KNOWLEDGE OF CONTRACEPTIVES AND SOURCES AMONG MALE STUDENTS IN UNIVERSITY OF IBADAN, OYO STATE, NIGERIA

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ABSTRACT

Contraceptive knowledge and sources are key determinants of contraceptive usage among sexually active youths all over the world. The study examined the knowledge and sources of contraceptive among male students in the University of Ibadan, Oyo State. The study used cross-sectional research design, and was hinged on the social action theory, health belief model and social learning theory. Quantitative data was elicited from 400 randomly selected undergraduate (UG) and postgraduate (PG) male students, while qualitative data was elicited through 15 in-depth interviews conducted with 10 male students and 5 health professionals. Quantitative data were analyzed and presented using descriptive statistics such as frequencies, percentages and charts, while qualitative results were content analyzed. Over half of the PG students were aged 25-29 years, while 49.0% of the UG students were aged 20-24 years. A huge proportion (94.0%) of the UG were single, while 81.8% of the PG students were married. Over 70.0% of the respondents identified abstinence and male condom as one of the natural and artificial contraceptive method respectively. More postgraduate students had contraceptive knowledge than the undergraduates such that the proportion (38.0%) of postgraduate students who mentioned female sterilization were twice that of undergraduate students (19.0%). Social media was reported as the major source of contraceptive knowledge by 62.0% and 46.0% of both UG and PG students respectively, while peer influence was the major factor reported from the qualitative data. It is recommended that contraceptive education and knowledge be encouraged among youth in order promote students' reproductive health.

Key words: *Contraceptives, Knowledge Undergraduate and postgraduate students, Sources*

BACKGROUND

Reproductive health issues of adolescents have attracted significant attentions and have shown that as many as 20-50% of adolescents have initiated sexual activity with age at first sexual intercourse ranging from fourteen to eighteen years (Aderibigbe & Araoye, 2008; American Academy of Pediatrics Policy Statement, 2007). Hence, adolescent sexual activity and pregnancy are alarmingly common in many countries, particularly in developing countries. The high incidence and prevalence of unwanted pregnancy, abortion and the risk of sexually transmitted infections (STIs) can be traced to premature sexual intercourse which has become endemic among youths and adolescents (Idonije, Oluba & Otamere, 2011). Nwokocha (2010) posited that these consequences of sexually related ignorance appear humongous. The cause of the degenerating health condition of adolescents has been attributed to lack of knowledge and access to contraception (Tien, 2006). Thus, proactive and intensive promotion of sexuality education and contraceptive use has been identified as a panacea to adolescent sexual problems (Nwokocha and Taiwo, 2010). Furthermore, non-usage of contraceptive has been associated with lack of knowledge and fear of side effects expressed by individual particularly women who want to prevent getting pregnant in order to space their children (Taiwo, 2012). Tertiary institutions are citadel of learning, characterized by high levels of personal freedom and social interaction (Aigbiremolen et al, 2014). This social interaction often translates to sexual interaction (Alexander et al, 2007). Permissive sexual lifestyle in higher educational institution in Nigeria and a number of other African countries have been documented as featuring a high level of risky sexual behaviors such as transactional sex, multiple sexual partners, and unprotected casual sex (Manena-Netshikweta, 2007; Katjaviri and Otaala 2003). Contraceptive prevalence rate in Nigerian educational institutions and in Nigeria is generally low when compared with the

underlying population explosion and other reproductive health challenges being currently experienced in the country. Furthermore, lack of adequate contraceptive knowledge and usage have contributed to increase prevalence of sexually transmitted infections, unwanted pregnancies, HIV/AIDs and drop out from undergraduate and postgraduate programmes. While several studies have been carried out on knowledge and attitude of adolescents towards contraceptive use, few studies have however been published on such among usage among male adolescents in Nigeria. In the same vein, while emphasis have been laid on contraceptive knowledge and usage among female students in tertiary institutions, few have focussed on the males. Contraceptive knowledge and usage are largely influenced by several factors but negligible information exist on the contraceptive knowledge and Sources of information among university male students. Hence, the general objective of the study is to examine the knowledge of contraceptive and Sources among male undergraduate and postgraduate students in the University of Ibadan, Oyo State. reference of male students in University of Ibadan.

