

Knowledge of Contraceptives Among Students in Tertiary Institutions in Anambra State

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Abstract

Contraceptive devices are useful in preventing; unwanted pregnancy, preventing sexually transmitted infections and spacing births. The study examines knowledge and use of contraceptive devices among students in tertiary institutions in Anambra State with a view to ascertaining the variables that influence knowledge and use. In line with the objectives of the study, three research questions and two hypotheses were postulated. Descriptive survey research design was adopted. The sample for the study was 600 randomly drawn undergraduate students from three selected tertiary institutions in Anambra State. A structure questionnaire was used for data collection. The instrument had a reliability of 0.86. The data collected were analyzed using descriptive statistics of frequency, percentage and mean as well as inferential statistics of chi-square. The result among others showed that the level of knowledge of contraceptive devices among tertiary institution students in Anambra State is low. Statistical analyses revealed that there is significant relationship among respondent of various -ages and religious affiliations in their knowledge of contraceptive devices.

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1. Introduction

Sexual intercourse as it relates to man replicating himself is natural. However, pleasure seeking sex with multiple sexual partners have become the bone of societal survival unwanted pregnancy and several sexually transmitted diseases including AIDS (Ikihiya & Ikihiya 2000). The use of contraceptive devices by men and women will help in minimizing diseases and infections resulting from casual sex. It will equally help in preventing undesired pregnancy.

Contraceptive devices are drugs and appliances for preventing pregnancy (Osuala 1998). Ebouze (1996) defined contraceptive as means or methods employed for preventing pregnancy. Contraceptive have been grouped into two namely traditional method and modern methods. According to Delano (1994) traditional methods of contraceptives are practices, beliefs or customs handed down from one generation to another. Traditional methods include use of wooden doll, medicated -ring, medicated feather, use of salt, lime, potassium and use of pad lock and key.

Modern methods of contraceptive are new ways of preventing pregnancy. Otolorin (1998) opined that modern methods of contraceptive have emerged from scientific analysis and evaluated in the universal search for the ideal family planning method. Modern method of contraceptives can be temporal or permanent in nature. Both permanent and temporary methods are used by men and women to prevent pregnancy and avoid contracting infectious diseases.

Temporal method can be grouped into two natural and artificial method. Natural methods include the calendar method, safe period, the temperature method and withdrawal method among others. Artificial method can also be sub-divided as follows, pills, injectables, implant, condom and hormone releasing (IUCD).

Two permanent methods of contraceptive devices are male sterilization (vasectomy) and female sterilization). Bilateral tubal Ligation (BT1), World Health Organization (who) (1997) explained that use of contraceptive devices are highly effective in reducing the risk of infection from HIV and other sexually transmitted infections it also helps in reducing maternal deaths attributed to abortion as well as obstetric hospitalizations that are due to abortions. By using contraceptive devices couples have children by choice and not by chance.

Youth and students can postpone having babies/children to complete their education or vocational training by effective use of contraceptive devices. Tertiary institution students are among the sexually active group in the society. Such group of people should know about contraceptives and should equally make use of such devices. Some factors hinder the knowledge and use of contraceptive devices. Such factors include culture, poverty, superstitious belief, negative attitude and ignorance. Besides, independent variables like age, religious affiliations among others also influence knowledge and use of contraceptives (Ikhioye & Ikhioye 2000). It is against the background of healthy safe sex and healthy living that the researcher was motivated toward ascertaining levels of knowledge and use of contraceptive devices.

2. Research Questions

The following research questions were posited to guide the study

- a. What is the level of knowledge of contraceptive devices possessed by tertiary institution students in Anambra State?
- b. What is the level of knowledge of contraceptive devices possessed by tertiary institution students in Anambra State based on their ages?
- c. What is the level of knowledge of contraceptive devices possessed by tertiary institution students in Anambra State based on their religious affiliation?

3. Hypotheses

- a. There would be no significant relationship among tertiary institution students of various ages in their level of knowledge of contraceptive devices.
- b. There would be no significant relationship among tertiary institution students of various religious affiliations in their level of knowledge of contraceptive devices.

