

INFLUENCE OF SEXUAL ACTIVITIES AND CONTRACEPTIVE UTILIZATION AMONG COLLEGES OF EDUCATION STUDENTS IN ANAMBRA STATE

Nwankwor, Immaculeta Onyinyechukwu* & Dr. A.U. Arinze**

Abstract

This study investigated the influence of sexual activities and contraceptive utilization among colleges of education students in Anambra state. The study adopted descriptive survey research design and the population of the study comprised of two thousand, two hundred and thirty six (2,236) NCE students. Simple random sampling technique was used to select 20 students from each of the eight departments selected from FCE(T) Umuze and NOCEN. At the end of the exercise, 160 students were selected for the study. Questionnaire was used for data collection and the instrument was validated by three experts, the data were collected and analyzed using mean scores. It was discovered that the condom was the commonest contraceptives used. Majority of the respondents believed contraceptive use could prevent pregnancy and sexually transmitted infections. The study showed a high level of knowledge of contraceptive and low usage. Also students' sexual activities and contraceptive utilization are influenced by various factors, such as peer pressure, accessibility, and perceived effectiveness among others. Based on the findings, some recommendations were made among others that, there should be a comprehensive sex education and increased access to contraceptives to promote safe sexual practices among students. However, intentional contraception intervention that will improve the knowledge and attitude of the students positively should be improved. Again that deliberate efforts be made to increase contraceptive awareness and usage. The study concluded that most of the student's had knowledge of contraception. However, rate of contraception use is still low. There is the need for advocacy on student's reproductive health education to promote the use of the available contraceptive services amongst colleges of education students.

Keywords: Sexual activities, contraceptive utilization, colleges of education students

Introduction

Reproductive health issues are sources of concern across the globe, due to their impact on the general well-being of students in colleges of education. Sexual activity or sexual behavior refers to a wide range of physical and psychological actions that involve sexual arousal, desire and satisfaction. It is a fundamental aspect of human nature and is crucial in personal relationships, procreation, and individual wellbeing (Ige & Solanke, 2020). Sexual activity refers to any physical act that is sexual in nature, typically involving contact between individual or with oneself, for the purpose of sexual gratification, arousal or procreation or acts commonly understood to be sexual (Chawla & Sarkar, 2023). Sexual activity could be described as an individual's responses to sexual feelings either naturally or by enhanced means (Chivers, 2021). Sexual activities may not come through without a good sexual health. Sexual health is an important component of the overall health of an individual, contraception as well as sexually transmitted diseases (Chivers, 2021). Sexual health includes issues of sexual development, sexual orientation, sexual behaviours, and pregnancy. Some of these students have sex with or without contraceptives.

The role that contemporary contraceptive methods play in lowering STDs, unintended pregnancies, and maternal morbidity and death rates across the globe has been repeatedly and thoroughly studied. Approximately 214 million women in poor nations who are of reproductive age and wish to avoid getting pregnant do not use a modern method of contraception, according to the World Health Organization (2020) 52 million unintended pregnancies, 70 million maternal deaths, and 36 million abortions are predicted to be avoided if these women receive contraception. Contraceptive is a birth control tool to prevent pregnancy and Sexually Transmitted Diseases (STD) acquisition (Chawla & Sarkar, 2023). Contraception can be modern or traditional. Condoms, pills, implants, intra-uterine devices, and injectable are among the modern contraceptives that are more reliable and effective in preventing unwanted pregnancies. Unreliable

traditional contraceptives are withdrawal, periodic abstinence, and herbal mixtures or concoctions. The World Health Organization (2020) stated that students, like adults, are entitled to sexual rights, such as access to counseling, contraception, and sex education. Onebunne (2025) maintains that access to and use of modern contraceptives among sexually active colleges of education students has been shown to promote sexual behavior while also reducing maternal health risks, school dropout, and economic hardship in young girls.

Contraceptives are relatively accessible and affordable, with numerous types or options being available. Yet, incidence of unplanned pregnancies and STDs are still high. Indeed, teenage pregnancies are a global issue. While contraceptive remain a preventive measure for both STD and teenage pregnancy, it's also known that several factors influence students' sexual behaviour in relation to the use of contraceptives. Notably, these factors include, but are not limited to peer- socio cultural pressures to engage in premarital sex. However, colleges of education students may experience a series of emotional, physical and psychological challenges as adolescents, which tend to affect their sexual behavior (Lindberg et al., 2021). Responses to sexual stimuli are beyond ordinary, but involve significant reactions (Chivers, 2021). The expression of sexual behaviour is normal and an acknowledgment of satisfying the individual's sexual needs which may be beneficial and/or risky (Chawla & Sarkar, 2023). As observed, many colleges of education students are within the category of adolescents who deviate sexually by engaging in various sorts of risky sexual behaviours. Olajire (2023) reported that colleges of education students' who engages in sexual behaviour in recent times are rampant. According to Adedini et al. (2021), young people in Nigeria have been reported to struggle with healthy reproductive health, leading to a high rate of unplanned pregnancies, unprotected sexual intercourse, sexually transmitted infections, and unsafe abortions; transactional sexual relationships.

Sexual behaviour and contraceptive usage are sources of challenges to stakeholders, because of the attached consequences if neglected will affect colleges of education students especially in the area of unplanned pregnancy, sexually transmitted infections, and unsafe abortions Olajire (2023). More so, Envuladu et al. (2021) described the engagement of young people in sexual behaviour as caused by forceful sex, peer influence, pleasure-loving, a show of masculinity by males, pleasing male partners, transactional sex, and sexual curiosity; with many young people avoiding the usage of condom. Furthermore, sexual activities/behaviour has five major categories which these colleges of education students may be involved in and these includes; foreplay, fondling, penetrative sex, masturbation, and pornography (Bansal et al., 2023). Each category tends to have a relationship with the usage of contraceptives among colleges of education students in Anambra state. Each category establishes its relationship with the usage of contraceptives in a bid to be protected against unintended pregnancies and sexually transmitted infections. Foreplay is best described as pre-coital relations which include: kissing, dating, embracing, holding hands, and lapping of the opposite sex; cuddling, touching, gisting, and love texting (Gopal, 2023). These activities set the sexual mood for sexual intercourse among colleges of education students; that includes undressing, verbal motivation, massaging, fantasy, kissing, and tickling (Bansal et al., 2023). According to Levi (2020), foreplay or outer course is a warm-up activity and the appetizer to sexual intercourse. A coital relationship's orgasm may not be reached or the height of sexual pleasure may not be reached by a female without foreplay. Foreplay usually spices up sexual intercourse in any relationship. Foreplay adds sexual enthusiasm that prepares the body for penetrative sex which in turn facilitates enough vagina lubrication. As reported by Guntupalli (2022), foreplay is the most important part of sexual intercourse that women appreciate most, but argued that both males and females appreciate foreplay without limiting it to female gender alone. One of the reasons is that it lasts more than 18 minutes which aids the release of hormones needed for intimate connection and intense sexual satisfaction. Guntupalli (2022) further cited that though foreplay is not penetrative sex, individuals should use birth control methods such as IUDs, implantable devices, oral contraceptive pills, and estrogen rings to save them from unintended pregnancies. Foreplay is probably safe with no risk attached to it, if it does not include the exchange of bodily fluids like deep kissing, and licking among others.

However, appropriate contraceptive use was found to make foreplay safe at any point an individual engages in foreplay. Fondling is a sexual activity that involves loving, gentle and erotic touching of some body parts such as breasts, nipples, buttocks, inner thighs, genitals, skin, and ears, among others to achieve sexual pleasure. Males have been reported to view breasts, genital and other areas as the quickest erogenous zones aiding orgasm. No matter the form that fondling takes, fondling is highly useful in sexual behaviour. The benefits include building women's excitement level before a coital relationship, erection in men, and prevention of clumsiness in women (Akingbade, 2021). Fondling may result in sexual intercourse and the release of fluids that carry infections among colleges of education students, hence the need to be knowledgeable about the use of contraceptives. Sexual activities among colleges of education students are high with poor contraceptive usage, despite efforts to promote awareness in reducing health risks (Makanju et al., 2022).