Knowledge of contraception

Among the essential development concern about contraception or prevention of unwanted early pregnancies considered to have a significant potential in improving the status of youth. Knowledge of contraception among youth showed very wide variation among region of Sub-Saharan Africa than other regions of the world (Gadisa, 2004). Study in Nigeria has revealed that over 60% of urban youth have heard of at keast one method but only 4.7% of active youth practice contraceptives of which 3.5% of them practice modern methods (Ahmed, 2006). However, Knowledge of contraceptive method among youth in most countries of Latin America, the Carribean, Asia, Near east and North Africa exceed 90% (Gadisa, 2004).

Knowledge of contraceptive method is the first step toward accepting a modern method (Khan and Mishra, 2008). In all regions, knowledge of any modern method of contraception is nearly universal among both young women and men. However, a considerable proportion of youth in Sub-Sahara Africa do not know of a modern method; Chad is the most notable examples- 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 women and knowledge levels are generally higher in countries outside Sub-Saharan Africa.

Demographic and Health Survey (2008) report indicates that level of ever use of contraceptive among youth are low in most countries in all regions but vary greatly across and within regions. Ever use of contraceptive is lower in most Sub-Sahara Africa countries than countries in other regions. In about half the countries in Sub-Saharan Africa, fewer than 20% of youth have ever used a modern method.

According to Mehra et al., (2012), there are different contraceptive methods that are known to young ones. These include: Oral contraception/Hormonal methods e.g. pills, barrier methods e.g. intrauterine device, condoms and spermicidal, injectibles and implants e.g. Norplant, Voluntary surgical operations e.g. vasectomy and female sterilization and traditional methods e.g. withdrawal, abstinence, rhythm method. Hormonal contraceptives, intra-uterine devices (IUCDs), emergency contraceptives and barrier methods require specific knowledge to prevent unwanted pregnancies from occurring. According to the Department of Health (2001), to have complete information on a contraceptive method, one must have knowledge on how to use a method, how to obtain supplies or to remove an IUCD. One must also know the common side-effects, and how to deal with the warning signs of complications and when to obtain help in case of emergencies.

SOCIAL LEARNING THEORY

According to David L, (2019), Social Learning Theory, theorized by Albert Bandura (1977), posits that people learn from one another, via observation, imitation, and modeling. The theory has often

been called a bridge between behaviorist and cognitive learning theories because it encompasses attention, memory, and motivation. This is used to explain the social influence of knowledge, usage and communication of contraception among the male students of University of Ibadan. Emphasis is placed on the importance of social imitation in learning new habits and abandoning old ones. Individual copies one another's behave assertively in the course of interaction. However, if the model is reinforced for his behaviour, the observer is much more likely to copy him. This connotes that a practice can be facilitated or weakened depending on whether the model behaviour is rewarded or punished. But then, practice can be formed without reinforcement and it can also be eliminated. This approach to knowledge and communication depends on the theory that knowledge and communication is based on cognitive processes. According to the social learning approach, the influence that external environment events have knowledge and communication of contraception largely depends on cognitive process which male undergraduates and postgraduate adopt in perceiving and interpreting them. The relevance of this theory is that it clearly states that people learn from one another, via observation, imitation, and modeling. Hence, this study examines the level of knowledge of contraceptive usage and the different contraceptive methods known to male students in University of Ibadan.

HEALTH BELIEF MODEL

The Health Belief Model (HBM) was developed in the 1950s by three notable scholars with social psychology backgrounds – Godfrey Hochbaum, Stephen Kegels and Irwin rosenstock. The model was furthered by Becker and colleagues in 1990s and 1980. Subsequent amendments to the model were made as late as 1988, to accommodate evolving evidence generated within the health community about the role that knowledge and perceptions play in personal responsibility (Glanz, Lewis and Rimer, 2002). It is one of the first, and remains one of the best known social cognition models. Originally, the model was designed to predict behavioural response to treatment received by acutely or chronically ill patients, but in more recent years the model has been used to predict attitude and communication a patient has towards a given medication. The health belief model includes the following constructs: Perceived Susceptibility, Perceived Severity, Perceived Barrier, Perceived Benefits, Perceived Control, and Perceived Threat. Hence, the prediction of the model is likelihood of the individual concerned to undertake recommended health action such as preventive and curative health actions. This HBM theory is so adopted because it suggests that individual belief in a personal threat together with one's belief in the effectiveness of the proposed behaviour will predict the likelihood of that behaviour.

