

**KNOWLEDGE AND USE OF CONTRACEPTIVES AMONG  
ADOLESCENTS IN OYE COMMUNITY, EKITI STATE, NIGERIA**

**BY**

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AWARD OF THE DEGREE OF B.SC. IN SOCIOLOGY**

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**CERTIFICATION**

I certify that this research project was carried out by **ALAO KAFILAT TEMITOPE, MATRIC NO: SOC/11/0223** under my supervision in the Department of Sociology, Faculty of Humanities and Social Sciences, Federal University Oye Ekiti.

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## DEDICATION

This research project is dedicated to Almighty Allah; the Architect of the universe for his grace since the beginning of my program. Also to my loving and caring parents **Alhaji. Alao Musa** and **Mrs. Alao Ajarat** for their parental care and to my wonderful uncle **Haruna Adul Majeed**.

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Oliver Wendell an erudite socialite once said; "The greatest thing in this world is not so much where we are but in what direction we are moving. The direction is ordinary and programmed by Supreme Being who controls the universe and beyond" (Wendell, 1956).

God is he who deserves all praises and gratitude from all creatures. I appreciate Almighty-Allah (God) for blessing me with the opportunity to complete my studies. I am indebted to my supervisor, Mr. Fasoranti Temitayo for his scholarly input which has greatly improved this study.

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## ABSTRACT

Knowledge and use of contraceptives among adolescents is a major global reproductive health issue today due its crucial relationship with maternal, fetal, and neonatal adverse outcomes. The general aim of this study is to explore the knowledge and use of contraceptives among adolescents in Oye community of Ekiti State, Nigeria. However, the study specifically examined the demographic and socio-economic characteristics of the respondents, discovered the level of awareness of contraceptives use in the study area, investigated the sources of information about contraceptives use and identified the factors influencing the use of contraceptives. The total sample size for the study was one hundred and ninety-five (195) comprising of one hundred and eighty-seven for the quantitative method and eight participants for In-Depth Interviews (IDI). Descriptive statistics of frequencies and percentages in tabulation format; Pearson's chi-square with critical value approach and cross-tabulations were techniques used to analyzed the quantitative data gathered, while the qualitative data were transcribed, discussed and analyzed to complement and substantiate the quantitative data. The research findings revealed that religion was not the major factor influencing contraceptive practices and that sources of information on contraceptives have little or no significant effect on their use in the study area. The study also revealed that the major factor influencing contraceptives practice in the study area was misconception about their side effects and low awareness, especially on other types of contraceptives than condom which may be safer and more efficient and effective. Thus, the study recommends that Government and Non-Governmental Organizations (NGOs) working in the area of health as well as health workers should formulate policies and programs aimed at creating awareness on contraceptives use.

## TABLE OF CONTENTS

CONTENTS	PAGES
TITLE PAGE- - - - -	I
CERTIFICATION - - - - -	II
DEDICATION - - - - -	III
ACKNOWLEDGEMENTS - - - - -	IV
ABSTRACT- - - - -	VI
TABLE OF CONTENTS - - - - -	VII
LIST OF TABLES- - - - -	IX

### CHAPTER ONE: INTRODUCTION

1.1 Background to the Study- - - - -	1
1.2 Statement of the Problem- - - - -	3
1.3 Research Questions - - - - -	5
1.4 Aim and Objectives of the Study - - - - -	5
1.5 Scope and Limitation of the Study- - - - -	6
1.6 Significance of the Study- - - - -	6
1.7 Research Hypothesis- - - - -	7
1.8 Operational Definition of Key Concepts- - - - -	8

### CHAPTER TWO: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction- - - - -	10
2.1.1 The Concept of Contraception - - - - -	10

2.1.2	The Concept of Adolescent-	-	-	-	-	-	-	11
2.1.3	Knowledge and Awareness on contraceptives	-	-	-	-	-	-	11
2.1.4	Sources of Information about contraceptives	-	-	-	-	-	-	14
2.1.5	Factors influencing the use of contraceptives	-	-	-	-	-	-	16
2.2	Conceptual Framework	-	-	-	-	-	-	19
2.3	Theoretical Framework	-	-	-	-	-	-	20
2.3.1	Social learning Theory	-	-	-	-	-	-	21
2.3.2	Theory of Reasoned	-	-	-	-	-	-	23

### **CHAPTER THREE: RESEARCH METHODOLOGY**

3.1	Introduction-	-	-	-	-	-	-	24
3.2	A Brief Background of the Study Area-	-	-	-	-	-	-	24
3.3	Methodology-	-	-	-	-	-	-	26
3.3.1	Research Design-	-	-	-	-	-	-	27
3.3.2	Population of the Study	-	-	-	-	-	-	27
3.3.3	Sample Size-	-	-	-	-	-	-	27
3.3.4	Sampling Techniques-	-	-	-	-	-	-	28
3.3.5	Research Instrument	-	-	-	-	-	-	28
3.3.6	Validity and Reliability of the Instrument	-	-	-	-	-	-	28
3.3.7	Methods of Data Collection-	-	-	-	-	-	-	29
3.3.8	Ethical Consideration-	-	-	-	-	-	-	30
3.3.9	Methods of Data Analysis-	-	-	-	-	-	-	30
3.3.10	Decision and Criteria for Testing Hypotheses-	-	-	-	-	-	-	30
3.9	Problems Encountered	-	-	-	-	-	-	32



## CHAPTER FOUR: DATA ANALYSIS AND INTERPRETATION

4.0	Introduction-	-	-	-	-	-	-	-	-	34
4.1	Distribution of questionnaire	-	-	-	-	-	-	-	-	34
4.2	Socio-Demographic Characteristic of Respondent's	--	-							35
4.3	Response on Issues Raised on the Research Topic-	-								38
4.4	Hypotheses Testing	-	-	-	-	-	-	-	-	52
4.5	Discussion of Findings	-	-	-	-	-	-	-	-	58

## CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1	Introduction-	-	-	-	-	-	-	-	-	60
5.2	Summary-	-	-	-	-	-	-	-	-	61
5.3	Conclusion-	-	-	-	-	-	-	-	-	62
5.4	Recommendations-	-	-	-	-	-	-	-	-	63
	Bibliography-	-	-	-	-	-	-	-	-	65
	Appendixes--	-	-	-	-	-	-	-	-	68

## LIST OF TABLES

Table 4.1: Distribution of Questionnaire-	-	-	-	-	-	34
Table 4.2: Demographic and Socio-Economic Variables of the Respondents-						35
Table 4.3: The Level of Awareness of Adolescents on Contraceptives Use-						38
Table 4.4: Respondents' Opinion on Sources of Information on Contraceptives						39
Table 4.5: Responses on Contraceptive Use-	-	-	-	-	-	40
Table 4.6: Responses on the Types of Contraceptive Ever Use	-	-	-			40
Table 4.7: Responses on the Reasons for Not Using Contraceptive-	-	-				41
Table 4.8: Responses on Parent/Guidance Approval on Contraceptives-	-					42

Table 4.9:	Opinion on Unmarried Adolescent of Contraceptive Use	-	-	42
Table 4.10:	Responses on Whether Contraceptives are for Married Adults	-		43
Table 4.11:	Respondents' Opinion on Easy Access to Contraceptive-	-		44
Table 4.12:	Responses on Whether Contraceptives are Expensive-	-	-	45
Table 4.13:	Respondents' Opinion on Communication of Contraceptives With Partner-	-	-	45
Table 4.14	Respondents' Opinion on Whether Adolescent Who Use Contraceptives Are Bad-	-	-	46
Table 4.15:	Respondents' Opinion on Whether Contraceptive Use Lead to Infertility-	-	-	47
Table 4.16:	Opinion on Factors Influencing the Practice of Contraception	-		48
Table 4.17:	Respondents' Perception on Safety Level of Contraception	-	-	48
Table 4.18:	Respondents' Perception on Discussion of Family Planning with Partner-	-	-	49
Table 4.19:	Respondents' Awareness on Sexually Transmitted Diseases	-		50
Table 4.20:	Respondents' Opinion on the Use of Contraceptives-	-	-	51
Table 4.21:	Cross Tabulation of the Respondents' Level of Knowledge and the Use of Contraceptives-	-	-	53
Table 4.22:	Cross Tabulation of Respondents' Source of Information on Contraceptives and Use of Contraceptives-	-	-	55
Table 4.23:	Cross Tabulation of Respondents' Religious Belief and Use of Contraceptives-	-	-	56

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## CHAPTER ONE

### INTRODUCTION

#### 1.1 BACKGROUND TO THE STUDY

Knowledge and use of contraceptives among adolescent is one of the contemporary global reproductive health issues. This is because teenage pregnancy is mostly associated with maternal, fetal, and neonatal adverse outcomes (Hogan and Buxton, 2012). Teenage girls who get pregnant are likely to drop out from school and teenage parents are unlikely to have the social and economic means to raise children (Whitaker and Gilliam, 2008). Also, unintended pregnancy poses a major challenge to the reproductive health of young adults in many communities especially in developing countries like Nigeria.

Brindis, et al (2015), Hassen, F (2002) and Westoff (2001) posited that at the onset of sexual activity, young people are exposed early to unplanned and unprotected sexual intercourse leading to unwanted pregnancies and invariably abortions, spread of sexually transmitted diseases, (such as Human Immunodeficiency Virus, gonorrhoea etc.) common in many communities in Sub-Saharan African countries including Nigeria where persistent high rates of unmet need for family planning and low rates of contraceptive use are reported. The low levels of utilization could be typically a function of both the limited capacity of their health system and the framework within which

Family planning services are delivered. At the individual level also, multiple factors hindering the utilization have been identified, including risk perception, insufficient knowledge needed to make informed choices or decision, opposition from male partners, and health service limitations.

Rahman and Kabir(2005) noted that: Variety of factors might influence contraceptive practice among the adolescents, such as desired family size and child spacing, contraceptive prevalence among married women at the individual level and at the macro level, laws and regulations and cultural norms are important factors that determine the access to contraception (Rahman and Kabir, 2005:165).

Idonije, et al (2011) exerted that contraceptive use among adolescents in Nigeria is low and little is known about factors that underlie the low use of contraceptives among adolescents. Similarly, little is known and documented about the perceptions of the adolescents regarding access and use of contraceptives. In order to develop more responsive interventions that addresses the problem of low use of contraception among adolescents, it is important to understand the perception of adolescents' knowledge and uses of contraceptives as majority of previous studies have been conducted using secondary data and this limits level of exploring individual perceptions. It is against the above background that this study is born.