More so, Colleges of education students may engage in penetrative sex as a result of drug use, pornographic film-viewing, experimentation, peer influence, and freedom from parents. Penetrative sex could be termed sexual intercourse or penile-vagina penetration involving manual, anal, oral, and genital stimulations (Mahoney, 2021). The prevalence of unsafe sexual intercourse among colleges of education students is high resulting in several incurable and curable health risks (Abolurin, 2024). Hence, after having unprotected penetrative sex, employing emergency contraception will in the fullness of time reduce adverse consequences (Garg & Verma, 2022). Masturbation could be a private means of engaging in sexual behaviour among colleges of education students. Muse (2023) posited that masturbation is practiced at the full convenience of the player in terms of time and environment by freely exploring pornography. Masturbation could involve touching sex organs for sexual pleasure that brings up orgasm. This form of sexual behaviour could be done single-handedly or with another person. When masturbation is done with another individual, it is called mutual masturbation. However, masturbation as a sexual activity is common, natural and eases sexual tension, with its addiction leading to mental health challenges (Ajmera, 2022).

Using contraceptives may be necessary in the case of prevailing body cuts, sores and events that may lead to infected fluids penetrating the body. Pornographic films that colleges of education students view and sex-related magazines they read could lead them to engage in unsafe sexual behaviour, with negative effects on colleges of education students academic performance (Orji & Esimai 2019). Pornographic film viewing is no doubt detrimental to the health of colleges of education students (Olaseinde, 2025); with numerous social and health after effects. The number of unintended pregnancies among college students worldwide is rising every year, even though these students have a high awareness and understanding of both emergency contraception and regular modern contraceptives. Numerous interconnected variables, from personal to institutional setbacks, are linked to the low use of contraception in tertiary institutions. This ultimately leads to high rates of unintended pregnancies, which are thought to have been a factor in between 8 and 30 million pregnancies globally each year.

Currently, more than 200 million women, especially young people in underdeveloped nations, wish to avoid getting pregnant but are not utilizing any contemporary form of contraception. The United Nations states that to get the intended reduction in fertility by 2026, the prevalence of contraception must be 66%–75% in affluent nations and 67% in developing nations. Therefore, it is evident that determining the sexual activities and contraceptive utilization among these students or individuals is very critical to the improvement of services and further planning on meeting the reproductive needs of youth. Therefore, this study aims to assess the effect of sexual activities and contraceptive utilization among colleges of education students in Anambra state.

Statement of the Problem

Despite the increase in contraceptive use in African society today, unwanted pregnancy still prevails amongst students. The availability of contraceptives does not guarantee the fact that students are free from

teenage pregnancy as the low knowledge and use of contraceptive have made many students victims of unwanted pregnancy. Possible effects influencing contraceptive utilization among students in colleges of education may include high poverty level, adoption of Western norm of sexual liberty, gradual erosion of traditional norms/values, lack of parental control, mass media urbanization and Tourism (Okpani, 2000, Onebunne, 2024). With decreasing age of menarche and onset of sexual activity, students are exposed early to unplanned and unprotected sexual intercourse leading to unwanted pregnancies and invariably abortions especially very common among students where persistent high rates of unmet need for family planning and low rates of contraceptive use are reported (Onyeonoro, & Okafor, 2021, Onebunne, 2023). Teenage pregnancy is an important public health issue because they are associated with maternal, fetal, and neonatal adverse outcomes. Student who get pregnant are likely to drop out from school and teenage parents are unlikely to have the social and economic means to raise children. Further, unintended pregnancy poses a major challenge to the reproductive health of students in developing countries.

Despite the high awareness of modern methods of contraceptives among students in Anambra State, the rate of utilization is very low. The low utilization rate of contraceptive is believed to be one of the reasons for high rate of unintended pregnancies contributing to a maternal mortality. Hence, the need for the study on the influence of sexual activities and contraceptive utilization among colleges of education students in Anambra State.

Purpose of the Study

The general purpose of this study is to examine, the effect of sexual activities and contraceptive utilization among Colleges of Education students in Anambra State. Specifically, the study seeks to:

1. Examine the methods of contraceptives available for utilization among Colleges of Education students in Anambra State
2. Assess the source of knowledge of contraceptive utilization among Colleges of Education students in Anambra State.
3. Examine factors affecting the utilization of contraceptives among Colleges of Education students in Anambra State.
4. Solutions to the factors affecting the utilization of contraceptives among Colleges of Education students in Anambra State.

Significance of the Study

The findings of this study can be of immense benefits to the students, lecturers, counselors, parents, and government and Health organizations:

- To the students, the study would create awareness for the students of the existence and utilization of contraceptives to prevent unintended pregnancy that poses a major challenge to the reproductive health of students because they are associated with maternal, fetal, and neonatal adverse outcomes. Again student who get pregnant are likely to drop out from school and teenage parents are unlikely to have the social and economic means to raise children. Another importance of the study was to make sure that students were given the necessary knowledge about the use of contraceptives.
- To the lecturers, the study will help them advise the students on need for effective utilization of contraceptives especially those teaching health related courses in the colleges of education.
- To the counselors, the study will help counselors, in counseling students on sexual activities, contraceptive utilization and parenting strategies to avoid unintended pregnancy and other sexually transmitted diseases.
- To parents the study will help them on how to advice and teach their children the importance of contraceptive utilization if they must involve in sexual activities to avoid unintended pregnancy that poses a major challenge to the reproductive health of students because they are associated with maternal, fetal, and neonatal adverse outcomes.
- The study to a large extent would help the government and health organizations to be able to carry out sensitization on effective use of contraception during sexual activities and the benefits to the students.

Scope of the Study

The study is delimited to the effect of sexual activities and contraceptive utilization among Colleges of Education students in Anambra State. It is also delimited to only final year students in the colleges of education in the study area.

Research Questions

The study was guided by the following research questions:

1. What are the methods of contraceptives available for utilization among Colleges of Education students in Anambra State?
2. What are the sources of knowledge of contraceptive knowledge and utilization among Colleges of Education students in Anambra State?
3. What are the factors affecting the utilization of contraceptives among Colleges of Education students in Anambra State?
4. What are the solutions to the factors affecting the utilization of contraceptives among Colleges of Education students in Anambra State?

Review Of Related Literature

Conceptual Framework

Contraceptive

The use of modern contraceptives among young citizens has been documented to be effective in reducing STIs, unwanted pregnancies, as well as teenage pregnancy (Ige & Solanke, 2020). Contraception, which is otherwise known as birth or fertility control, has been defined as the deliberate prevention of conception. It has been used since ancient times- e.g., Egyptian Ebers Papyrus involving use of honey and acacia was adopted in the first century, but safer methods probably became available in the 20th century (Chivers, 2021). There are up to fifteen methods of contraception that can be grouped into two broad types, which includes barrier and hormonal methods. The barrier methods such as condoms and diaphragm help to protect against pregnancy as well as Sexually Transmitted Infection (STI), while hormonal methods prevent pregnancy only. Beside the barrier and hormonal methods, there are also the behavioural methods. This includes sexual abstinence that is the most effective preventing pregnancy as well as STI. Another behavioural method of contraception is coitus interrupts that has a failure rate similar to barrier methods (Olajire, 2023). Other behavioural methods include fertility awareness, lactational amenorrhea and natural family planning amongst others.

