

UNDERGRADUATE STUDENTS' AWARENESS AND ATTITUDE TOWARDS CONTRACEPTION: COUNSELLING IMPLICATIONS FOR HEALTHY LIVING

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ABSTRACT

Human beings are unique species and no two individuals are the same. While some people are desperately looking For babies, others prefer preventing them coming, even if it is temporary. This condition portrays Family planning as an emotionally charged subject. For many students, majority of whom are still teenagers, not ready For parenthood. Unplanned pregnancy may alter a person's Future of life. With the lethal effect of abortion and oilier diseases and problems associated with unwanted pregnancies, it becomes imperative that vulnerable individuals such as our youths be guided on healthy reproductive attitude. This paper therefore focuses on examining undergraduates' awareness and altitude towards contraception. Reasons for not using any contraceptive device are highlighted and both negative and positive effects of some contraceptive devices are enumerated and counselling strategies recommended. A survey data collected from 500 respondent were used in the study. In determining the awareness, levels and altitude toward contraception, simple percentages were used while independent t-test was used in determining the awareness level and attitude of males and females towards contraceptive usage.

KEY WORDS: Awareness, Attitude, Contraception, Health.

INTRODUCTION

The general assembly of the United Nations has over the years adopted several resolutions and campaigns specific to youths. The Assembly stressed the importance of the role of youths in today's world. The year 1985 was declared as International Youth year by the United Nations, thus encouraging governments to develop policies and programmes relating to youths. An international strategy to address the problems of young people and increase opportunities for their participation in society was also adopted by the United Nations in 1995 to cover the year 2000 and beyond. The United Nations also (used) its

various fora to consider the social and economic impact of globalization on young people. One of such considerations was concerned with the sexuality of youths.

There is no gainsaying that. our youths are our future leaders. Their lives and well-being are our responsibilities. If their lives are not properly planned, the nation's future would be bleak. They need to be guided particularly when passing through adolescence period. This transitory period if not properly managed can jeopardize their future as most youths at this stage of development are confused about their safe-concept.

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An area of considerable concern during this youthful period is the sexual behaviour of our youths. This phenomenon if mismanaged can mar the young person's future. Our youths are a few months or years away from plunging into adult life. They need to be properly informed on basic facts of life such as sexuality. Being frank to our children by giving them facts and thoughts on how to handle their sexual urges does not mean we are implicitly approving of premarital or promiscuous sex.

Sexuality can be seen as an expression of those socially constructed qualities, desires with sexual behaviour and activities (Pierson and Thomas, 2002). It is commonly understood as an essential; natural and impulsive marker of sexual activity; desire and character present in all individuals. It is the ability that people have to experience sexual feelings, or the sexual part of their nature (BBC) English (1992).

Therefore, every individual is a sexual being. He or she whether disabled or not, young or old, rich or poor has certain basic fundamental human rights that enhance positive sexual behaviour. Every individual needs to touch, to be touched and to show affection. Such sexual behaviour is expected to be fulfilling to both partners. Each person also has the right either to reject or accept such sexual behaviour. Our youths are not exceptions to such behaviours.

Majority of undergraduate students in our tertiary institutions are youths. Youths in this paper are young people who are between the ages of 18-30 years. As stated by the United Nations they are considered sexually active (NDHS, 1990).

Youths in our tertiary institutions of learning exhibit various sexual behaviours. Some of these behaviours have negative impact on them as well as the society. Such behaviours need some intervention to nip the problem in its bud.

One of the problems that emanates as a result of negative sexual behaviour is unwanted pregnancy among our youths. Unwanted pregnancy and subsequent abortion come with their various problems. Even when unaborting, single parenthood can pose serious problems to the unprepared youths,

linger (1979) opined that between 1960 and 1965, 22 percent of the births that occurred in USA- were unwanted by one spouse and 17 percent by both. Bombass & Westoll (1970).

United Nations (1991) ascertained that abortion is a major cause of maternal mortality in developing countries. She reported that each year, at least half a million women worldwide die from pregnancy-related causes of whom roughly 200,000 die from illegal abortions.