## 1.2 STATEMENT OF THE PROBLEM

It is estimated that 46 million abortions are performed each year, 20 million of which occur in countries where abortion is prohibited by law (Idonije, et al, 2011; and Glenn, 2002). Adolescent sexual activity and pregnancy are alarmingly common in many countries including Nigeria (Iyaniwura and Salako, 2005). Premature sexual intercourse results in high incidence and prevalence of adolescent pregnancy and abortion and also increases the risk of sexually transmitted diseases (STD) and, as such, adolescent pregnancy needs careful and proper monitoring to ensure a safe outcome (Islam and Mahmud, 2005). Despite the social and cultural importance of child bearing in African communities, such as Oye-Ekiti, unwanted pregnancies are a source of concerns within the family. This is more acute for adolescent girls who often fall pregnant out of wedlock. In a bid to avoid facing judgment from their family and community, resulting to abortion is commonly their only choice. Studies in Nigeria indicate high rate of sexual activities as well as limited knowledge and use of contraceptives, such as condom among adolescents (Iyaniwura and Salako, 2005; Ogbuji, 2005; and Orji et al, 2005). The resultant effect is an increased rate of unwanted pregnancy and the attendant unsafe abortion, as well as the spread of sexually transmitted diseases.

Unintended pregnancy leading to abortion still poses a major challenge to the reproductive health of young adults in many rural or semi-urban areas like Oye-Ekiti, and as such there is need to improve on their knowledge and uses of contraceptives. Hassen (2000) posits that Nigeria has a high incidence of unwanted pregnancies and unsafe abortions, particularly among adolescents. Teenage girls are particularly prone to unintended pregnancies. Unsafe abortion is one of the top causes identified in the high number of maternal morbidity and mortality in Nigeria (Idonije, et al, 2011).

Discussion about family planning with husband is low in many families, probably because of low knowledge. Rahman and Kabir(2005) noted that communication is important for family planning because it is instrumental in the decision to regulate fertility and hence the use of contraception. Rahman and Kabir (2005) study found a positive association in terms of contraception with husband-wife communication for family planning acceptance. Thus, understanding of the knowledge and use of contraceptives is not only critical for Oye community but Nigeria with a population policy aimed at reducing unwanted pregnancy and minimizing the spread of sexually transmitted diseases. Unfortunately, little research has been conducted in this area in the country. It is in the light of this problem that this study is therefore designed to explore the knowledge and use of contraceptives among adolescents in Oye-Ekiti community in Ekiti State.

### **1.3 RESEARCH QUESTIONS**

The following research questions are formulated based on the research topic:

1. What are the demographic and socio-economic characteristics of the respondents?
2. What is the level of awareness of contraceptives use in the study area?
3. What are the sources of information about contraceptives use?
4. What are the factors influencing the use of contraceptives?

### **1.4 AIM AND OBJECTIVES OF THE STUDY**

The general aim of this study is to explore the knowledge and use of contraceptives among adolescents in Oye-Ekiti community of Ekiti State. However, the specific objectives are as follows:

1. To know the demographic and socio-economic characteristic of the respondents.
2. To know the level of awareness of contraceptives use in the study area.
3. To find out the sources of information about contraceptives use.
4. To identify the factors influencing the use of contraceptives.

## **1.5 SCOPE AND LIMITATION OF THE STUDY**

The scope of this study is to explore the knowledge and use of contraceptives among adolescents and is limited to all the people in Oye community of Ekiti State. It covers both male and female adolescents either single or married. Time and money also poses a limitation.

## **1.6 SIGNIFICANCE OF THE STUDY**

This study offers insights on knowledge and use of contraceptives among adolescents in Oye-Ekiti community of Ekiti State. The study may be significant to students, adolescents, parents, researchers, health workers and policy makers in the following ways

1. To the students, the study may offers insights on awareness' level of the knowledge and use of contraceptives among adolescents and may be a material for their academic consultation especially students of medical sociology, demography and other related discipline.
2. It will give health workers insights to the use of contraceptives so as to offer more enlightenment campaign to members of the public aimed at reducing unwanted pregnancies and the spread of diseases.
3. To parents and members of the public, the study may provide insights to ways of preventing unwanted pregnancy and the spread of sexual transmitted diseases.



aimed at reducing unwanted pregnancies and the spread of diseases.

3. To parents and members of the public, the study may provide insights to ways of preventing unwanted pregnancy and the spread of sexual transmitted diseases.
4. To the researchers and policy makers, the study may show the scope of the problem in the study area and information gathered may provide baseline data for further study and for policy makers in developing appropriate evidence-based strategies to promote the use of emergency contraceptive pills in the community in particular and Nigeria in general.

## **1.7 RESEARCH HYPOTHESES**

The following are the research hypotheses formulated for the study based on the research objectives:

### **1. HYPOTHESIS ONE**

$H_0$ : The level of knowledge on contraceptives has no significant effect on their use in the study area.

$H_1$ : The level of knowledge on contraceptives has a significant effect on their use in the study area.

## 2. HYPOTHESIS TWO

H<sub>0</sub>: The sources of information about contraceptives have no significant effect on their use in the study area.

H<sub>1</sub>: The sources of information about contraceptives have and significant effect on their use in the study area.

## 3. HYPOTHESIS THREE

H<sub>0</sub>: Religion is not significant factor influencing factor influencing the use of contraceptives

H<sub>1</sub>: Religion is a significant factor influencing the use of contraceptive.

### 1.8 OPERATIONAL DEFINITION OF KEY CONCEPTS

In order to avoid misconception and ambiguity, some central concepts in the study are here by defined. The purpose of these definitions is to make clear the scope covered by this study and bring the researcher notion of the concepts into proper perspective. The key words as would be used in this study are defined as follows:

**1.8.1 ADOLESCENT:** This is defined as people within the ages of 12 and 24 years old.

**1.8.2 CONTRACEPTIVES:** Are traditional and scientific means in preventing and controlling of unwanted pregnancy and sexually transmitted diseases.

**1.8.3 IUDs:** This means intra uterine device in form of plastic or metal object placed inside a woman's uterus; where a baby grows before it is born to stop her becoming pregnant.

**1.8.4 KNOWLEDGE:** This could be a belief, awareness, information and attitude formed about a social phenomenon.

**1.8.5 VASECTOMY:** This refers to a medical operation so as to remove part of each of the tubes in a man's body that carry sperm, after which the man will not be able to make a woman pregnant.

## **CHAPTER TWO**

### **LITERATURE REVIEW AND THEORETICAL FRAMEWORK**

#### **2.1 INTRODUCTION**

This chapter contains a review of related literature and the theoretical framework. Recent relevant literature would be reviewed to give support to the study specifically from the former studies.

The order of such review of literature is as follow:-

1. Concept of contraception
2. Concept of adolescent
3. Knowledge and awareness on use of contraception
4. Sources of information about contraceptives
5. Factors influencing the use of contraceptives.

##### **2.1.1 CONCEPT OF CONTRACEPTION**

Fawcett, et al (2012), saw contraception as a component of birth control comprises of pills, condoms, spermicides, intra-uterine devices, diaphragms, vaginal rings, and traditional methods and for protection against sexually transmitted diseases (STDs).Somba, et al (2014) defined contraception as family-planning measure which comprises the used of both scientific and traditional methods such as injection, pills, IUD and natural spacing etc. Reed, et al (2014) viewed contraception as method used by women who do not desire to have pregnancy. According to them unintended pregnancy are

common, especially among unmarried women between age 18 and 25 years. This definition does not in any way restricted contraception to a particular gender.

### **2.1.2 CONCEPT OF ADOLESCENT**

World Health Organization (WHO, 2008) defines adolescents as people ranging from 10 to 19 years of age. Rahman and Kabir (2005), viewed Adolescence as an ascetical period, especially for the married female adolescents, as they have to enter early into the marital life that pushes them to bear the consequences of childbearing. Somba, et al (2014) observed that adolescent sexual behavior has been recognized as an important health, social and demographic issue in the developing countries like Nigeria as it is associated with adverse maternal, fetal and neonatal effects.

### **2.1.3 KNOWLEDGE AND AWARENESS OF CONTRACEPTIVES USE**

Okanlawon, et al (2010) posited that knowledge and awareness of contraceptive methods are important factors that influence its use among young people. Rahman and Kabir (2005), noted that usually knowledge on contraceptive methods refers to whether a respondent heard of or know of a family planning method or methods. They maintained that although adolescents have knowledge on contraceptives, but their use of contraceptives

is low. Based on their study, quantitative data on 1,881 married female adolescents revealed that almost per cent of the married adolescents are aware of at least one contraceptive method.

Longwe, et al (2012) stated that if no contraceptives or less effective traditional methods are used, preferred family planning outcomes are more difficult to achieve. Therefore, knowledge of contraceptives is considered one of the essential factors associated with effective use of these methods. Biney (2011) observed that lack of knowledge about contraceptives among Ghanaian women led to failure of contraceptive use which in turn led to unintended pregnancies and induced abortions. Nigerian women with positive attitudes towards contraception (i.e. those who approved family planning and those who discouraged early marriages) were found to use contraceptives more than other women (Longwe, et al, 2012).

Mprah (2013) opined that Knowledge and usage of contraceptives are also important for determining attitudes towards the awareness about risks associated with pregnancies and sexually transmitted diseases (STDs). Many studies, such as Longwe, et al 2012; Biney 2011; Narzary 2009 and Small, et al 2009 have established that knowledge of methods and sources is a key factor governing effective use of contraceptives. Having good knowledge reduces misconceptions and fears about contraceptives and creates positive

attitudes towards use; generally, the more knowledge people have the more likely they would accept and use contraceptives (Longwe, et al 2012; Biney 2011; Narzary 2009 and Small, et al 2009). For example, Lindstrom and Hernandez (2006) observed that lack of knowledge was commonly cited for unmet needs and limited choice of contraceptives amongst rural or urban migrants in Guatemala. Similarly, Biney (2011) reported that a major reason for not using contraceptives amongst women in Ghana was lack of knowledge or misunderstanding of contraceptives.

