

Knowledge and Utilization of Contraceptives among Female Students in Ekiti State University, Ado-Ekiti

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Abstract

Adolescent pregnancy is a global phenomenon with clearly known causes and serious health, social and economic consequences. The study assessed the knowledge and utilization of contraceptives among female students of Ekiti State University. The study was delimited to only the Faculty of Agricultural science students. Proportional sampling technique was used to select the respondents. The instrument used was a questionnaire that was self-designed under the guidance of test and measurement expert. It was converted to a Goggle doc for easy retrieval and compilation. Ethical approval was gotten from ESKU health research. An overwhelming 92.4% of respondents demonstrated a high level of knowledge about family planning, suggesting effective dissemination of information through public health campaigns and educational initiatives. Abstinence was the most preferred method (49.7%), followed by condoms (25.1%). Low usage rates for IUCDs (8.2%) and oral pills (14.6%) highlight a preference for methods perceived as low-risk, influenced by concerns about side effects. A high utilization rate of 70.2% indicates active engagement with family planning services, although 29.8% of respondents exhibited low utilization, potentially due to access barriers or cultural factors. More than half (54.97%) of respondents reported significant barriers limiting their use of family planning services. This emphasizes the need for interventions addressing both knowledge and practical challenges. The analysis revealed no significant relationship ($p = 0.579$) between knowledge and utilization, indicating that awareness alone is insufficient to drive usage. In conclusion, majority of the respondents possess a high level of family planning services utilization, and a larger percentage faces a high level of barriers limiting their use of family planning services. It was however recommended that healthcare facilities and employers adopt adolescent-friendly policies that facilitate access to family planning services.

Keywords: Female students, knowledge, utilization. Contraceptives,

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Introduction

Most of the university students are at the age of adolescence and young adult. This age-group is sexually active, exploring and practicing sexual freedom from parents ties at their homes. Family planning services are defined as educational, comprehensive, medical or social activities which enable individuals, including minors to determine freely the number, spacing and timing of their children, and to select how this may be achieved (Brady, 2020; Demeke et al., 2024). According to World Health organization (WHO) about 214 million women of reproductive age in developing countries who want to avoid pregnancy are not using modern family planning methods (Akinwale et al., 2021). It is estimated that providing contraceptives to these women will prevent 36 million abortions, 70 million maternal deaths and 52 million unwanted pregnancies (Agbor et al., 2021). Not all the family planning methods are appropriate for all situations. The most appropriate method of birth control depends on different variables like: an individual's overall health, age, frequency of sexual activity, number of sexual partners, desire to have children in the future, and family history of certain diseases (Maitanmi et al., 2021).

Throughout the world, female students are exposed to the risk of unplanned pregnancies because of ineffective or non-use of contraceptives. This may result in failure to complete their education, inability to maintain gainful employment and making independent marital decisions. In Nigeria, annually about 755,000 of the two million pregnancies are unintended, while 297, 000 women have unsafe abortions each year (Nigerian Demographic Health Survey, NDHS 2024). Those who choose not to control fertility face increased risks associated with childbearing, such as unsafe abortions, iron deficiency anaemia, and/or maternal death from hemorrhage or other complications (Gbenga-Epebinu & Ogunrinde, 2020). Adolescent pregnancy is a global phenomenon with clearly known causes and serious health, social and economic consequences. Every year, an estimated 21 million girls aged 15 to 19 years in developing regions become pregnant and approximately 12 million of them give birth (Abdulajeel et al., 2025; Gbenga-Epebinu et al., 2020).

Adequate knowledge of family planning enables individuals to make informed choices about their reproductive health, helping them to plan the number and spacing of their children according to their social, economic, and personal circumstances (Takyyi et al., 2023). It also plays a vital role in reducing unintended pregnancies, unsafe abortions, and maternal mortality. Furthermore, awareness about family planning promotes responsible sexual behaviour and empowers young people, especially students, to pursue their education and career goals without the interruption of unplanned parenthood (Bekele et al., 2020). Globally, Among the 1.9 billion women of reproductive age (16-49years) in 2021, 1billion have a need for family planning; of these, 874 million are using modern contraceptives methods and 164 million have unmet need for contraception (United Nations Department of Economic and Social Affairs 2022). Beyond health, family planning enables women to pursue education and employment opportunities helping families and communities to thrive (United Nations Department of Economic and Social Affairs 2020). Unsafe abortion remains a significant contributor to maternal mortality, particularly in low and middle-income countries where access to reproductive health especially adolescent friendly services is limited (Ufuoma et al., 2025). Adolescent abortion rate is high due to unwanted pregnancies, people who pass through abortion may be scarred for life, while some might not even get to deliver a baby again. Unwanted pregnancies from rape can also push women to commit suicide or be emotionally damaged hence, there is need for preventive measures in form of family planning and use of contraceptives. During the researchers' experience in clinical area, the adolescents need for family planning are not prioritised hence the reason for this study. This study was

