



CONTRACEPTIVE KNOWLEDGE AND PRACTICE: A SURVEY OF TERTIARY INSTITUTION STUDENTS IN LAGOS, NIGERIA

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ABSTRACT

Background: Students in tertiary institutions are usually teenagers, adolescents and/or young adults and are known to be adventurous and engage in risky sexual behavior such as unprotected sex. Unprotected sex carries a multitude of risks including sexually transmitted infections like gonorrhea, syphilis and even HIV, unwanted pregnancies, abortion, loss of education, to mention a few. The objective of this study was to document tertiary institution students' knowledge and experience with contraceptives and unprotected sex.

Methods: Pretested, semi-structured questionnaires were administered to 150 undergraduate students in the University of Lagos, Akoka Campus and the Yaba College of Technology, Yaba, the two tertiary educational institutions selected for this study in Lagos State. Results obtained were analyzed using Microsoft Excel and SPSS. Descriptive and inferential statistics were carried out as required.

Results: A percent recovery of 80% was obtained. The mean age of respondents was 21.2 ± 2.5 , and female to male sex ratio was 1.7: 1. From the findings, most of the students had good knowledge of contraception. The most

common contraceptives known and used were condoms and contraceptive pills (OCPs). Just about half of the respondents used contraception and the most common reason for failure to use were pressure from partners and friends, perceived or real effects of some methods as well as difficulty of access. Less than a quarter of the respondents could correctly state outcomes of unprotected sex. There was a statistically significant association between those who engaged in unprotected sexual intercourse and their religion as well as their gender. There was no significant association between those engaging in unprotected sexual intercourse and age.

Conclusion: It can be concluded from this work that though undergraduate students had acceptable levels of knowledge about contraception and contraceptive methods, a good proportion still engaged in risky sexual behaviours such as having unprotected sex and the practice of withdrawal as a contraceptive method. Awareness campaigns should be mounted to further educate adolescents with a view to changing their practices.

KEYWORDS: Contraception, Family Planning, Tertiary Schools, Students, Unprotected Sex, Knowledge and Practice

INTRODUCTION

Africa is the world's youngest continent, as the proportion of youth among the region's total population is higher than in any other continent¹. For example, youths aged 15 to 24 years make up approximately 20% of the Nigerian population^{1,2}. The increasing numbers of adolescents and youths and the poor status of reproductive health are a cause for concern. The declining age at sexual maturation and the increasing age at marriage partly because of higher interest in higher education have resulted in a longer space between sexual maturity and marriage. In many developing countries, Nigeria included, sex and issues of a sexual nature is considered a taboo, something that must not be talked about and is often shrouded in secrecy^{3,4}. Consequently, young people find it difficult to communicate with adults about sex⁴. Many young people in Nigeria, as elsewhere, engage in high-risk sexual behaviour (such as unprotected sex), initiate sexual intercourse at an early age and engage in sexual activities for longer periods^{2,5-7}. Unfortunately they engage in these practices with poor



knowledge of the adverse consequences of unprotected sex^{2,8,9}. Over the past few decades, several researchers have identified unsafe abortion as an important challenge associated with women's reproductive health in Nigeria, with the associated increase in adolescent sexual activity and decreasing age at first sexual activity in developing countries^{2,9,10}. The changing adolescent lifestyle pose serious challenges for the youth which has led to declining age at sexual debut, increasing sexual activity characterized by unstable short-term unions and multiple sexual partners^{2,11,12}. Hence the need for contraceptives to prevent unwanted pregnancy and unsafe abortion among teenagers and the adult population cannot be overemphasized.

