

ATTITUDE OF FEMALE STUDENTS TOWARDS THE USES OF
CONTRACEPTIVES WITHIN UNDERGRADUATE AND SELECTED
SECONDARY SCHOOLS IN OYE-EKITI, EKITI STATE.

BY

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CERTIFICATION

This is to certify that (GBAYI BABAJIDE OLUWATOBI) of the department of sociology, faculty of social sciences, carried out a Research on the topic Attitude of female students toward the use of contraceptives in partial fulfillment of the Award of Bachelor of science (B.Sc.) in Federal University Oye-Ekiti, Nigeria under my Supervision.

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DEDICATION

THIS PROJECT IS DEDICATED TO ALL FEMALE STUDENTS BOTH IN TERTIARY AND SECONDARY SCHOOLS IN NIGERIA.

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ABSTRACT

Contraceptives uses has consistently been a major problem in country Nigeria and fighting the tragedy is a battle that has not yet be conquered in the Nation. This study examined the attitude of female students towards the use of contraceptives. The qualitative research approaches were utilized independently and complimentarily in this study as well as to test the hypothesis. Only primary data was utilized in this study.

To be able to determine the attitude of female students towards the use of contraceptives research questions were provided and put forward so as to assist the findings.

The research intended to serve as means enlightening and changing female students' attitude concerning the use of contraceptives in Oye-Ekiti.

Literature review of this work was based on factors responsible for attitude of female students towards contraceptives use.

Questionnaires was drawn to seek information on the attitude of students towards the use of contraceptives from students in the sampled schools.

The findings of research work were discussed. And it was concluded that most student don't have experience on the use of contraceptives which is the cause of unplanned pregnancy and it was also seeing that some parent's attitude towards contraceptives use determine one attitude too.

Recommendations and suggestions were made to every society that contraceptives education should be given to all female students both tertiary and secondary schools and this will starts from parents at home especially mothers before general awareness, so as to help female students to avoid unwanted pregnancies.

CHAPTER ONE

INTRODUCTION

1.1 Background of Study

Contraceptive is the deliberate prevention of conception or impregnation by any of various drugs techniques, or devices, birth control pill, condom, implant (IUDS) and many more. One of the challenges of the last decade of the 20th century was to curb the increase rate of contraception in developing countries. Use of contraceptives has effect on education and other factors which is a serious problem which need to be check into. The problem is manifested by the high difference in number of female students in the university more than secondary school because of educational level in oye.

The cause of this degenerating health condition of adolescent girls, according to Tien (2006), is lack of knowledge and access to contraception. Consequences, Tayo, Akinola, Babatunde, Adewunmi, Osinusi and shittu (2010) suggested Active and intensive promotion of sexuality education, and contraceptive use among the youth in the Sub-Saharan Africa as a way of addressing this TWO maly.

The later is characterized by low contraceptive usage by the youth, high incidence of illegal abortion amongst the youth, ignorance of contraception among the youth, and lack of sex education from parents and teachers. In Nigeria study indicates that sexual activities as well as limited knowledge and uses of contraceptives among secondary school students and undergraduate (Iyaniwura and salko, 2005, Ogbuji, 2005, cited in Nwaorah, Mbamara, Ugboaja, Ogelle and Akabuike, 2009) the resultant effect of the result is an increased rate of unwanted pregnancy. The situation in Nigeria is likely to a reflection of the situation in the entire Africa. There are two aspects to contraception: the needs of the individuals and population

control. The population control aspect is relatively minimal in the School environment as due to our present disposition western education and culture, most of our female undergraduates are unmarried. Moreover, because our sociocultural set up frowns at sexual activity amongst unmarried females, much less pregnancy, these female undergraduates would rather option for illegally induced abortions than keep unwanted and embarrassing pregnancies. The tendency for adolescent and young adults to engage in sexual activities without contraception despite exposure to education programs has led investigators to consider the potential predictors of contraceptives use (Chung-park, 2007). In Africa, studies have demonstrated that a large proportion of young women are exposed to the risk of conception, receive poor or no sex and contraceptive education and experience a high incidence of adolescent child birth (Muhwava, 1998; Burgard, 2004). Although reports indicate a decline in teenage pregnancy, yet most of the premarital births still occur among young women aged 15-25 years, the majority of whom are neither economically nor emotionally ready to deal with parental responsibility.

The purpose of this study was to ascertain the attitude of female students towards the use of contraceptive in the selected schools. This issue is an important issue to every stakeholders in the global health sector particular with regard to the youth and adolescent (Tien, 2006). A number of factor are responsible for the high level of important attached to use of contraceptives. Various authors indicate that contraceptive use for most countries is in bad shape. Attahir, Sufiyan, Abdukadir and Haruna (2010) found out that uses of contraception is just a means of preventing pregnancy by adolescent girls. Abortion is destructive and therefore favoured by no one as a means of contraception. Contraception, therefore, becomes inevitably important if the society intends to curb the serious social, economic and health problems that result from teenage

pregnancy and the dangers of illegally induced abortions. Until the mid 1950s, contraceptive agents were mostly mechanical barriers, (female caps and male condom and chemical spermicide agents. A few within the womb contraceptive devices (IUCDs) were in use but these were expensive and required to be inserted by well trained medical or assistant medical work personnel.

Following the production of the first oral contraceptive pill in (1952) and its release for ovulation control in 1960, a wave of acceptance passed through the western world. This was, however, followed by a ripple of rejection as the pill's known and publicised. Newer steroids with potency of three to six months are being used although further trials are still in progress and when fully developed, may make the daily pill a thing of the past.

Post-coital contraceptives are being awaited but may raise more problems than do present methods. With the highly significant changes in sexual morality in our society, especially the Tertiary and secondary school environment, there is an increasing social pressure in the direction of sexual intercourse in contrast to former pressure towards premarital virginity. Moreover, these young healthy virile, growing bodies and developing minds with their new found freedom from parental control, begin to be fully aware of sexual forces which they hardly understand. Disillusionment creeps in when they are saddled with the choice of either an unwanted pregnancy or illegally induced abortion often performed by incompetent non-medical personnel most probably for reasons of secrecy.

The latter is characterized by low contraceptive usage by the youth, high incidence of illegal abortion amongst the youth, ignorance of contraception among the youth, and lack of sex education from parent and teachers. The situation in Nigeria is likely to be a reflection of the situation in the entire Africa. World Health Organization Report (2010) on the statistics of

contraceptive prevalence in 53 African countries, shows that Nigeria has 14.1% contraceptive prevalence rate, unlike other African countries like, Morocco 63.0%, Egypt 60.3%, South Africa 60.3%, Tunisia 60.2%, Zimbabwe 60.2%, Namibia and Swaziland with 55.1% and 50.6% respectively. The concern here is that since the MDG were set in 2000, there have been steps deliberately taken by Nigerian government to reduce incidences of unwanted pregnancies, particularly among the youth. Promotion of contraceptive Promote practices has also intensified yet with 14.1% contraceptive prevalence in Nigeria, it shows low usage of contraceptives among the youth necessitating enquiring into factors that could explain the trend.