designed to discover the knowledge and utilization of family planning among female students of Ekiti State University.

Specifically, the study

1. assessed the knowledge of family planning services among female students of Ekiti State University
2. assessed the pattern of use of family planning services among female students in Ekiti State University
3. assessed the level of utilization of family planning services among female students of Ekiti State University
4. identified the barriers to the utilization of family planning among female students of Ekiti State University

Methods and Materials

A descriptive survey design was used to assess the knowledge and utilization of family planning among Ekiti State University female students. The setting was geographically delimited to Faculty of Agriculture which had 369 female students according to the faculty officer. Using Taro Yamane to calculate the sample size, which resulted in 191. To account for potential non-responses or incorrectly completed questionnaires, a 10% attrition rate was applied, bringing the final sample size to 211. The students were proportionally selected but only 171 instruments were properly filled and useable representing 81% return rate.

Table 1: Proportional Sampling of the respondents

| Level | Population of Female Students | Proportion of Total (%) |
|-------|-------------------------------|-------------------------|
| 100 | 40 | 23 |
| 200 | 60 | 34 |
| 300 | 49 | 28 |
| 400 | 168 | 96 |
| 500 | 52 | 30 |
| Total | 369 | 211 |

Face and content validity were confirmed by experts in tests and measurement to ensure that the questionnaire accurately measured the intended constructs. A self-designed questionnaire comprising of section A-E. was used to collect the data. The face and content validity of the instrument was checked. Also, the reliability via internal consistency method by administering the instrument to 20 female students in Federal University, Oye-Ekiti. The result of 0.812 confirms its reliability. The questionnaire was changed to a goggle doc and shared via the link to individual female students in each set according to the proportion calculated above. The data collected was sorted out manually and represented by using frequency table, bar chart and pie chart. While the hypothesis was generated was analysed by using Chi square statistical tool at 0.05 level of significance. Ethical approval was obtained from Ekiti State University Health Ethics Committee (ORDI/EKSU/EAC/24/193). Informed consent, voluntariness, confidentiality, and participants' right to withdraw without prejudice were strictly upheld throughout the study.

Results**Table 2: Knowledge of Family Planning Services**

| S/N | ITEMS | YES | NO |
|-----|---|------------|------------|
| 1 | Have you heard of family planning? | 158(92.4%) | 13(7.6%) |
| 2 | I heard of family planning from the hospital | 69(40.4%) | 102(59.6%) |
| 3 | I saw something related to family planning on the internet for the first time | 72(42.1%) | 99(57.9%) |
| 4 | My friends and I regularly talk about family planning | 57(33.3%) | 114(66.7%) |
| 5 | Family planning services is generally used to prevent unwanted pregnancy | 150(87.7%) | 21(12.3%) |
| 6 | Long use of family contraceptives pill can cause cancer | 84(49.1%) | 87(50.9%) |
| 7 | Contraceptives pill can cause infertility | 120(70.2%) | 51(29.8%) |
| 8 | Condoms protect against infections | 130(76.0%) | 41(24.0%) |
| 9 | Do you know about methods of emergency contraception | 87(50.9%) | 84(49.1%) |
| 10 | Emergency contraceptives can be used to prevent unwanted pregnancies | 138(80.7%) | 33(19.3%) |
| 11 | Emergency contraceptives pill can be taken after forceful intercourse to prevent unwanted pregnancies | 147(86.0%) | 24(14.0%) |
| 12 | Irregular menstruation can occur with the use of implant | 133(77.8%) | 38(22.2%) |
| 13 | There are different family planning methods apart from the oral pill | 152(88.9%) | 19(11.1%) |
| 14 | Do you know about the different methods of family planning | 102(59.6%) | 69(40.4%) |

