

Determinants Of Practice Of Contraceptive Use Among Senior Secondary School Students In Port Harcourt Metropolis, Rivers State Nigeria

Abade Ese¹. Judith Njideka Esievo².

¹department Of Human Kinetics, Health And Safetyeducation Ignatius Ajuru University Education Rumuoluneni, Port- Harcourt, Rivers State

²department Of Nursing Science, Delta State University Abraka

Abstract

Despite the growing concerns about adolescent pregnancies and sexually transmitted infections (STIs), there exists a substantial gap in the practice of contraceptive use among senior secondary school students in Port Harcourt Metropolis. Hence, this study assessed the determinants of practice of contraceptive use among senior secondary school students in Port Harcourt Metropolis. Employing a descriptive survey research design, data were collected from 900 students who were drawn using multistage sampling procedure. A validated semi-structured questionnaire with a reliability index of 0.81 was used for data collection. The findings revealed that only 51.1% of respondents had ever used contraceptives, with 80.0% of them using contraceptives during their first sexual intercourse. Currently, only 40.8% of students were utilizing contraceptives, indicating a significant gap in contraceptive practice. The study also found condoms to be the predominant choice contraception being used among students (62.1%) followed by emergency contraceptive (40.6%), safe period (40.6%), withdrawal (38.9%), injectibles (33.2%), abstinence (28.4%) and others (20.2%). Finally, the study found that socio-demographic factors, including age [$F(2,887) = 2153.403; p < 0.05$], gender [$F(1,888) = 190345.294; p < 0.05$], class level [$F(2,887) = 854.499; p < 0.05$], guardian [$F(3,886) = 304.733; p < 0.05$], religion [$F(4,885) = 239.053; p < 0.05$], and peer pressure [$F(1,888) = 163.169; p < 0.05$]. therefore, the practices of contraceptive use among senior secondary school students in Port Harcourt Metropolis was poor and significantly influenced by age, gender, class level, religion, guardian and peer pressure. Based on that, it was recommended among others that Policies should be enacted to establish youth family planning clinics and incorporate comprehensive reproductive health education into the curriculum.

Keywords: Contraceptive Use, Practice. Determinants, Secondary Schools, Students

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I. Introduction

A considerable number of secondary school students experience their initial period of independent living. According to Fagbamigbe et al. (2011), young individuals exhibit the highest levels of sexual activity on a global scale. The prevalence of adolescent sexual activity, particularly among students, is increasing on a global scale, with Nigeria being no exception (Obiodun & Balogun, 2009). Nevertheless, this situation exposes numerous adolescents to the potential dangers of unintended pregnancies and sexually transmitted diseases, such as HIV/AIDS.

According to Aziken, Okonta, and Ande (2003), adolescents attending secondary school experience a transition towards independence from their familial environment, leading to the establishment of new social connections, including friendships and romantic or sexual relationships. However, this period is also characterised by engagement in risky behaviours, such as engaging in unexpected and unprotected sexual activities with many partners. These emerging behaviours are commonly influenced by factors such as curiosity, social influence from peers, and the process of sexual maturity. Engaging in sexual experimentation can lead to unintended pregnancies, the transmission of illnesses, the occurrence of unsafe abortions, and even mortality.

Contraception refers to the deliberate use of methods or techniques to prevent pregnancy (Osayi, 2004). The categorization of contraception methods differs due to the existence of multiple options (Fekedu, 2017). Contraceptives encompass a range of modalities, including as barrier methods (e.g., condoms), hormonal methods (e.g., oral contraceptive tablets), implants, intrauterine contraceptive devices (IUCDs), and emergency contraception. According to Zainabet et al. (2017), the use of contraception among secondary school students would have resulted in a reduction of unplanned births and the prevalence of sexually transmitted infections

(STIs), including HIV/AIDS. However, the reluctance to utilise contraception persists among students due to their inherent curiosity and inclination towards experimentation.