4. Method

Descriptive survey research design was used for the study. This design was considered appropriate for the study because it involved a fraction of the population that has the same characteristic. The appropriateness of this research design could be adduced from the use in similar studies by previous research including Fabiyi (1984), Moronkola (2001) and Olubayo-fatiregum (2003).

The accessible population for the study consisted of all the in campus students in the three sampled tertiary institutions in Anambra State. The sample consisted of 600 undergraduates that are residing within the institution hostels. The tertiary institution was grouped into three categories namely University, Polytechnic and College of Education.

Group A consisted of three universities namely Nnamdi Azikiwe University Awka, Madonna University Okija and Anambra State University Uli, Nnamdi Azikiwe University Awka was chosen through simple random sampling techniques by balloting with replacement. **Group B** consisted of polytechnics of which Federal Polytechnic Oke is the only polytechnic and was automatically chosen. **Group C** consisted of colleges of education Nwafor Orizu College of Education Nsugbe was selected through simple random sampling techniques by balloting.

The main instrument for data collection was structured questionnaire. The structured questionnaire was developed by the researcher following review of related literature and similar instruments. The structured questionnaire was segmented into three sections.

Section A contained three closed ended questions on personal data of the respondent (age and religious affiliations). **Section B** contained two closed ended questions to access knowledge of contraceptive devices. **Section C** contained three closed ended questions on the uses of contraceptive.

The instrument was submitted to health education experts in Nigerian universities for validation. All their corrections were adequately affected in restructuring the instrument. Reliability of the instrument was established by exposing the structured questionnaire twice for reliability using test-re-test method. Twenty in campus students from Anambra State University Uli were used for the test-re-test after fourteen days using the same subjects. The test re-test reliability the scores from the first administration using person product moment correlation coefficient. Out of 600 copies of the questionnaire distributed 597 (99.5%) were returned and used for data analysis.

The Responses to the structured questionnaire were coded appropriately and collated in terms of frequencies of the response options. Appropriate cross tabulation of variables" was done to test the hypotheses States.

The researcher made use of the university grading system in which scores 70% and above were considered high level of perception, scores between 50% and 69% were considered moderate level of perception while scores below 50% were considered low level perception.

5. Results and Discussion

5.1. Results

Results of the data analysis are shown in table 1-3.

Table 1. Respondents Knowledge of Contraceptive Devices Possessed by Students (N=597)

Contraceptive devices	Knowledge Responses			Total
	High (f)	Moderate (f)	Low (f)	
A Injectables	85(14.2)	212(36)	300(50)	597(99.5)
B Diaphragm	62(10)	124(21)	411(69)	597(99.5)
C Condom	409(68)	159(27)	31(5.2)	597(99.5)
D Pills	83(14)	200(34)	314(53)	597(99.5)
E Withdrawal	303(5.1)	104(17)	190(32)	597(99.5)
F Safe period	135(23)	90(15)	372(62.3)	597(99.5)
G Abstinence	60(10)	87(15)	450(75.3)	597(99.5)
Total	1135	980	2068	597(99.5)
Ave	162(27)	140(23.4)	295(49.4)	(99.5)

Figures in parenthesis are percentage (%)

Table 1 revealed that 85(14.2%) of the students possessed high-level knowledge of injectables, 212 (36%) and 300 (50%) possessed moderate level and low of knowledge respectively on the same issue. Also 62 (10%) of the students possessed high level of knowledge of Diaphragm while 124(21%) and 411(69%) possessed moderate and low-level knowledge respectively. On condom 407(68%) students possessed high level knowledge, 159(27%) and 31 (5.2%) possessed moderate and low level knowledge respectively. Also 83(14%) students possessed high level knowledge of pills 200(34%) and 314(53%) possessed moderate and low level knowledge respectively. From the table 303(51%) of the students possessed high level knowledge of withdrawal method while 104 (17%) and 190(32%) possessed moderate and low level knowledge respectively. In the same vein 135 (23%) students possessed high level knowledge of safe period while 90 (15%) and 372(62.3%) possessed moderate and low level knowledge respectively. Furthermore 60(10%) students' possessed high level knowledge of abstinence while 87(15%) and 450(75.3%) possessed moderate and low level knowledge respectively.