Students in tertiary institutions are usually teenagers, adolescents and/or young adults and are known to be adventurous and engage in risky sexual behavior^{2,13,14}, such as unprotected sex. Unprotected sex is having sexual intercourse without the use of condoms^{15,16} which is the most reliable means of protection against unwanted pregnancy and contraction of STIs including HIV/AIDS currently available.¹⁷ This is usually because they believe that protected (safe) sex cannot be spontaneous, exciting or feel good and so they just go for it when the mood sets in^{9,15}. For many, the only concern before having sex is the risk of pregnancy. In fact, many young people believe that engaging in sexual intercourse only one time poses no risk to

them at all¹⁸. However, unprotected sex carries a multitude of risks^{19,20} including sexually transmitted infections like gonorrhea, syphilis and even HIV, unwanted pregnancies, abortion, loss of education, to mention a few. The main aim of this survey was to document tertiary students' knowledge and experience about contraceptives and unprotected sex in Lagos state. Most of the previous surveys were done a long time ago and outside Lagos state.

METHOD

The study was a cross sectional descriptive survey of two tertiary institutions in Lagos State. The list tertiary institutions in Lagos state obtained from the Lagos State Ministry of Education was subdivided into two, one comprising the Universities in 2 different campuses each and the other comprising the Colleges of Education and Technology (or Polytechnics). One institution was required from each list. Using numbers representing each institution on folded sheets of paper, one sheet was randomly picked from the Universities list and another from the Polytechnics list. The numbers chosen corresponded with University of Lagos, Akoka Campus (UNILAG) for the Universities and Yaba College of Technology (YCT) for the Polytechnics list. Students found around the administration building in each institution were approached, study objectives explained and consent obtained. Seventy-five (75)

students were conveniently chosen to participate in the study from each institution. Data was collected via a semi-structured pre-tested questionnaire. The questionnaires were pretested at the College of Medicine campus of the University of Lagos and the results obtained was not added to the main results. The questionnaire was divided into two main sections: Section One obtained demographic and institution information from the respondents while Section Two focused on the research objectives including knowledge and practice of contraception. The data was collated and analyzed for descriptive and statistically significant difference with SPSS statistical software and Microsoft Excel. Results are presented in form of frequency tables and charts.

RESULTS

One hundred and twenty (120) questionnaires were returned giving a percent response of 80%. Table 1 gives a breakdown of the demographic data of the respondents. Only about 7% of the respondents were older than 25 years of age. There were more female, than male respondents, while most were single and of the Christian religious faith. Most of the students were in their second year (200 level). Some of the departments represented include Economics, English, Computer Science, Law, Biochemistry, Sociology and Engineering.

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ITEM/ Variables n = 120	FREQUENCY (%)
Age	
16 – 20	55 (45.8)
21 – 25	57 (47.5)
26 – 30	8 (6.7)
Sex	
Male	44 (36.7)
Female	76 (63.3)
Marital Status	
Single	114 (95.0)
Married	5 (4.2)
Divorced/Separated	1 (0.8)
Level	
100L	19 (15.8)
200L	37 (30.8)
300L	28 (23.3)
400L	21 (17.5)
500L	15 (12.5)
Religion	
Christian	86 (72.3)
Muslim	33 (27.7)
Others	0 (0.0)

About 71% of the respondents could correctly define contraception. Fifty six percent (56%) use contraception and about 22% said they sometimes use it. About 13% of the respondents said they are not yet sexually active. (Table 2)

Table 2: Respondents Contraception Knowledge and Use

ITEM/ Variables n = 120	FREQUENCY (%)
Definition of Contraception	
Abstinence	1 (0.8)
Use of antibiotics post-sex	12 (10.0)
Terminating unwanted pregnancy	18 (15.0)
Using morning-after pills	47 (39.2)
Pregnancy prevention	85 (70.8)
Use of Contraception	
Yes	64 (56.1)
Sometimes	25 (21.9)
No	10 (8.8)
Not yet sexually active	15 (13.2)

Contraceptive methods known and used by respondents are shown in Figure 1. The four methods most known (in order of frequency) by the respondents are condoms, contraceptive pills, IUDs and withdrawal while the four methods most used (in order of frequency) are condoms, contraceptive pills, withdrawal and injectables.