It has also been established that engaging in risky sexual activities often led to unintended pregnancies, unsafe abortions, and sexually transmitted infections (STIs) (Biney 2011). According to Small, et al (2009), the use of effective contraceptive methods is thus crucial for preventing unintended pregnancies and unsafe abortions. When used properly and consistently, the barrier methods (e.g. condoms) would serve the dual purposes of preventing unintended pregnancies and STIs including HIV, whilst the non-barrier methods would prevent unintended pregnancies. Several investigators, such as Mprah (2013), Biney (2011) and Mustafa, et al (2008) among others have found that teenagers represent a large proportion of women admitted to hospitals for complications following clandestine abortions and the evidence regarding abortion among adolescent women is consistent with reported increases in adolescent premarital sexual activities.

## 2.1.4 SOURCES OF INFORMATION ABOUT CONTRACEPTIVES USE

There are many sources of information about contraceptive use. Thus, Longwe, et al (2012) posited that there is evidence that family planning (FP) messages through media may play an important role in increasing the knowledge of FP methods and through this increased knowledge also their acceptance and use, especially in those areas where the literacy level is low (Saluja, et al, 2011). Several empirical studies have shown that mass media campaigns may lead to behavioral changes and in this way reduce fertility. For example, Cheng (2011) established that in Taiwan mass media and social networks played important roles in disseminating contraceptive knowledge and women transformed this knowledge into behavior that would help to reduce fertility. This means that contraceptive knowledge have the capacity to reduce high rate of fertility among adolescents.

Narzary (2009) pointed out that there is a great rural-urban discrepancy in terms of knowledge of all the methods of contraception, except sterilization. It has been found that even among the currently married adolescent (CMAW), they have knowledge of at least one method (modern or traditional) or at least one modern methods of contraception is pretty high (about 97%), although it is slightly higher for the urban women. However, till now not even 15% of the CMAW have knowledge of the entire contraceptive



methods, it is even worse in the rural areas. In urban areas about 60 percent, in rural areas 42 percent and total 45 percent of the CMAW knows all the modern methods of contraception. So far, prevention is the best medicine against dreaded disease HIV/AIDS, and use of condom is one of the means which could provide safety for sexually active population against it and other sexually transmitted diseases (Narzary, 2009:43).

Idonije, et al (2011) study in Ekpoma, Edo state of Nigeria indicated that the main sources of information about contraception such as parents, books and magazines and friends ranked topmost for boys while friends, teachers, books and magazines were the main access for the girls. This finding is in consonance with reports obtained from Uganda which also ranked friends as the major source of information on contraception among university students (Josaphat, et al, 2006). Idonije, et al (2011) maintained that there are different types of contraceptive and they included condom, Andrew liver salt, oral pills, 7up (soft drink), alcohol, pepper soup, lemon, cub soda, lime, traditional method, herbs, Uдах seed, antibiotics and alligator among others.

Similarly, Nworah, et al (2010) pointed out that the cornerstone source of information about contraceptive use/practice was friends. However, information obtained from friends about the use and practices of contraception are often misleading as they contain a lot of misinformation,

distortion, falsehood and misconception, and often times self-centered. Mprah (2013) in the same vein observes that pills, injections, condoms, emergency contraceptives, IUDs implants, jelly/foam, female/male sterilization, traditional methods, such as withdrawal and periodic abstinence/rhythm are various types of contraceptives.

### **2.1.5 FACTORS INFLUENCING THE USE OF CONTRACEPTIVES**

Scholars as found a number of factors influencing the use of contraceptives. Thus, Rahman and Kabir (2005) posited that variety of factors might influence the contraceptive practice among adolescents and these factors included the desired family size and child spacing, contraceptive prevalence among married women at the individual level and at the macro level, laws and regulations and cultural norms. They noted that contraceptive use is gradually increasing in Bangladesh but it is still low compared with any developed country and even many, developing countries, since the average age at manage in Bangladesh remains the lowest, and a large proportion of the potential acceptors of contraception are married adolescents.

Reed, et al (2014) argued that five factors are key to influencing the used of contraception and they included efficacy (i.e. women's ability to put an intention to contraception into practice; the action, inaction and attitudes of

male partners; being in a long-term relationship; whether women experience side effects and misinformation or erroneous reason about pregnancy risk. Idonije, et al (2011) argued that parental influence, cost, fear of infertility, religious reason and side effect as well as lack of awareness are factors influencing the use of contraception.

However, Kagashe and Honest (2013) observed that the use of contraceptives is one of the ways which can help to reduce unwanted pregnancy among adolescent girls as unwanted pregnancy is one of the problems facing adolescent girls in many contemporary societies. World Health Organization (2008) noted that in Sub Saharan Africa, including Nigeria, it is estimated that 10% of girls become pregnant at the age of sixteen. Thus, teenage girls who get pregnant are likely to drop out from school and are unlikely to have the socio-economic means to raise their children.

Narzary (2009:43) observes that: many at times women shy away from using contraception mainly because they lack knowledge and are afraid of sterilization; copper T or pills does not suit them; or injection is not available etc; thereby have to carry the burden of unwanted pregnancies or go for abortion which is mainly unsafe, having knowledge of wide range of contraceptive methods helps women to overcome such difficulties.

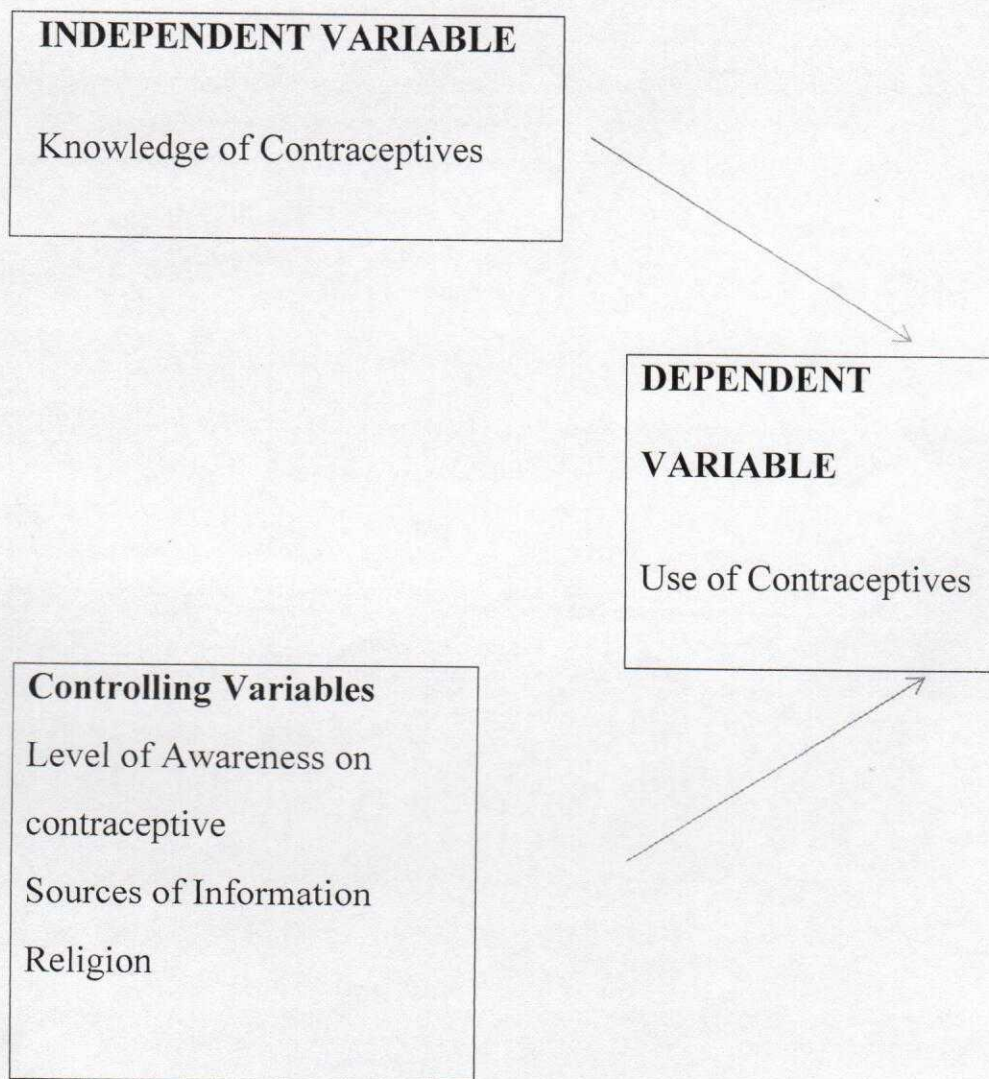
Longwe, et al (2012) posited that education provides people with the knowledge and skills they need to live better lives. According to them, education of women is one of the key factors driving fertility reduction. UNESCO (2011) exerts that women with higher levels of education are more likely to delay and space their pregnancies and to seek health care and support. Education influences women's reproduction by increasing their knowledge of fertility, by increasing their socio-economic status, and by changing their attitudes towards fertility control. Education is also closely linked to the use of contraceptives. Thus, more educated women are more likely to use family planning.

Mustafa, et al (2008:544), opined that Contraceptive knowledge and practice was influenced by media exposure and partner opposition. Women education and counseling of couples can play an important role to adopt family planning methods. Electronic media, health personnel and government's organizations can play a positive role to provide knowledge and overcome the knowledge/practice gap.

Longwe, et al (2012) posited that urbanization influences the use of contraceptives. According to them, women living in rural areas tend to use fewer contraceptives and have more children than their urban counterparts. African countries like Ethiopia still show very high fertility rates in rural

areas, whereas fertility in the cities has decreased considerably (Tadesse and Headey, 2012). Longwe, et al (2012) exerted that a major reason might be that the costs of children are higher in more developed and urban areas than in rural areas.

## 2.2 CONCEPTUAL FRAMEWORK



The conceptual framework intends to schematize the hypothesized trajectory between the selected independent variables and the dependent variable in

studying Knowledge and use of contraceptives among adolescents' in Oye community Ekiti State, Nigeria. The independent variables are knowledge on contraceptives. The framework also depicts the controlling variables as they connect, in one way or the other, to either or both the factor variables and the outcome variables. Therefore, the factor variables may also have indirect effect on use of contraceptives.

### **2.3 THEORETICAL FRAMEWORK**

Facts never interpret themselves. People interpret what they observed by placing their observation into a framework of some sort. That conceptual framework is called a theory. A theory can be conceived as body of ideas consisting of related concepts, variables and format, specifically designed in form of a statement to give explanation to events, situations or objects. It attempts to give satisfactory account of why events occur the way they do or why an event does or does not occur. Theory helps in the understanding of a phenomenon and summarizes knowledge through empirical generalization.