Indigo (2007), one of the major factor is that youth often lack basic reproductive information on the consequences of sexual intercourse. In addition to the above mentioned information, youth also lack skills in negotiating sexual relationship, and knowledge about affordable confidential reproductive health service. Again many do not feel comfortable discussing sexual issues with parent or other related adults with whom they can discuss about their reproductive health concerns. Likewise, parents, healthcare workers, and educators frequently are unwilling or unable to provide complete and accurate age-appropriate reproductive health information to young people. This is due to discomfort in discussing the issue suggesting the information that will enlighten sexual activities of students. This is because most youth enter into sexual relationship with very early stage they lack knowledge on the consequences. The shallow knowledge they have is either got from their peer group or from the media.

In Nigeria Harisson (2009) observed that the countries high maternal mortality ratio (MMR) is attributed to her youth's sexuality. The later is characterized by low contraceptives usage by the youth, high incidence of illegal abortion amongst the youth, ignorance of

contraceptions among the youth, and lack of sex education from parents and teachers. The situation in Nigeria is likely to a reflection of the situation in the entire Africa. Such a situation made the World Health Organization Report (2010) to show that African's progress in meeting the number five Millennium Development Goal in which the target is 75% reduction in the maternal mortality ratio from the year 2000, to the year 2015 remains a major challenge to health system worldwide.

This study is therefore prompt or design to study the attitude of female students towards the use of contraceptive in oye-ekiti local government.

1.2 Statement Of Problem

The issue of youth sexual intercourse and prevention of pregnancy as become a socio-economic problem especially as a number of child wastage. It is easily seen that many young people are active sexually with low level of contraceptive use. This factor contributing to the increasing spread of sexually transmitted infections and HIV/AIDS among the youth. Moreover, youth who do not use contraceptives inconsistently in their first sexual relationships are subject to less consistent contraceptive users in later relationship (Manlove, Ryan and Franzetta Ryan et al., 2007). However, the age at which the youth engage in sexual activities varies considerably depending on the various socializing influences and the opportunities available for practicing sexual behaviours (Atere et al., 2010). Studies in Nigeria indicate high rate of sexual activities as well as limited all knowledge and use of contraceptives among secondary school students and undergraduates. Evidence from different studies continue to confirm the existence of increasing sexual activities in developing countries perceived to be at greater risk because of their low level of access to medical facilities (Nwafor and Madu, 2002; Ghuman, 2005; Atere et al., 2010). Ryan, Franzetta and Manlove (2007), noted that the youth remain inconsistent, contraceptive

users and are thus at high risk of unintended pregnancy and childbearing in United State of America (Abma, Martinez, Mosher & Dawson, 2004 cited in Ryan et al., 2007).

The inadequate contraceptive coverage is multifaceted social, ethical, and cost issues are focused on the consequence of unintended pregnancy; long-term consequences of unintended pregnancy are far reaching. For example, out- of- wedlock birth, welfare dependency, child abuse, domestic violence, and abortion are some of the major social ramifications of unintended pregnancy (hand George, 2003). In Africa, studies have demonstrated that a large proportion of young women are exposed to the risk of conception, receive poor or no sex and contraceptive education and experience a high incidence of adolescent child birth (Muhwava, 1998; Burgard, 2004). Although reports indicate a decline in teenage pregnancy, yet most of the premarital births still occur among young women aged 15-25 years, the majority of whom are neither economically nor emotionally ready to deal with parental responsibility.

It is therefore evident that there is a growing problem with the utilization of contraceptive by youths. Hence it is necessary to look further into the problem in order to make accurate decisions on the solution.

1.3 Significan't Of Study

This research will be of great help to enlighten female student in Oye-Ekiti local government and also students in other tertiary institutions, and society in general on the benefit and important of contraceptive use thereby changing there attitude toward the use of contraceptive. As it indicate the necessity for attitude to eradicate the contraceptive use in the society.

This research can also be of great use to other social institution in creating awareness on the use of contraceptive to the population and it can also be use to create platforms on ways to educate

the population (mostly female population) on the benefit and importance of the use of contraceptive and it can go a long way in changing their attitude towards the use of contraceptive.

1.4 Research Questions

- 1) What is the level of youth contraceptive use in Oye?
- 2) What are factors and responsible for the level of students contraceptives use in Oye?
- 3) Do parent socio-economic status contribute to contraceptives use among female students?
- 4) What are the impact of contraceptive use of female on the society?

1.5 Research Objective

- 1) To examine the prevalence of contraceptive use among youths in Oye.
- 2) To examine the factors associated with the level of contraceptive use among female students.
- 3) To investigate the extent in which parents socio-economic status contribute to students contraceptives use.
- 4) To examine whether contraceptives have impact on youths in oye.

1.6 Research hypothesis

- (H1) Awareness of contraceptive have a significant effect on the attitude of female students.
- (H0) Awareness of contraceptive does not have a significant effect on the attitude of female students.
- (H1) Students attitude towards contraceptive has an impact on the uses among female youths.
- (H0) Students attitude towards contraceptive does not have impact on the uses among female youths.

1.7 Scope of the study

The study covers students in higher institution and secondary schools in oye-ekiti society.

1.8 Definition of the terms

Contraceptives use is seen as the deliberate attempt in the prevention of conception or impregnation by any of various drugs techniques, or device, birth control, condom etc.

Adolescents: When we are to study adolescents it refer to a non identify group in terms of their health needs and opportunities to reach them with preventive health programs. According to World Health Organization, adolescents are defined as those aged between 10 and 19 years of age.

Contraception: It refers to artificial methods and techniques for prevent pregnancy through temporal or permanent means. Pernoll (1994) stated that contraception is practiced for many reasons, such as pregnancy planning, limiting pregnancy the number of children, avoiding medical risks of pregnancy and controlling of world population.

Society: This is the system of community life where individual form a continuous and regulatory association for their mutual benefit and production.

Abortions: This is the spontaneous or induced termination of pregnancy (TOP) before the foetus has attained viability i.e becoming capable of independent extra uterine life.

Contraceptives methods: It refers artificial device use for prevention of individual from both pregnancy and HIV/STIs.

Youth: According to United Naton, youth is composed of individual aged between 15-25 years. In this study, youth is conceptualized as those person who normally would be completing there secondary schools or would either be in tertiary institutions such as university.

Unsafe sex: This is the practice of sexual activities that carry a higher risk of negative result. In this work, it is activities that involve exchange or contact with semen, vaginal fluids, penile or vaginal discharges, or bloods at high risk.

CHAPTER TWO

LITERATURE REVIEW

2.0 Empirical literature

In this literature review, effort will be made to examine various work of theorist and researcher on the title of the work attitude of female students towards the use of contraceptive in developed and developing countries, use of contraceptive in Nigeria, and trends in unwanted pregnancy, contraceptions in Nigeria, preventive factors affecting contraceptions etc. This chapter present the empirical and theoretical framework of this study.