Methods of data collection

The study was conducted in the University of Ibadan among undergraduate and postgraduate male students. A cross-sectional survey design was adopted for the study. Data were collected using both qualitative and quantitative methods. The fieldwork commenced with the qualitative which serves as a guide for conducting the research. The Statistical Package for Social Science (SPSS) version 20. Analysis was done at two levels. The univariate analysis depicted the descriptive statistics of frequency distribution tables on the distribution of respondent's socio-demographic characteristics. Bivariate analysis used the Chi-square test to show association between the variables (independent and dependent). On the other hand, the qualitative data obtained through 15 in-depth interviews were conducted among 10 male university students and 5 health professionals. were analyzed using content analysis .The ethical principles which govern human are expected to be observed in this study. For this study, the utmost ethical guides are to ensure the safety of the respondents. Also, the participants were liberty and right to reject, withdraw or stop their participation at any point without fear of threat, arrest, dismissal, intimidation or transfer. Also in this study, participants are to be assured of full confidentiality and to remain

anonymous that ensure them safeties and keeping their identity because of the sensitive nature of the study.

RESULTS AND DISCUSSIONS

Socio-demographic Characteristics of respondents

Information about the respondents' socio-demographic characters captured in this study included age, marital status, religious affiliation, ethnicity, faculty, current programme of study, and parental educational qualification. These are presented in table 1 below. On the age distribution of the respondents, table 1 shows that the majority of the two study groups were within the age bracket 20-29 years, indicating that there were more young respondents who participated in the study than those of other age group. This is so because the study was conducted in a university environment which comprises largely young people. Concerning the marital status of the respondents, a preponderant percentage of the respondents were single (94.0% and 61.0% of the undergraduate and postgraduate students respectively). Christianity seems to be the predominant religion in the study area, as over half (52.5%) of the respondents practiced this form of religion, while nearly half (48.5%) are Yoruba. This is expected because the study area is a Yoruba-speaking state and largely populated by them. Regarding the parents' level of education of the respondents, 36.0% of the respondents claimed that their fathers had higher degree while 20.8% had no formal education.

Table 1: Percentage Distribution of Respondents by Socio-demographic characteristics

Variables	Responses	Undergraduate students		Postgraduate students	
		Frequency (N= 200)	Percent (%)	Frequency (N=200)	Percent (%)
Age	< 20 years	44	22.0	0	0.0
	20-24 years	90	45.0	40	20.0
	25-29 years	66	33.0	116	58.0
	30-34 years	0	0.0	24	12.0
	35-39 years	0	0.0	16	8.0
	40-44 years	0	0.0	4	2.0
Marital status	Single	188	94.0	122	61.0
	Married	12	6.0	54	81.8
	Divorced	0	0.0	24	12.0
Religious	Christianity	112	56.0	98	49.0
	Islam	88	44.0	100	50.0
	Traditional	0	0.0	2	1.0
Ethnic group	Hausa	0	0.0	114	57.0
	Igbo	46	23.0	0	0.0
	Yoruba	154	77.0	40	20.0
	Other	0	0.0	46	23.0
Father's education	No formal education	43	21.5	40	20.0
	Primary education	2	1.0	40	20.0
	Secondary education	3	1.5	8	4.0
	ND/NCE	11	5.5	46	23.0
	HND/BSC	31	15.5	32	16.0
	Higher Degree	110	55.0	34	17.0
Mother's education	No formal education	46	23.0	44	22.0
	Primary education	45	22.5	64	32.0
	Secondary education	6	3.0	0	0.0
	ND/NCE	17	8.5	50	25.0
	HND/BSC	18	9.0	36	18.0
	Higher Degree	68	34.0	6	3.0

While only 18.5% of respondents'' mothers had higher degree. Parental education is very important in predicting the contraceptive knowledge and usage of children.