Contraception is the act of preventing pregnancy. This can be a device, a medication, a procedure or a behavior. Contraception allows a woman control of her reproductive health and affords the woman the ability to be an active participant in her family planning (Olajire, 2023). This review will not address abortion as that is not a way to prevent a pregnancy from occurring. Contraceptive methods are technological advances intended to overcome biology. The 20 century has seen the biggest advancements for female reproductive health expanding medical options, devices, and even procedures. When considering contraceptive methods counseling should include efficiency, safety, acceptability and availability (including accessibility and affordability). Voluntarily informing the choice of contraceptive methods is an important guiding principle, and contraceptive counseling, when associable, is a marked contributor to the successful use of contraceptive methods.

Contraceptives are designed to prevent conception or interrupt or nullify implantation and growth. Conception can be prevented by hormonally disrupting the menstrual cycle (Oral contraceptive (OC) pills), by physically blocking the passageway (barrier methods or sterilization), or less successfully, by abstinence during fertile periods or withdrawal method (Levi, 2020). Implantation is impaired via the use of a foreign body (intrauterine device (IUD) or surgical removal (Salpingectomy or Vasectomy). Contraceptive

information and services are fundamental to the health and human rights of all individuals. The prevention of unintended pregnancies helps to lower maternal ill-health and the number of pregnancy-related deaths. Delaying pregnancies in young girls who are at increased risk of health problems from early childbearing, and preventing pregnancies among older women who also face increased risks, are important health benefits of family planning. By reducing rates of unintended pregnancies, contraception also reduces the need for unsafe abortion and reduces HIV transmissions from mothers to newborns. This can also benefit the education of girls and create opportunities for women to participate more fully in society, including paid employment.

Contraception, or birth control, helps prevent pregnancies and plan the number and spacing of children Akingbade, (2021). There are many options to choose from to prevent pregnancy. Some methods are more effective than others, and no one product is best for everyone. An estimated 164 million women of reproductive age have an unmet need for contraception. Reasons for this include: limited access to contraception, a limited choice of methods, a fear or experience of side-effects, cultural or religious opposition, poor quality of available services, gender-based barriers.

Birth Control Methods

Birth control falls into two broad categories: reversible and permanent. Reversible methods allow individuals to stop birth control when they would like to become pregnant. Permanent methods cannot generally be undone once completed.

Reversible Methods of Birth Control

Long-acting Reversible Contraceptives (LARC). These contraceptive methods allow individuals to prevent pregnancy for multiple years. LARC are contraceptive methods that last a long time but aren't permanent. LARC are 'set and forget' methods which means that you don't have to remember to do something every day or every time you have sex. This makes them a highly effective form of contraception. However, similar to hormonal contraceptives, none of these methods provide protection against STIs so you'll still need to use condoms during sex to ensure you're protected. These include:

A) Intrauterine Devices (IUDs): Intrauterine devices (IUDs) are small, T-shaped devices that are inserted into the uterus to prevent pregnancy. They offer long-term contraception (between 5 to 10 years) but can be removed at any time by a doctor or nurse. There are 2 types of IUDs available including the hormonal IUD (Mirena/Kyleena) and the non-hormonal IUD (copper). Hormonal IUD: Hormonal IUDs contain the hormone progestin levonorgestrel. The progestin causes cervical mucus to thicken and the lining of the uterus to thin, which keeps the sperm from reaching and fertilizing an egg. Hormonal contraceptives prevent pregnancy by slowly releasing the hormones oestrogen or progestogen into the body through tablets or a device (Odufuye & Ajuwon 2020). These hormones work to stop pregnancy by preventing the release of eggs from the ovaries (oestrogen) and/or thickening the cervical mucus making it difficult for sperm to enter the uterus (progestogen). A doctor's prescription is needed for all hormonal contraception methods. It's important to remember that none of these methods provide protection against STIs so you will need to still use condoms during sex to ensure you're protected. Copper Intrauterine Device (IUD): The copper IUD contains no hormones and is made with copper and plastic. The copper acts as a spermicide (substance that kills sperm) and prevents sperm from reaching and fertilizing an egg.

B) Implantable Rod: This is a thin, matchstick-sized rod that contains a progestin hormone. It is putting under the skin on the inside of your upper arm. It stops the ovaries from releasing eggs and thickens the cervical mucus, which keeps sperm from getting to the egg.

C) Contraceptive Injection or Shots: It is an injection of progestin, one of the hormones found in birth control pills. Individuals using this method get the shot from their doctor once every three months. The contraceptive injection is given every 12 weeks and contains the hormone progestogen. It is usually given

into the buttocks or upper arm of someone with a vagina and over the next 12 weeks the pregnancy-preventing hormone is slowly released into the bloodstream.

D) Short-acting Hormonal Methods: These contraceptive methods use hormones to keep the ovaries from releasing eggs and possibly prevent the sperm from reaching and fertilizing an egg.

E) Birth Control Pill: This method is also known as oral contraceptive or “the pill.” Oral contraceptives come in the form of a small tablet by which pregnancy-preventing hormones are released into the body. There are a few different types to choose from, so it’s about finding the one that’s right for you. The combined pill contains hormones, estrogen and progestogen, while the mini pill contains progestogen only. They must be taken at the same time every day and are usually 93% to 99% effective when used correctly. The effectiveness might be reduced if you have vomiting or diarrhoea, or take certain medications. There are two main kinds: combined pills, which contain estrogen and progestin, and mini-pills, which only contain progestin.

F) Birth Control Patch: The birth control patch is a thin, beige plastic square about two inches across that delivers hormones. Patches are used on a four-week cycle (three weeks on and one week off).

G) Vaginal Ring: This small, flexible, plastic ring is inserted in the vagina and contains the same hormones (progestin and estrogen) found in most birth control pills. It works by slowly releasing the hormones progestogen and oestrogen into your body (the same hormones used in the oral contraceptive pill, but at a lower dose). After 3 weeks, the ring is self-removed, and a new ring is self-inserted a week later. If used correctly a vaginal ring is at least 99% effective at preventing pregnancy. However, if you forget to put a new ring in, use it incorrectly or take certain medications, it might only be 93% effective.

Barrier Methods

There are several birth control methods that involve using a physical barrier to block the sperm from reaching and fertilizing an egg. When deciding how to prevent pregnancy, the Centers for Disease Control and Prevention (CDC) encourages couples to consider methods that offer dual protection from risk for HIV and other sexually transmitted infections (STIs). These include:

A) Condom (Male and Female Condom): Condoms are the only form of contraception that protect against most STIs as well as preventing pregnancy. They’re hormone free, can be used on demand and will easily fit into a purse or pocket. They also come in 2 different types – external (rolled onto an erect penis before sex) and internal (placed inside the vagina right before sex). Condoms come in a range of shapes, sizes, colours, textures, and flavours so it can be fun to try different types and brands until you figure out your favourite. You can buy condoms at any supermarket, chemist/pharmacy, or sex shop as well as at most convenience stores and petrol stations. When used correctly, condoms are 82% to 98% effective in preventing pregnancy and can be used alongside other contraceptive methods for extra protection. A male condom is a thin film cover that is placed over the penis and keeps sperm from entering a partner’s body. Using a male condom consistently and correctly reduces the risk for HIV infection and other STIs. The female condom is a thin, soft, loose-fitting pouch (or sheath) with a flexible soft ring on each end. One end of the female condom fits inside of the vagina to keep it in place, and the other stays outside of the vagina (Makanju Igwe & Nwokeoma, 2022).

B) Diaphragm and Cervical Cap: The diaphragm and cervical cap are silicone cups that are used with spermicide gel or cream. It is inserted into the vagina and over the cervix to keep sperm from entering the uterus. A diaphragm is a small, soft dome-shaped silicon cup placed inside the vagina before sex. It prevents pregnancy by forming a physical barrier which stops sperm entering the uterus. Because sperm can live for several hours in the vagina, a diaphragm needs to stay in place for at least 6 (but no longer than 24) hours after sex. Like condoms, diaphragms are effective at preventing pregnancy (82% to 86%) when used correctly and fitted properly. However, unlike condoms, they don’t provide any protection against STIs.