The World Health Organization (WHO) has defined young people as those people between the ages of 10-24. The definition of youth is culturally constructed as it differs from one culture to another, but broad consideration review that it is a transition from childhood to adulthood. The youth period is a period of opportunity, as well as, time of vulnerability and risk. It is a time when options and ideals are explored especially those related to sexual act. Sexual behaviour of youth is associated with risk behaviour such as unwanted pregnancy and sexually transmitted infections. Jessor (1998) maintains that, "controlling child bearing is still a concern of present societies alongside with the concern added by threat of physical heath via sexual transmitted infections (STIs) which have become prevalence among youths in the societies.

2.1 Theoretical framework

The theoretical framework of this study center focus on two approches which are 1.Health belief model 2.Planned behavior theory this approches stress the need for the use of contraceptives (Bongarts and Johansson, 2000). looking at the value of the attitude, belief, behaviour, relationship and reproductive health services, it is considered of great importance to explore some belief of youth in oye regarded contraceptive, by adapting some idea from health

belief model.

According to the Health Belief Model, individual perception such as perceive seriousness of pregnancy, benefit and barriers are more likely to affect the preventive action such as using contraception which can prevent a specified condition such as pregnancy that is not planned and perceive barrier such as hard ways to sexual and reproductive health service. Planned theory behavior provide framework in the understanding of condom in heterosexual intercourse to prevent diseases or STDs. The theory further argue that intention to use condom with new sexual partner can be predicted from attitude, subjective norms, and perceived behavioural control with respect to the behaviour.

The theory is chosen because they best explain the level of youth's contraceptive use and also the practice in Nigeria at large. The theories will also contribute to the enlightenment of effective and ineffective use of contraceptive method.

2.2 Use of Contraceptive in Developed and Developing countries.

Contraceptive use as been an issue in many countries especially in the developing countries, where an estimated 558,000 women die everyday of abortion (Ali, 2009). Similarities, World Health Organization WHO (2010) reported shows that, in developed and developing countries, contraceptive use rises up to 600,000 each year. And that every minutes, at least one woman dies from complications arising from contraceptive. The report further shown that contraceptive use represents one of the widest health gaps between developed and developing nations, with 99% of all use of drugs deaths occurring in developing countries.

2.3 Adolescent knowledge and use of contraceptives

This is one of the essential elements of youth reprovement health. It allows youth to determine the timing and the number of their children and empowered them to manage their lives with

respect and dignity. Adolescent reproductive health is increasingly being recognized as one of the major determinant of human development. Among the essential development concern development about contraception or preventing of unwanted pregnancy considered to have a significant potential in improving the status of attitude of female in the use of contraceptive showed vary wide variation among region of sub-sahara Africa than other region of the world (Gadisa, 2004). In confirmation with this study among youth aged 15-19 in Ghana, reveals that (85%) knows at least one method of contraception while only 17% of sexually active youth use contraceptive, the rate for any method was (27%) (Gadisa, 2004). Similar study in Nigeria has reveal that over (60%) of urban youth have heard of at least one method but only (4.7%) of active youth practice contraceptive of which 3.5% of them practice modern method (Ahmed, 2006) Another study in Kenya indicate that (90%) of Kenyan high school students knew at least one method, (49%) of male and (43%) of female student ever used contraceptive (Bekele, 2005). The same study also reveals an increase in contraceptive use from (25%) versus (28%) during the first intercourse to (31%) versus (29%) during the last intercourse among male and female students respectively. However, only (11%) of ever themselves as frequent users (Bekele, 2005). Knowledge of contraceptive method among youth in most countries of Latin American, the Caribbean, Asia, near east and North America exceeded 90% (Gadisa, 2004).

Attitude and knowledge of contraceptive method is the first step towards accepting a method (Khan and Mishra, a 2008). In all region, knowledge of any modern method of contraception is nearly universal nearly among both young women and men. However, a considered proportion of youth in Sub-Saharan Africa do not know of a modern method; Chad is the most notable example-only 49% of this country's young women and 72% of its young men know of a modern method. Khan and Mishra (2008) further observed that other countries with low levels of

knowledge of any contraceptive method include Madagascar, Mali and Nigeria. Overall, knowledge of any method is somewhat higher among young men than young women and knowledge levels are generally higher in countries outside Sub-Saharan Africa.

Report by National Research Council [NRC] (2005), indicate that attitude of multiple method of contraception measures how well-informed youth about Contraceptives. And as expected, in all countries with all-women sample, knowledge of three or more modern methods is lower than knowledge of any method. This is most apparent in Sub-Saharan Africa, about 80% or more of young people know of three or more modern methods in most countries outside Sub-Sahara Africa. Demographics and Health Survey [DHS] (2008) report, indicate that level of ever use of CONTRACEPTIVES among youth are low in most countries in all region but vary greatly across and within region. This also necessitated the relevant of this study, since it is geared towards creating awareness on proper and effective use of CONTRACEPTIVE method among youth in Nigeria and Africa in generally.

2.4 sexual abstinence

The second side of the coin of this study is abstinence. Orubuloye (2004) maintains that, mothers tend to enforce pre - marital pursuing on their daughters as their moral and social obligation to them; and there are sanctions for failure to do so. In this sense, 'moral' implies the protective role the mother and the family play in the life of their children and wards because of the threat to life which is made manifest through sexually transmitted infections (STIs) which constitutes problem in youth's development. And to the family especially for the mother there is "fear of their daughters becoming pregnant". For instances great importance was attached to virginity in traditional Yoruba culture and other societies in Nigeria; and this was observed by everyone. "Every girl was expected to be a virgin until the bridal night when consummation of marriage

was expected to take place in the house of the bridegroom. If she was not found to be in such state, the whole festival will quickly wound use. Its caused unhappiness to her parents, relatives, loss of status and respect among the husband's relatives. (Fadipe, 1970; Orubuloye, 1981: 56). In traditional Africa and particularly to Yoruba communities, sexual abstinence is a wholesome traditional practice for all the youths. The rule of virginity in traditional society in Africa raises sociological imagination as related to the tradition of virginity and the aim which it seeks to achieve. Its aim might also include: prevention of pre-marital sex, illegitimate child and prevention of sexually transmitted infections (STIs). With the upsurge in sexually transmitted infections (STIs), and the scourge of unwanted pregnancy as well as induced abortion among youths in present societies, the practice of sexual abstinence has been proffered as the best option which can reduce these scourges (Nancy 1998: 125). Otolorin & Dare (1997), submitted that, total abstinence for the youths is desirable which protects them against unwanted pregnancy and reproductive tract infections. Sexual abstinence among youths in present days takes three dimensions but two important will only be discussed:

Primary Abstinence: This implies complete refrain from sex until marriage or for life. This is similar to the practice among Yoruba and Shona in Nigeria and Zimbabwe respectively.

Secondary abstinence: This is the abstinence from sex after experiencing it at a time, because of beliefs or experiences associated with it. This simply means the condition of young people who have been sexually active in the past, but who have since stopped having sex in order to recover their secondary virginity. This abstinence is majorly encouraged by NGO's and religious organizations in present days. Good examples are the Priesthood and Sisters in Catholic Churches doctoring.