Knowledge of Methods of Contraception

In view of the escalating rate of sex related diseases such as HIV/AIDS and other STIs in Nigeria, it becomes significant to know whether the respondents in this study have knowledge of contraceptive methods. In the same manner, the study revealed that all (100.0%) the respondents have heard of any contraceptive methods. Respondents were asked to mention the methods known to them to include natural and artificial methods. Although, there were deficiencies in the methods mentioned as not all the contraceptive methods both natural and artificial were mentioned, respondents expressed their knowledge of contraceptives to include male condoms, female condom, abstinence, withdrawal, female sterilization, contraceptive pills, diaphragm, IUD and male sterilization. Over 70.0% and half of both undergraduate and postgraduate students mentioned abstinence and withdrawal and the natural method of contraception, known to them.

This shows that the respondents have knowledge of contraceptive methods during the period of questionnaire administration.

It is also apparent as expected from the result that more postgraduate students had knowledge of contraceptive methods than the undergraduates such that the proportion (38.0%) of postgraduate students who mentioned female sterilization as a form of contraception known to them, were twice that of undergraduate students (19.0%). The proportion (10.0%) of undergraduate who had knowledge of injectibles and IUD as contraceptive method, were less than half that of postgraduate students (25.0%). Furthermore, the proportion (40.0%) of postgraduate students who mentioned female diaphragm as a form of contraception known to them, were four times that of undergraduate students (10.0%).

Table 2: Respondents Program of study and knowledge of contraceptive methods (%)

Contraceptive methods	Respondents' programmes %		x^2	P value
	Undergraduate (N=200)	Postgraduate (N=200)		
Natural methods			178.597	0.000
Withdrawal	38.0	50.0		
Abstinence	72.0	75.0		
Artificial Methods			182.531	0.023
Male condom	72.0	75.0		
Female Condom	19.0	38.0		
Diaphragm	10.0	40.0		
Female sterilization	22.0	27.0		
Injectibles	19.0	40.0		
Contraceptive pills	10.0	25.0		
IUD	10.0	25.0		
Male sterilization	22.0	27.0		

The difference in knowledge expressed by this category of students is not surprising considering the age difference, education levels, and marital statuses of the respondents. Methods of contraceptive known to them to prevent pregnancy, HIV/AIDS and other sexual transmitted infection. Also, half (50.0%) of the total respondents of each study group alluded to the use of withdrawal method and injectibles as another contraceptive methods of known to them. Other methods identified by the undergraduate and postgraduate students respectively included female sterilization (22.0%, 27.0%). The study also revealed the relationship between the respondents' level of education and their knowledge of contraceptive methods. The Chi-square value obtained was 178.5967 while the P value was 0.000. Since the P value 0.000 is less than 0.05, it can be concluded that there was a statistically significant association between respondents' educational statuses and their knowledge of contraceptive methods. In other words, educational advancement is not unconnected with the level of knowledge of contraceptive methods. More importantly, knowledge of at least one method is an essential pre-condition for use of contraception, but knowledge of more than one method is required for respondents to make an informed choice. In addition, knowledge of more than one method demonstrates a greater depth of awareness of contraception and indicates the extent to which information on a range of contraceptive options has been disseminated in the population.

The quantitative findings were also in consonance with the responses obtained from the In-depth interview sessions held among some university students and health practitioners. The interviewees equally expressed their knowledge of contraceptive as a popular means of preventing pregnancy. The respondents underscored the prevalence of contraceptive use among young people, particularly in tertiary institutions. One of the interviewees, a male undergraduate student, expressed his view on what contraceptive is and the reasons for its usage among young people by saying:

> *Contraceptive to the best of my knowledge they are the medications use to prevent child-birth. It is for young people who are not ready to get married but still want to have fun. It is the way to safe they use to prevent pregnancy, like pills, condom. Yes, I think it is very necessary to them. Because a lot of young boys and girls who are not ready to married, who does not have money raise family etc. A lot of times want to have sex although some people like to preach against having sex by young people which is also morally right, young people will always be young people. And I think people should tell and educate one another so that they won't get themselves in unfortunate situation* **(IDI/Male/undergraduate)**.