This study reviewed two theories that included social learning theory and theory of reasoned action. However, the study adopted the theory of reasoned action as the theoretical framework for the study. This is because it provides detailed and related explanation on the factors influencing adolescent use of contraceptives.

### 2.3.1 SOCIAL LEARNING THEORY

Brindis, et al (2005) posited that social learning theory of contraceptives use originated from Bandura work of 1977. The central assumption of the theory is that behavior is the result of “reciprocal determinism” the continuing interaction between a person, the behavior of that person, and the environment within which the behavior is performed. The constant interaction between these factors is such that a change in one has implications for the others. Behavior can result from the characteristics of a person or an environment, and it can be used to change that person or environment as well (Brindis, et al, 2005). Behavior, therefore, is viewed not in isolation, but rather as the outcome of the dynamic interaction of personal and environmental variables.

The two most important variables that Social Learning Theory takes into account are self-efficacy and modeling. Self-efficacy or the confidence in one’s ability to successfully perform a specific type of action is considered by Bandura to be the single most important aspect of the sense of self that determines one’s effort to change behavior (Courneya and McAuley, cited in Brindis, et al, 2005). That people learn not only from their own experience, but from the actions and reactions of others as well is defined as imitation or modeling, a basic premise of Social Learning Theory. Other important variables include self-control, emotional coping knowledge, skill, problem-

solving, expectations, and perception of the environment, attitudes, beliefs, intent, and motivation. The term "personal variable" refers to an objective notion of all the factors that can affect an individual's behavior that are physically internal to that individual. "Environmental variables" include observational learning (modeling), reinforcement, family members, peers, friends, opportunities and norms - in short, all the factors that can affect a person's behavior that are physically external to that person (Bandura, cited in Brindis, et al, 2005).

In applying Social Learning Theory to adolescent pregnancy prevention, a major component would be modeling: adolescents imitate behavior from others in their environment through observational learning. These personal and environmental variables are examples of factors that should be emphasized by the program staff as part of their education and counseling efforts. It is often the job of health educators and counselors to help adolescents recognize that different, sometimes conflicting, social norms may well exist in their community or environment. The messages they receive about sexual behavior from the media, from their peers, or from family members, religious leaders, and others, will almost inevitably be different to some extent. By providing adolescents with an increased awareness of the influence of other significant individuals in their lives, as well as knowledge and negotiation skills about abstinence and contraceptives, the chances of an



unplanned pregnancy can be lessened. In addition, by utilizing observational learning, adolescents can learn and practice appropriate pregnancy prevention behaviors through guidance from mentors, parents, friends, teachers, community role models, and the media. The greater the reinforcement, across all these sectors, the greater the likelihood of successful transmission and acceptance of the message.

### **2.3.2 THE THEORY OF REASONED ACTION**

The theory of reasoned action could be traced to Ajzen and Fishbein work of 1980. The main assumption of the theory is that behavior is influenced by several factors among them are, one's belief about the outcome of an action, one's assessment that a particular behavior is desired by significant others and a motivation to comply with views of significant others. According to this theory, adolescents would have to believe that avoiding sex or use of contraceptives would prevent unwanted pregnancy and sexually transmitted diseases (STDs) and that significant others would not want unplanned pregnancies and SDIs. Complying with wishes of significant others would mean that adolescents would take action or not take action. Taking action to prevent a pregnancy would influence adolescent abstaining from sex or using a contraceptive method. Thus, within social environment, there are several factors that would be grouped into significant others, for instance peers, spouses, religion, schools, available information and parents. However, the

theory could be criticized on the ground that not all action are influenced by a significant others.

## **CHAPTER THREE**

### **RESEARH DESIGN METHODOLOGY**

#### **3.1 INTRODUCTION**

This chapter of the study contains a brief history of the study area and the methodology that was used for the study. The methodology described the process and procedure used in carrying out the research study.

#### **3.2 A BRIEF BACKGROUND OF THE STUDY AREA**

Oye community is one of the 16th kingdoms of Ekiti land in the south-western Nigeria. The community inhabits the administrative headquarters of the present Oye Local Government area of Ekiti State (Onipede, 2011). The Old Oye kingdom comprises of five villages namely Oye, Ire, Egosi, Eshetta, (Egosi and Eshetta have come together as Ilupeju) and Arigidi Ekiti (now Ayegbaju) and covers an area of about 64 square miles (National Archive, Ibadan, cited in Onipede, 2011). The population of Oye-Ekiti community according to 2006 population was 168, 251 (National Population Commission, 2006).

Onipede (2011) noted that Oye-Ekiti is located at a general altitude around 1500 feet with hills and granite outcrops rising to about 200 feet. According to him, it is covered by thick forest with very small patches of high forest and

is surrounded by hills which provide her protection in times of war. In fact, the hills were a blessing to the people especially during the Benin invasion in the 19th century.

The origin of Oye-Ekiti which is also known as Obalatan land is associated with the founder of the town, Oloyemoyin who was born in Imore district of Ile Ife (Owoyomi, cited in Onipede, 2011). Thus, the name Oye was coined from his name 'Oloyemoyin', a name supposedly put together because of the circumstances surrounding the birth of the founder of Oye who was said to have been born during a terrible and 'hostile' harmattan which normally blows from the Sahara desert over and across north Africa countries and to all parts of Nigeria. And to preserve his life, he was kept in a dark room with female deity called 'Obalatan' for an unspecified period of time. Thus, he was observed as a wonderful prince whose birth had been accompanied by a horrible harmattan, while, traditional lamps were lit and arranged in the room both day and night to keep the room warm, coupled with the harmattan was the attendant dryness of his mother's breast so much that she could not breast feed him and rather he was fed with honey in place of breast milk. This is why he was named Oloyemoyin, meaning a harbinger of harmattan who fed on honey and this is express in the cognomen to the child and by extension all autochthons of Oye as; Omo Oloye, Omo oraufeketaana Osangangan,

meaning that Oloye is an aboriginal son of Ile-Ife who always put on light during the day (Oye Progressive Union, cited in Onipede, 2011).

According to available oral evidence, the prince left Ile-Ife in company of his brother Ogunlire, the acclaimed founder of Ire-Ekiti, with a remarkable entourage, equipped with large armies, crude weaponry, commanders, seers, oracles, priests and subtle counselors. The entourage on their way from Ile-Ife first settled at Ule Oye Ora (National Archive Ibadan, cited in Onipede, 2011). At Oye Odo Ora, the aborigines were not happy with such intrusion and as a result fought and scattered them. They, therefore, moved to a new settlement and called it Oye-Ekiti, while Ogunlire migrated and settled in Ire-Ekiti. Some settled in Egosi, and others conquered Eshetta and Arigidi while, Oye-Ekiti became the head of these towns and Oloye was recognized by them as their leader being the eldest son of their mother, Yeye Aiye (National Archive Ibadan, cited in Onipede, 2011).

The people of Oye community are predominantly Yoruba and engage in agricultural activities. The community currently serves as host to the new Federal University.

### **3.3 METHODOLOGY**

This chapter presents the research design, which includes the population of the study, sample size, sampling methods, research instruments and methods of data collection as well as method of data analysis.

#### **3.3.1 RESEARCH DESIGN**

The research design adopted is a descriptive survey. Descriptive survey collects and use the data systematically from a given population to describe certain characteristic of that population.

#### **3.3.2 POPULATION OF THE STUDY**

The target population for this study was made up of males and females adolescents aged 12-24 years, married or single. The study population was chosen because it was found to be a high-risk group for unwanted pregnancies and requests for termination of pregnancy. The population included teachers, parents, widowed, divorced and separated whether currently pregnant or not.

#### **3.3.3 SAMPLE SIZE**

The total sample size for the study which was purposely determined is one hundred and ninety-five (195) people. This comprised of one hundred and

eighty-seven for self-administered questionnaire to generate quantitative data and eight (8) people for in-depth interview (IDI) to gather qualitative data for the study, respectively.

#### **3.3.4 SAMPLING RECHNIQUES**

A multi-stage cluster sampling method was adopted to select the sample size for the study. Thus, Oye community was considered as a cluster. Ten 'main streets' were selected from all the 'main streets' in the community using simple random sampling (lottery method). This gave all the 'main streets' the equal chance of being selected. In each of the selected streets, twenty adolescents' were accidentally drawn based on immediate availability, ability and willingness to give information on the research topic. This is because only those who had the requisite knowledge on the subject matter were contacted for information.

#### **3.3.5 RESEARCH INSTRUMENT**

The survey instrument used for this study was questionnaire constructed by the researcher. It consisted of four sections. Section A is made up of the personal data of subject, section B on level of awareness on contraceptives while section C on sources on contraceptives and section D on Factors influencing contraceptive use.

### **3.3.6 VALIDITY AND RELIABILITY OF THE INSTRUMENT**

To test the validity and reliability of a study, it is through the instruments used to obtain data for the study. Also a pre-test was done to ensure that the instrument is capable of attaining all the specific objectives for the study.

### **3.3.7 METHODS OF DATA COLLECTION**

Questionnaires and in-depth interviews were used to generate both quantitative and qualitative data for the study. This is important so as to explore relevant information from parents, teachers and adolescents on knowledge and use of contraceptive. The self-administered questionnaires were used to collect information from the one hundred and eighty-seven adolescents. The questionnaires were designed in English based on the research objectives and administered in English language or local dialect where necessary. Qualitative data were collected from four parents, two teachers of public schools and two religious leaders (i.e a pastor and an imam) by face-to-face interviews, using interview guide. The interviews were conducted in a place convenient to the interviewee. Tape recorder was used on the permission of the informant. In cases where tape recorder was not permitted, notes were taken as the participant gave information on the subject matter.



The respondents and participants were adequately briefed on the content of the questionnaires before distribution and interview guide before administration, respectively. This was done in order to ensure good data output.

### **3.3.8 ETHICAL CONSIDERATION**

Ethical approval was obtained from the respondents'. Informed consents were obtained from each adolescent who participated in the study. The confidentiality was ensured using anonymous questions, where no name of the respondents was used. Their response and identity were treated with utmost confidentiality.

### **3.3.9 METHOD OF DATA ANALYSIS**

The quantitative data generated were coded with Statistical Package for Social Science (SPSS, version 20) for simple percentage presented in tabular format. A descriptive statistic and inferential statistics of Pearson's chi-square with critical value approach with 0.05 as level of significance for testing and cross-tabulations were used to analyze the quantitative data. The qualitative data gathered through in-depth interview (IDI) were used to complement or substantiate the quantitative data.