2.5 Brief historical on the uses of condom

Society is full of different damping diseases are not exempted from those things, which threaten human race. From time immemorial condom use had been a means of combating the problem of sexual disease. Around 1,00BC in Ancient Egypt a linear sheath was use as protection against sexual diseases. Similar scene of painted condom is found in a cave in Camdarellles in France which dated as far back as 100-200AD. There were some proofs that some forms of condom were used in Roman Empire around that same period. There was syphilis epidemic across Europe which gave rise to first published account of condom. The “sheath of linear “was to protect men against syphilis. Having been useful for prevention of infections, it was later used for protection against pregnancy. In the 1500s, first improvement was made to condoms when the linear cloth sheath was sometimes soaked in a chemical solution and then allowed to dry prior to use. These were the first spermicidal on condoms. The word ‘condom’ was published in a poem in 1906. It was suggested that condom was a doctor in time of Charles II. Condoms were made out of animal intensive and quite expensive and can be re-used. The use of condom was affected by technological, economic and social development in Europe and United States in 1800’s. Condom manufacturing was revolutionized by the discovery of rubber vulcanization by Good year founder of Tyre Company and Hancock. It made it possible to mass - produce condom quickly and cheaply. Vulcanization is a process of turning rubber into a strong elastic material. In 1861, the first condom advertisement was published in an American Newspaper -The New York Times for Dr. Power French Preventives. But in (1873) Comstock law was passed, named after Anthony Comstock, which made illegal the advertising of all sort of birth control and allowed the postal services to confiscate condoms sold through mail. In (1919), Fredrick Killian initiated hand - dipping condom from natural rubber latex in Ohio. Prior to his invention, condoms were made by hand dipping from rubber cement. These kinds of condoms aged quickly and the quality

was doubtful. Frederick invention had the following edges: It age - less; it is thinner and odorless (Akinsanya, 2005). Durex launched the first lubricant condom in (1957). By 1960 the use of condom declined because of availability of other contraceptives such as: sterilization and so on. After the recognition of HIV/AIDs in 1980s, the use of condom increased and it was widely available in Chemists, Grocery Store and Supermarkets. And by (1992,) the female condom (diaphragm) was made available in Europe and in (1994), the world first polyurethane condom for men was launched. Condoms are made up of latex and polyurethane condoms are effective method of prevention against sexually transmitted infections (STIs) and unwanted pregnancy. Condom serves as a secondary protective device for the youths who are sexually active. Ignoring the option of use of condom by sexually active youths predisposed them to sexually transmitted infections (STIs) and unwanted pregnancies. Otolorin & Dare (1997) asserted that, this exposes youths to the risk of childbearing before full maturity is achieved. The consequence of which was eminent in the (1990) Nigeria Demographic and Health Survey as at the time 18 percent of all teenage age 15–19 years were pregnant with their first child. The vulnerability of the youths cannot be under- estimated when they are making sex that is not protected.

2.6 Trends in unwanted pregnancy

Unplanned or unintended pregnancy poses a major challenge to the reproductive health of young adults in developing countries. Harrison (1997) carried out a study on the effects of unwanted pregnancies among youths in USA. The study shows that some young women with unintended pregnancies in U.S.A obtain abortions and others carry their pregnancies to term, incurring risks of morbidity and mortality higher than those for adult women. Two studies carried out in Mexico and Nigeria by Marques (1991) and Okonofua (1995) found that adolescents who were employed were at least four times more likely to be pregnant than those who were not, the

study also shows that having future goals and aspirations is also important to prevent adolescent from unwanted pregnancy (WHO, 2005). Two studies carried out in Brazil also shown that youth with lower future aspirations were much more likely to be at risk for unwanted pregnancy compared to those which higher aspirations and goals (Margues, 1991, Pick de Weiss, (1991). In fact, in, Ecuador, youth with higher levels of knowledge about contraception were nearly 14 times more likely to avoid being pregnant compared to those with low knowledge of contraception (Pick de Weiss, 1991; WHO 2005).

However, in China and province of Taiwan, three separate studies showed that smoking cigarettes and drinking alcohol significantly increase childbearing (Lee & Chon, 2001; Wang & Chon, 1999; Wang & Chou, 2001). most of their friends have been pregnant were more than four times more likely to be pregnant themselves.

In addition, a study carried out by Osakinle (2005) in South Western Nigeria revealed that most times, a youth that is not married usually go into unprotected sex for both maternal and monetary gains and this kind of activities makes them susceptible or vulnerable to sexually transmitted infections and unwanted pregnancies. The result further The indicated that these unwanted pregnancies are either aborted or carried to term (Fasua, 2003).

Moreover, Eruesegbefe (2005) in his research on the effects of unwanted pregnancy in Nigeria, the result shows that the news of an unexpected pregnancy in South Western Nigeria is in most cases followed by the trauma of brothers' promises, emotional pursuits, shattered relationships and unfulfilled potentials. Similarly, Osakinle (2003) in his own study of unwanted pregnancy unwanted in Nigeria observed that it is always dangerous and risky when an adolescent below age below become pregnant. His findings again show that, (85%) of youth pregnancies in south Western Nigeria are unintended, half end in birth, a third in clandestine abortion and the rest in

miscarriage.

Furthermore, Okonofua (1997) in his study on adolescent pregnancy in Nigeria revealed that (80%) of unwanted pregnancy to unmarried girls were unintended, compared to (6%) of married girls. In spite of all these, a finding from Action health incorporation (1991) shows that premarital sex among youth in Nigeria seems to be regarded as fun. And these has led many youth to get pregnant early either they died, or maimed through unsafe abortion. This is a great problem which demands an urgent attention; hence the need to arrest unwanted pregnancy (Osakinle, 2005).

2.7 Contraception in Nigeria

Nigeria as a developing countries surveys have shown that the highest level of contraceptive use, are among unmarried, sexually active youth between the ages of 20-24 years, the shallow levels are among adolescent married women between the ages of 15 and 19 years (WHO, 2005). Consequency, from the survey, few married adolescents use contraception. In Nigeria, Arowojolu and Adekile (2000) carried a study on Perception and Practice of Emergency Contraception in Nigeria. The result shows that being aware of contraception significant increase the likelihood that youth will use emergency contraception. Their findings further shows that being young and Pentecostal also increase the likelihood of using contraception. Meanwhile, Makinwa (1992) in his research on sexual behaviour among young urban Nigerian shows that ethnic origin, education and place of residence were all significant determinant in contraceptives use in Nigeria.

Aso, Odimegwu (1995), opined that exposed to mass media family planning campaign increase contraception in Nigeria, similarly, Adewuyi, Obadeyi and Rimi (1992) in their studies

on changes in Nigerian's knowledge and attitude towards contraception and, shows that by 1990 the proportion of women who knew of specific method of contraception has grown. Furthermore, 41% of married women who knew of specific contraceptive method in Nigeria had discussed contraceptive with their husband.