Table 2 shows the respondents' knowledge of family planning services. It revealed that majority of the respondents 158(92.4%) have heard of family planning while 13(7.6%) have not heard of family planning. It also revealed that 69(40.4%) heard of family planning from the hospital while majority of the respondents 102(59.6%) did not hear about family planning from the hospital. It also showed that 72(42.1%) saw something related to family planning on the internet for the first time while 99(57.9%) did not see something related to family planning on the internet for the first time. 57(33.3%) of the respondents and their friends regularly talk about family planning while 114(66.7%) of the respondents and their friends do not regularly talk about family planning. 150(87.7%) of the respondents accepted that family planning services is generally used to prevent unwanted pregnancy while 21(12.3%) did not accept that family planning service is used to prevent unwanted pregnancy. 84(49.1%) agreed that long use of family contraceptives pill can cause cancer while 87(50.9%) did not agree that long use of family contraceptives pill can cause cancer. 120(70.2%) accepted that contraceptives pill can cause infertility while 51(29.8%) did not accept that contraceptives pill can cause infertility.

Majority of the respondents 130(76.0%) agreed that condoms protect against infections while 41(24.0%) disagreed that condoms protect against infections. 87(50.9%) knows about methods of emergency contraception while 84(49.1%) do not know about methods of

emergency contraception. Majority of the respondents 138(80.7%) agreed that emergency contraceptives can be used to prevent unwanted pregnancies while 33(19.3%) disagreed that emergency contraceptives can be used to prevent unwanted pregnancies. 147(86.0%) agreed that emergency contraceptives pill can be taken after forceful intercourse to prevent unwanted pregnancies while 24(14.0%) disagreed that emergency contraceptives pill can be taken after forceful intercourse to prevent unwanted pregnancies. 133(77.8%) agreed that irregular menstruation can occur with the use of implant while 38(22.2%) disagreed that irregular menstruation can occur with the use of implant. 152(88.9%) agreed that there are different family planning methods apart from the oral pill while 19(11.1%) disagreed that there are different family planning methods apart from the oral pill. Majority of the respondents 102(59.6%) knows about the different methods of family planning, while 69(40.4%) do not know about the different methods of family planning