According to the findings of Olike et al. (2021), a significant proportion of pregnancies among girls in impoverished nations were determined to be unplanned, with over half of these pregnancies resulting in abortions. Annually, in less developed countries, there is an incidence of 16 unsafe abortions per 1000 adolescent females under the age of 20. The mortality rates among adolescent females globally, particularly in underdeveloped nations, are significantly impacted by complications during pregnancy and childbirth. The incidence of low-birth-weight infants was found to be higher among adolescent females. Therefore, the provision of sexual and reproductive health information and services plays a pivotal role in the prevention of these aforementioned difficulties and fatalities.

The prevention of pregnancies and associated challenges can be effectively addressed through the implementation of comprehensive contraceptive initiatives targeting sexually active adolescents. In the year 2017, the utilisation of contemporary contraceptive methods effectively prevented a total of 308 million pregnancies that were deemed undesirable. The implementation of contemporary contraception among adolescents who have unmet needs would result in a significant reduction of 59% in the occurrence of unintended pregnancies. Expanding the range of contraceptive methods can effectively mitigate the occurrence of unsafe abortion. According to Olike et al. (2021), it is imperative that adolescents who wish to prevent pregnancy are provided with the means to get contraception.

According to a study conducted by Rutherford et al. (2014), the prevalence of early childbirth among women in impoverished nations is estimated to be one in three. Additionally, the risk of maternal mortality associated with pregnancy is shown to be twice as high for women under the age of 20 compared to those aged 20 and above. Adolescent females aged 15-19 constitute a quarter of the approximate 20 million unsafe abortions and contribute to 70,000 mortality on a yearly basis. According to Mayega (2010), over 50% of the 14 million unintended pregnancies in sub-Saharan Africa are experienced by women between the ages of 15 and 24. According to Mensch et al. (2006), the utilisation of efficient contraception methods has the potential to prevent 90% of abortions, 20% of morbidity associated with pregnancy, and 32% of maternal mortality on a global scale.

In a study conducted by Olike et al. (2021), it was discovered that adolescents who engage in sexual activity but are not married express a lack of desire to become pregnant. Similarly, married couples expressed a preference to delay a subsequent pregnancy. However, the utilisation of effective contraception among rural teenagers is at a mere 40%. Adolescents frequently have challenges in accessing contraception, resulting in the occurrence of unwanted pregnancies. The utilisation of contraceptives exhibits age-related disparities, with limited availability of sexual and reproductive healthcare services for young individuals.

According to the study conducted by Mbachu et al. (2021), there is a notable increase in the prevalence of childbearing among Nigerian adolescents, with the percentage rising from 2% at the age of 15 to 37% by the age of 19. Adolescent pregnancy, whether intentional or unintentional, is a significant concern. Adolescents who experience unplanned pregnancies face detrimental effects on their health and social development. Unintended pregnancies have the potential to derail educational pursuits, precipitate early marriages resulting in increased fertility rates, and contribute to unemployment, low income, and diminished living standards. Adolescents who do not have unwanted pregnancies exhibit a higher propensity to pursue higher education, engage in gainful employment, and maintain a state of improved well-being.

According to the findings of Hubacher et al. (2008), the number of unintended pregnancies in 2008 was projected to be 1.2 million, which accounted for over half of the total of 2.2 million pregnancies. According to Orji (2005), there is a positive correlation between an extended duration between the initiation of sexual activity and the occurrence of pregnancy. Within the region of Sub-Saharan Africa, a notable proportion of women between the ages of 25 and 49, specifically 64%, have reported initiating their first sexual encounter before reaching the age of 18. The enrollment of women in colleges typically occurs at a median age that is two years later than their age of sexual debut, suggesting that these women are engaging in sexual activity.

According to the study conducted by Hubacher et al. (2008), it was observed that cultural and religious beliefs contribute to the hesitancy of young unmarried women to engage in discussions about contraception. This reluctance subsequently leads to an elevated likelihood of experiencing unintended pregnancies. In numerous African societies, the occurrence of pregnancy prior to marriage is often regarded as a transgression. A significant number of unmarried women with unplanned pregnancies opt for abortion due to apprehension of societal scrutiny. The practise of abortion, due to its inherent risks and occasional reliance on traditional herbalists, has been found to contribute to an elevation in maternal death rates (Mayega, 2010).