2.8 Factors affecting contraception

Oladeji (2008), in his study on Socio-Cultural and Norm Factors influencing Family Choice and contraceptive Use among Couples in Ibadan Metropolis, indicates that five factors affect contraceptive use, they include: social and cultural norms, gender roles, social network, religion, and local beliefs. However, several qualitative studies have provided further evidence of the influence of external factors on young people's sexual behavior (Dixon-Meuller, 1999). For example, Holland (2001) in his study on the social construction of sexuality indicates that men and women's unequal power relation manifest themselves in young people's sexual lives, thereby making it difficult for young women to insist on condom use should they wish to do so. Greenwell (1999) and Vickers (2000) supported this study from their research on sexual relations among youth in Sub-Saharan Africa, their result shows that the larger the differences in reproduction intension within a community's, the more likely that community norms support youth contraceptives choice.

Cherkavoi (2001) and Barnett (2001) from their studies on factors of contraceptive use in Kenya indicated that most women use contraceptive because having smaller families is the norm. Jejbhoy (2004) in his study also shows that young people often decide not to use contraception because they do not want their parents or other adult to know that they are sexually active. In Kenya, studies also show that when new client were ask to give a single reason for their choice the of specific family planning method, most cited that the attributes of their spouse or spous

their peers, or their religion or value. Jacobson (2000) in his own study shows that as women gain more autonomy, they are better able to claim their rights as individuals, including the rights to act to protect it, their own reproductive health. Rutenberg and Watkins (2000) Watkin in their study in Nigeria and other West African countries, indicate that cite some women reported that, it was difficult for them to use contraception because their relatives or friends were not using it. Godley (2001) in his study in urban Nigeria, found that the more widely used a contraceptive method, the more attractive it become to other in the cities and villages. Therefore, based on a review of various studies over the previous two decades, the result found that program have helped convert people's interest in having fewer children into a demand for contraception (Oladimeji, 2008).

2.9 Review of relevant theory

The reviewing of some theories of contraception, effort will be made to show how these theories of contraception directly or indirectly relate to the attitude of female students towards use of contraceptive methods.

2.9 The theory of reasoning action

Theory of Reasoned Action was developed by Martins Fishbein and Icek Ajzen in 1975. The theory is based on the assumption that human being are usually quite rational and make systematic use of the information available to them. People considered the implication of their actions in a given context at a given time before they decides to engaged or not engage in a given behavior, and that most action of social relevance are under volitional control (Ajzen, 1980)

2.1.0 Social cognitive (or leaning) theory

Social Cognitive Theory is a theory which developed out of work in the area of social learning theory, proposed by N.E Miller and J. Donald in (1941). They tend to explain that if one were

motivated to learn a particular behaviour, then that particular behavior would be learned through clear observation. The premise of the social Cognitive or Social Learning theory (SCT) states that new behaviors are learned either by modeling the behavior of others or by direct experience. Social learning theory focuses on the important roles played by various, symbolic, and self-regulatory processes in psychological functioning and looks at human behavior as a continuous interaction between cognitive, behavioural and environmental determinants (Bandura, 1977 in Rachel, 1999). Central tenets of the social cognitive theory are:

- Outcome expectancies: the belief that using contraceptives correctly will prevent HIV infection, STIs and unwanted pregnancy.
- Self-efficacy: the belief in one's ability to implement the necessary behavior ("I know I can insist on contraceptive use with my partner").

2.1.1 The health belief model

The theory of Health Belief Model (HBM) is a psychological model that attempts to explain and predict health behavior. This is done by focusing on the attitude and belief of the individual. The HBM was first developed in the 1950's by social psychologists Hochbaum, Rosenstock and Rosenstock Kegeles, who were working in the US public health service.

The Health Belief Model, developed in the 1950's, holds that health behavior is a function of the individual's socio-demographic characteristics, knowledge, and attitude. According to this model, a person must hold the following beliefs in order to change human behavior:

1. Perceived susceptibility to a particular health problem.
2. Perceive seriousness of the condition.
3. Belief in effectiveness of the new behavior.

Considering the fact that contraceptive use among female students involves some cost of

individual affected the society and also that it is a problem that has continued to be a great cause for concern to educators and government most of the theorist and researchers regarded the problem as a serious social problem, they believed that financial problem at times lead female students to the incidence of sex for money and which may leads to unwanted pregnancy.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

Primary data shall be the basis of this research work. The data be generated by means of questionnaire instrument. Data required for the study include certain relevant social cultural characteristics of respondents their attitude towards contraceptive usage and sexual relationships etc. The questionnaire to be used shall be self-administered and a total of 150 undergraduate and secondary school students would be selected for the purpose of the study. The sampling shall be done randomly such that the respondent shall cut across the Oye-Egbo secondary school and saint Augustine and Federal university of Oye-Ekiti the data which would be collected from questionnaire will be presented and analysed using sample percentage and chi-square method it was organized under the following subheadings: Research Design, Study Area, Study Population, Sample design, and Instruments for data Collection and Ethical Consideration.

3.1 Research Design.

This study adopted a cross-sectional survey design. May (2001) noted that the application of a cross-sectional survey method is appropriate in obtaining the behavioral pattern of a given population on the basis of their knowledge, opinion, attitude and perceptions concerning a given phenomenon?

3.2 Study Area.

This study will be carried out in oye local government in ekiti state and the study is designed to test the attitude of female students and their knowledge towards the usage of contraceptives.

3.3 Study population

The study population consists of youth between the ages of 15-24 years in Oye local government. While the target population includes youth aged 15-24 years from the Secondary schools, students are chosen for the study.

3.4 Sample design

The target population in this study is female undergraduate and secondary school students in the above mentioned schools. The sample is design to accommodate the categories of female students in the schools and simple random sampling will be used. In the whole school 150 respondents would be selected. The main purpose of using simple random sampling is to give every member of the population equal chance of being selected.

3.5 Instrument for Data Collection.

The instrument used in this study is questionnaire schedule. The questionnaire contains four sections. The first section sought to identify characteristics of the respondents in the study, while the second part sought information on knowledge and use of contraceptive method among the youth in Oye-Ekiti state. The questionnaire was the major instrument of data collection; it is the kind of instrument that can cover wide range of most of the issue raised in this study. The interest is to use the questionnaire to obtain the background characteristics of the respondents, their knowledge, opinion and behavioral patterns in relations to their knowledge.

3.6 Ethical Consideration

The respondents will participate voluntarily. The privacy of the respondents will be protected and anonymity of respondents in the research will be ensured. The respondents will be ensured of confidentiality of the information they give. The research would be done with honesty and transparency as respondents will be briefed about the objective of the research in clear and

straight forward manner devoid of misleading information. The questions in the questionnaire is clear and straight forward. The use of offensive, discriminatory or provoking languages was avoided in the questionnaire.