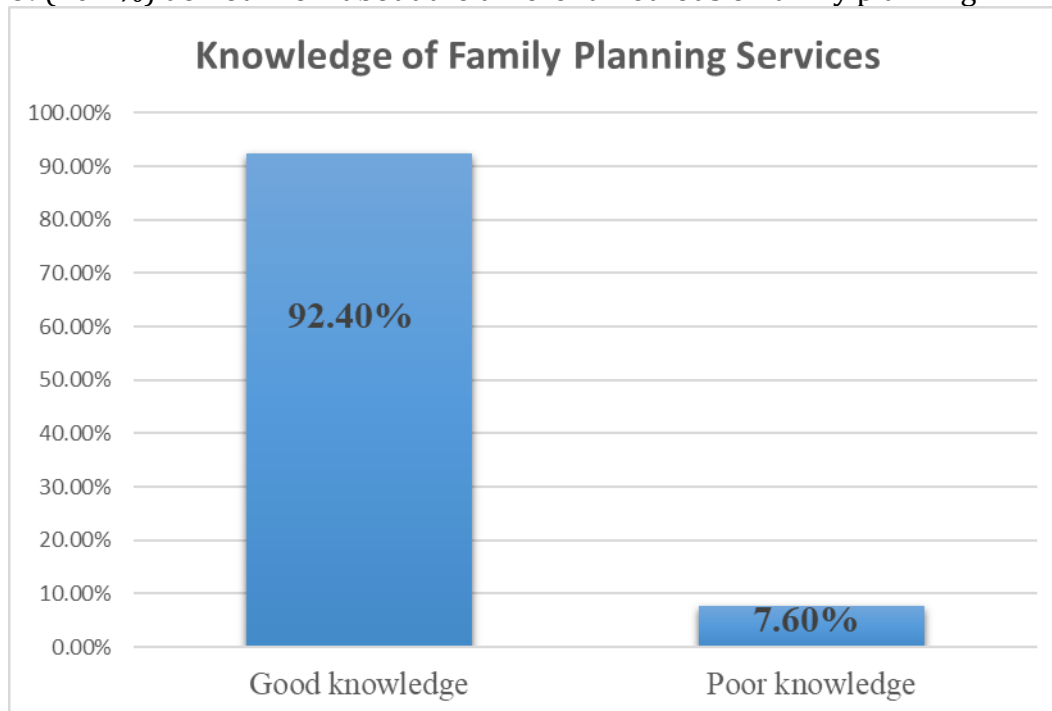


Figure 1: Chart showing distribution of knowledge of family planning

The above figure shows the distribution of respondents based on the knowledge of family planning services. The figure revealed that majority of the respondents (92.40%) had a good knowledge of family planning services while 7.60% of the respondents had a poor knowledge of family planning services.

Table 3: Pattern of Use of Family Planning Services

| S/N | ITEMS | IUCD | Oral pill | Abstinence | Condom | Implant | Injection |
|-----|--|----------|-----------|------------|-----------|---------|-----------|
| 1 | The ones you used in the last one year | 14(8.2%) | 25(14.6%) | 85(49.7%) | 43(25.1%) | 4(2.3%) | 0 |
| 2 | The method you prefer the most | 11(6.4%) | 23(13.5%) | 85(49.7%) | 43(25.1%) | 8(4.7%) | 1(0.6%) |
| 3 | The method that offers you the least | 10(5.8%) | 20(11.7%) | 84(49.1%) | 52(30.4%) | 5(2.9%) | 0 |

| | | | | | | | |
|---|---|-----------|-----------|-----------|-----------|---------|---|
| | side effect | | | | | | |
| 4 | The method that can prevent against STI | 13(7.6%) | 7(4.1%) | 80(46.8%) | 67(39.8%) | 4(7.3%) | 0 |
| 5 | The most effective method | 26(15.2%) | 19(11.1%) | 85(49.7%) | 33(19.3%) | 8(4.7%) | 0 |

Table 3 show the patterns of use of family planning services. It revealed that 14(8.2%) used IUCD in the last one year, 25(14.6%) used oral pill in the last one year, while majority of the respondents 85(49.7%) abstained in the last one year. 43(25.1%) and 4(2.3%) used condom and implant in the last one year. It also revealed that 11(6.4%) preferred IUCD most, 23(13.5%) preferred oral pills the most while 85(49.7%) preferred abstinence the most. 43(25.1%) preferred condom the most while 8(4.7%) and 1(0.6%) preferred implant and injections respectively. IUCD offered 10(5.8%) of the respondents the least side effect, Oral pills offered 20(11.7%) the least side effect, abstinence offered 84(49.1%) the least side effect, condom offered 52(30.4%) the least side effect while implant offered 5(2.9%) the least side effect. 13(7.6%) agreed that IUCD can prevent against STI, 7(4.1%) agreed that oral pills can prevent against STI, 80(46.8%) agreed that abstinence can prevent against STI, 67(39.8%) agreed that condoms can prevent against STI while 4(7.3%) agreed the implant can prevent against STI. 26(15.2%) agreed that IUCD was the most effective method, 19(11.1%) agreed that oral pill was the most effective, 85(49.7%) agreed that abstinence was the most effective, 33(19.3%) agreed that condoms were the most effective while 8(4.7%) agreed that implants was the most effective.

Table 4: Level of Family Planning Services Utilization

| S/N | Items | SA | A | N | D | SD |
|-----|---|-----------|-----------|-----------|-----------|-----------|
| 1 | I regularly use family planning services when needed | 24(14.0%) | 26(15.2%) | 51(29.8%) | 35(20.5%) | 35(20.5%) |
| 2 | I use family planning services to space births appropriately | 32(18.7%) | 41(24.0%) | 45(26.3%) | 23(13.5%) | 30(17.5%) |
| 3 | I consistently use contraceptive methods | 19(11.1%) | 15(8.8%) | 66(38.6%) | 35(20.5%) | 36(21.1%) |
| 4 | I use family planning methods in a timely manner when necessary | 28(16.4%) | 43(25.1%) | 44(25.7%) | 24(14.0%) | 32(18.7%) |
| 5 | I seek and use family planning services based on the advice of health professionals | 48(28.1%) | 31(18.1%) | 38(22.2%) | 26(15.2%) | 28(16.4%) |
| 6 | I use emergency contraception when needed | 34(19.9%) | 40(23.4%) | 42(24.6%) | 26(15.2%) | 29(17.0%) |

| | | | | | | |
|---|--|-----------|-----------|-----------|-----------|-----------|
| 7 | I adhere to scheduled appointments for family planning services. | 38(22.2%) | 36(21.1%) | 40(23.4%) | 27(15.8%) | 30(17.5%) |
| 8 | I started the use of family planning at a young age | 12(7.0%) | 18(10.5%) | 57(33.3%) | 39(22.8%) | 45(26.3%) |