A positive outlook is conducive to individuals responding effectively to the utilisation of contraceptives. According to Duze and Mohammed (2006), a significant number of students express a negative attitude towards the utilisation of contraception on campus, primarily driven by their curiosity and inclination towards experimentation. Limited knowledge exists regarding the gender preferences for contraceptives.

According to Orji (2005), reproductive health initiatives that specifically focus on women and involve young adults, particularly those residing independently in university settings, are more likely to achieve positive outcomes. Therefore, acknowledging the necessity of contraception and the involvement of young adults in decision-making processes may shed light on strategies for reducing fertility.

According to a study conducted by Heisler and VanEron (2012), university students engaging in high-risk sexual behaviours faced limited availability to sexual and reproductive health services as well as HIV/AIDS-related initiatives. In spite of a substantial level of awareness regarding contraceptive methods, a notable proportion of students, namely 25%, have said that their contraceptive needs have not been adequately handled (United Nations Population Fund, 2004). The influence of individuals' knowledge, attitudes, and perceptions on their sexual and reproductive health can have implications for the utilisation of contraceptives. This suggests that interventions targeting knowledge, attitudes, and perceptions (KAP therapies) may have the potential to reduce the occurrence of unintended births.

Research has indicated that engaging students in family planning initiatives at an early stage can significantly enhance the adoption and use of contraceptive methods. The incidence of contraceptive use is rather low, particularly among young individuals, despite the implementation of federal initiatives aimed at providing free access to contraceptives.

The occurrence of prostitution, promiscuity, and other forms of sexually deviant conduct among college students, along with the presence of sexually transmitted viruses such as HIV/AIDS and instances of teenage pregnancy, poses a significant societal problem and hinders their educational pursuits.

There is evidence suggesting a rise in adolescent sexual engagement and a decrease in the age at which individuals engage in their first sexual experience in emerging countries. Adolescent students are susceptible to sexually transmitted infections (STIs) and HIV/AIDS, both of which are experiencing an upward trend. Consequently, this has led to a significant increase in the rate of school disengagement among this population. Annually, an estimated 50 million unplanned pregnancies arise, with a notable prevalence observed among young individuals who have pursued higher education. The prevalence of unplanned pregnancies and unsafe abortions is elevated as a result of limited utilisation of contraceptive methods.

Secondary schools, which accommodate students living independently, necessitate specialised attention. Numerous scholars have conducted investigations on student behaviour, yet there exists a scarcity of studies focusing on the comprehension, disposition, and implementation of contraception among secondary school students and other educational tiers, including primary schools, within the southern region of Nigeria. This research gap has contributed to a surge in the prevalence of HIV/AIDS, unintended pregnancies, induced abortions, mortality rates, and discontinuation of tertiary education. This study aims to assess the utilisation of contraceptives among secondary school students in the Port Harcourt Metropolis.

The objectives of this study are to:

1. Assess the level of contraceptive use among senior secondary school students in Port Harcourt Metropolis
2. Examine the methods of contraceptive use among senior secondary school students in Port Harcourt Metropolis
3. Establish the extent to which age, gender, class level, guardian, religion and peer pressure determines the contraceptive use among senior secondary school students in Port Harcourt Metropolis.

Research questions

Three research questions were formulated for the study as shown below

1. What is the level of contraceptive use among senior secondary school students in Port Harcourt Metropolis
2. What are the methods of contraceptive use among senior secondary school students in Port Harcourt Metropolis
3. To what extent do age, gender, class level, guardian, religion and peer pressure determine the contraceptive use among senior secondary school students in Port Harcourt Metropolis.

II. Methodology

The research employed a descriptive survey research design, This methodology was justified by its successful application in similar studies in Nigeria, such as one conducted in Ekpoma by Idonije et al. (2011). Port Harcourt Metropolis, a vital economic hub in Nigeria's Niger Delta region, was selected as the study area, given its cultural and ethnic diversity, economic significance, and growing concerns about adolescent pregnancies. The study population consisted of 53,000 secondary school students from both public and private schools in Port Harcourt Metropolis.