### 3.3.10 DECISION AND CRITERIA FOR TESTING HYPOTHESES

Pearson's chi-square ( $X^2$ ) popularly known as non-parametric statistics using Critical Value Approach (CVA) was used to test the three (3) null hypotheses formulated for the study. This arrangement help the researcher to compare the t-statistics value known as  $X^2$  value with t-tabulated known as Critical Value of 0.05 as significant level and predetermined degree of freedom (df), which help to understood the higher of the two.

Chi-square ( $X^2$ ) measures the difference between the observed counts and the counts that would be expected if there were no relationship between two categorical variables. Hence, the interpretation of  $X^2$  to test whether or not the hypothesis should be rejected or not. To achieve this, probability (p) value and degree of freedom (df) must be appreciated. The probability value (p) is the probability that a deviation as great as or greater than each chi-square value would occur simply by chance. While degrees of freedom (df) is one number less than the total number of classes of offspring in a cross. For this purpose, decision criteria and decision rule for testing and interpreting the hypothesis was designed as critically discussed below.

The Critical Value usually divides the sampling distribution into two regions. If the test statistics lie in the rejection region and outside the acceptance

region, the  $H_0$  is rejected; otherwise, the researcher fails to reject the  $H_0$ . The testing is done based on the following rules:

- When t-statistics or  $X^2$  value is less than ( $<$ ) t-tabulated or critical value, the study should fail to reject the null hypothesis; and
- When t-statistics or  $X^2$  value is greater than ( $>$ ) t-tabulated or critical value, the study should reject the null hypothesis.

Thus, this study uses 0.05 as level of significance for the purpose of the hypotheses testing. The researcher therefore, compares a predetermined degree of freedom with level of significance (0.05) in order to arrive at critical value.

### **3.3.11 PROBLEMS ENCOUNTERED**

Conducting study of this kind is associated with one problem or the other. It is important to state these problems and how they were overcome as a guide for researchers conducting related future study in the area. Thus, the following problems were encountered in the course of conducting this study:

1. It was very difficult for the researcher and her assistants to gain access to the respondents and many of them (especially females) considered the issue personal and are shire to speak on it. However, the researcher, being a female was able to convince her female counterparts to give

information as the study is very important to their welfare in particular.

Also, the male research assistant did same to his male counterparts.

2. Some of the interviewees had at many times postponed appointment dates due to their official and personal engagements, which nearly threatened the success of the study. With patience and perseverance on the part of the researcher and her assistants in continuing to meet the interviewees, the problem was overcome.

## CHAPTER FOUR

### DATA PRESENTATION AND ANALYSIS

#### 4.0 INTRODUCTION

This chapter deals with the statistical presentation and analysis of both the quantitative and qualitative data collected in the field to achieve the stated objectives and research question in chapter one of the study. It contains the socio-demographic characteristics of the respondents, responses on issues based on the research topic and the test of the hypotheses formulated for the study. Furthermore, the section presents the discussion of major findings.

A total of 200 questionnaires were administered but 187 questionnaires were analyzed, which is a good representation of the entire population for the study.

#### 4.1 DISTRIBUTION OF QUESTIONNAIRE

QUESTIONNAIRE	LEVEL OF RESPONSE
Number Distributed	200
Number Collected	187
No Lost	23

Table 4.1 above, indicates that two hundred (200) questionnaire were distributed and one hundred and eighty-seven were completed and returned

#### 4.2 SOCIO-DEMOGRAPHIC CHARACTERISTICS OF THE RESPONDENTS

This section of the study deals the demographic and socio-economic characteristics of the respondents.

**TABLE 4.2: DEMOGRAPHIC AND SOCIO-ECONOMIC VARIABLES OF THE RESPONDENTS**

VARIABLES	FREQUENCY	PERCENTAGE
<b>Sex</b>		
Male	112	59.9
Female	75	40.1
<b>Total</b>	<b>187</b>	<b>100</b>
<b>Age</b>		
12-16	10	5.3
17-21	100	53.5
22 and Above	77	41.2
<b>Total</b>	<b>187</b>	<b>100</b>
<b>Marital Status</b>		
Married	11	5.9
Never Married	176	94.1
<b>Total</b>	<b>187</b>	<b>100.0</b>
<b>Sexual Partner</b>		

Yes	96	51.3
No	91	48.7
<b>Total</b>	<b>187</b>	<b>100</b>
<b>Literate Parents</b>		
<b>Farther Education</b>		
Literate	173	92.5
Illiterate	14	7.5
<b>Total</b>	<b>187</b>	<b>100</b>
<b>Mother Education</b>		
Literate	167	89.3
Illiterate	20	10.7
<b>Total</b>	<b>187</b>	<b>100</b>
<b>Family Size</b>		
2-3	30	16.0
4-5	92	49.2
6-7	49	26.2
8 and Above	16	8.6
<b>Total</b>	<b>187</b>	<b>100</b>
<b>Religious Belief</b>		
Islam	24	12.8
Christianity	161	86.1
Others	2	1.1
<b>Total</b>	<b>187</b>	<b>100</b>
<b>Income Generating Activity</b>		
Yes	64	34.2
No	123	65.8
<b>Total</b>	<b>187</b>	<b>100</b>

Source: Fieldwork, 2015

Table 4.2 is on the demographic and socio-economic variables of the respondents that participated in this study. The table shows that 59.9% of the respondents were male, while 40.1% female. Thus, majority of the respondents were male. The table also indicates that majority (53.3%) of the respondents were between the ages of 17 to 21 years and 41.2% aged 22 years and above. This implies that majority of the respondents were adolescents. The table indicates that 94.1% (the majority) of the respondents were never married; 51.3% had a sexual partner, while 48.7% had not. This shows that majority of the respondents, even though they never married but were sexually active.

Concerning literate parents, 92.5% of the respondents' fathers and 89.3% mothers were literate as against 7.5% of the former and 10.7% of the latter illiterate, respectively. It is apparent that both parents were enlightened and have knowledge on the use of contraceptives and as such, could serve as a source of its information among adolescents.

In lieu of table above, 49.2% of the respondents had family size of 4 to 5, 26.2% 6 to 7, while 16% 2 to 3 and 8.6% 8 and above. The implication of this is that families are beginning to reduce the number of children as a result of



the use of contraceptives in Oye community due to their knowledge and awareness.

Furthermore, the table shows that 34.2% of the respondents were engaged in income generating activities while majority (65.8%) was not. The table indicates that majority (86.1%) of the respondents belong to Christianity religion, while 12.8% belongs to Islam religion, respectively. This shows that majority of the respondents were from the two dominant religious organizations in the study area.

#### **4.3 RESPONSES ON ISSUES RAISED ON THE RESEARCH TOPIC**

This section of the study contains data on the respondents' responses on issues raised on the research topic.

**TABLE 4.3: THE LEVEL OF AWARENESS OF ADOLESCENTS ON CONTRACEPTIVES USE**

<b>AWARENESS</b>	<b>FREQUENCY</b>	<b>PERCENTAGE</b>
<b>Knowledge of Contraceptives</b>		
YES	155	82.9
No	32	40.1

<b>Total</b>	<b>187</b>	<b>100</b>
<b>Level of Knowledge</b>		
No Knowledge	23	12.3
Heard With Good Definition	161	86.1
Heard with Bad Knowledge	3	1.6
<b>Total</b>	<b>187</b>	<b>100</b>
<b>Frequency of Use</b>		
Often	19	10.2
Rarely	103	55.1
Sometimes	65	34.8
<b>Total</b>	<b>187</b>	<b>100</b>

Source: Fieldwork, 2015

Table 4.3 shows the level of awareness of adolescents on contraceptives use. It shows that 82.9% (the majority) of the respondent have knowledge on contraceptives use, while 40.1 % do not. The table indicates that 12.3% have no knowledge on contraceptives, while majority (86.1%) heard with good definition on contraceptive. It can be deduced that many adolescents in the study area have not only heard about contraceptives, but heard with a good definition, which implies that they are aware of the benefits and side effects. Awareness with a very good definition is an essential factor associated with effective use of contraceptives, as it reduces misconception and fear about contraceptive and creates positive attitude use and generally, the more knowledge people have, the more likely they would accept.

**TABLE 4.4: RESPONDENTS' OPINION ON SOURCES OF INFORMATION ON CONTRACEPTIVES**

<b>SOURCES OF INFORMATION ON CONTRACEPTIVES</b>	<b>FREQUENCY</b>	<b>PERCENTAGE</b>
Teacher	34	18.2
Parent	19	10.2
Friends	44	23.5
Media	54	28.9
Books and Magazine	6	3.2
Internet	15	8.0
Health Worker	15	8.0
<b>Total</b>	<b>187</b>	<b>100</b>

**Source: Fieldwork, 2015**

Table 4.4 shows the respondents' opinion on sources of information on contraceptives. In respect to the table, the highest (28.9%) medium of information was through the media, while 23.5% from friends and 18.4% were taught at school that is from teachers. In addition, 8.0% got theirs from the internet and health workers, respectively. However, only 10.2% of them got information from parents. This implies that despite the high literate of parents, only few respondents' got information on contraceptives from their parents, which indicate a communication gap that could impede the knowledge and use of contraceptives among adolescents in the study area.

**TABLE 4.5: RESPONSES ON CONTRACEPTIVE USE**

RESPONSE	FREQUENCY	PERCENTAGE
Never Use	96	51.3
Ever Use	91	48.7
<b>Total</b>	<b>187</b>	<b>100</b>

Source: Fieldwork, 2015

Table 4.5 indicates that 51.3% of the respondents never used contraceptives while 48.7% ever used. This implies that many of the adolescents in the study area who have sexual partner may not use contraceptive. This may encourage sexually transmitted diseases or infections, such as HIV/AIDS and gonorrhoea, etc.

**TABLE 4.6: RESPONSES ON THE TYPES OF CONTRACEPTIVE  
EVER USE**

CONTRACEPTIVE USE	EVER	FREQUENCY	PERCENTAGE
Condom		49	53.8
Oral pills		5	5.5
Traditional Method (Safe Period)	(Safe)	17	18.7
Injectable		3	3.3
IUDs		4	4.4
Withdrawal Method		13	14.3
<b>Total</b>		<b>91</b>	<b>100</b>

Source: Fieldwork, 2015

Table 4.6 focuses on the responses on the types of contraceptive ever used by the respondents, indicating that 53.8% used condom, 18.7% traditional method (safe period), and 14.3% withdrawal method. Thus, majority of the adolescent used condom, this could be due to the fact that it is the most widely advertised contraceptive, it is easy accessible and inexpensive.