Table 2. Chi-square Analysis of the Level of Knowledge of Contraceptive Devices Among Tertiary Institution Students Based on Their Ages (N=597)

Level of knowledge Response	Age Intervals.				Total
	16-20 years	21-25 years	26-30 Years	31 years & Above	
High level knowledge (70%) and above	24(4%)	53(9%)	58(10%)	27(5%)	162 (27)
Moderate level Knowledge (50 to 69%).	19(3.2%)	48(8%)	52(9%)	2(4%)	140 (23.4%)
Low level knowledge (below 50%).	130(17.3)	89(15)	61(10.2)	42(7)	295 (49.4%)
Total Ave	146(24.4%)	190(32%)	171(29%)	90(15%)	597

$$X^2_{cal} = 40.14, X^2_{.05} = 12.592 \text{ df} = 6, p < .05$$

Table 2 showed that there was significant relationship among students of various ages in their level of knowledge of contraceptive devices. The highest level of knowledge was possessed by those within 26-30yrs while the lowest level was possessed by those that were 31 years & above.

Table 3. Chi-square Analysis of the Level of Knowledge of Contraceptive Devices Among Tertiary Institution Students Based on Their Religious Affiliations N = 597

Level of Knowledge Response	Religious Affiliations.					Total
	Cath.	Ang.	Pent.	Mos.	Baptist/ method	
High level knowledge (70% and above)	81(14)	29(5)	17(3)	13(2)	22(4)	162 (2.1)
Moderate level	72(12.1)	26(4.2)	14(2.3)	12(2)	16(3)	140 (23.4)
Knowledge (50 to 69%)						295
Low level knowledge (below 50%)	139(23.2)	59(10)	50(8.3)	21(4)	26(4.2)	(49.4)
Total	292	114	81	46	64	597

Xx figures in parentheses are percentages (%)

$$X^2_{cal} = 65.5, x^2_{.05} = 15.507 \text{ df } 8, p < .05.$$

Table 3 showed that there was significant relationship among tertiary institution students of various religious affiliations in level of knowledge was possessed by the catholic students while the lowest was Moslem students.

5.2. Discussion

Result of the study (table 1) revealed that the level of knowledge of contraceptive devices by the students was low. This was unexpected one would have expected a moderate level of knowledge by the respondents because of media information all over the world. Related literature also confirmed that some people are still ignorant of contraceptive devices (Irinmoroti & Edegbai, 2000).

According to table 2 above out of a total of 171 (29%) students who were within 26-30 years 61 (10.2%) possessed low level contraceptive knowledge 52 (9%) and 58.10 of them had moderate and high levels respectively. These results were not surprising since according to Hendrick (1999) knowledge of contraceptive devices were affected by level of maturity of the individual.

Significant relationship existed among tertiary institution students with high, moderate or low level of knowledge of contraceptive devices based on religious affiliations. Table 3 revealed that some religious groups disapprove their members from knowing the knowledge of contraceptive devices. This is in line with Dahisten and Shark (1991) that some religious denominations disapprove contraceptive devices. They prefer holiness, prayers and faith rather than having knowledge of any devices. They believe that children are gift from God that we should increase and multiply. These results were surprising one had expected that married students would have more knowledge of contraceptive device than single students.

6. Conclusion and Recommendations

The following conclusion were made based on the research findings of this study and with reference to the statistical analysis used. The level of knowledge of various contraceptive devices among tertiary institution students in Anambra State was low (49.4%) Table 1. Ages and religious affiliation of the students significantly influenced their knowledge of contraceptive devices. Specifically the international health bodies like planned parenthood, Federation of Nigeria (PPFN), The Federal, State and local government officers, community health workers and professional health bodies should periodically organize health talks, health counseling sessions inter-active health sessions, workshops and seminars for the target group in order to increase their knowledge of contraceptive devices. Health education of the target group and the general public can also be done using the news media (print and electronic media) in disseminating health information regarding contraceptive devices. Various churches, religious groups, social clubs, cultural organizations, women group and other associations are important avenues for providing information about contraceptive devices.

Author Contributions

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