To determine the sample size, the Cochran formula was employed, resulting in a sample size of 900 students. The multi-stage sampling procedure included the selection of two local government areas, five wards

from each local government, and one public and one private school from each of the selected wards. Participants were then selected systematically within these schools, ranging from SS1 to SS3 classes.

The sample size was calculated using the Cochran formula, (Cochran 1963)

$$n = Z^2 Pq/d^2.$$

Where $Z = 1.96$ set at 95% confidence interval, so that $Z^2 = 3.8416$

$P = 52.0\% = 0.520$ is the proportion of safety device utilization (Ojo *et al.*, 2021). $d = 0.05$ level of significance.

$$q = 1 - 0.520 = 0.480$$

$d = \text{Error margin tolerated at } 5.0\% = 0.05$ so that $e^2 = 0.00025$

$$n = \frac{3.8416 \times 0.520 \times 0.480}{0.0025} = 384$$

0.0025

Lastly, the sample was rounded up to 900.

Data collection utilized a semi-structured interview-administered questionnaire divided into sections covering socio-demographic data, practices of contraception use. The instrument's validity was ensured through expert reviews, and its reliability was confirmed through a test-retest method, yielding a reliability coefficient of 0.76.

The data collection process involved obtaining a letter of introduction from the Head of the Department, training research assistants, and self-administering the questionnaire. Data analysis was carried out using SPSS, employing descriptive statistics such as percentages (%) mean, standard deviation and Analysis of Variance (ANOVA) to analyse the data collected.

III. Results

Table 1: Socio-demographic data

Variables	Frequency	Percentages
Age		
< 15 years	325	36.5
15-16 years	323	36.3
>16 years	242	27.2
Gender		
Male	362	40.7
Female	528	59.3
Class		
SS1	309	34.7
SS2	391	43.9
SS3	190	21.3
Religion		
Christianity	596	67.0
Islam	38	4.3
Traditional	91	10.2
Others	165	18.5
Guardian		
Parents	387	43.5
Siblings	274	30.8
Friends	17	1.9
Relatives	109	12.2
Others	103	11.6
Are you pressured to use contraceptive		
Yes	424	47.6
No	466	52.4

The result showed that 325(36.5%) of the respondents were aged <15 years, 323(36.3%) were aged 15-16 years and 242(27.2%) were aged >16 years. For gender, 362(40.7%) of the respondents were males while 528(59.3%) were females. For class, 309(34.7%) of the respondents were in SSI, 391(43.9%) were in SS2 and 190(21.3%) were in SS3. The result also showed that 596(67.0%) of the respondents were of the Christian religion, 38(4.3%) Islam, 91(10.2%) Traditionalists and 165(18.5%) were of other religion. For guardian, 387(43.5%) had parents as guidance, 274(30.8%) had siblings, 17(1.9%) had friends, 109(12.2%) had relatives and 103(11.6%) had others as guidance. About 424(47.6%) indicated that they were pressured to use contraceptives while 466(52.4%) agreed they were not pressured.

Research question 1: What is the level of practice of contraceptive use among senior secondary school students in Port Harcourt Metropolis?

Table 2: Contraceptive use

Variables	Frequency	Percentages
Have you ever used any contraceptive (family planning) (n=890)		
Yes	455	51.1
No	435	48.9
If yes, on your first sexual intercourse, did you use contraceptive (455)		
Yes	362	80.0
No	93	20.0
Are you currently using any form of contraceptive (n=890)		
Yes	363	40.8
No	527	59.2

Table 2 shows the level of practice of contraceptive use among senior secondary school students in Port Harcourt Metropolis. The result showed that 455(51.1%) of the respondents indicated that they have ever used contraceptives. Among those who indicated yes, only 362(80.0%) agreed that they used contraceptives on their first sexual intercourse. For contraceptive use, only 363(40.8%) of the respondents are currently utilizing contraceptive.

Research question 2: What are the methods of contraceptive use among senior secondary school students in Port Harcourt Metropolis?