CHAPTER FOUR

ANALYSIS, PRESENTATION AND INTERPRETATION

4.0 SOCIO-DEMOGRAPHIC AND ECONOMIC VARIABLES OF RESPONDENTS

This chapter aims at examining the percentage of Contraceptives uses among female students in Oye-Ekiti, Ekiti State. The result of the analysis, at univariate level and bivariate level are shown. The Socio-demographic characteristics include; Age, Marital status, Religion, Ethnicities.

Table 4.1.1 Socio-demographic characteristics of respondents

<i>Variables</i>	<i>Frequency</i> <i>(N = 150)</i>	<i>Percentage (%)</i>
Age		
15 – 20	86	57.3
21 - 25	57	38.0
26 – 30	7	4.7
Marital Status		
Married	19	12.7
Single	127	84.7
Divorced	4	2.7
Educational Level		
Secondary	49	48.0

College	29	19.3
Tertiary	72	32.7
Ethnicity		
Hausa	9	6.0
Igbo	27	18.0
Yoruba	114	76.0
Religion		
Christianity	113	75.3
Islam	35	23.3
Traditional	2	1.3
Mother's occupation		
Artisan	37	24.7
Civil Servant	50	33.3
Full Housewife	4	2.7
Trader	59	39.3

Source: Author's field work, 2016

Table 4.1.2 Awareness and use of contraceptives among female students

<i>Variables</i>	<i>Frequency</i>	<i>Percentage (%)</i>
	<i>(N = 150)</i>	
Have you heard about		
contraceptives		

Yes	133	88.7
No	17	11.3

If yes, how do you know?

Media	33	23.3
School	44	33.1
Physician	7	5.3
Parent	15	11.3
Peer group	36	27.1

What contraceptives are you aware of?

Condom	94	70.7
Birth control pills	30	22.6
Sterilization	8	6.0
Implant IUDs	1	0.8

Do you use contraceptives

Yes	54	36.0
No	96	64.0

Which type did you use

Condom	44	81.5
Birth Control	8	14.8
Sterilization	2	3.7

Source: Author's field work, 2016

The tables above showed the sociodemographic characteristics of the respondents and their

awareness and use of contraceptives. The tables revealed that majority, (57.3%) of the respondents fall between ages 15-20 and are still single (84.7%) with secondary education (48.0%) and belonged to the Yoruba Ethnic group (76.0%). With respect to the respondent's religion, 75% of the were Christians and their mothers are traders.

About eighty-nine percent of the respondents have heard about any contraceptives method and 33% of them heard it from school. The respondents know much about condoms (70.0%) and 36% use a method of contraceptives, while 81% attest that they had used a condom before.

Table 4.1.3. Attitudes of students towards use of contraceptives

Attitudes	Frequency					Total
	1	2	3	4	5	
It doesn't prevent pregnancy	59	58	6	15	12	150
Contraceptives can't be trusted	54	60	14	8	14	150
Contraceptives has side effects	58	58	17	6	11	150
Prevents complications that may arise from abortion	59	40	23	13	15	150
Contraceptives make sex safe	51	57	21	14	7	150
It safes life that would have been lost through STIs and abortion	54	52	18	16	10	150

Source: Author's field work, 2016 * 1=SA, 2=A, 3=U, 4=D, 5=SD

The above table measured the attitude of respondents using the Likert scale. 59 respondents Strongly Agreed that contraceptives don't prevent pregnancy, 60 of them Agreed that contraceptives can't be trusted, 58 of them Strongly Agreed that contraceptives have side effects, 59 of them Strongly Agreed that contraceptives prevent complications that may arise from abortion, 57 of them Agreed that contraceptives make sex safe and 54 of the Strongly Agreed that contraceptives save life that would have been lost through STIs and abortions.

Table 4.1.4. Factors responsible for attitudes of students towards use of contraceptives

Factors	Frequency					Total
	1	2	3	4	5	
Most students know about contraceptives through peer group	69	59	8	12	2	150
Friends you keep determines your knowledge and attitudes to use	54	64	18	10	4	150
Those that doesn't use contraceptives do so because they lack awareness	43	34	19	37	17	150
Religion prevents some people from knowing and using contraceptives	39	51	22	27	11	150
Ones parents determine persons attitudes towards contraceptives use	43	46	22	26	13	150
Using contraceptives is ethical and	35	42	20	31	22	150

immoral						
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Source: Author's field work, 2016* 1=SA, 2=A, 3=U, 4=D, 5=SD

The above table measured the factors responsible for the attitudes of students towards contraceptives use in Likert scale. 69 of the respondents Strongly Agreed that most students know about contraceptives through their peer group. 64 of them Agreed that the type of friends you keep determines knowledge and use of contraceptives, 43 of them Strongly Agreed that those that do not use contraceptives lack awareness and 46 of them Agreed that religion prevents some people from knowledge and use of contraceptives. 46 of the respondents Agreed that one's parents determine person's attitudes towards contraceptives use and 42 of the respondents also Agreed that using contraceptives is immoral

Table 4.1.5. Challenges of the adoption of the use of contraceptives

Challenges	Frequency					
	1y	2	3	4	5	Total
Female students do not have enough information about contraceptives use	53	50	19	15	13	150
Female students are not encouraged to use contraceptives	28	66	15	25	16	150
Contraceptives are not always accessible	28	36	35	33	18	150
The society frowns against the possession of contraceptives among female students	32	40	39	27	12	150

Source: Author's field work, 2016* 1=SA, 2=A, 3=U, 4=D, 5=SD

The above table measured the challenges of the adoption of the use of contraceptives in Likert scale. 53 of the respondents Strongly Agreed that female students do not have enough information about contraceptives use, 66 of the Agreed that female students are not encouraged to use contraceptives and 36 of the Agreed that contraceptives are not always accessible, while 40 of the Agreed that the society frowns against the possession of contraceptives among female students

BIVARIATE ANALYSIS

Ho: There is significant relationship between respondent's awareness about and attitude to contraceptives use

Relationship between attitudes and Awareness of contraceptives

CONTRACEPTIVES DON'T ALWAYS WORK FOR PREGNANCY PREVENTION	HAVE HEARD ABOUT CONTRACEPTIVES		Total
	Yes	No	
Strongly agree	51 38.3%	8 47.1%	59 39.3%
Agree	53 39.8%	5 29.4%	58 38.7%
Undecided	6	0	6

	4.5%	0.0%	4.0%
Disagree	14	1	15
	10.5%	5.9%	10.0%
Strongly disagree	9	3	12
	6.8%	17.6%	8.0%
Total	133	17	150
	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	4.038 ^a	4	.401
Likelihood Ratio	4.286	4	.369
Linear-by-Linear Association	.099	1	.753
N of Valid Cases	150		

Source: Author's field work, 2016

The table above shows the relationship between respondent's awareness of contraceptives among respondent and their attitudes. About 40% of the respondents who have heard about any form of contraceptives before agreed that contraceptives do not always work for pregnancy. The relationship between these variables was found not to be statistically significant, with p-value <0.05, therefore, we retain the null hypothesis.