C) Sponge with Spermicide: The sponge is a small, disk-shaped device made of soft plastic foam that covers the cervix and contains the spermicide nonoxynol-9 (N-9). The spermicide in the sponge is placed inside the vagina, covering the cervix, prior to having sex and works by continuously releasing spermicide to kill sperm.

Permanent Methods of Birth Control

There are two options for sterilization, a form of contraception that is meant to be permanent.

A) Tubal ligation (females): In this procedure also known as “having your tubes tied” the fallopian tubes are cut, sealed, clipped, or tied, so the egg and sperm can’t meet in the fallopian tube.

B) Vasectomy (males): This procedure involves cutting, tying, or blocking the vas deferens two tubes that carry sperm to the penis.

Other Forms of Pregnancy Prevention

The following forms of pregnancy prevention do not require any physical or medical materials.

Abstinence: Sexual abstinence is defined as refraining from all forms of sexual activity and genital contact, such as vaginal, oral, or anal sex. This method is the only 100 percent effective way to protect against pregnancy, ensuring there is no exchange of bodily fluids (such as vaginal secretions and semen).

Natural Family Planning and Fertility Awareness: Fertility awareness-based methods (FABM) help women and couples become more familiar with the signs of ovulation and the pattern of the menstrual cycle to understand how to plan sexual activity to either avoid pregnancy or become pregnant.

Lactational Amenorrhea Method (LAM): LAM is a form of natural birth control that relies on the new mother feeding her baby only breast milk for up to six months and having no periods or spotting during that time.

Withdrawal: While having intercourse, before ejaculating, a person pulls the penis out of the partner’s vagina and away from the partner’s genitals (sex organs). It prevents fertilization by not allowing semen (and sperm) to enter the vagina so that sperm does not reach the egg.

Emergency Contraception

Emergency contraception is not a regular method of birth control. Emergency contraception is birth control that a person can use after unprotected sex (Odufuye & Ajuwon 2020). If you did not use birth control or if regular birth control failed. It should be used as soon as possible within three to five days after unprotected sex to prevent pregnancy. Emergency contraception methods are more effective the sooner they are taken. Emergency contraception does not work if the person is already pregnant. There are two main types of emergency contraception: emergency contraceptive pills and the copper T intrauterine device (IUD).

Effects of Contraceptive Utilization

Positive effect of contraceptive utilization includes:

1. **Reduced Unintended Pregnancies:** Contraceptives help prevent unplanned pregnancies, allowing students to pursue education and career goals.
2. **Prevention of STIs:** Condoms and other barrier methods reduce the risk of sexually transmitted infections.
3. **Increased Autonomy:** Access to contraceptives empowers students, especially females, to make informed decisions about their reproductive health.

Negative Effects of Sexual Activities without Contraceptives:

- a) **Unintended Pregnancies:** Can lead to dropout, financial strain, and health risks.
- b) **STIs and Health Risks:** Increased risk of infections like HIV, chlamydia, and gonorrhea.
- c) **Emotional and Psychological Impact:** Stress, anxiety, and stigma associated with unplanned pregnancies or STIs.

Factors Influencing Contraceptive Utilization

- a) **Knowledge and Awareness:** Lack of accurate information about contraceptives can hinder use.
- b) **Access and Availability:** Limited access to contraceptives, especially in rural areas.

- c) **Cultural and Social Norms:** Stigma around discussing sexual health can reduce contraceptive use.
- d) **Peer Influence:** Friends and partners can influence contraceptive decisions.

Clinical Significance of Contraceptives

Effective contraception provides social and health benefits to mothers and their children by reducing unintended pregnancies and abortions and facilitating family planning. Effective contraception indirectly helps in improving the overall health status of infants and children. In addition to preventing pregnancy, the correct and consistent use of male condoms (barrier method) reduces the risk of HIV and other STDs including infections like chlamydia, gonococcus, and trichomoniasis. Although hormonal contraceptives and IUDs are highly effective at preventing pregnancy, they do not protect against STDs, including HIV (Gopal, 2023).

Sexual Activities or Behaviour

Sexual behaviour is any activity between two persons that induces sexual arousal. According to Gopal, (2023) sexual behaviour is defined as a person sexual life. Sexual behaviour as it pertains to sex includes courtship, masturbation, astral display and the mating act. It is one aspect of the total pattern of reproductive behaviour in animals, including all responses directly associated with genital stimulation and copulation. In the animal, much of the behaviour is visual including posture, feather fluffing, and tail carriage; some of it is auditory, especially in cats, but chemical communication via pheromones is the clincher. Sexual behaviour in humans has been defined as the manner in which human's experience and expresses their sexuality. It encapsulates how people engage in sexual acts in a variety of ways including but never limited to masturbation, romance, and sexual intercourse (whaccording to ich again include various forms such as anal, oral, or vaginal; as well as penetrative ornon-penetrative sex). Sexual behaviour also includes any conduct and activity intended to arouse the sexual interest of another. For instance, beside romance, modes of dressing, personal interactions between individuals and use of body perfumes may be deliberate to seduce a person of interest. In this context, sexual activity or behavior is appreciated to possess cognitive, emotional, and health aspect. Of particular importance in this narrative is the health aspect, which can be delineated dichotomously as either healthy or risky sexual behavior Akingbade (2021).

Healthy Sexual Activities

Sexual activity is a normal physiological function and a person's sexual behaviour is considered healthy if it can be controlled. Sexual behaviour (SB) develops over time from childhood; and at a particular time of a person's life, SB can be termed appropriate/healthy or inappropriate/unhealthy. The characteristics of a healthy sexual behaviour can grouped into communication, relationship, and self-worth. Others are education and values. However, it is noteworthy that the team from Minnesota has described these characteristics of 'sexually healthy', which is probably a misnomer. An adult with a healthy sexual behaviour interact with partner and considers all stakeholders (family and friends amongst others) in appropriate and respectful manner. This include appropriately expressing desires to have sex, or not to have sex; as well as negotiating sexual limits and accepting refusals of sex without hostility or feeling insulted²⁰. Relative to rape and sexual assault, healthy sexual behaviour involves being consciously and conscionably sensitive to the feelings of other persons' nonverbal cues and boundaries.

However, a person with healthy sexually behaviour develops friendship with any gender without necessarily having any sexual agenda Guntupalli (2022). In sexual relationships, healthy behavior is devoid of exploitation, but a tool prevents mental stress on either member of the relationship and builds security. For instance, an intellectually handicapped individual is prone to exploitation, yet capable of having a healthy sexual behaviour to build safe, constructive sexual expression and healthy relationships, if appropriately empowered with behavioural knowledge. A person with healthy sexual behaviour esteems herself/ himself and exhibits self-control, whilst being able to indulge in pleasurable sensual and sexual activities. For instance, people with higher self-esteem are less likely initiate sex. Self-esteem in in sexual behaviour transcends self-worth and sexual self-concept. It is attitudinal and a reflection of mental ability. In relation to

education, a healthy sexual behaviour is characterized by knowledge of the consequences of different forms of sex and sexual activities. For instance, oral sex is associated with risk of preventable infections²⁹; including HIV per se. adopting the knowledge is attitudinal vis-à-vis a behavioural change wheel.

Hence the required healthy sexual behaviour is adopting a HIV prevention consciousness that being sexually healthy enough to engage in oral sex requires having a healthy oral cavity, as well as the HIV-negative and/or positive partner taking medicine. Other educational characteristics of healthy sexual behaviour include comprehending the impact of media messages and understanding that the drive for sex is powerful and can be integrated into one's life in positive and healthy ways. Considering values, a healthy sexual behaviour involves their identifying or standing by practices that is "right" on the basis of both personal and sociocultural values, which may include compromise, self-control or tolerance. Levi (2020). This also includes issues on use contraception to avoid unplanned pregnancy or sexually transmitted disease. Values may also encompass spirituality. For instance, religious people abstain from sexual intercourse during their time of 'prayer and fasting'. Hence, it has been advocated as possible approach to HIV prevention.