There are many problems that are associated with adolescent pregnancy. Sometimes, adolescent pregnancy carry such a responsibility. Pregnancy adds an undue stress and burden to an adolescent girl's maturing body. Teenage mothers have a higher risk for maternal and infant mortality (UN, 1991). Pregnancy can limit a young girl's chance for education and a paving job. Continuing the cycle of disadvantaged mothers passing on their vulnerability to their daughters, and their daughters to others (UN, 1991). Unintended pregnancies can increase risk of low birth weight and infant mortality it can affect the welfare dependence and even subsequent child abuse and neglect (Ross, 2004). Ross stated that in 1996, an estimated 1.37 million women underwent abortions in the United States of America. To him, abortion rates are higher for women in their early twenties.

From the above review, there is ample evidence that the rate of mortality as a result of this negative sexual behaviour is unprecedented. Ross (2004) confirmed that there is a general agreement that the rate of abortion should be lowered. One way to achieve this objective is by providing information on access to and use of contraception. Contraception, according to Aguilar and dallies (2000:218) "is the use of various procedures directed at impeding conception temporarily and in a reversible way".

According to (Aguila & Galbes, 2000) a survey by the International Health Foundation indicated that out of 52% of Spanish women who maintain regular sexual relations, more than 40% use nothing other than natural methods of contraception including coitus interruptus (withdrawal method). As also stated by them, 95% of women in Sweden

between the ages of 15 and 44 use some form of contraception.

SIGNIFICANCE OF STUDY

Sex is sometimes unpredictable. Though married couple may know where and when to engage in coitus, single individuals may not necessarily know in advance their sexual relation will take place. Young people these days find themselves in an environment of eroticism where they watch video, films, fashion shows, music and novels. These conditions unconsciously create the atmosphere for sexual arousal which could result in canal sexual activity. It is common knowledge that our Nigerian youths are sexually active. National Population Commission (NPC, 2000) reported that more than 50.6 percent of all women between the ages of 20 and 49 years were recorded to have had their first intercourse by age 18 years. This was in support of an earlier report by the National Demographic Health Survey. NDHS. 1990) that 30.9 percent and 21.3 percent of unmarried women aged 15-19 in urban and rural areas respectively have had sexual intercourse.

Other characteristics of Nigerian adolescent sexual behaviour according to the United Nation system in Nigeria (2004) include low level of contraceptive utilization and involvement with multiple partners. Incidence of teenage pregnancy and child-bearing is also high. sometimes resulting in severe maternal morbidity, such as Vesico-Vaginal Fistula (UN, 2001) The incidence of unsafe abortion among adolescents is also high (CAUP. 1998). The UN (2001) also reported that Contraceptive Prevalence Rate (CPR.) in Nigeria is far below many South-Saharan African Countries such as Ghana (22 percents). Kenya (39 percent), Togo (39 percent) and Zimbabwe (66 percent).

FACTORS ASSOCIATED WITH LOW CONTRACEPTIVE USAGE

Before the 1960s birth control was traditionally frowned at by Africans, such fears stemmed from the notion that one can have as many children as possible but may not be sure how many would grow into adulthood. Moreover, children were regarded as special gifts from God. Some communities for example the Ibo used to honour women that were

capable of bearing up to ten or more children. This was because children were regarded as assets to their parents particularly in limes of farming and other community work,

Some religious groups for example the Roman Catholic Church oppose most contraceptive means. Haas and Haas (1990) reported that in 1984. the late Pope John Paul II delivered series of discourses strongly reaffirming the CT-iurch's position on birth control.

Sexually education is not taught in most schools in Nigeria despite the tact that relevant curriculum have been designed and approved for use in secondary school. In some schools educators avoid mentioning birth control methods to the children for fear of motivating them to engage in sexual activities (United Nations System in Nigeria 2001). Some youths fail to use contraceptive devices because they are either uninformed or misinformed. Parents do not commonly teach their children about contraceptive. They feel by doing that they will be regarded as mean before their children. There are also the traditional perspectives on socio-cultural beliefs, rumours, myths and misconceptions about contraceptive methods and use. As a result of the traditional and socio-cultural beliefs. Various stakeholders have negative attitude to the provision of reproductive health information to young people.