Table 3 Method of Contraceptive Use

S/No	Variables	Frequency	Percentages
1	Condoms	553	62.1
2	Withdrawal	346	38.9
3	Injectable	296	33.2
4	Emergency contraceptive	362	40.6
5	Safe period	362	40.6
6	Abstinence	253	28.4
7	Others	180	20.2

Multiple responses

Table 4.3 shows the methods of contraceptive mostly utilized among senior secondary school students in Port Harcourt Metropolis. The result showed that the most used contraceptive among school students is condom (62.1%) followed by emergency contraceptive (40.6%), safe period (40.6%), withdrawal (38.9%), injectibles (33.2%), abstinence (28.4%) and others (20.2%).

Research question 3: To what extent do age, gender, class level, guardian, religion and peer pressure determine the contraceptive use among senior secondary school students in Port Harcourt Metropolis.

Table 4a: ANOVA test showing significant difference between in contraceptive use among senior secondary school students in Port Harcourt Metropolis based on age

Source	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	178.237	2	89.118	2153.403	.000
Within Groups	36.708	887	.041		
Total	214.945	889			

*Statistical significant (p<0.05)

The finding of this study shows that there is a significant difference in contraceptive use among senior secondary school students in Port Harcourt Metropolis based on age [F(2,887) = 2153.403; p<0.05]. Therefore,

the null hypothesis which states that there is no significant difference in contraceptive use among senior secondary school students in Port Harcourt Metropolis based on age was rejected.

Table 4b ANOVA test showing significant difference between in contraceptive use among senior secondary school students in Port Harcourt Metropolis based on gender

Source	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	213.947	1	213.947	190345.294	.000
Within Groups	.998	888	.001		
Total	214.945	889			

*Statistical significant (p<0.05)

The finding of this study shows that there is a significant difference in contraceptive use among senior secondary school students in Port Harcourt Metropolis based on gender [F(1,888) = 190345.294; p<0.05]. Therefore, the null hypothesis which states that there is no significant difference in contraceptive use among senior secondary school students in Port Harcourt Metropolis based on gender was rejected.

Table 4c: ANOVA test showing significant difference between in contraceptive use among senior secondary school students in Port Harcourt Metropolis based on class

Source	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	141.503	2	70.751	854.499	.000
Within Groups	73.442	887	.083		
Total	214.945	889			

*Statistical significant (p<0.05)

The finding of this study shows that there is a significant difference in contraceptive use among senior secondary school students in Port Harcourt Metropolis based on class [F(2,887) = 854.499; p<0.05]. Therefore, the null hypothesis which states that there is no significant difference in contraceptive use among senior secondary school students in Port Harcourt Metropolis based on class was rejected.

Table 4d: ANOVA test showing significant difference between in contraceptive use among senior secondary school students in Port Harcourt Metropolis based on guardian

Source	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	109.156	3	36.385	304.733	.000
Within Groups	105.789	886	.119		
Total	214.945	889			

*Statistical significant (p<0.05)

The finding of this study shows that there is a significant difference in contraceptive use among senior secondary school students in Port Harcourt Metropolis based on guardian [F(3,886) = 304.733; p<0.05]. Therefore, the null hypothesis which states that there is no significant difference in contraceptive use among senior secondary school students in Port Harcourt Metropolis based on guardian was rejected.

Table 4e: ANOVA test showing significant difference between in contraceptive use among senior secondary school students in Port Harcourt Metropolis based on religion

Source	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	111.629	4	27.907	239.053	.000
Within Groups	103.316	885	.117		
Total	214.945	889			

*Statistical significant (p<0.05)

The finding of this study shows that there is a significant difference in contraceptive use among senior secondary school students in Port Harcourt Metropolis based on religion [F(4,885) = 239.053; p<0.05]. Therefore, the null hypothesis which states that there is no significant difference in contraceptive use among senior secondary school students in Port Harcourt Metropolis based on religion was rejected.