Risky Sexual Behaviours

Risky sexual behaviours can be defined or determined by the level of potential negative outcome (Ige & Solanke, 2020). Some authors have defined it as behaviours that increase risk of STD or unwanted pregnancies, especially being in a sexual relationship in early teenage years that is, before being matured enough to understand the concepts of healthy relationship is acknowledged as a risky sexual behaviour. Common examples of risky sexual behaviour include unprotected intercourse, sexual promiscuity and sex involving unwanted pregnancy. Other sexual behaviours considered inappropriate or unhealthy include inappropriate sexual exposure such as the concept of pedophile, engaging in sexual behaviours in public or with animals, and precocious sexual gestures amongst others. It is believed that young people hardly need education to engage in sexual behaviour as it is normal physiological response to puberty (Gopal, 2023). Nevertheless, it is known that certain factors encourage sexual activities that constitute risky or unhealthy sexual behavior, For instance, fashion has been a paradoxical feature in sexuality and attractiveness. While a shoddily dressed person may unattractive or unsexy, the attractively dressed person may be viewed as inappropriate and seductive in certain situations. This is essentially based on the fact that appearance objectifies a person as well as forms the basis of attractiveness and sexual appeal. Importantly, it is acknowledged that unachieved level of attractiveness can lead to unhealthy behavior. Associated with this social trend are peer-sociocultural pressures to engage in premarital sex. In this narrative, focus is on the effect of sexual activities and contraceptive utilization among colleges of education students in Anambra state.

Theoretical Review

Social Learning Theory by Bandura (1977)

This theory was propounded by Bandura (1977) and it gives the explanation of human behavioural and environmental determinants of behaviour. According to Bandura (1977), highly complex behaviours are not easily imitated as quickly or as readily as are simpler behaviours. Consistently, adults and children alike tend to imitate responses that are hostile and aggressive. Children who grow up in the environment watching their parents and other people communicating well with love and kind tone, tend to learn it, again, if sexual activities are going on the family, or if conflict such as fighting and nagging among others are the order of the day in a given family, the children in that family will learn it faster too (Nzenweaku, 2012). Social Learning Theory is the school of behavioural thought that takes a closer look at both the inside and outer manners of thinking (Robbins, 2012). Through social learning theory, we see the significance of demonstrating and correspondence (verbal and non-verbal) for kids and their formative development. Through much research and experimentation, it was resolved that children frequently will display the practices of people around them. In an acclaimed investigation by Albert Bandura in 1961, he examined children at the Stanford University Nursery School utilizing a doll named "Bobo". During this investigation, children watched analysts acting forcefully towards the doll at that point, when children were disregarded

with the doll, they displayed that behaviour and expanded that animosity towards different toys (Cooper & Lesser, 2015).

The criticisms of social learning theory arise from their commitment to the environment as the chief influence on behaviour. Describing behavior solely in terms of either nature or nurture is limiting, and attempts to do this underestimate the complexity of human behaviour. It is more likely that behaviour is due to an interaction between nature (biology) and nurture (environment). Finally, observational learning does not happen in isolation. Each individual brings their unique personal characteristics, prior experiences, and current circumstances to the learning process. These factors can all influence what is learned, how it is interpreted, and whether and when it is acted upon.

Also difficulty in Predicting behavior social learning theory provides a valuable framework for understanding how learning occurs. However, predicting behavior in real-world contexts can be challenging, given the many potential models and reinforcements in a person's environment. The complexity of predicting behavior based on the social learning theory stems from the number of potential influencing factors in a person's environment. In real-world contexts, an individual is exposed to countless potential role models across various settings, including family, friends, teachers, and media figures. Moreover, these models' behaviors are often rewarded or punished inconsistently, further complicating the learning process. However, another critics is neglect of biological factors, social learning theory has been critiqued for not adequately addressing biological factors, such as genetic predispositions, which can also impact behavior. Social learning theory is not a full explanation for all behavior. This is particularly the case when there is no apparent role model in the person's life to imitate for a given behavior. The discovery of mirror neurons has lent biological support to the social learning theory. Although research is in its infancy, the recent discovery of "mirror neurons" in primates may constitute a neurological basis for imitation. These are neurons that fire if the animal does something itself and if it observes the action being done by another.

Social learning theory can be applied in this present study also to understand why students have problem with their sexual activities. They may be coming from a background where couples rarely agree, parents being so hatch at their children, always shouting at them on every little mistake made, not encouraging the children even when they did not perform wonderfully well in school among others or the children may be imitating a model around who almost have either high or low sexual activities and low knowledge of contraceptive utilization there by affecting students contraceptive utilization.

Attachment Theory

Bowlby (1969) propounded Attachment theory. This theory stated that attachment conduct is viewed as a class of social conduct of significance importance to that of mating behaviour and parental behaviour. The attachment theory is used to understand close attachment in adulthood dependent on the relationship of a child with the caregiver. During most recent three decades, attachment theory has been one of the most powerful speculations of social-emotional development in present-day psychology animating a lot of research in the fields of formative, clinical and social psychology research (Meyer and Pilkonis, 2001). It has exhibited that attachment practices are a significant part of the human behaviour that is geared to life and that early experience assumes a determinative role in the development and association of secure-base behaviour (Posada, Jacobs, Carbonell, Alzate, Bustmante, and Arenas, 1999). According to Bowlby (1969, 1980), attachment behaviours are inborn and advance the survival of the species since they permit adjustment of the environment. Attachment figures permit the child a safe base from which to investigate, manage the cost of the child security when dangers are experienced, and allow the child to figure out how to direct his or her degree of stress. Attachment behaviour is considered as any type of behaviour that results in the fulfillment or maintenance of nearness to some other separated and favoured person. Attachment behaviour adds to the person's survival by keeping her or him in behaviour with caregivers, in this manner decreasing the danger of damage (Tharinger & Wells, 2000).

According to this theory, attachment styles can be secure, uncertain irresolute or shaky avoidant, and would influence the child's improvement and capacity towards relatedness all through life. Mikulincer and Florian (1998) portrayed secure attachment as an internal asset that may help an individual emphatically evaluate distressing encounters, helpfully adapt to unpleasant occasions, and improve their wellbeing and adjustment. Individuals with avoidant attachment styles will in general hold increasingly pessimistic perception about attachment, themselves, as well as other people (Feeney & Noller, 1990). At last, on edge conflicted attachment brings about individuals who will, in general, hold a progressively negative perception on oneself (Collins and Read, 1990).

Bowlby's theory of attachment gives an approach to conceptualize the possibility of people to make solid warmth bonds to significant bonds of affection and to clarify numerous types of psychological well-being issues. One of the psychological well-being issues is sexual activities.

Empirical Study

Okpokumoku, Nwajei & Nowse (2017) had a study aimed at determining data on the sexual behaviour, knowledge and use of contraceptive, with a view to what may be known and unknown among undergraduate university students in Delta State from the contextual point. The methodology employed for this study was a narrative literature review approach. In order to guide the researcher, four composite focus of inquiry included (1) healthy and risky sexual behaviours, (2) contraception, (3) determinants of choice and use of contraceptives, and (4) knowledge and use of contraceptives among undergraduate students. The finding of this study indicates abundance of knowledge about sexual health. However, two themes are of particular mention needing further attention. Firstly, characteristics of being sexually healthy seem to be mixed up with healthy sexual behaviour. Secondly, contraception usage does not seem to match acclaimed knowledge, which translates to risky sexual behavior. How the undergraduate girls are successfully preventing pregnancies in order to maintain uninterrupted education also seems to remain a gap in the literature. Further research will benefit to provide adequate information on these two themes. The two studies have some relationships and also some difference. The reviewed study is related to the present in that both studied about contraceptives and its utilization. They both studied about undergraduate students. Both studies differ in the area of the study, number of population used and number of research questions used.