SA (Strongly Agreed), A(Agreed), N(Neutral), D(Disagreed) and SD(Strongly Disagreed)

Table 4 revealed the level of family planning services utilization. The table revealed that 24(14.0%) strongly agreed that they regularly use family planning services when needed, 26(15.2%) agreed to regular usage of family planning services when needed, 51(29.8%) were neutral about the regular use of family planning when needed, 35(20.5%) disagreed with the regular use of family planning when needed while 35(20.5%) strongly disagreed. 32(18.7%) strongly agreed to using family planning services to space births appropriately, 41(24.0%) agreed to using family planning services to space births appropriately, 45(26.3%) were neutral about using family planning services to space births appropriately, 23(13.5%) disagreed to using family planning services to space births appropriately, while 30(17.5%) strongly disagreed to using family planning services to space births appropriately.

The table also revealed that 19(11.1%) strongly agreed to consistently use contraceptive methods, 15(8.8%) agreed to consistently use contraceptive methods, 66(38.6%) were neutral to consistently use contraceptive methods, 35(20.5%) disagreed to consistently use contraceptive methods, while 36(21.1%) strongly disagreed to consistently use contraceptive methods. 28(16.4%) strongly agreed to use family planning methods in a timely manner when necessary, 43(25.1%) agreed to the use of family planning methods in a timely manner when necessary, 44(25.7%) were neutral about the use of family planning methods in a timely manner when necessary, 24(14.0%) disagreed to the use of family planning methods in a timely manner when necessary while 32(18.7%) strongly disagreed to the use of family planning methods in a timely manner when necessary. 48(28.1%) strongly agreed to seek and use family planning services based on the advice of health professionals, 31(28.1%) agreed to seek and use family planning services based on the advice of health professionals, 38(22.2%) were neutral, 26(15.2%) disagreed while 28(16.4%) strong disagreed. 34(19.9%) strongly agreed to use emergency contraception when needed, 40(23.4%) agreed to use emergency contraception when needed, 42(24.6%) were neutral to the use emergency contraception when needed, 26(15.2%) disagreed to use emergency contraception when needed while 29(17.0%) strongly disagreed to use emergency contraception when needed. 38(22.2%) strongly agreed to adhere to scheduled appointments for family planning services, 36(21.1%) agreed to adhere to scheduled appointments for family planning services, 40(23.4%) were neutral to adhere to scheduled appointments for family planning services, 27(15.8%) disagreed to adhere to scheduled appointments for family planning services, while 30(17.5%) strongly disagreed to adhere to scheduled appointments for family planning services. It was also revealed that based on starting the use of family planning at a young age, 12(7.0%) strongly agreed, 18(10.5%) agreed, 57(33.3%) were neutral, 39(22.8%) disagreed and 45(26.3%) strongly disagreed.

