family planning Methods among the Study Group**

Figures 4.1 and 4.2 represent the use and practice of birth control/family planning methods among the study group. Figure 4.1 shows that the use of family planning is poor in the group studied with only 127 (33.5%) indicating that they have ever used family planning, against 252 (66.5%) that are yet to use it.



**Figure 4.1: Ever used birth control/family planning before**

Figure 4.2 shows that the most commonly used methods of family planning among those that practice family planning is condom (88.9%), followed by pills (25.2%), calendar method (9.4%) withdrawal method (7.9%).



**Figure 4.2: Commonly used methods of family planning among those that practice family planning**

#### 4.4 Factors of Possible Barriers to birth control/family planning Methods

**Table 4.4: Factors of Possible Barriers to birth control/family planning Methods among the Study Group**

Assessment	Response	Freq (n-379)	Percent (%)
Are you sexually active?	YES	306	80.7
	NO	73	19.3
	Total		100.0
What are your reasons for using birth control/family planning? (Can choose more than one) Ignore if you are not using contraception or not sexually active	I want to be healthy and have healthy children	107	84.3
	To prevent pregnancy	117	92.1
	To prevent sexually transmitted infections (STIs) including HIV	102	80.3
	A doctor/nurse told me to use it	22	17.3
	Other:	18	14.2
What factors support your choice the use of birth control/family planning? (Can choose more than one) Ignore if you are not using contraception or not sexually active	It is free	22	17.3
	It has less side effects	17	13.4
	They advertise it	47	37.0
	My partner wants me to	6	4.7
	I heard it from friends/family	77	60.6
	I heard about it from teachers	3	4.7
If not using family planning, are you planning on starting soon (n =252)	YES	63	25.0
	NO	189	75.0
What are the reasons you do not want to use birth control/family planning? (Can choose more than one)	I want to have children	89	35.3
	I do not know enough about birth control/family planning	139	55.2
	I am afraid of the side effects of birth control/family planning	154	61.1
	It is against my religion/culture	22	8.7
	My family does not allow me to use birth control/family planning	5	2.0
	My partner cannot have children	17	6.7
	Other	5	2.0
Have you ever been pregnant? (for girls only: n=266)	Yes	30	11.3
	No	236	88.7
Mean pregnancy age	22.5 years		

In table 4.3, greater majority of the study group (306: 80.7%) responded in the affirmative for being sexually active, and in terms of reasons for using birth control/family planning, 92.1% responded that they use it to prevent pregnancy, 84.3% of them responded that they use it so as to remain healthy and have healthy children and another 80.3% responded that their reason is to prevent sexually transmitted infections (STIs) including HIV. The major reason that supports their choice of birth control/family planning is because they heard it from friends and family members (60.0%), followed by presumed less side effects reason (37.0%).

When requested whether those that do not use family planning have plans to use it soon, only one quarter (25%) of them responded “yes”. Among their reasons include being afraid of the side effects of birth control/family planning (61.1%), poor knowledge of birth control/family planning (55.2%) and to have children (35.3%).

A total of 42 (11.1%) indicated that they have been pregnant before and the average age they are getting pregnant is 22.5 years.

**Table 4.5 Usage of Family Planning verses knowledge and being pregnant**

Item	Total	Use of family Planning				P & Chi square ( $\chi^2=$ )
		Yes	%	No	%	
<b>Knowledge of family Planning</b>						
Yes	351	117	33.3	234	66.7	0.583 (0.293)
No	26	10	38.5	16	61.5	
Total	377	127	33.7	250	66.3	
<b>Ever been pregnant (Females only: n-266)</b>						
Yes	20	12	40.0	18	60.0	0.173 (1.860)
No	236	66	28.0	170	72.0	
Total	266	78	29.3	188	70.7	

Table 4.5, shows that presumed knowledge of family planning was not found as a significant factor for the use of birth control or family planning methods at 5% significant level ( $P= 0.583$ ,  $\chi^2= 0.293$ ). For those that have been pregnant before, use of family planning methods is higher (40%) compared to those that have not been pregnant before but the difference between the two groups was not found significant ( $P = 0.173$ ,  $\chi^2= 1.860$ ).

## DISCUSSION

The purpose of the study was to evaluate Imo State University, Owerri students' awareness of contraceptive methods. It appears that the study's goal was accomplished. The study group was found to have a rather good level of awareness and knowledge regarding the usage of contraceptives. Considering that students in tertiary education make up the study population, this is obviously not a surprising outcome. Additionally, the majority of the study's participants were drawn from the institution's school of health. In certain other research, adolescents and young people have high levels of contraceptive knowledge [13, 14, 15].

Among the group under study, family planning is not widely used. Condoms are the most widely used contraceptive method for family planning or birth control, followed by the usage of pills [16, 17, 18]. Up to half of women also use the calendar method and the pull-out method, while fewer people use the other methods. An earlier study conducted in Nigeria indicated that the most often used form of contraception was the use of condoms [19, 20].

According to reports, the majority of the women knew about injectables and oral contraceptives, while another study found that over 60% of the women knew about implants [21, 22]. Considering that the members of the research group are young students, it makes sense that their knowledge of contraceptives varies. According to reports, students generally know less about contraceptives than other adult women [23].

The major sources of birth control are hospitals and medical professionals.

Many agreed that education about family planning and birth control should take place in schools, and they also agreed that it's critical to learn about birth control options before starting a relationship [24, 25]. This indicates that although birth control information is available in schools, students do not have widespread access to it [26].

The majority of people who use birth control or family planning do so in order to avoid getting pregnant, avoid STIs, and to stay fertile. These results are in line with the explanations for contraceptive use that have been found in a few other research [27, 28].

Even though not everyone felt that family support tablets and injections are unlikely to have an impact on women's health, fear of potential adverse effects was mentioned as one of the obstacles to using contraceptives. This might be because it is well-established that the rate at which contraceptive techniques fail can range from as high as 30 pregnancies per 100 women annually [29]. It may therefore also indicate that they lack complete understanding of the risks associated with using various forms of contraception and the underlying likelihood of failure in those situations.



## CONCLUSION

The presumed knowledge about birth control and family planning is quite high but in reality, many are yet to comprehend the core idea being projected on the available family support methods. Wide gap still exists in knowledge on some of the existing birth control devices. Also, the versatile availability and accessibility of the family support / birth control techniques is not there yet. Consequently, the utilisation for it is not adequate to explore the aims of establishing the programme.

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