Utoo *etal* (2020) this study was aimed at determining sexual activities and contraceptive usage among female undergraduate students. It was across-sectional study using pretested self-administered questionnaires to collect data on socio-demographic variables, sexual activities and contraceptive use. Out of the four hundred and thirty-one (431) students studied, three hundred and four (70.5%) were sexually active. The average age of sexual debut was 19.5 years. One hundred and twenty-seven (41.8%) had more than one sexual partner. Money was the reason for sex in more than one- third (37.4%). Contraceptive awareness and usage among the respondents was 414(96.1%) and 255(85.0%) respectively. The male condom was the commonest 160(52.4%) contraceptives used. Majority 285(65.9%) of the respondents believed contraceptive use could prevent pregnancy and sexually transmitted infections. There was a significant relationship between awareness of contraception and level of study (0.003). Those who were sexually active were more likely to use a contraceptive method (<0.000001) and contraceptive method users were less likely to have an STI (0.000003). The study showed a high level of sexual activity, contraceptive knowledge and usage. Girl child education, provision and promotion of utilization of reproductive health services should be sustained to safeguard the sexual health of young women.

Onyeonoro, & Okafor (2021) had a study on Sexual activities and contraceptive utilization among students in Nigerian universities. This descriptive study was conducted among students in three universities in Anambra State, Nigeria. A stratified random sampling technique was used to select 384 students, and a self-administered questionnaire was used to collect data on sexual activities, contraceptive knowledge, and utilization. The questionnaire was pre-tested among 20 students to ensure validity and reliability. - 62.5% of respondents were sexually active, with 48.7% using contraceptives. Common contraceptives used were

condoms (65.1%) and pills (20.5%). Factors influencing contraceptive use included peer pressure (40.5%), accessibility (30.2%), and perceived effectiveness (20.5%). The study highlights the need for comprehensive sex education and increased access to contraceptives to promote safe sexual practices among students. The findings suggest that students' sexual activities and contraceptive utilization are influenced by various factors, emphasizing the need for targeted interventions.

Precious, Omeonu & Eko (2022) had a study that is aimed at finding out the relationship between sexual behaviour and contraceptive usage among adolescents in senior secondary schools in Abia State, Nigeria. Some 300 students were purposively selected from two secondary schools in Abia state. Structured questionnaire was used for data collection and data analysis was done using descriptive statistics. Findings showed that majority of the students (approx. 57%) in the two schools were already involved in sexual activity. Results of the study also indicated that majority of the adolescents have heard about contraceptives predominantly (>70%) from the internet, however, their level of knowledge of contraception is low.

Oluwabusola et al (2024) conducted a study on sexual behaviours and contraceptive use, as well as factors associated with being engaged in sex among Nigerian undergraduates. Design: A descriptive cross-sectional study. Setting: The study was conducted in a university of education in Ogun State, Nigeria. Participants: Four hundred undergraduates were selected sequentially through a stratified sampling method. Main outcome measures: Being sexually active, multiple sexual partners, and contraceptive use. Results: Participants' ages ranged from 16 to 24 years. Nearly two-thirds (65.5%) were females. About a quarter of them (24.5%) were using psychoactive substance(s). More than two-fifths (44.5%) of them had engaged in sexual intercourse, of which 36% had a history of multiple sexual partners. The mean age at sexual debut was 18.7 ± 2.7 years, significantly lower among males than females.

Peter *etal* (2025), this study aims to assess sexual activity and contraceptive use among Senior High School (SHS) adolescents and to identify key predictors of contraceptive uptake. A cross-sectional study was conducted from August to September 2022 involved 330 adolescents selected through simple random sampling. Data were analyzed using frequencies, percent ages, Pearson's chi-squared test, and binary logistic regression to examine associations between socio demographic characteristics (age, sex, class, ethnicity, religion, and residential status), sexual activity characteristics (relationship status, multiple sexual partners), awareness of contraceptives, and contraceptive use. Statistical significance was set at $p \leq 0.05$ with a 95% confidence interval. Out of the total participants, 290 (87.9%) were within the age range of 15–19 years and the majority were females ($n = 196$, 59.4%). Approximately half ($n = 166$, 50.3%) were in an intimate relationship and 126 (38%) had engaged in sexual intercourse. Among sexually active adolescents, over half ($n = 65$, 51.6%) had their first sexual intercourse between the ages of 10–14 years and 100(79.4%) reported having ever used contraceptive, primarily condoms ($n = 66$, 66.0%), and pills ($n = 43$, 43.0%), with IUDs being the least common ($n = 2$, 2.0%). Sexually active adolescents who were aware of contraceptive (AOR = 6.686, 95%CI = 1.515 – 29.505, $p = 0.012$) had higher odds of contraceptive use. Early sexual initiation and contraceptive use are prevalent among adolescents.

Summary of Literature Review

The related literature reviewed for this study was arranged under conceptual framework which focused on the effect of sexual activities and contraceptive utilization among Colleges of Education students in Anambra State. Contraception, which is otherwise known as birth or fertility control, has been defined as the deliberate prevention of conception. Contraception is the act of preventing pregnancy. Birth control falls into two broad categories: reversible and permanent. Reversible methods allow individuals to stop birth control when they would like to become pregnant. Permanent methods cannot generally be undone once completed.

Mehodological Approach Research Design

This study adopted descriptive survey research design which aimed at investigating the effect of sexual activity and contraceptive utilization among colleges of education students in Anambra state. A survey research is one in which a group of people or items are studied by collecting and analyzing data from a few people or items considered to be representative of the entire group after which the result will be generalized to the entire population, (Eze, 2019).

Area of the Study

The study was carried out in Government owned Colleges of Education in Anambra State namely Nwafor Orizu College of Education Nsugbe (NOCEN) and Federal College of Education (Technical) Umuze (FCE(T)). The two colleges have many things in common like they use the same minimum standard, they run two semesters also a three year programme and they award Nigerian certificate in education (NCE) and the schools chosen have facilities, personnel, tools and equipment, staff (Academic and non-academic) and laboratories/workshops needed to carry out this study.

Population of the Study

The population of the study was NCE students from government owned colleges of education in Anambra state. Anambra state has two government owned colleges of education with 2,236 NCE students. This however comprised of four hundred and seventy one (471) NCE students from FCE(T), Umuze and one thousand eight hundred and sixty five (1,865) students from NOCE Nsugbe, (Source: Matriculation booklet of the two colleges of education as at 2024/2025 academic session).

Sampling and Sampling Techniques

Simple random sampling technique was used to select 8 departments and only third year students from the two schools were used for the study (see appendix for the departments used for the study). Simple random sampling technique was also used to select 20 students from each of the eight departments from the two schools. At the end of the exercise, 160 students were selected for the study.

Instrument for data collection

Data was collected through structured questionnaire consisting of thirty six (36) items. It was developed through literature review based on the specific purposes of the study. The items of the questionnaire were structured on a four-point scale thus strongly Agree (SA), Agree (A), Disagree (D), and Strongly Disagree (SD) representing 4, 3, 2, and 1 respectively. The questionnaire requested each respondent to tick (✓) against the scale of his / her choice. It is made up of three sections, section A comprises the personal data of the respondent while section B is the instructions to the respondent and section C comprises 36 items organized in accordance with the research questions.

Validation of the Instrument

The instrument was face validated by three experts, two of the validates came from educational management and policy, health option Department and one from the Department of Measurement and Evaluation of Federal College of Education (Technical) Umuze. The Lecturers were provided with the purpose of the study and research questions. They were also requested to reviewed the items for clarity, relevance, appropriateness of language and instruction to the respondents and based on validates' recommendations, the items that were accepted were selected. The reliability of the instrument was established using Cronbach Alpha statistical tool which yielded the reliability co-efficient of 0.87.