Table 4f: ANOVA test showing significant difference between in contraceptive use among senior secondary school students in Port Harcourt Metropolis based on peer pressure

Source	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	33.365	1	33.365	163.169	.000
Within Groups	181.580	888	.204		
Total	214.945	889			

*Statistical significant (p<0.05)

The finding of this study shows that there is a significant difference in contraceptive use among senior secondary school students in Port Harcourt Metropolis based on peer pressure [F(1,888) = 163.169; p<0.05]. Therefore, the null hypothesis which states that there is no significant difference in contraceptive use among senior secondary school students in Port Harcourt Metropolis based on peer pressure was rejected.

IV. Discussion of findings

The finding of the study revealed that more than half of the students indicated to have ever used contraceptives, majority indicated to have used contraceptives in their very first sexual intercourse, while, more than half of were not currently using any form of contraceptive. This however implies that the students' level of contraceptive utilization was above average. The finding of this study is corroborates with the study of Prachi et al (2010) who reported that the level of contraceptive utilization among secondary school students was high. The finding of study is in line with the report of Agbeno et al (2021) which reported the level of contraceptive utilization as being average. The findings also corroborates with the study of Nsubuga et al (2016) and Bankole and Onasote (2017) which reported high level of contraceptive usage among female university students. These high levels of contraceptives similar among the studies could be as a result of the belief that contraceptives could help prevent sexually transmitted diseases (STDs) and unwanted pregnancies. However, the studies of Dinaset al (2009), Mesfin (2020), Crawford et al (2021), Oppong et al (2021) deviates from the finding of the present study as it reports that respondents had low levels of contraceptive utilization. Also, Ontiri et al (2021) showed a deviating result from the study findings. This reported discontinuation of contraceptives. This is not surprising as there are factors that may give rise to these reasons. These may include individual differences, level of awareness, belief, fear of side effects, cost of contraceptive services, and family conflicts over the use of modern contraceptives, reduced need, and a shift to traditional methods.

The finding of the study revealed that majority of the school students used condom as contraceptive followed by emergency contraceptive, safe period, withdrawal, injectibles, abstinence and then others. The findings of this study attests to those of Olubanke and Onasote (2016), Bankole and Onasote (2017) and Ossai et al (2019) whose studies reported that majority of the students used condoms, oral pills and injectibles. Similarly, the findings corroborates with the findings of Crawford et al (2021), which reports that male condoms was the most widely modern used contraceptive, while less than half of the respondents used emergency contraceptive pill. The findings of Dinas et al (2009) and Prachi et al (2010) are also in line with the findings of the study. They revealed that most students were using condoms as the only contraceptive method. The similarity among these report could be as a result of condoms being easily accessible, cheap, and easy to use and to an extent likely to prevent STDs and unwanted pregnancies. Also, the adoption of condom usage could be as a result of fear of side effects and cost effectiveness of other methods. The predominant condom usage among the students could also be as result of the free condom campaigns held by non-governmental organization for the control of STDs

Conversely, the findings of the study contradicts that of Katama and Hibstu (2014) which reported that majority of the respondents used injectibles compared to oral contraceptive pills and condoms. The findings of Mbachu et al (2021) in contrast with the findings of the study reported that the respondents expressed some misconceptions that pregnancy could be prevented by the use of hard drugs, laxatives, white quinine, and boiled alcoholic beverages. Also, that condom was described by some adolescent boys as reusable, and condoms were also perceived by some adolescents to reduce sexual pleasure, and this opinion was mostly held by boys. Coitus interruptus (withdrawal method) was therefore considered preferable to condoms for the prevention of pregnancy. By implication, a perceived reason for their preferred choice of injectibles over other methods could be a result of method failure of other methods.

The findings from the present study revealed that more than half of the respondents aged between 15-16 years, less than a quarter respondents of ages less than 15years, and a more than 16 years indicated good contraceptive utilization. Thus the influence of age over the contraceptive utilization was higher in respondents between ages 15-16 years. The finding corroborates with that of Ojo et al (2021). However it deviates from the findings of Ossai et al (2019) that revealed that a mean age of 17.4±2.3 years had good contraceptive utilization.