Some female youths assume they are still very young and so can never get involved in sexual relationship. So, They cannot get pregnant. Some are ashamed and do not want to give themselves away by acknowledging involvement in sexual relations through carrying any contraceptive device even when they have a date. Byrne and Fisher (1983) examined adolescent and young adults' attitudes as regards birth control and concluded that even close acquaintance do not want to recognize that coitus can take place among them. Some young people do not also belief that coitus, even a single liaison may lead to pregnancy. In most cases, men in partnership do not generally show concern regarding birth control, while women are usually viewed as being responsible for birth control. The non-friendly nature of contraceptive devices to young people limits their utilization. Moreover, counselling service is not in its advanced stage in the country to inform young

people on the use and dangers and contraceptives.

United Nations (2001) reported that major factors associated with low contraceptive use include availability and accessibility of services. According to the United Nations, contraceptive logistics management has resulted in commodity wastage as large stocks of contraceptives supplied expire in national and various zonal stores around the country. There are also myths and misinformation about contraceptives, some of which are that contraceptives are for bad girls, contraceptive use destroys the womb; it makes one infertile and if used one will not enjoy sex. Since it has been proven that our youths are sexually mature at an early stage and sex is a universal phenomenon that every one enjoys irrespective of his or her circumstances, it behooves parents, teachers, counselors and other significant groups to educate youths on how to prevent unwanted pregnancies and the possible attendant problems associated with abortion.

This study therefore was carried out to ascertain the awareness level and attitude of youths, in particular, university undergraduates about contraception. Therefore, some of the research questions that the study will answer include; what is the awareness level of undergraduate students in tertiary institutions concerning contraception? What attitude do they

display about contraceptive utilization? Do male youths differ significantly from their female counterparts regarding their level of awareness and attitude concerning contraception? What are the militating factors that prevent young undergraduate from utilizing contraceptive devices?

METHODOLOGY

The research design was a survey. The study was delimited to university undergraduates in the University of Calabar. As at the time of study, the population of the institution was 16,584. These were made up of 8,585 males: 7,999 females from the University of Calabar. Probability sampling procedure was utilized using both simple and stratified random sampling techniques to draw the five hundred respondents used in the study.

The population was first stratified according to faculties and simple random sampling used in selecting the facilities to be used. Four faculties emerged from the simple random sampling namely; Faculty of Agriculture (928); Faculty of Social Sciences (1,611); Faculty of Education (2,942) and Faculty of Sciences (3,687) respectively. This gave a working population of 9,168 from the University of Calabar. Each faculty was further stratified according to sex to give equal opportunity to both males and females. See Table 1A.

TABLE 1A: SHOWING POPULATION BY FACULTY AND SEX

	10% SAMPLE MALE	10% SAMPLE FEMALE	TOTAL
Faculty of Agriculture	454	474	928
Faculty of Social Sciences	1,048	563	1,611
Faculty of Education	1,296	1,643	2,942
Faculty of Sciences	2,122	1,565	3,687
Total	4,923	4,245	9,168
Faculty of Agriculture	45	47	92
Faculty of Social Sciences	104	56	160
Faculty of Education	129	164	293
Faculty of Sciences	212	156	368
Total	490	423	913

From a total of 913 sample, only 614 respondents returned their questionnaire. Out of this number only 500 were fully completed. Therefore, based on this number, 500 was used as the sample size. This was done through purposive sampling technique.

A questionnaire was developed and pilot tested on a group of 30 students from Faculty of Arts. This was done to test the reliability of the instrument before application to the study sample. A reliability coefficient ranged 0.77 to 0.86 was obtained. This according to Kerlinger (1985) and Nunnally (1967) is high enough to justify its use. Since a 0.50 coefficient, and above is appropriate for any psychological construct the instrument was considered appropriate for this study. The instrument "UATCU" was divided. Into three sections A. B. and C. Section A was to supply demographic information such as age, marital status, religion, academic interest, parental education, and whether urban or rural abode. Section B supplied information about the level of awareness about contraceptive

methods: while section C dealt with the undergraduate attitude towards contraception.

The questionnaire were distributed personally by the researchers and retrieved on the spot during lecture time after taking due permission from lecturers of those classes involved. Percentages were used in analyzing the data because most of the questions required either "Yes" or "No" and True - False responses.

ANALYSIS OF DATA AND RESEARCH RESULTS.

The presentation of data was done based on the research questions. Data was presented in Tables using simple percentages.

RESEARCH QUESTION ONE

What are the awareness levels of undergraduate students in tertiary institutions concerning contraception? To answer this research question items 8 -26 of the questionnaire were analyzed. The result of the analysis is as presented in Table 2.