Contraceptives and its use are essentially seen as means of fertility control used by young people who are yet to get married. Another male undergraduate student shared similar view by stating the preventive function of contraceptives. He had this to say:

> *I think they are the drugs or appliances one can use to prevent pregnancy during sexual intercourse. Also, these things can be used to prevent sexually transmitted infections, what is also called STIs* **(IDI/Male/undergraduate)**.

In the same vein, the postgraduate students interviewed during the IDI sessions gave similar meaning with their counterparts. The interviews revealed that they opined that contraceptives are primarily for prevention of unwanted pregnancy and STIs. One of the respondents had this to say:

> *Contraceptive means the act of making use of drug or instrument to prevent pregnancy. Although I haven't experienced the use of contraceptive before, but I know people use contraceptive to prevent pregnancy and at the same time, to prevent contacting the Sexual Transmitted Infections. It is necessary because some people cannot do without having sex, so if at all you need to have sex, you must use contraceptive instead of putting yourself into danger* **(IDI/Male/Postgraduate)**.

Another postgraduate student opined:

> *The general knowledge I know about contraceptive is to prevent birth control i.e. overpopulation to be precise. It is a simple way of preventing over-population through birth control. Of course, it is because we have among the tertiary students who are married and I am not an advocate of indecency* **(IDI/Male/Postgraduate)**.

In addition, the health practitioners interviewed in the course of this study gave more technical definition of contraceptives. A male health practitioner, for instance, saw contraceptive and its uses from the viewpoint of birth control. His words;

> *Contraceptive simply means way/making use of condom to prevent so many things, unwanted pregnancies, STI, HIV whatever so, that is the essence. Because people cannot really abstain completely, they just want to have fun with their counterpart. And there is this saying people usually say that "flesh to flesh is better" but in order to avoid the problems we have already itemized that is the best means. Birth control is the best, I think is the best method for spacing children, but it is an individual thing, a lot of people have sexual, and the rate at which we have sexual urge is quite different*

> *that might be wind of difficult for those that have high urge. Some people cannot do without having sex in a day and other people can do without sex, they can still manage to cope* **(IDI/Male/Health worker)**.

A female health worker further observed that most young people have knowledge of contraceptives, although not all make use of them/ She reiterated these views by saying:

> *I will say out of 100%, I will say 70% that know that they have to use contraceptive when they want to have sex, although more often time you find some male student that do not use condom but majority of them know more about condom compare to other forms of contraceptive. Majorly, their perception about contraceptive use for the undergraduate is not just to prevent pregnancy alone but also to have sex with many girls as much as they can without the problem of getting pregnant* **(IDI/Female/Health worker)**.

Evidently, contraceptives are generally seen as preventive measure against sexually transmitted infections and pregnancy. However, contraceptives from the perspectives of postgraduate students and health workers are essentially meant for birth control i.e., it enables couples to choose when they want to have baby. The preventive function of contraceptives against STI and pregnancy, and for child spacing serve the basis for contraceptive usage. In fact, it is evident that most respondents purported that it is necessary to use contraceptives for several reasons, which include prevention of unwanted pregnancy (48.5%) and sexually transmitted infections (21.5%).

Sources of contraceptive knowledge

Figure 1. below shows the sources of contraceptive information available to the respondents. Among other sources, the mass media had the greatest percentage of users that obtained information on contraceptive methods and uses i.e., 62.0% and 46.0% of the undergraduate and postgraduate students respectively. This was followed by 38.0% and 12.0% of the undergraduate and postgraduate respondents respectively who claimed to have obtained information on contraceptives from their peer groups and friends. However, 32.0% and 24.0% of the postgraduate students obtained information from parents and family planning clinic respectively. The result indicated that mass media are the most common sources of contraceptive information mostly used by young people. This was also confirmed in many other in-depth interviews with the youth and health professionals as to how young people get knowledge of different contraceptive methods. In most of the IDI sessions held, mass media and peer influence were identified as main sources of contraceptive information.