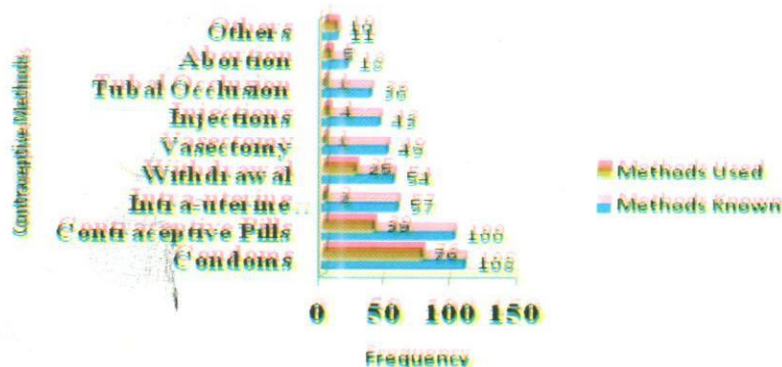


Figure 1: Contraceptive Methods Known and Used

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About 77% of the respondents could correctly define unprotected sex as having sex without condoms. Thirty nine percent said they engaged in unprotected sex. Though over 85% said they knew the outcomes of unprotected sex, less than a third of them could actually give those outcomes. Statistical analysis of some of the results shows that at 95% confidence intervals and p set at <0.05 , there was a statistically significant association between respondents engaging in unprotected sex and the gender of the respondent as well as the religion of the respondent while none exists between unprotected sex and the age of the respondent. (Table 3).

Table 3: Perception about Unprotected Sex

ITEM/ Variables n = 120	FREQUENCY	PERCENT
Definition of Unprotected Sex		
Having sex without condoms	92	76.7
Having casual sex	50	41.7
Having sex with multiple partners	34	28.3
Having sex using antibiotics	10	8.3
Do Respondents engage in it?		
No	73	60.8
Yes	47	39.2
Knowledge of outcomes of Unprotected Sex		
Yes	103	85.8
No	17	14.2
Outcomes Known		
Unwanted pregnancy	27	26.2
STIs	21	20.4
HIV/AIDS	17	16.5
Syphilis	5	4.8
Gonorrhea	4	3.8
Infections	1	0.97
Hepatitis	1	0.97

The cross-table below shows that there is a statistically significant association between religion and respondents engagement in unprotected sex; and between respondents sex and their engagement in unprotected sex. The cross-table also shows that there is no statistically significant association between respondents age and their engagement in unprotected sex.

Table 4: Statistical Analysis

EVER ENGAGED IN UNPROTECTED SEX? χ^2 (Critical value)			
ITEM	No	Yes	TOTAL
Religion			
Christian	58	28	86
Muslim	15	18	33
TOTAL	73	46	119
			4.86 (3.84)
Sex			
Female	55	21	76
Male	18	26	44
TOTAL	73	47	120
			11.58 (3.84)
Age			
16 – 20	35	29	55
21 – 25	31	26	57
26 – 30	7	1	8
TOTAL	73	47	120
			3.38 (5.59)
TOTAL	73	46	119

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A statistically significant value of p is set at < 0.05

Reasons given by respondents on why they engage in unprotected sex include (in order of frequency) include peer pressure, discomfort of contraceptives, no personal risk perceived, contraceptives are irritating to use and side effects. (Figure 2).