TABLE 2: RESPONSES OF THE RESPONDENTS ON THE AWARENESS LEVEL CONCERNING CONTRACEPTION

S/No	Items	True	%	False	%	Total	%
8	Contraception is a common concept among undergraduate students	400	80	100	20	500	100
9	I have never seen a contraceptive device in my live	50	10	450	90	500	100
10	The only contraceptive I know is condom	112	22.4	388	77.6	500	100
11	I have used condom before	90	18	410	82	500	100
12	I have never used condom in my life	75	15	425	85	500	100
13	Both men and women can use contraceptive to avoid pregnancy	481	96.2	19	3.8	500	100
14	I know where to get contraceptive if I need one	460	92	40	8	500	100
15	I rely solely on abstinence	38	7.6	462	92.4	500	100
16	I can obtain contraception for use without my parents consent,	360	72	140	28	500	100
17	Males do not need contraceptive	119	23.8	381	76.2	500	100
18	I am aware of oral contraceptive pills	410	82	90	18	500	100

19	I am aware of at least five different contraceptive methods	305	61	195	39	500	100
20	I know the side effects of any contraception use	331	66.2	169	33.8	500	100
21	I am not aware of the latest contraception called "emergency contraceptive pills (ECP).	215	43	285	57	500	100
22	I know the correct item to use the ECP form of contraception	300	60	200	40	500	100
23	I have never heard of intra- uterine device (IUD) in my life.	325	60	1.75	35	500	100
24	I do not know where to get information regarding contraception	53	10.6	447	89.4	500	100
²⁵	1 know how IUD works	190	38	310	62	500	100
26	1 do not know what contraception is all about	10	2	490	98	500	100

As presented in Table 2, it can be observed that 400 respondents representing 80% of the total respondents agreed that contraception is a common concept among undergraduate students: while 100 (20%) disagreed 50 (10%) said that they have never seen a contraceptive device, in their life. 410 (90%) said they have seen. 112 (22.4%) of the respondents said the only contraceptive they know is condom; 388 (77.6%) disagree 90 (18%) said that they have not used condom before: 410 (82%) said they have used condom in their lives. 425 (85%) have not seen condom in their lives. 481 respondents representing 96.2% agreed that both men and women can use contraceptive to avoid pregnancy: 19 (3.8%) disagreed. 460 (92%) said they know where to get contraceptive if they needed it. 40 (8%) said no. 38 (7.6%) said they rely solely on abstinence; 462 (92.4%) do not rely on abstinence. 360 (72%) said they can obtain contraceptive for use without their parents consent; 140 (28%) said they could obtain contraceptive with their parents consent. 19 (23.8%) said they are not aware. 305 (61%) said they are aware of at least five different contraceptive methods; while 195 (39%) are not aware of the different methods. 331 (66.2%) said they know the side effects of any contraceptive they use; while 169 (33.8%) do not know, 215 (43%) said they are not aware

of the latest contraceptive called emergency contraceptive pills (ECP); while 285 (57%) know, 300 (60%) of the total respondents said they know the correct time to use ECP form of contraception while 200 (40%) do not know. 325 (65%) said they have never heard of intra-uterine device (IUD) in their lives; while 175 (35%) have heard. 53 (10.6%) said that they do not know where to get information regarding contraception; 447 (89.4%) said they know where to get information regarding contraception. 190 (38%) said they know how IUD works; 310 (62%) do not know, 10 (2%) of the total respondents said they do not know what contraception is all about. 190 (490 (98%) said they know what contraception is all about.

The result of the analysis on table two shows that undergraduate students awareness of contraception is relatively high and positive. This awareness is occasioned by the fact that contraception is a common known concept among undergraduate who already have experimented with it.

It also shows that undergraduate students know where and how to get information as regarding the inherent side effects of contraception to the individual. Finally, the result also shows a general reflection of how much the awareness level of contraception is among undergraduates.

RESEARCH QUESTION TWO

What altitude do they display about contraceptive utilization? To answer this research question items 28-37 of the questionnaire were analyzed. The result is as presented in Table 3.