Method of Data Collection

A total of 160 copies of the instrument were administered by hand at the various institutions. All were returned properly completed and used in the analysis of data.

Method of Data Analysis

The data collected from respondents were analyzed using mean. The formula for the mean is:

$$\bar{X} = \frac{\sum Fx}{N}$$

Where $\bar{X}$ mean

$\sum$ –Summation

F- Frequency of responses

X- Value of responses

N- Number of responses

These scales are added up at and divided by the number of scaling items thus:

$$\frac{4+3+2+1}{4} = \frac{10}{4} = 2.50$$

Decision Rule

The cut-off point is 2.50. Therefore, responses having a mean of 2.5 and above was regarded as accepted while any mean below 2.5 is regarded as rejected.

ANALYSIS AND PRESENTATION A OF DATA

This chapter dealt with the analysis and presentation of data collected. The presentation as well as the analysis of data was based on the research questions stated.

Research Question 1:

What are the methods of contraceptives available for utilization among Colleges of Education students in Anambra State?

Table 1: Mean response of the students on the methods of contraceptives available for utilization among Colleges of Education students in Anambra State

S/N	ITEMS USE OF	SA	A	D	SD	N	$\bar{X}$	Remark
1	Diaphragm and Cervical Cap	120	10	15	15	160	3.61	Agreed
2	Vaginal Ring	80	80	-	-	160	3.33	Agreed
3	Condom (male and female)	150	10	-	-	160	3.50	Agreed
4	Birth Control Patch	90	47	23	-	160	3.44	Agreed
5	Birth Control Pill	130	24	5	1	160	3.16	Agreed
6	Short-acting Hormonal Methods	100	40	10	10	160	3.39	Agreed
7	Contraceptive Injection or Shots	120	35	4	1	160	3.26	Agreed
8	Implantable Rod	130	20	10	-	160	3.46	Agreed
9	Intrauterine Devices (IUDs)	90	60	9	1	160	3.14	Agreed
10	Tubal ligation (females)	100	40	15	5	160	3.00	Agreed
11	Vasectomy (males)	90	47	20	3	160	3.16	Agreed
Grand Mean							3.44	Agreed

Table 1 above revealed that all the items has their mean scores above the cut-off pint of 2.50 showing that the respondents agreed to the methods of contraceptives available for utilization among colleges of education students in Anambra state. However, use of condom has the highest mean followed by Implantable Rod and Birth Control Pill.

Research Question 2:

What are the source of knowledge of contraceptive and utilization among colleges of education students in Anambra state?

Table 2: Mean response of the students on the source of knowledge of contraceptive knowledge and utilization among colleges of education students in Anambra state

S/N	ITEMS	SA	A	D	SD	N	$\bar{X}$	Remark
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12	Radio	100	48	7	5	160	3.61	Agreed
13	Health facilities for the prevention both STDs and unwanted pregnancy	120	10	15	15	160	3.61	Agreed
14	Newspapers/magazines	80	80	-	-	160	3.33	Agreed
15	Its availability and accessibility at shops	90	47	23	-	160	3.44	Agreed
16	Its availability and accessibility at pharmacies	99	55	5	1	160	3.16	Agreed
17	Restaurants	95	30	35	-	160	2.39	Agreed
18	Parents or older siblings	80	55	4	1	160	3.26	Agreed
19	Religious homes gave information about	80	60	12	8	160	2.76	Agreed
20	Peers/friends	78	70	10	2	160	3.14	Agreed
21	students obtained formal sex education from School	98	45	15	2	160	3.00	Agreed
22	Open in a new tab/social media	90	47	20	3	160	3.16	Agreed
23	Books	85	55	10	10	160	3.00	Agreed
Grand Mean							3.44	Agreed

As shown in Table 2 above, items with serial numbers 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22 and 23 have their entire mean above 2.5 and are therefore agreed by the source of knowledge of contraceptive and utilization among colleges of education students in Anambra state This implies that the students knows the source to get information or knowledge about contraceptive and its utilization.

Research question 3:

What are the factors affecting the utilization of contraceptives among Colleges of Education students in Anambra State?

Table 3: Mean response of students on the factors affecting the utilization of contraceptives among Colleges of Education students in Anambra State

S/N	ITEMS	SA	A	D	SD	N	$\bar{X}$	Remark
24	Peer pressure / Peer Influence	100	48	7	5	160	3.61	Agreed
25	Accessibility	120	10	15	15	160	3.61	Agreed
26	Perceived effectiveness	80	80	-	-	160	3.33	Agreed
27	Cultural and Social Norms	90	47	23	-	160	3.44	Agreed
28	Availability	99	55	5	1	160	3.16	Agreed
29	Knowledge and Awareness	100	40	20	-	160	3.33	Agreed
30	Emotional and Psychological Impact	80	55	4	1	160	3.26	Agreed
31	Financial strain	85	65	9	1	160	2.66	Agreed
32	Lack of services.	78	70	10	2	160	3.14	Agreed
33	Self-Efficacy	98	40	10	2	160	3.00	Agreed
34	Gender Dynamics	120	30	5	5	160	3.33	Agreed
35	Perceived Risk	100	50	10	-	160	3.20	Agreed
Grand Mean							3.44	

As shown in Table 3 above, items with serial numbers , 24, 25, 26, 27, 28, 29, 30 31, 32, 33, 34 and 35 have their entire mean above 2.0 and are therefore agreed by the students on the factors affecting the utilization of contraceptives among colleges of education students in Anambra state. This implies that factors such as peer pressure/peer influence, perceived effectiveness, cultural and social norms, accessibility, knowledge and awareness, financial strain, self-efficacy and perceived risk among others are the factors affecting the utilization of contraceptives among Colleges of Education students.

Research question 4:

What are the solutions to the factors affecting the utilization of contraceptives among Colleges of Education students in Anambra State?

Table 4: Mean response of respondents on the solution to the factors affecting the utilization of contraceptives among Colleges of Education students in Anambra State

S/N	ITEM DESCRIPTION	SA	A	D	SD	N	$\bar{X}$	Remark
36	continuous education and administration of the methods by experts,	100	58	1	1	160	3.61	Agreed
37	level of education	120	30	10	-	160	3.61	Agreed
38	Schools should partner with local health centers to strengthen health programs	110	40	10	-	160	3.33	Agreed
39	Awareness campaigns would improve the utilization of contraceptives	130	20	10	-	160	3.44	Agreed
40	Provision of adequate medical facilities would improve the utilization of contraceptives	99	55	4	2	160	3.16	Agreed
Grand Mean							3.44	Agreed

As shown in Table 4 above, items with serial numbers 36, 37, 38, 39, and 40 have their entire mean above 2.5 and are therefore agreed by the students as some of the solutions to the factors affecting the utilization of contraceptives among colleges of education students in Anambra state.

Summary of the Findings

Based on the data collected and analyzed, the researchers found out the following that:

- 1 Diaphragm and Cervical Cap, Vaginal Ring, Condom (male and female), Birth Control Patch, Birth Control Pill, Short-acting Hormonal Methods, Contraceptive Injection or Shots, Implantable Rod, Intrauterine Devices (IUDs), Tubal ligation (females), Vasectomy (males) among others are the methods of contraceptives available for utilization among Colleges of Education students in Anambra State
- 2 The finding of this study further indicates that radio, availability of health facilities for the prevention of both STDs and unintended pregnancy, newspapers/magazines, its availability and accessibility at shops, Its availability and accessibility at pharmacies, Parents or older siblings, Religious homes gave information about contraceptives among others are some of the sources of contraceptive knowledge and utilization among Colleges of Education students in Anambra State.
- 3 The Peer pressure/peer influence, accessibility, perceived effectiveness, cultural and social norms, knowledge and awareness, emotional and psychological impact, financial strain, lack of services, self-efficacy, gender dynamics, perceived risk are some the factors affecting the utilization of contraceptives among Colleges of Education students in Anambra State.
- 4 The findings of the study also revealed some solution to the problems affecting utilization of contraceptives among Colleges of Education students in Anambra state to include continuous education and administration of the methods by experts, level of education, schools should partner with local health centers to strengthen health programs, awareness campaigns would improve the utilization of contraceptives, provision of adequate medical facilities would improve the utilization of contraceptives.