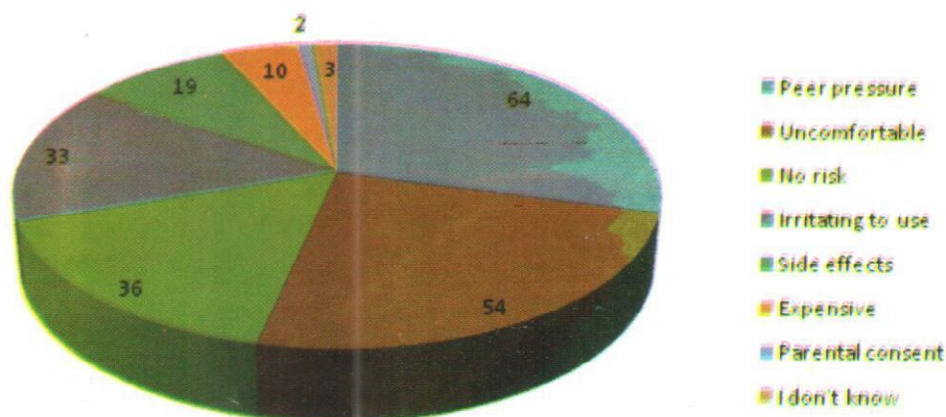


Figure 2: Reasons for Unprotected Sex

DISCUSSION

The mean age of respondents was about 21 years which confirms that the age range mainly requiring contraception and affected by its attendant issues such as unwanted pregnancy, abortions, STIs and HIV/AIDS are found in large numbers in tertiary institutions. From the findings of this study, most undergraduates or tertiary institution students surveyed had good knowledge of contraception as in other studies^{4,15,21,22}. This is unlike the results obtained in another study in a University in Nigeria which showed that the majority of respondents had little knowledge about conception and frequently engaged in sexual intercourse for many reasons including to have fun, to seem mature and to seek some form of material reward or the

other⁹.

Just about half of the respondents use contraception. This result is better than documented in some previous studies^{15,16} but worse than in some others²¹. Poor use of contraception was common in literature^{2,14,21}. The most common reasons for this were pressure from partners and friends, perceived or real effects of some methods, a belief that they are not at risk of infection or pregnancy as well as difficulty of access though previous studies also gave cost as an important reason for non-use of contraception^{2,21}.

Thus as documented in other studies good/adequate knowledge does not always translate into good practice^{23,24}. For example, in a survey of undergraduates in

Ibadan, Nigeria, knowledge about HIV/AIDS was high but only few engaged in practices that will prevent them from contracting it¹³. Though the levels of knowledge of respondents is acceptable, risky practices of engaging in unprotected sexual intercourse and non-use of any form of contraception is present.

As in other studies, the condom is a popular contraceptive device^{2,24-26}. The advantages of condom use include the fact that it provides protection against both unwanted pregnancies and contraction of sexually transmitted infections (STIs)²⁵⁻³¹. Also the condom is cheap and readily available and easy to use³². The most common contraceptives known were condoms, oral contraceptive pills (OCPs) and the intra-uterine device (IUD) while the most commonly used methods



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are condoms, OCPs and the practice of withdrawal. In some other studies, the condom and the oral contraceptive pill featured as the most utilized contraceptive methods as in this study^{21,26}.

About 40% of the respondents confirmed that they sometimes engaged in unprotected intercourse. This is similar to a previous study by Makinwa-Adebusoye (1992) in which 41% of the respondents had engaged in unprotected intercourse⁵. Literature has shown that people engage in unprotected sex for various reasons^{2,26,33} including not planning to have sex at the time, inconvenience of contraception and partner objection. Though most of the respondents indicated that they knew the outcomes of unprotected intercourse, very few of them could actually state these outcomes. Less than a third indicated that unwanted pregnancy was an outcome while less than a third indicated contracting an STI including HIV/AIDS was an outcome.

Statistical analysis shows that a statistically significant association exists between those that engage in unprotected sexual intercourse and their religion and that a statistically significant association also exists between those that engage in unprotected sexual intercourse and their gender. No statistically significant association exists between those that engage in unprotected sexual intercourse and the age of the respondents. Thus programming for improvement in contraception

should take into cognizance the different religions and gender of the targeted audience in tertiary schools

CONCLUSION

It can be concluded from this work that though undergraduate students have acceptable levels of knowledge about contraception and contraceptive methods, a good proportion still engage in risky sexual behaviour such as having unprotected sexual intercourse and use of withdrawal as a contraceptive method. Awareness campaigns and sex education programs should be mounted to further educate adolescents and undergraduates with a view to improving their practice. These awareness campaigns should take factors such as religion and gender differences into consideration.

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