**TABLE 4.7: RESPONSES ON THE REASONS FOR NOT USING CONTRACEPTIVE**

REASONS	FREQUENCY	PERCENTAGE
Want a Child	11	5.9
Partner Dislike	46	24.6
Side Effects	35	18.7
Not Having Sex	48	25.7
Self-Dislike	14	7.5
No Knowledge	20	10.7
Not Bothered Though Sexually Active	13	6.9
<b>Total</b>	<b>187</b>	<b>100</b>

**Source: Fieldwork, 2015**

Table 4.7 shows the responses on the reasons for not using contraceptive. It shows that 25.7% did not use contraceptive because they are not sexually active (not having sex), 24.6% due to their partner dislike and 18.7% due to side effect. Also, 10.7% had no knowledge on contraceptive, 5.9% wanted a child, while 6.9% though were sexually active but not bothered about contraceptive. It is evident that majority of the respondents who did not use

contraceptive had genuine reason; lacked knowledge of contraceptive and due to personal reasons, such as partner dislike. An IDI discussant said: “*she does not use contraceptive because of her husband dislike.*”

**TABLE 4.8: RESPONSES ON PARENT/GUIDANCE APPROVAL ON CONTRACEPTIVES.**

<b>PARENT/GUIDANCE APPROVAL</b>	<b>FREQUENCY</b>	<b>PERCENTAGE</b>
Would Object	94	50.3
Would Not Object	93	49.7
<b>Total</b>	<b>187</b>	<b>100</b>

**Source: Fieldwork 2015**

Table 4.8 above, shows responses on parental guidance approval on contraceptives, indicating that 50.3% claim that parent/guidance would object contraceptive while 49.7% said would not. This shows that in the study area there were little or no difference between parent/guidance that were in support of contraceptives and those not in support.

**TABLE 4.9: OPINION ON UNMARRIED ADOLESCENT OF CONTRACEPTIVE USE**

<b>PERSONAL OPINION</b>	<b>FREQUENCY</b>	<b>PERCENTAGE (100%)</b>
Approve	104	55.6
Disprove	40	21.4
Not Sure	24	12.8
Don't Know	19	10.2
<b>Total</b>	<b>187</b>	<b>100</b>

**Source: Fieldwork, 2015**

Table 4.9 shows the opinion of unmarried adolescent of contraceptive use. It indicates that 55.6% approved that unmarried adolescent can use contraceptive, 21.4% disapproved and 12.8% not sure. It can be deduced, that majority of the respondent supported the use of contraceptive among unmarried adolescent. An IDI discussant who opined that unmarried adolescent who has sexual partner(s) should use contraceptives said: *“Unmarried adolescent should use contraceptive especially those who are sexually active. This is because contraceptive safe-guard against unwanted pregnancy and contacting sexually transmitted infection like the deadly HIV/AIDS that kill both young and old people.”*

Similarly, another participant said *“some children especially grown up ones (adolescents) nowadays even though not married are more sexually active since they are keeping boyfriends and girlfriends.”* Thus, marital status is not a determining factor of contraceptive use, since those who are not married may be sexually active in the study area.

**TABLE 4.10: RESPONSES ON WHETHER CONTRACEPTIVES ARE FOR MARRIED ADULTS**

<b>RESPONSES</b>	<b>FREQUENCY</b>	<b>PERCENTAGE</b>
Agreed	55	29.4
Not agreed	132	70.6
<b>Total</b>	<b>187</b>	<b>100</b>

**Source: Fieldwork, 2015**

Table 4.10 shows the responses on whether contraceptives are for married adults. The table indicates that 29.4% of the respondents agreed that contraceptives are for married adult, while 70.6% (the majority) disagreed. This implies that both married and unmarried adolescent could use contraceptive as far as they are sexually active. This may help to reduce family size, unwanted pregnancy resulting to abortion and the spread of diseases. Kagashe and Honest (2013) asserted that the use of contraceptives is one of the ways of reducing unwanted pregnancy in adolescent girls as unwanted pregnancy resulted to abortion with its attendance deadly effects.

**TABLE 4.11: RESPONDENTS' OPINION ON EASY ACCESS TO CONTRACEPTIVE**

OPINION	FREQUENCY	PERCENTAGE
Agreed	139	74.3
Not agreed	48	25.7
<b>Total</b>	<b>187</b>	<b>100</b>

**Source: Fieldwork, 2015**

Table 4.11 indicates that 74.3% agreed that they have easy access to contraceptives (i.e. can get contraceptive if wanted) while 25.7% disagreed. A participant during the in-depth interview said that “*one could easily get contraceptive (especially condom) if wanted.*” This implies that contraceptives are easily and readily available for the adolescents, which result to effective use of them not only in the study areas but other places.



**TABLE 4.12 RESPONSES ON WHETHER CONTRACEPTIVES  
ARE EXPENSIVE (AFFORDABLE)**

<b>CONTRACEPTIVES EXPENSIVE</b>	<b>ARE</b>	<b>FREQUENCY</b>	<b>PERCENTAGE</b>
Agreed		21	11.2
Not agreed		166	88.8
<b>Total</b>		<b>187</b>	<b>100</b>

**Source: Fieldwork, 2015**

Table 4.12 shows the responses on whether contraceptives are expensive or affordable. The table indicates that majority (88.8%) of the respondents disagreed that contraceptives are expensive and not affordable, as against 11.2% who agreed. A key informant during the IDI said that “*contraceptives are not expensive although it depends on the type one wants.*” The sociological implication of this is that most respondents feel contraceptives are cheap, thus are less likely to experience financial constraint as limitation in the use of contraceptives.

**TABLE 4.13: RESPONDENTS’ OPINION ON COMMUNICATION  
OF CONTRACEPTIVES WITH PARTNER**

<b>OPINION</b>	<b>FREQUENCY</b>	<b>PERCENTAGE</b>
Communicate With Partner	92	49.2
Never Communicate	62	33.2
No information	33	17.6
<b>Total</b>	<b>187</b>	<b>100</b>

**Source: Fieldwork, 2015**

Table 4.13 shows the respondents' opinion on communication of contraceptives with sex partner. The table indicates that 49.2% of the respondents communicate about contraceptives with their partners, and 33.2% do not. This means majority of the respondents seek partners' opinion on the use of contraceptives, which result to both of them reaching a consensus on whether to use contraceptive or not, as both parties are aware of the perceived benefit or otherwise of its usage. Malalu, et al (2014) observed that communication with sexual partner resulting to approval and disapproval of modern methods influence the attitude of married women towards modern family planning methods in Africa (Nigeria inclusive).

**TABLE 4.14: RESPONDENTS' OPINION ON WHETHER ADOLESCENT WHO USE CONTRACEPTIVES ARE BAD**

<b>OPINION</b>	<b>FREQUENCY</b>	<b>PERCENTAGE</b>
Agreed	41	21.9
Not agreed	146	78.1
<b>Total</b>	<b>187</b>	<b>100</b>

**Source: Fieldwork, 2015**

Table 4.14 shows the respondents' opinion on whether adolescent who use contraceptives were bad. The table indicates that 21.9% of the respondents agreed that adolescents who use contraceptive are bad, while 78.1% disagreed. The implication of this is that adolescents who use contraceptives

are not seen as deviant, as the cultural norms where the study was carried out did not frown at the use of contraceptives among adolescents.

**TABLE 4.15: RESPONDENTS' OPINION ON WHETHER CONTRACEPTIVE USE LEADS TO INFERTILITY**

CONTRACEPTIVES LEADS TO INFERTILITY	FREQUENCY	PERCENTAGE
Agreed	58	31.0
Not agreed	129	69.0
<b>Total</b>	<b>187</b>	<b>100</b>

**Source: Fieldwork, 2015**

Table 4.15 shows the respondents' opinion on whether contraception use lead to infertility. With reference to the table, 31.0% of the respondents agreed that contraceptives result to infertility, while 69.0% disagreed. This shows that majority of the respondents disagreed that contraceptive result to infertility. It implies that fear of conceiving when ready dose not to affect contraceptive use. A participant during the IDI said *"I used contraceptive for child spacing if I do not want to conceive or bear a baby and I can still conceive again when I want by suspending the contraceptive use. So it does not affect my bearing of children at all. In fact all my four children in fifteen years marriage were spaced two years intervals"*.

Another participant said “*I do not use contraceptive because I heard from friends that they can make me not to have children, talk less of me that do not have a male child yet.*” This implies that contraceptives may not lead to infertility but misconception could affect their use”.

**TABLE 4.16: OPINION ON FACTORS INFLUENCING THE PRACTICE OF CONTRACEPTION**

<b>FACTORS</b>	<b>FREQUENCY</b>	<b>PERCENTAGE</b>
Parental Influencing	27	14.4
Cost	27	14.4
Fear of Infertility	26	13.9
Religion Reason	33	17.7
Side Effect	45	24.1
Unaware	29	15.5
<b>Total</b>	<b>187</b>	<b>100</b>

**Source: Fieldwork 2015**

Table 4.16 shows the factors influencing the practice of contraception. Thus, 14.4% said parental influence affect the practice of contraception and another 14.4% said cost of contraceptives encourage its use, while 13.9% said fear of infertility, 15.2% the side effect and 15.5% not aware. This shows that the generality of the adolescents have different perception on the factors affecting the practice of contraception.

**TABLE 4.17: RESPONDENTS' PERCEPTION ON SAFETY  
LEVEL OF CONTRACEPTION**

<b>PERCEPTION ON SAFETY LEVEL OF CONTRACEPTION</b>	<b>FREQUENCY</b>	<b>PERCENTAGE</b>
Safe	106	56.7
Unsafe	29	15.5
Don't Know	52	27.8
<b>Total</b>	<b>187</b>	<b>100</b>

**Source: Fieldwork, 2015**

From the table 4.17 shows that 56.7% of the respondents said they think the practice of contraceptive is relatively safe and 15.5% said contraceptive are unsafe. However, about 27.8% of the respondents said they cannot answer with certainty on the safety level of contraceptive probably because they have not used any before.