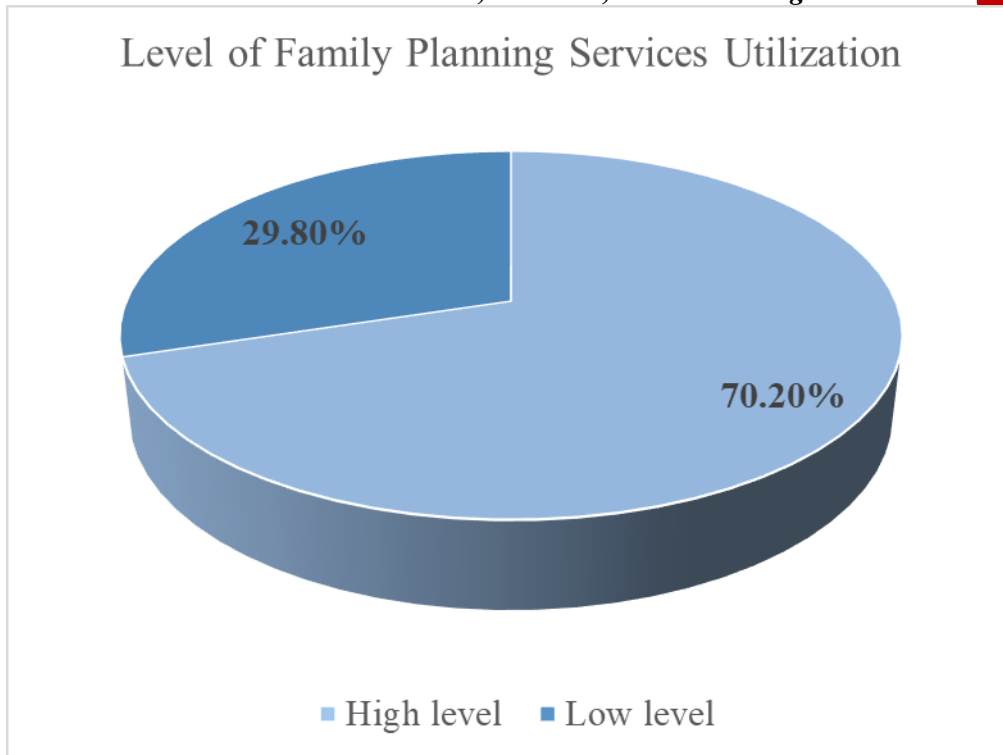


Figure 2: level of family planning utilization

The above figure 2 shows the distribution of respondents based on the level of family planning services utilization. The figure revealed that 70.20% of the respondents had a high level of family planning services utilization. while 29.80% of the respondents had a low level of family planning services utilization.

Table 5: Barriers Limiting the Use of Family Planning Services

| S/N | Items | YES | NO | Mean | Rank |
|-----|---|------------|------------|------|-----------------|
| 1 | I feel I am too young | 108(63.2%) | 63(36.8%) | 1.64 | 1 st |
| 2 | My Parents will not permit me to use it | 84(49.1%) | 87(50.9%) | 1.49 | 4 th |
| 3 | People will think I'm promiscuous | 85(49.7%) | 86(50.3%) | 1.50 | 3 rd |
| 4 | Because of the side effects | 108(63.2%) | 63(36.8%) | 1.63 | 2 nd |
| 5 | I don't know where I can access family planning methods | 46(26.9%) | 125(73.1%) | 1.27 | 5 th |
| 6 | My partner opposes it | 40(23.4%) | 131(76.6%) | 1.23 | 6 th |

Table 5 shows the barriers limiting the use of family planning services. The table revealed that 108(63.2%) of the respondents felt too young while 63(36.8%) did not feel too young to use family planning services, with the barrier ranking 1st (\bar{x} = 1.64). 84(49.1%) will not be permitted by their parents to use family planning services, while 87(50.9%) will be permitted by their parents to use family planning services, ranking 4th with a mean of 1.49. 85(49.7%) faces barrier of people thinking they are promiscuous, while 86(50.3%) do not face this barrier, ranking 3rd with mean of 1.50. 108(63.2%) were restricted because of the side effects, while 63(36.8%) did face such barrier, ranking 2nd with a mean of 1.63. 46(26.9%) don't know where to access family planning methods, while 125(73.1%) knows where to access

family planning methods, ranking 5th with a mean of 1.27. 40(23.4%) partners oppose it while 131(76.6%) partners did not oppose family planning services, ranking 6th with a mean of 1.23.