TABLE 3: UNDERGRADUATE ATTITUDE TOWARDS CONTRACEPTIVE UTILIZATION

S/NO	ITEMS	TRUE	%	FALSE	%	TOTAL	%
28	my religion does not permit contraception and stick to it.	320	64	180	36	500	100
29	Abstinence is the best form of contraception to prevent unwanted pregnancy	261	52.2	239	47.8	500	100
30	Young individuals should not use	190	38	310	62	500	100
31	Contraceptives are for bad girls and boys	280	56	220	44	500	100
32	Contraception makes one infertile for life	100	20	400	80	500	100
33	One cannot enjoy sex if he/she uses contraceptive	152	30.4	348	69.6	500	100
34	It is not good for one to discuss contraceptive use with his/her partner	221	44.2	279	55.8	500	100
35	Sexual education should be taught in schools to inform youths about contraception	420	84	80	16	500	100
36	It is not good for young people to use contraception	287	57.4	213	42.6	500	100
37	A knowledge of contraception is good for young people to prevent unwanted pregnancy	391	78.2	109	21.8	500	100

The result in Table 3 indicates that, 320 representing (64%) of the total respondents said their religion does not permit contraception, while 180 (36%) disagreed. 261 (52.2%) maintain that abstinence is the best form of contraception to prevent unwanted pregnancy: while 239 (47.8%) do not see abstinence as the best way to prevent unwanted pregnancy. 190 (38%) agreed that young people should not use contraceptive but should wait until married: while 320 (62%) disagreed. 280 (56%) of the total respondents said contraceptives are for bad girls and boys, 220 (44%) disagreed. 100 (20%) of the respondents said that contraception makes one infertile for life: 400 (80%) disagree. 152 (30.4%) said that one cannot enjoy sex if he/she uses contraceptive; 348 (69.6%) disagree. 221 (44.2%) said it is not good for one to discuss

contraceptive use with his/her partner, while 279 (55.8%) said it is good. 420 (84%) said that sexual education should be taught in schools to inform youths about contraception, 80 (16%) disagreed. 287 (57.4%) said that it is not good for young people to use contraception: 213 (42.6%) said it is good. 191 (78.2%) respondents agreed that knowledge of contraception is good for young people 10 prevent unwanted pregnancy; 109 (21.8%) disagreed. The findings of this study therefore from table three showed a significant negative level of attitude of undergraduate students toward the use of contraception. A Significant number of them expressed their feeling towards contraception utilization which suggests that sexual education should be taught in Schools (84% are of this view).

RESEARCH QUESTION THREE

Do male youths differ significantly from their female counterpart regarding level of awareness and altitude concerning contraceptive? To answer this research question the means scores for male and female awareness and attitude concerning contraceptive were compared using independent t-test. The result is as presented in table 4.

TABLE 4: INDEPENDENT T-TEST ANALYSIS OF THE DIFFERENCE BETWEEN MALE AND FEMALE STUDENTS ATTITUDE AND AWARENESS CONCERNING CONTRACEPTION (N=500).

	Gender	N	X	SD	t-value
Awareness	Female	250	18.29	2.11	9.85*
	Male	250	16.32	2.08	
Attitude	Female	250	15.17	1.99	
	Male	250	13.84	2.16	

* Significant at .05 level, critical t = 1.96, df = 498

The result presented in table 4 shows that the calculated t-value of 9.85 for awareness is higher than the critical t-value of 1.96 at .05 level of significance with 498 degrees of freedom. This result means that students level of awareness of contraceptive between male and female significantly differ. The result also reveals the calculated t-value of 6.65 for attitude is higher than the critical t-value of 1.96 at 65 level of significance with 498 degrees of freedom. This result also implies that the attitude of male and female showed a significant difference.

Further study on table 4 shows that in the aspect of awareness. Female student ($X = 18.29$) have a better awareness of contraception than their male counterparts ($X = 16.32$). Also a close observation shows that a significant difference exists between male and female students with respect to attitude ($t = 6.65$; $df = 498$. $p < .05$). Judging from the mean scores. Female students have a positive attitude to contraception than their male counterparts. Female ($X = 15.17$). Male ($X = 13.84$).

RESEARCH QUESTION FOUR

What are the militating factors that prevent young undergraduates from utilizing contraceptive devices. To answer this research question item 20, 28, 32 and 33 of the questionnaire were analyzed. The result is presented in table 5.