The result shows that majority of the respondents said that contraceptives are safe. A participant during the IDI who claimed to have used contraception said that *"the prevalence of contraception will help prevent unwanted pregnancy, abortion and the spread of STDs."*

**TABLE 4.18: RESPONDENTS' PERCEPTION ON DISCUSSION  
OF FAMILY PLANNING WITH PARTNER**

DISCUSSION OF FAMILY PLANNING WITH PARTNER	FREQUENCY	PERCENTAGE
Yes	65	35.3
No	122	64.7
<b>Total</b>	<b>187</b>	<b>100</b>

**Source: Fieldwork, 2015**

Table 4.18 shows the respondents' perception on discussion of family planning with partner. From the table 4.17, it shows that 35.3% discussed about family planning with partner, while 64.7% did not. The result shows that majority of the respondents did not about family planning with partners. This tends to affect the acceptability of contraceptive use. Prevalence of contraception will help prevent unwanted pregnancy, abortion and the spread of STDs.

**TABLE 4.19: RESPONDENTS' AWARENESS ON SEXUALLY  
TRANSMITTED DISEASES (STDs)**

AWARENESS	FREQUENCY	PERCENTAGE
Yes	175	93.6
No	12	6.4
<b>Total</b>	<b>187</b>	<b>100</b>

**Source: Fieldwork, 2015**

Table 4.19 shows the respondents' awareness on the sexually transmitted diseases. From the table, it shows 93.6% (the majority) of the respondents

were aware of Sexual Transmitted Diseases (STDs), while only 6.4% were not. This shows that while many are likely, some are less likely to engage in risky sexual behavior and use contraceptive that give dual protection against unwanted pregnancy and STDs.

**TABLE 4.20: RESPONDENTS' OPINION ON THE USE OF CONTRACEPTIVES**

<b>OPINION ON THE USE OF CONTRACEPTIVES</b>	<b>FREQUENCY</b>	<b>PERCENTAGE</b>
Contraceptive are Good and Help in Preventing Unwanted Pregnancy	21	11.2
Not in Support of Contraceptive because of Its Side Effect	8	4.3
Contraceptive Help in Preventing Unwanted Pregnancy and STDs	6	3.2
Contraceptive Should be Used only by Married Adolescent	8	4.3
Contraceptive Help Produce Risks in Adolescent Sexual Behavior	5	2.7
Contraceptive Serve as Means of Birth Control	12	6.4
Self-Medication in Its Use Should be Avoided and Seek Advice from Medical Practitioners to Avoid Side Effects	7	3.7
Contraceptives Help Regulate the Family Size	22	11.8
Adolescents Should Avoid Excessive Use of Contraceptive	8	4.3
Missing	90	48.1
<b>Total</b>	<b>187</b>	<b>100</b>

Source: Fieldwork 2015

Table 4.20 shows the respondents' opinion on the use of contraceptives. Thus, 11.2% said, contraceptive are good and help in preventing unwanted pregnancy, while 4.3% were not in support of contraceptive because of its side effect. However, 3.2% opined that contraceptive help in preventing unwanted pregnancy and STDs, and 4.3% said contraceptive should be used only by married adolescent.

Furthermore, 2.7% said contraceptive help produce risks in adolescent sexual behavior, 6.4% said contraceptive serve as means of birth control and 3.7% opined self-medication in the use of contraceptives should be avoided and seek advice from medical practitioners to avoid side effects. This shows that there is divergent of opinions on the use of contraceptives which influence their effective use.

#### **4.4 HYPOTHESES TESTING**

This part of the study is design to statistically test the null hypotheses developed in this study. To achieve this, Critical Value Approach with decision criteria and rules are used as explained earlier in chapter three of this study. This study tests its hypotheses using 0.05 as level of significance.



Using the Statistical Package for Social Sciences (SPSS, Version 20), the following hypothesis were tested through the chi-square test of relationship to determine the level of significant relationship between independent and dependent variables in respect of knowledge and use of contraceptives. The independent variables are level of knowledge, sources of information and religion while others are considered as dependent variables.

## **HYPOTHESIS ONE**

### **Null Hypothesis**

**H<sub>01</sub>:** The level of knowledge on contraceptives has no significant effect on their use in the study area.

### **Alternative Hypothesis (H<sub>A</sub>)**

**H<sub>1</sub>:** There is a significant relationship between level of knowledge on contraceptives and use of contraceptives in the study area.

**TABLE 4.21: CROSS TABULATION OF THE RESPONDENTS' LEVEL OF KNOWLEDGE AND THE USE OF CONTRACEPTIVES**

LEVEL OF KNOWLEDGE ON CONTRACEPTIVES	CONTRACEPTIVE USE		TOTAL
	NEVER USE	EVER USE	
No Knowledge	19(10.2%)	4(2.1%)	23(12.3%)
Heard With Bad Definition	74(39.6%)	87(40.5%)	161(86.1%)
Heard With Good Definition	3(1.6%)	0(0%)	3(1.6%)
<b>Total</b>	<b>96(51.4%)</b>	<b>91(48.62%)</b>	<b>187(100%)</b>

**Chi-Square Tests:** Calculated Value = 13.71 ,

Table Value = 5.99

Degree of Freedom = 2

Probability Value = 0.05

**DECISION RULE**

Based on the decision criteria and decision rule stated in chapter three of this study, and the statistics displayed in table 4.21; it can be observed that Pearson Chi-Square (t-statistics) is 13.71 with degree of freedom (df) of 2. Thus, the critical value of the chi-square (t-tabulated) of 0.05 level of significant is 5.99. Based on these statistics, the null hypothesis one that says 'the level of knowledge on contraceptives has no significant effect on their use in the study area' is rejected. This decision means the acceptance of its alternate that says

'there is a significant relationship between level of knowledge on contraceptives and use of contraceptives in the study area.'

The result indicates that participants with knowledge on contraceptive significantly reported higher use of contraceptive than those with no knowledge (12.3%) and those with bad definition (1.6%). This hypothetical result correlates with the findings of (Longwe, et al, 2012; Biney, 2011; Narzary, 2009 and Small, et al, 2009) that having good knowledge reduces misconceptions and fear about contraceptives and creates positive attitude towards their use.

## **HYPOTHESIS TWO**

### **Null Hypothesis**

**H<sub>02</sub>:** The sources of information about contraceptives have no significant effect on their use in the study area.

### **Alternative Hypothesis (HA)**

**H<sub>1</sub>:** The sources of information about contraceptives have significant effect on their use in the study area.

**TABLE 4.22: CROSS TABULATION OF RESPONDENTS' SOURCE OF INFORMATION ON CONTRACEPTIVES AND USE OF CONTRACEPTIVES**

SOURCES OF INFORMATION	USE OF CONTRACEPTIVES		TOTAL
	NEVER USE	EVER USE	
Teachers	20(10.7%)	14(7.5%)	34(18.2%)
Parents	9(4.8%)	10(5.3%)	19(10.2%)
Friends	22(11.8%)	22(11.8%)	44(23.5)
Media	27(14.4%)	27(14.4%)	54(28.9)
Books and Magazines	4(2.1%)	2(1.9%)	6(3.2%)
Internet	7(3.7%)	8(4.5%)	15(8.0%)
Health workers	7(3.7%)	8(4.5%)	15(8.0%)
<b>Total</b>	<b>96(5.2%)</b>	<b>91(48.8%)</b>	<b>187(100)</b>

Source: Fieldwork, 2015

**Chi-Square Tests:** Calculated Value = 1.78

Table Value = 12.59

Degree of Freedom = 6

Probability Value = 0.05

## **DECISION RULE**

Based on the decision criteria and decision rule stated in chapter three of this study, and the statistics displayed in table 4.21; it can be observed that Pearson Chi-Square (t-statistics) is 1.78 with degree of freedom (df) of 6. Thus, the critical value of the chi-square (t-tabulated) of 0.05 level of significance is 12.59. Based on these statistics, the null hypothesis one that says 'the sources of information about contraceptives have no significant effect on their use in the study area' is accepted. Thus, it is statistically significant to conclude that the sources of information were not the major factors influencing the use of contraceptives rather the awareness on contraceptives informs their use.

## **HYPOTHESIS THREE**

### **Null Hypothesis**

**H<sub>03</sub>:** Religion is not significant factor influencing the use of contraceptives

### **Alternative Hypothesis (H<sub>A</sub>)**

**H<sub>1</sub>:** Religion is a significant factor influencing the use of contraceptives.

**TABLE 4.23: CROSS TABULATION OF RESPONDENTS'**

**RELIGIOUS BELIEF AND USE OF CONTRACEPTIVES**

RELIGIOUS BELIEF	USE OF CONTRACEPTIVES		TOTAL
	NEVER USE	EVER USE	
Islam	11(5.7%)	13(7.0%)	24(12.8%)
Christianity	34(44.9%)	77(41.2%)	161(86.1%)
Others	1(0.5%)	1(0.5%)	2(1.1%)
<b>Total</b>	<b>96(51.3%)</b>	<b>91(48.7%)</b>	<b>1899(100%)</b>

**Source: Fieldwork, 2015**

**Chi-Square Tests:** Calculated Value = 0.34

Table Value = 5.99

Degree of Freedom = 2

Probability Value = 0.05

**DECISION RULE**

Based on the decision criteria and decision rule stated in chapter three of this study, and the statistics displayed in table 4.22; it can be observed that Pearson Chi-Square (t-statistics) is 0.34 with degree of freedom (df) of 2. Thus, the critical value of the chi-square (t-tabulated) of 0.05 level of significant is 5.99. Based on these statistics, the null hypothesis one that says 'religion is not significant factor influencing the use of contraceptives' is accepted. This implies that religion to certain extent is not a barrier to the use of

contraceptives among Christians and Muslim Adolescents. Religion as a belief system is a powerful tool that shapes the culture of the people. One of the Christians religious leaders during the IDI said *“There is no chapter or verse in the Holy Bible that it is written that contraceptives use are forbidden, provided that the partners using them are married, as God would not like one to give birth to children he/she cannot be cater for.”* Similarly, an Islamic Cleric, quoted a Quran verse, to justify his view on contraceptives practice *“...Allah doth not wish to place you in a difficulty,... (Quran 5V6).”* According to him, *“based on the Quranic verse quoted Allah wants to ease our problems and He does not want to force any hardship resulting from many children considering the economy situation prevailing in our society today.”*

#### **4.5: DISCUSSION OF FINDINGS**

This study was conducted within Oye community in Ekiti state and focused on the knowledge and use of contraceptives among adolescents. The research findings revealed that the level of awareness by adolescents in the study area on contraceptives use was on the high side even though some of them have different misconceptions about their use. The misconception rang from side effect and infertility to personal attitude, such as partner dislike and lack of knowledge or awareness. Thus, majority of the adolescents in the study area who are sexually active despite their awareness of the prevalence of sexually

transmitted diseases (STDs), such as HIV and AIDS, sexually transmitted infections (STIs) like gonorrhoea, never use contraceptives despite their advantages they have against the spread of the diseases and the protection against unwanted pregnancy that sometimes resulted to abortion with its attendance consequences on the part of the female adolescents. These findings were attested to by almost all of the participants during the in-depth interviews.