Relationship between attitudes and Awareness of contraceptives

CONTRACEPTIVES CANNOT BE TRUSTED	HAVE HEARD ABOUT CONTRACEPTIVES		Total
	Yes	No	
Strongly agree	47 35.3%	7 41.2%	54 36.0%
Agree	52 39.1%	8 47.1%	60 40.0%
Undecided	14 10.5%	0 0.0%	14 9.3%
Disagree	7 5.3%	1 5.9%	8 5.3%
Strongly disagree	13 9.8%	1 5.9%	14 9.3%
Total	133 100.0%	17 100.0%	150 100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.426 ^a	4	.658
Likelihood Ratio	4.021	4	.403
Linear-by-Linear Association	.721	1	.396
N of Valid Cases	150		

The table above shows the relationship between respondent's awareness of contraceptives among respondent and their attitudes. About 47% of the respondents who have heard about any form of contraceptives before Strongly Agreed that contraceptives cannot be trusted. The relationship between these variables was found not to be statistically significant, with p-value <0.05, therefore, we retain the null hypothesis.

Relationship between attitude and awareness about contraceptives

CONTRACEPTIVES HAS SIDE EFFECT	HAVE HEARD ABOUT CONTRACEPTIVES		Total
	Yes	No	
Strongly agree	54 40.6%	4 23.5%	58 38.7%

Agree	50	8	58
	37.6%	47.1%	38.7%
Undecided	15	2	17
	11.3%	11.8%	11.3%
Disagree	4	2	6
	3.0%	11.8%	4.0%
Strongly disagree	10	1	11
	7.5%	5.9%	7.3%
Total	133	17	150
	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	4.433 ^a	4	.001
Likelihood Ratio	3.724	4	.445
Linear-by-Linear Association	1.033	1	.310
N of Valid Cases	150		

The table above shows the relationship between respondent's awareness of contraceptives among

respondent and their attitudes. About 54% of the respondents who have heard about any form of contraceptives before Strongly Agreed that contraceptives have side effects. The relationship between these variables was found to be statistically significant, with p-value <0.05, therefore, we reject the null hypothesis.

Relationship between attitudes and Awareness of contraceptives

CONTRACEPTIVES PREVENT COMPLICATIONS THAT MAY ARISE FROM ABORTION	HAVE HEARD ABOUT CONTRACEPTIVES		Total
	Yes	No	
Strongly agree	51 38.3%	8 47.1%	59 39.3%
Agree	35 26.3%	5 29.4%	40 26.7%
Undecided	21 15.8%	2 11.8%	23 15.3%
Disagree	11	2	13

	8.3%	11.8%	8.7%
Strongly disagree	15	0	15
	11.3%	0.0%	10.0%
Total	133	17	150
	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.634 ^a	4	.621
Likelihood Ratio	4.302	4	.367
Linear-by-Linear Association	1.349	1	.245
N of Valid Cases	150		

The table above shows the relationship between respondent's awareness of contraceptives among respondent and their attitudes. 38% of the respondents who have heard about any form of contraceptives before Strongly Agreed that contraceptive prevents complications that may arise

from abortion. The relationship between these variables was found not to be statistically significant, with p-value <0.05, therefore, we retain the null hypothesis.

Relationship between attitudes and Awareness of contraceptives

CONTRCEPTIVES MAKE SEX SAFE	HAVE HEARD ABOUT CONTRACEPTIVES		Total
	Yes	No	
Strongly agree	45 33.8%	6 35.3%	51 34.0%
Agree	49 36.8%	8 47.1%	57 38.0%
Undecided	18 13.5%	3 17.6%	21 14.0%
Disagree	14 10.5%	0 0.0%	14 9.3%
Strongly disagree	7 5.3%	0 0.0%	7 4.7%
Total	133 100.0%	17 100.0%	150 100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	3.290 ^a	4	.005
Likelihood Ratio	5.620	4	.229
Linear-by-Linear Association	1.392	1	.238
N of Valid Cases	150		

The table above shows the relationship between respondent's awareness of contraceptives among respondent and their attitudes. About 77% of the respondents who have heard about any form of contraceptives before Agreed that contraceptives make sex safe. The relationship between these variables was found to be statistically significant, with p-value <0.05, therefore, we retain the reject hypothesis.

Relationship between attitudes and Awareness of contraceptives

IT SAVE LIVES THAT WOULD HAVE BEEN LOST TO STI AND ABORTION	HAVE HEARD ABOUT CONTRACEPTIVES		Total
	Yes	No	
Strongly agree	47	7	54
agree	47	5	52
	35.3%	41.2%	36.0%

	35.3%	29.4%	34.7%
Undecided	16	2	18
	12.0%	11.8%	12.0%
Disagree	13	3	16
	9.8%	17.6%	10.7%
Strongly disagree	10	0	10
	7.5%	0.0%	6.7%
Total	133	17	150
	100.0%	100.0%	100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	2.450 ^a	4	.024
Likelihood Ratio	3.453	4	.485
Linear-by-Linear Association	.169	1	.681
N of Valid Cases	150		

The table above shows the relationship between respondent's awareness of contraceptives among respondent and their attitudes. 35% of the respondents who have heard about any form of contraceptives before Strongly Agreed that contraceptives save lives that would have been lost to sexually transmitted infections and abortion. The relationship between these variables was found to be statistically significant, with p-value <0.05, therefore, we reject the null hypothesis.

H₀: There is no significant relationship between respondent's awareness and use of contraceptives among female in the study area

Relationship between contraceptives use and awareness

	HAVE HEARD ABOUT CONTRACEPTIVES		Total
	Yes	No	
DO YOU USE CONTRACEPTIVES	47 35.3%	7 41.2%	54 36.0%
	86 64.7%	10 58.8%	96 64.0%
Total	133 100.0%	17 100.0%	150 100.0%

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2- sided)	Exact Sig. (1- sided)
Pearson Chi-Square	.223 ^a	1	.007		
Continuity Correction ^b	.042	1	.838		
Likelihood Ratio	.219	1	.640		
Fisher's Exact Test				.789	.412
Linear-by-Linear Association	.221	1	.638		
N of Valid Cases	150				

The table above shows the relationship between respondent's awareness of contraceptives among respondent and their use. 35% of the respondents who have heard about any form of contraceptives before Strongly Agreed that contraceptives they have used any form of contraceptives. The relationship between these variables was found to be statistically significant, with p-value <0.05, therefore, we reject the null hypothesis.

CHAPTER FIVE

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

This study examined the Attitudes of Female students towards the use of Contraceptives in Oye-Ekiti. The Social Cognitive or (Learning theory) and Reasoned Action theory were used as a theoretical framework in examining how youths from different works of life with different socio-demographic status use contraceptives.

5.1 Summary

The study analysed primary data which was collected through a means of well-structured questionnaire, which asked series of questions on Attitudes and use of contraceptives among the respondents. The sample size for the study was 150, all respondents were selected based on a simple random sampling technique. Univariate and Bivariate analysis techniques were employed in the course of this study. The univariate analysis in this study was carried out using tables of frequency distributions to describe the background characteristics of the respondents. The bivariate analysis was done using the chi-square (χ^2) test to show the association between attitudes and use of contraceptives of respondents. The study revealed that majority, (57.3%) of the respondents fall between ages 15-20 and are still single (84.7%) with secondary education (48.0%) and belonged to the Yoruba Ethnic group (76.0%). With respect to the respondent's religion, 75% of the were Christians and their mothers are traders.