The findings of the study revealed that majority of the female respondents had good contraceptive utilization compared to the male respondents. The findings corroborates with that of Meurice et al (2021) and

Bankole and Onasote (2017) their studies reported that the female respondents had good contraceptive utilization compared to the males. This study is also in keeping with that of Ossai et al (2019), which reported that there was good contraceptive use among females' respondents in a senior secondary school. By implication, this means that there is better knowledge and awareness of contraceptives among the females compared to the male respondents. This could be due to the fact that females are more conscious of the outcomes of sex such as unwanted pregnancies resulting in abortions or early motherhood, STDs, complications of pregnancy most times resulting in death compared to the males, as the environment and nature mostly puts a female prone to these outcomes. Additionally, at this age they are exposed to various forms of health education by their parents, wards, teachers, peers, on the need for awareness of sex education.

The findings of the study showed that majority of the respondents in SS2 indicated good contraceptive utilization, while the less than a quarter respondents from the other classes indicated good contraceptive utilization. This implies that there is influence of class on contraceptive usage. The findings of the present study is not in keeping with the study of Ojo et al (2021) which indicated that majority of the students of the senior secondary class three had better knowledge and use of contraceptives compared to other classes. Also the present study deviates from the findings of Gbagbo (2020) which reported that awareness and use of contraceptives are more prevalent among junior high school pupils. The differences in the findings could be as a result of the students' exposure and access to information of sex education. As pupils who received contraceptive education from parents/guardians were however more likely to use modern contraceptives consistently than their counterparts who do not. Hence, seeing that young people in basic schools are becoming sexually active, there is a need for formalized contraceptive education in basic schools for correct information and education.

The finding of the study revealed that about half of the respondents were Christians, less than half were of other religions, a quarter were traditionalists while less than quarter were Islam. The finding of this study is consistent with reports of Wusu (2015) and Adedini et al (2018), which revealed that religion has influence on contraceptive use. By implication this reveals that there is influence of religion on contraceptive use. The findings however deviates from that of Pauline et al (2016) who discovered that religion has no impact or influence on contraceptive use. The later could be as a result of the doctrines of the church and the consciousness of not being carnal or encouraging talks that would promote immorality.

The present study reports that two-third of the respondents were influenced by peer pressure to use contraceptive had good contraceptive utilization. By implication, peer pressure has a great influence on the knowledge and use of contraceptives among the secondary school students. The findings of the present corroborates with that of Sanchez et al (2018) and Bankole and Onasote (2017) that reported influence on knowledge and use of contraceptives by peer pressure, guardians, parents, and newspapers resulting in good contraceptive utilization. However, no previous study deviates from the finding of the present study.

V. Conclusion

Based on the findings of the study, it was concluded that students had good knowledge of contraceptive use with low practice. However, socio-demographic characteristics such as age, gender, class, religion, guardian and peer pressure influences practice of contraceptive use. Therefore, there is need to put in place special programmes in schools that will encourage students use contraceptive.

The study revealed that socio-demographic characteristics such as age, gender, class, religion, guardian and peer pressure influences practice of contraceptive use among senior secondary school students in Port Harcourt Metropolis. By this implication, it is necessary to put in place special programmes and targeting young adults on how to prevent behaviours that can put them at risk of ignoring contraceptive use. These findings also ensured measures to identify methods of contraceptives adopted by students hence to modify the contraceptives to be made available for students in turn provided a better understanding of their intervention.

The study exposed the gaps and contributes to the knowledge that will help members of the public put in place special programmes targeting young people in order to prevent unwanted pregnancies and sexually transmitted diseases. This study also helped to improve the body of knowledge on knowledge and practice of contraceptive use in exiting literatures and enhance more researches.

VI. Recommendations

In view of the findings of this study, the following recommendations were made.

1. The Government through policy makers should make reproductive health a compulsory package to teenagers and youths by enacting policies that encourages the establishment of youth family planning clinics
2. The condoms and oral pills are the most adopted method of family planning in the study, for this purpose, Governments, non-governmental organization (NGOs), donor agencies and relevant stakeholders should ensure availability, accessibility and sustained advocacy for use of other of family planning methods.

3. Targeted, staged based information, education and communication intervention should be implemented by NGOs such as FHI -360, SFH, PPFN etc to change the knowledge and attitude of undergraduate in family planning method.

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