Discussion of the Findings

The main aim of this study is to determine the effect of sexual activities and contraceptive utilization among colleges of education students in Anambra state. From the analysis, the following observations were made:

As regards to research question one (1), the study revealed the methods of contraceptives available for utilization among colleges of education students in Anambra state to include diaphragm and cervical cap, vaginal ring, condom, birth control patch, birth control pill, short-acting hormonal methods, contraceptive injection or shots, implantable rod, intrauterine devices (IUDs), tubal ligation (females), vasectomy (males) among others This is in line with Muse (2023) who posited that utilization of contraceptives should be

enhanced among students since unsafe sexual practices, can lead to negative consequences, and are commonly practiced by youths and they should be taught the importance of contraceptive utilization for their safety.

More so, in research question two (2) the finding indicates that there are many sources of contraceptives and its knowledge for students utilization which includes; radio, availability of health facilities for the prevention of both STDs and unintended pregnancy, newspapers/magazines, contraceptive availability and accessibility at shops, through parents or older siblings, religious homes among others. This in line with Garg & Verma, (2022) who states that, knowledge and use of contraceptives are considered as important indicators of the sexual health of students in colleges of education. High levels of contraceptive awareness have been reported in Nigeria, but the level of utilization of these contraceptives has been disproportionately low.

Research question three (3) pointed factors affecting the utilization of contraceptives which includes the peer pressure/peer influence, accessibility, perceived effectiveness, cultural and social norms, knowledge and awareness, emotional and psychological impact, financial strain, lack of services, self-efficacy, gender dynamics, perceived risk are some the factors affecting the utilization of contraceptives among colleges of education students in Anambra state. This is in line with (2022) who noted that there is a negative attitude towards the use of contraceptives with a good fraction of people explaining either that it interferes with pleasure during sex, or they just would not use condoms in sexual relationships with trusted partners. This also hinges on behavioural change wheel, but it is of different perspective from socioeconomic status factor. For instance, low socioeconomic status may become users, if given the affordance/capacity, whereas those with negative attitude may already have the capacity but lack motivation.

The findings of the study on research question four (4) also revealed some solution to the problems affecting utilization of contraceptives among colleges of education students in Anambra state to include continuous education and administration of the methods by experts, level of education, Schools should partner with local health centers to strengthen health programs, Awareness campaigns would improve the utilization of contraceptives, Provision of adequate medical facilities would improve the utilization of contraceptives. The findings is in conformity with the findings of Olajire (2023) which stated that being sexually healthy or unhealthy relates to ability, whereas healthy or risky sexual behaviour is about 'how' attitude. That is, Sexual health relates to an underlying pathophysiology that impacts negatively on sexual activity; whereas healthy sexual behaviour relates to attitude and this attitude toward the contraceptive utilization if it is a positive attitude then the solution to the factors have been taken but if negative there lies the problem that needed to be corrected.

Implication of the Findings

The implication of the findings of the study includes the following:

In as much as the findings of the study has shown that diaphragm and cervical cap, vaginal ring, condom (male and female), birth control patch, birth control pill, short-acting hormonal methods, contraceptive injection or shots, implantable rod, intrauterine devices (IUDs), tubal ligation (females), vasectomy (males) among others are the methods of contraceptives available for utilization among colleges of education students in Anambra state, the students should be encouraged to make use of them for their safety.

For the fact that use of contraceptive can prevent unintentional pregnancy and prevent some communicable diseases among Colleges of Education students in Anambra State, health workers around the community where the colleges are suited should help the students in creating awareness of on the use of contraceptives. More so, the findings of the study has also shown that peer pressure / peer influence, accessibility, perceived effectiveness, cultural and social norms, knowledge and awareness, emotional and psychological impact, financial strain, lack of services, self-efficacy, gender dynamics, perceived risk are some the factors affecting the utilization of contraceptives among colleges of education students in Anambra state.

However, the study has shown some solution to the problems affecting utilization of contraceptives among colleges of education students in Anambra state to include continuous education and administration of the methods by experts, level of education, Schools should partner with local health centers to strengthen health programs, Awareness campaigns would improve the utilization of contraceptives and that provision of adequate medical facilities would improve the utilization of contraceptives.

Recommendations

Based on the above findings, the researcher therefore, recommends as follows:

1. Since there are so many methods of contraceptive used by the students, there should be an increase access to contraceptives on campus to enable the students to prevent unintended pregnancy and communicable diseases that are contacted through sexual activities. There should be a comprehensive sex education and increased access to contraceptives to promote safe sexual practices among students.
2. Colleges of Education should establish student support programs such as peer mentoring, group counseling, and social engagement activities to strengthen students' social networks and to provide counseling services to address factors influencing contraceptive use. However, intentional contraception intervention that will improve the knowledge and attitude of the students positively should be improved.
3. NCCE and other stake holders' in charge of Colleges of Education should implement comprehensive sex education programs in the Colleges of Education to enable the students understand the consequences of not using contraceptives during sexual activities.
4. Trained counselors with requisite competence in provision of sex education should be available in all institutions, and their services should be well known to all students.

Limitations of the Study

In the course of writing this research project, there were shortcomings as a result of insufficient materials like journals. Again, sexual and contraceptive practices were self-reported. This limitation was, however, tackled by the assurance of confidentiality and anonymity of the respondents, considering that sexual activity is a sensitive matter. It was believed that the responses provided were correct. Also, the need to recall sexual and contraceptive activity was addressed by limiting the period of sexual and contraceptive practices to the year of the survey.

Other limitation includes:

- Finance contributed negatively to this research work as the researcher found it difficult to meet up with the finance involved at the course of writing this project.
- The time to carry out the research project was very small.

Suggestion for Further Study

- Students' perception on the utilization of contraceptives and its effect on students' academic performance.
- Factors affecting different methods of contraceptives in colleges of education in another state.
- Teachers' perception on the contraceptive utilization among students in university.

Conclusion

This research has however provided empirical evidence useful for improving the effect of sexual activities and contraceptive utilization among colleges of education students. It was found that the students have high level of knowledge about the methods of contraceptives, but the utilization of contraception is still low. It is important to mention that high contraceptive usage observed in the study may have been as a result of the high level of education. The male condom and oral contraceptive pills were the most popular according to the result in table 1. This is usually the common finding in studies of contraceptive awareness by students in colleges of education in Anambra state. The popularity of the male condom may be connected with its social market, media, newspapers, and radio and hospital facilities for the prevention of both STDs and unwanted pregnancy. Its availability and accessibility at shops, pharmacies, schools, and restaurants makes it easier for usage. On the other hand, several studies reported lack of consistency in usage of contraceptives among these

the students which they attributed to some level of misconceptions, cost, fear of side effects, poor access to contraception and spontaneity of sexual activities. It is hoped that, the ongoing research work on the effect sexual activities and contraceptive utilization among students of colleges of education in Anambra state will eventually address the issue of side effects and other concerns. Similarly, with continuous education and administration of the methods by experts, some of the myths about contraceptive usage will be eliminated.

***Nwankwor, Immaculeta Onyinyechukwu**

Department of Educational Management & Policy
School of Education,
Federal College of Education (Technical), Umuze

****Dr. A.U. Arinze**

Department of Educational Management & Policy
School of Education,
Federal College of Education (Technical), Umuze

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