About eighty-nine percent of the respondents have heard about any contraceptives method and 33% of them heard it from school. The respondents know much about condoms (70.0%) and 36% use a method of contraceptives, while 81% attest that they had used a condom before.

Furthermore, 59 respondents Strongly Agreed that contraceptives don't prevent pregnancy, 60 of them Agreed that contraceptives can't be trusted, 58 of them Strongly Agreed that contraceptives have side effects, 59 of them Strongly Agreed that contraceptives prevent complications that may arise from abortion, 57 of them Agreed that contraceptives make sex safe and 54 of them Strongly Agreed that contraceptives save life that would have been lost through STIs and abortions.

Also, 69 of the respondents Strongly Agreed that most students know about contraceptives through their peer group. 64 of them Agreed that the type of friends you keep determines knowledge and use of contraceptives, 43 of them Strongly Agreed that those that do not use contraceptives lack awareness and 46 of them Agreed that religion prevents some people from knowledge and use of contraceptives. 46 of the respondents Agreed that one's parents determine person's attitudes towards contraceptives use and 42 of the respondents also Agreed that using contraceptives is immoral.

More so, 53 of the respondents Strongly Agreed that female students do not have enough information about contraceptives use, 66 of the Agreed that female students are not encouraged to use contraceptives and 36 of the Agreed that contraceptives are not always accessible, while 40 of the Agreed that the society frowns against the possession of contraceptives among female students

The study also revealed that, 53 of the respondents Strongly Agreed that female students do not have enough information about contraceptives use, 66 of the Agreed that female students are not encouraged to use contraceptives and 36 of the Agreed that contraceptives are not always accessible, while 40 of the Agreed that the society frowns against the possession of contraceptives among female students. About 47% of the respondents who have heard about any

form of contraceptives before Strongly Agreed that contraceptives cannot be trusted and About 54% of the respondents who have heard about any form of contraceptives before Strongly Agreed that contraceptives have side effects, while, 38% of the respondents who have heard about any form of contraceptives before Strongly Agreed that contraceptive prevents complications that may arise from abortion and 77% of the respondents who have heard about any form of contraceptives before Agreed that contraceptives make sex safe, and 35% of the respondents who have heard about any form of contraceptives before Strongly Agreed that contraceptives save lives that would have been lost to sexually transmitted infections and abortion.

Furthermore, 35% of the respondents who have heard about any form of contraceptives before Strongly Agreed that contraceptives they have used any form of contraceptives.

5.2 Conclusion

From this study, attitudes and awareness of female student was found to be statistically significant with p-value (<0.05). More so, awareness and use of contraceptives were found to be statistically significant with p-value <0.05 . this is an indication that awareness of contraceptives can be a significant predictor of contraceptives use among female students in Oye-Ekiti.

5.3. Policy Recommendation

Awareness of contraceptive is very vital and significant when it comes to contraceptives use among young females therefore, suggestions was made available:

- Contraceptives education should be given to all female students at secondary and tertiary education level to help in avoiding unwanted pregnancy among them.

There should be a societal mobilization support to put as much pressure on youths and as

on women-research should identify the constraints on mobilizing teenage female for contraceptives use.

- More research is needed on the socioeconomic impact of contraceptives use, in particular young females.
- Policy makers might consider educating the populace about the needs for contraceptives use on different social media platforms in Nigeria, short radio drama or short movie could stimulate young female's contraceptives use.
- Programme managers need to do more to promote females' contraceptives use at rural and urban areas of residence.
- Health providers need to educate young females about the benefits of contraceptives.

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APPENDICES

Federal University Oye-ekiti, Ekiti State

Faculty of humanities and social science

Department of Sociology

Questionnaire

My name is Gbayi babajide oluwatobi a graduate in Federal university Oye-Ekiti ekiti state seeking for your response on this questions, please your response should be done with honesty and transparency your response will be protected and anonymity of respondent in this research will be ensure. The questions in this questionnaire is clear and straight forward. The aim of this questionnaire is to know attitude of female students towards the use of contraceptive.

Section A: Socio-demographic characteristics of respondents

- (1) Age: (A) 15-20 { } (B) 21-25 { } (C) 26-30 { }
- (2) Sex: (A) male { } (B) Female { }
- (3) Marital status: (A) Married { } (B) Single { } (C) Divorced { }
- (4) Education level: (A) Secondary { } (B) College (C) Tertiary institutio{ }
- (5) Ethnicity: (A) Hausa{ } (B) Igbo{ } (C) Yoruba{ }
- (6) Religion: (A) Christianity{ } (B) Islamic{ } (C) Traditional{ }

SectionB: Awareness and use of contraceptive among female students in oye schools.

- (9) Have heard about contraceptive (A) Yes{ } (B) No{ }
- (10) If yes how do you come to know about it (A) Media{ } (B) School{ } (C) Physician{ } (D) Parent{ } (E) Peer group/friends{ }
- (11) What type of contraceptive are you aware of (A) Condom{ } (B) Birth control pill{ } (C)

Diaphragm{ } (D) Sterilization{ } (E) Implant IUDS{ }

(12) Do you use contraceptive (A) Yes{ } (B) No{ }

(13) Which of the type of contraceptive do you use (A) Condom{ } (B) Birth control pill{ } (C) Sterilization{ } (D) Implant IUDS{ } (E) Diaphragm{ }

Section C: Attitude of students towards the uses of contraceptive. The following options indicates Strongly agreed(SA), agreed (A), Disagreed(D), Strongly disagreed(SD), undecided (u).

Statement	SA	A	U	D	SD
14. Contraceptive doesn't always work for prevention of pregnancy.					
15. Contraceptive can not be trusted.					
16. Contraceptive has side effect.					
17. Contraceptive prevent complications that arise from abortion					
18. Contraceptive make sex safe.					
19. Contraceptives save life, that would have been lost through sexually transmitted diseases and abortion.					

Section C: Factors that are responsible for attitude of female students towards the use of contraceptive.

Statement	SA	A	U	D	SA
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20. Most students come to know about contraceptive through peer group.					
21. The kind of friends you keep determine your knowledge and attitude towards use of contraceptives.					
22. Those that doesn't use contraceptive do so because they are not aware of it.					
23. Religion prevent some people from knowing and using contraceptive.					
24. One parents determine person attitude towards contraceptive use.					
25. Using contraceptive is ethical and immoral					

Section E: Challenges of the adoption of the use of contraceptive.

Statement	SA	A	U	D	SD
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26. Female students do not have enough information about contraceptive.					
27. Female students are not encourage to use contraceptive.					
28. Contraceptive are not always accessible.					
29. The society frown against the possession of contraceptive among female students.					