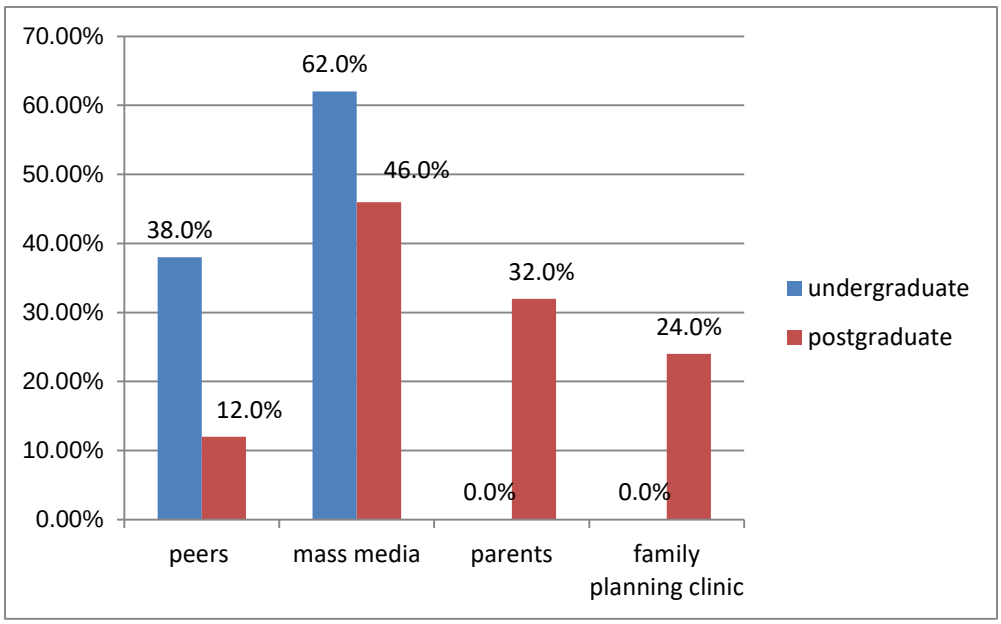

Figure 1: Sources of contraceptive knowledge

One of the respondents narrated how he got to know about contraceptives through mass media. His words:

> *Most of the things I know about contraceptives was through reading of books, watching TV programs and browsing the internet. For instance, there is nothing you are looking for concerning contraceptives that you can't find on the internet. Many of us have internet on our phones and that makes it easy to access such information. Also, advertisement and campaign against HIV/AIDS on TV, radio and magazines are other means through which I have come to know about contraceptives* **(IDI/Male/Undergraduate)**.

In another IDI session, a male postgraduate student traced the source of his knowledge of contraceptives to peer influence. According to him, peer influence has made him to know and to use contraceptives. He had this to say:

> *I think I got to know about contraceptives first through my friends. I could remember that sometimes we talk and joke about condom and we say so many erotic things. In fact, I started having girlfriend because all my friends talk about their own girlfriends. Other source of my knowledge of contraceptives may also include internet, TV, radio, print materials such as magazines, newspaper and so on* **(IDI/Male/Postgraduate)**.

The mass media campaigns/advertisements sponsored by family planning programs could be seen as an institutional effect because they directly influence youth's awareness of modern contraceptives, not only by spreading information about contraceptive methods, but also by identifying locations for obtaining contraceptives.

Conclusions and recommendations

From the forgoing, the research has been able to provide information on the various contraceptive methods known among undergraduate and postgraduate males in tertiary institution in Nigeria. Previous studies in Nigeria show high rate of sexual activities as well as poor level of knowledge and use of contraceptives among university students (Ogbuji, 2005; Iyaniwura and Salako, 2005). Essentially, the lack of access to sexual education and contraceptive is reported to be the key issue contributing to the reproductive health problem faced by youths. Given the high prevalence of early sexual debut, indiscriminate sexual activities, sexually transmitted diseases and unplanned pregnancies in Nigeria, the promotion of contraceptive use has gained urgent attentions of policy makers and international bodies devoted to the promotion of health and wellness, thus the rationale for the present study. In all, the study has been able to underscore the importance of improved knowledge and known sources among sexually active youths in Nigerian universities. There is need to address the various constraints to the knowledge and use of contraceptives so as to reduce the incidence of unwanted pregnancies and sexually transmitted infections (STIs), improve knowledge through increased contraceptive education and incentives for you particularly the males in order to increase contraceptive communication among them,

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