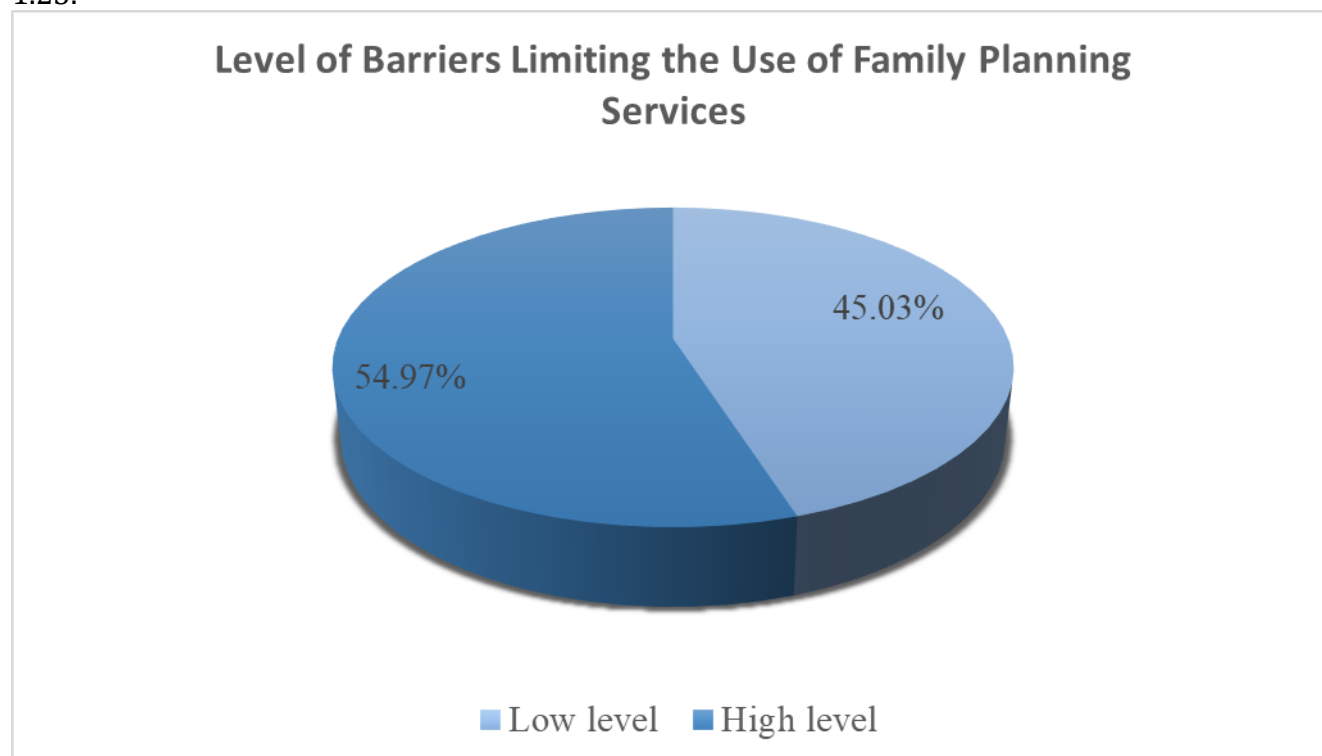


Figure 3: Level of barriers limiting use of family planning

Figure 3 shows the distribution of respondents based on the level of barriers limiting the use of family planning services. It was revealed that 54.97% of the respondents encounter a high level of barriers limiting the use of family planning services while 45.03% of the respondents encounter a low level of barriers limiting the use of family planning services.

Table 6: Relationship between knowledge and level of family planning utilization

| Knowledge * Level of family planning utilization | | | | | | | |
|--|----------------|--------------------------------------|-----------|-------|----------------|-----|---------|
| | | Level of family planning utilization | | Total | X ² | D.f | P-value |
| | | High Level | Low Level | | | | |
| Knowledge | Good knowledge | 111 | 47 | 158 | 1.006 | 1 | 0.579 |
| | Poor knowledge | 9 | 4 | 13 | | | |
| Total | | 120 | 51 | 171 | | | |

Discussion

This study reveals that a significant majority of respondents (92.4%) have a high level of knowledge regarding family planning services, while a smaller proportion (7.6%) exhibits poor knowledge on family planning services. This substantial awareness among respondents may indicate that family planning information is both accessible and effectively communicated within the population. The widespread knowledge could be a result of various factors, including

targeted public health campaigns, educational programs, and proactive healthcare provider engagement, all of which likely play a role in promoting family planning services. This is in line with the study of Maitanmi et al, (2021). The study of Takyi et al, (2023) in Ghana supported that educational programs help increase the knowledge of family planning.