Mitilation factors to utilization and contraception device

s/n	Items	True	%	False	%	Total	%
20	I know the side effects of any contraception I use	331	66.2	169	33.8	500	100
28	My religion does not permit contraception and I stick to it	320	64	180	36	500	100
32	Contraception makes one infertile for life.	100	20	400	80	500	100
33	One cannot enjoy sex if he/she uses contraceptive	90	18	82	82	500	100

The result in table 5 indicates that the 331 (66.2%) said they know the side effect of any contraceptive they used. 109 (33.38%)

said they do not know 320 (64%) said that their religion does not permit contraceptive. 180 (36%) disagreed. 152 (30.4%) said they

do not enjoy sex if he/she used contraception. 348 (69.6%) disagreed. The result of the analysis shows the four factors mentioned above militate against this utilization of contraceptive device.

DISCUSSION

The rise in the status of women has been perhaps the most potent force towards birth control. The suffragette movement brought into the limelight many issues concerning women's status and well-being, among them family planning.

A large family is not the prerogative of the poor nowadays, large families of indigent parents are stigmatized as selfish and stupid, and the cause arouses more irritation than pity. Even with adequate wages and improved standards of material care, a row of babies arriving in quick succession coupled with little home help reduces such mothers to very debilitated and desperate state.

Many parents are embarrassed at the ideas of talking to their children on contraception. They impart information against the background of what they know in response to the child's questions. As children grow older they begin to look outside (the nest for correct information. It has for long been a custom to omit or glide over references to sex or sexual activity thereby preventing the continuous opportunity for questions and the gradual accretion of knowledge.

Stafford (1987) had predicted that the world was reeling. In support Collins (2007) ascertained that sex apart from marriage is widely accepted in Western society and frequently tolerated within the church. Co-habitation, (an unmarried male and female living together with full sexual relationships) is so widespread that hardly anyone criticizes the practice today. Unquestioned acceptance of both premarital and extramarital sex has become a part of the culture's values, reinforced by television and criticized by almost no one.

SUMMARY OF FINDINGS AND DISCUSSIONS

From the three research questions formulated to guide the study, a lot has been revealed concerning the awareness and attitudes of our youths concerning contraception. The results of the analyses revealed that the percentage of our undergraduates who agreed with all the items except item 24 is higher than 50. This therefore implies that the level of

awareness of undergraduate students in the University of Calabar concerning contraception is very high and positive among the sexes.

Possible explanation to the above phenomenon could be traced to the sexual emancipation of youths nowadays.

Much of what used to be sexual taboos has disappeared and sex is no more an embarrassing topic for discussion even with parents. Sex - arche (age of first coitus) is happening earlier nowadays resulting in younger adolescents engaging in sexual intercourse.

Results from various surveys carried out in Nigeria show high level of sexual activity among Nigerian adolescents. According to the Nigerian Demographic Health Survey (NDHS, 1990), as reported by the Federal Office of Statistics 30.9 percent and 21.2. 15-19 in urban and rural areas respectively have had sexual intercourse. About half of the sexual exposure in both areas occurred by age 15 years (FOS, 1992). Results of the 1990 NDS confirmed this pattern of adolescent sexual behaviour as 10.3 percent of males aged 15-19 years reported being sexually active, and 19 percent of women aged 15-19 years demanded family planning. More than half (50.6 percent) of women between the ages of 20 and 49 year were record to have had their first intercourse by 18 years (NPC, 2000).

Another possible explanation concerning the high awareness level of undergraduate students concerning contraceptive could be as a result of HIV/AIDS awareness campaigns that has made people conscious of preventing being infested by the lethal disease through the use of some contraceptives like the condom. Some social organizations also go to the extent of proving students with condoms for use when needed to avoid contamination with HIV/AIDS.

RECOMMENDATIONS.

1. The government should enforce the teaching of sex education at all levels of education as contained in the curriculum review.
2. Counseling services should be directed toward providing information on the use of contraceptive
3. Seminars, worker shops as well as printed leaflets should be made available to the public with a view of creating

- public awareness on contraceptive methods and usage for safe sex.
4. Efforts should be directed at reaching the less literate with information on where and how to get contraceptive help.
 5. Churches, Mosque and traditional marriage guidance movements of all denominations to provide basic information on pre-marital issues relating to sexually.
 6. The public should be enlightened on the availability of family planning clinics.

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