The research findings shows that contraceptives like condom which was mostly used probably because of its widely advertisement on the media, were affordable in the study area. The study discovered that although some partner did communicate contraceptive use but many of them never did because they personally dislike and this affects the practice of contraceptive not only in the study but elsewhere.

The research findings revealed that religion is not the major factor influencing contraceptive practices and that sources of information on contraceptives have little or no significant effect on their use in the study area. The study revealed that the major factor influencing contraceptives practice in the study area is misconception about their side infects and low



awareness especially on other types of contraceptives than condom which may be safer and more efficient and effective.

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

#### 5.1 INTRODUCTION

This chapter of the study consists of three important components. Thus, it summarizes the whole study, draws conclusion and offers recommendations based on the research findings.

#### 5.2 SUMMARY

The study was conducted to explore the knowledge and use of contraceptives among adolescents in Oye community, Ekiti state, Nigeria. The introductory chapter of the study covered the general issues to show the worthiness and originality of the study. It further covered the statement of the research problem which the study was designed to address, the broad aim and the specific objectives of the study, the research question, research hypotheses, the description of the scope and limitation of the study, the significance of the study and the operationalization of the key concepts.

The study reviewed relevant literature on the subject matter under study. Thus, literature on the concept of contraception and adolescent, knowledge and awareness of contraceptives use, sources of information about contraceptive use, and factors influencing the use of contraceptives. Also, the

study reviewed two main theories that included social learning theory and the theory of reasoned action. The study adopted the former as the theoretical framework for the study because the theory gave detailed and related explanation on the factors influencing adolescents' use of contraceptives.

Furthermore, a brief history of the study area and the methodology used in the study were covered in the study. The research was conducted within Oye community in Ekiti State covering adolescents aged 12-24 years, religious leaders, parents, teachers, widowed, divorced and separated whether currently pregnant or not as the population for the study. A total sample size for the study which was purposely determined is one hundred and ninety-five (195) people. This comprised of one hundred and eighty-seven self-administered questionnaire to generate quantitative data and eight (8) people; four parents, two teachers of public schools and two religious leaders (i.e a pastor and an imam) for in-depth interview (IDI) to gather qualitative data for the study, respectively.

The quantitative data generated were coded with Statistical Package for Social Science (SPSS, version 20) was used for simple percentage presented in tabular format. A descriptive statistic and inferential statistics of Pearson's chi-square with critical value approach with 0.05 as level of significance for testing and cross-tabulations were used to analyze the quantitative data. The

qualitative data gathered through in-depth interview (IDI) were used to complement or substantiate the quantitative data. The final part of the study covered the summary of the whole work, conclusion based on the research findings and recommendations so as to address the research problem.

### **5.3 CONCLUSION**

Based on the findings of the study, it is obvious that awareness of contraceptive among adolescents and its use has been recognized in rural community like Oye of Ekiti State, Nigeria. This was as a result of knowledge and awareness created through the media, peer groups (friends) and the like. However, misconceptions of side effects and partner dislike as well as lack of knowledge have been figured out as the main factors influencing adolescents (male and female) who were sexually active, whether married or unmarried not to use contraceptives in the study area in particular and Nigeria at large.

Therefore, one can infer that religious beliefs and sources of information on contraceptives are no longer the major factors influencing contraceptive practices in Oye community of Ekiti State in particular but in Nigeria as a whole. In other words, religion to some extent have little or no negative influence on the the use of contraceptives and the two Holy Books of the two

dominant religion organization in the study area and Nigeria at large have in one way or the other support the use of contraceptives.

#### **5.4 RECOMMENDATIONS**

Based on the findings of this study the following recommendations are offered:

1. Government and non-Governmental Organizations (NGOs) working in the area of health and health workers should formulate policies and programs aimed at creating awareness on contraceptives use.
2. The primary agent of socialization, mainly the family through the parents should engage in socialization of their children on contraceptive use rather leaving them to the media or friends for awareness or possible misinformation.
3. Lack of adequate and timely information on contraceptive may lead to misinformation. Parents should therefore, set time apart to educate their children (as they are growing up) on the importance and implication of contraceptives to prevent unwanted, pregnancies, abortion and the spreads of STDs.
4. The mass media should also be involved in creating awareness of preventing unwanted pregnancy, sexual transmitted diseases and educate the public on the various types of contraceptives and their possible side effects (if any). There is the need for a flow of

information and adequate public orientation on both the electronic and print media as adolescents are likely to be stigmatized when seen getting contraceptives for themselves.

5. The religious leaders should help in informing their followers on the importance and the implication of using contraceptives, as this does not violate the religious teachings.
6. There is need for reproductive health workers to join hand in educating the members of the public on contraceptives use.
7. There is need of government to introduce sexual health education in the curriculum of primary and secondary schools and should be made compulsory.

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**APPENDIX I**

**FEDERAL UNIVERSITY, OYE-EKITI**

**FACULTY OF HUMANITIES AND SOCIAL SCIENCES,**

**DEPARTMENT OF SOCIOLOGY**

**RESEARCH QUESTIONNAIR.**

Dear Respondent,

I am an under-graduate student with the above named Department and Institution, conducting a final year research project titled: **“Knowledge and use of contraceptives among Adolescents in Oye community, Ekiti State, Nigeria.”** I would be grateful if you can assist in providing honest and objective answers to the following questions. Your responses and identity will be treated with utmost confidentiality. Thanks in anticipation for your co-operation in this regard.

**Respondent agrees to be interviewed**

Signature.....Date.....

**Instruction: Please, Tick { } or Comment Appropriately.**

**SECTION ONE: SOCIAL DEMOGRAPHIC CHARACTERIS**

1. Sex: Male [ ] Female [ ]
2. Age: 12 – 16 years [ ] 17 – 21 years [ ] 22 years and above [ ]
3. Marital Status: a. Married [ ] b. Never Married [ ]
4. Do you have a sexual partner? a. Yes [ ] b. No [ ]

5. Literate parents:  
Father: a. Literate [ ] b. Illiterate [ ]  
Mother: a. Literate [ ] b. Illiterate [ ]
6. Family Size: a. 2-3 [ ] b. 4-5 [ ] c. 6-7 [ ] d. 8 and above [ ]
7. Are you engaging in any income generating activities other than household work? a. Yes [ ] b. No [ ]. If yes, what kind of income generating activity?
- 
8. What is your religion belief? a. Islam [ ] b. Christianity [ ] c. Others [ ]

**SECTION TWO: LEVEL OF AWEARNESS ON  
CONTRACEPTIVES**

9. Do you have any knowledge on contraceptive? a. Yes [ ] b. No [ ]
10. Level of knowledge  
a. No knowledge [ ] b. Heard with good definition [ ]  
b. c. Heard with bad definition [ ]
11. Frequency of use of contraceptives?  
a. Often [ ] b. Rarely [ ] c. Sometimes [ ]

**SECTION THREE: SOURCES OF INFORMATION ON  
CONTRACEPTIVES**

12. Most important source of contraceptives information

- a. Teacher [ ] b. Parents [ ] c. Friends [ ] d. Media [ ]  
e. books and magazines [ ] f. internet [ ]  
g. Health Workers [ ]

13. Contraceptive use: a. Never use [ ] b. Ever use [ ]

14. Type of Contraceptives ever used?

- a. Condom [ ] b. Oral pills [ ] c. Traditional method (safe  
period) [ ] d. Injectable [ ] e. IUDs [ ] f. Vasectomy [ ] g.  
Withdrawal [ ]

15. Why did you not use contraceptives?

- a. Want child [ ] b. Partner dislike it [ ] c. Side effects [ ]  
d. Not having sex [ ] e. Self-dislike [ ] f. No knowledge [ ]  
g. Not bothered though sexually active [ ]

16. Parent guardian would object contraceptives for unmarried youth?

- a. Would object [ ] b. Would not object [ ]

17. Opinion of unmarried youth to use contraceptives?

- a. Approve [ ] b. Disapprove [ ] c. Not sure [ ] d. Don't  
Know [ ]

## SECTION FOUR: FACTORS INFLUENCING

### CONTRACEPTIVE USE

18. Do you agree that contraceptives are only for adult married persons?

a. Agreed [ ] b. Not agreed [ ]

19. Can you get contraceptives for self if wanted? a. Yes [ ] b. No [ ]

20. Contraceptives are so expensive to use?

a. Agreed [ ] b. Not Agreed [ ]

21. Do you communicate about contraceptives with Partner?

a. Communicates with partner [ ]

b. b. Never communicates [ ]

c. No information [ ]

22. Adolescents who use contraceptives are bad?

a. Agreed [ ] b. Not Agreed [ ]

23. Contraceptives lead to infertility?

a. Agreed [ ] b. Not Agreed [ ]

24. Factors influencing the practice of contraception?

A Parental influence [ ]

c. Cost [ ]

d. Fear of infertility [ ]

e. Religion reason [ ]

f. Side effects [ ]

g. Unaware [ ]

25. Safety level of contraception

a. Safe [ ] b. unsafe [ ] c. Don't Know [ ]

26. Do you discuss about family planning with your partner?

a. Yes [ ] b. No. [ ] Why?

\_\_\_\_\_

27. Are you aware of sexually transmitted diseases (STDs)?

a. Yes [ ] b. No [ ]

28. Personal opinion on use of contraceptive =

\_\_\_\_\_

\_\_\_\_\_

29. Comment generally on the research

topic \_\_\_\_\_

\_\_\_\_\_

## APPENDIX II

### GUIDE TO IN-DEPTH INTERVIEW FOR PARENTS AND TEACHERS

1. Are you married/do you have a sexual partner?
2. Who is an adolescent?
3. Do you have any knowledge on contraceptives use?
4. What is contraceptive?
5. What are sources of information on contraceptives among adolescents?
6. What are the factors influencing the use of contraceptives?