The study reveals varied usage patterns and preferences for family planning methods among respondents. Abstinence emerged as the most popular choice, with 49.7% of respondents reporting it as their preferred method and considering it the most effective in preventing pregnancies and STIs. Condoms were the second most used method (25.1%), valued for both contraceptive efficacy and STI prevention by a large portion of respondents (39.8%). Lower usage rates were observed for IUCDs (8.2%) and oral pills (14.6%), despite 15.2% of respondents recognizing IUCDs as highly effective. Side effects played a role in method choice; 49.1% considered abstinence to have the least side effects, while 30.4% favored condoms for their minimal side effects. These findings suggest a preference for methods perceived as low-risk, with awareness of contraceptive options differing by perceived safety and effectiveness. However, other recent studies present contrasting usage patterns. For instance, a study in South Sudan by Jok, et al. (2025) reveals a contrast finding. Similarly, among married women in rural communities of Ebonyi State, natural methods accounted for 57% of current use, while condoms (32.7%), implants (27.3%), injectables (23.6%), and pills (16.4%) represented the distribution among artificial methods as documented by Ibikunle et al, (2021) in their study among young, unmarried women in Ekiti State. Furthermore, research among unmarried adolescent girls in southwestern Nigeria showed that condoms were the leading modern method, followed by emergency contraceptive pills, whereas abstinence was far less dominant in actual practice (Bankole et al., 2020). These contrasting findings highlight how contraceptive preferences and utilization vary widely across demographic groups, marital status, and geographic regions in Nigeria.

This study reveals a high level of family planning service utilization among respondents, with 70.2% actively using these services, while 29.8% exhibited low levels of utilization. The high utilization rate is encouraging, as it suggests that a large portion of the population is aware of and engaged in family planning, which can contribute to improved reproductive health outcomes. High utilization often correlates with better health literacy, accessibility of services, and positive perceptions of family planning methods, suggesting that the respondents may be well-informed and supported in accessing reproductive health resources. The 29.8% of respondents with low utilization, however, indicates a notable minority who may face barriers or have limited engagement with family planning services, this is in line with the study of Ezirim (2023). This group's lower utilization level could stem from several factors, including lack of access to nearby healthcare facilities, insufficient awareness of available options, cultural or religious opposition to certain methods, or concerns about potential side effects (Jok et al., 2025). Contrastingly, several recent studies provide contrasting evidence for these rates among specific subpopulations in Nigeria. For example, in urban slums, a study of female adolescents aged 14-19 found that only 15% in the North and 19% in the South reported modern contraceptive use, this points to much lower engagement in marginalized settings (Gbenga-Epebinu et al., 2020). Similarly, the "Awareness-Utilization Gap" study among reproductive-aged Nigerians found high awareness (62.8%) but utilization of family planning services was only 42.5%, indicating that even when people know about FP, many do not use them (Abduljaheel et al., 2025).

The study reveals that 54.97% of respondents encounter high levels of barriers in accessing and utilizing family planning services, while 45.03% experience low levels of these barriers. This distribution suggests that, although a substantial portion of the population can overcome

barriers, more than half of the respondents face significant challenges, which may impede their ability to engage fully with available family planning resources. Identifying and understanding these barriers is critical, as they can impact not only individual reproductive health outcomes but also broader public health goals, such as reducing unintended pregnancies and improving maternal and child health. In corroboration, community and facility assessments also report large proportions of adolescents who never use contraceptives or who cite service-level barriers: a cross-sectional preprint found that 70% of adolescent girls in one setting had never used contraceptives, highlighting persistent unmet need and access gaps.

The chi-square analysis conducted in this study reveals a p-value of 0.579, indicating no statistically significant relationship between respondents' knowledge of family planning services and their level of utilization. This finding is critical as it suggests that increased knowledge alone may not be a sufficient driver for the use of family planning services.

Conclusion

The study shows that majority of the respondents has a good knowledge of family planning, abstinence was the most preferred pattern of use of family planning services followed by Condom. It also concluded that majority of the respondents possess a high level of family planning services utilization, and a larger percentage faces a high level of barriers limiting their use of family planning services.

Recommendations

1. Encourage healthcare facilities and employers to adopt adolescent-friendly policies that facilitate access to family planning services, including flexible work schedules and designated breastfeeding areas.
2. Foster community partnerships to promote family planning awareness, involving local leaders and organizations to address cultural norms and attitudes towards family planning.
3. Provide continuous professional development opportunities for nurses regarding family planning methods, cultural competence, and effective communication strategies to enhance their ability to educate and support patients
4. Implement targeted educational initiatives to improve knowledge of family planning services, focusing on addressing misconceptions and increasing awareness of available methods.

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