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Gender Difference, Knowledge and Perception of Youths Towards Contraceptives Usage in Kano State, Nigeria

Umar, Talatu Ibrahim

ABSTRACT

Over the years Nigeria has, compared to developed nations, recorded high rates of both sexually transmitted infections (STIs) and maternal deaths resulting from unsafe abortions in response to unwanted pregnancies. This study was carried out to investigate gender difference, knowledge and perception of youths towards contraceptives in Kano State, Nigeria. A sample of 250 youths from five local government areas was drawn using simple random sampling techniques and the descriptive research design was adopted for the study. A self-developed closed ended questionnaire with four different scales tagged "Gender differences, knowledge and perception of youths towards contraceptives use among Youths Questionnaire (GDKPCUQ) was used to generate data, and generated data were analyzed using descriptive statistics of frequency counts, simple percentages, T-.test, ANOVA, and Chi-square. Despite Youths' high awareness of the existence of contraceptive methods and continuous engagement in sexual activity, the findings of this study show that level of actual contraceptive knowledge as well as the rate of contraceptive use among youths was found to be not too low or too high. The internet media was found to be the major source of contraceptive information for Youths; this makes it likely that incorrect or incomplete information is conveyed to Youths, which could lead to them developing negative attitudes towards contraceptive use or being exposed to the dangers of contraceptive challenges.

Keywords: *Gender Differences, Knowledge, Perception, Youths, Contraceptives*

INTRODUCTION

For several years the need for joint sexual and reproductive health (SRH) responsibility between men and women to achieve gender equality and reduce health inequalities has received more attention. Traditionally, contraception has often been regarded as women's responsibility. However, recent efforts have pushed for men's involvement to improve contraceptive use and reduce unwanted pregnancies and STIs, including HIV. In the African settings the use of contraceptives is not openly discussed among the youths due to strong cultural

Umar, Talatu Ibrahim *is a Senior Lecturer and Head of Department, Department of Education, Umaru Musa Yarádua University, Kastina State, Nigeria. E-mail: aattuu07@gmail.com*

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and religious beliefs, which exposes the young men and women to the increased risk of unwanted/unintended pregnancies. In many African traditional culture settings, pregnancy before marriage is often viewed as an abomination. As such, many unmarried females who get unintended pregnancies seek abortions services for fear of societal judgment. Abortion in Nigeria being illegal increases the risk of maternal deaths because it is usually unsafe .

The belief that contraceptives are difficult to use and interfere with sexual pleasure might be perceived as a barrier to the use of them. Knowledge and use of contraceptives play a vital role in preventing various consequences from that of failure to use contraceptives. Thus, the Nigerian youths need knowledge to be able to make informed decisions and to evaluate their attitudes and beliefs about contraceptives.

Nigeria's Population Reference Bureau (PRB) reported in 2011 that only about 29% of Nigerian youths use contraceptives; in spite of reported high rates of sexual activities and increased awareness of contraceptive technologies (Akani, Enyindah and Babatunde, 2008; Fatusi and Blum, 2008: Cadmus and Owoaje, 2010: Adeniji, Tijani and Owonikoko, 2013). These studies reveal that many youths are generally aware of the existence of contraceptive methods and the benefits accruing from using contraceptives. However, this awareness is not reflected in the actual utilization of these methods, thereby leading to increase in the incidence of STIs and unsafe abortions resulting from unwanted pregnancies. Also, some similar findings indicating low contraceptive use were found among the Nigerian youths, thus indicating that Nigerian youths are vulnerable to unwanted pregnancies and the contraction of STIs (Orji and Esimai 2005; Nwokocha, 2007; Attahir, Sufiyan, Abdulkadir, and Haruna, 2010; Omoyeni, Akinyemi and Fatusi, 2012.

The current prevalence rate for contraceptive use in Nigeria is approximately 11%–13%. This rate is very low in spite of the high rate of sexual activity and widespread awareness of the various contraceptive methods among Nigerian youths. As a result, there are many unintended pregnancies and illegal abortions contributing to a high maternal mortality ratio, which seems to indicate a large unmet need for contraceptive use. There is ample research evidence identifying the various factors that contribute to the low prevalence of contraceptive use in Nigeria, with the most common factor being the myth about the side effects of modern contraceptives. However, what is lacking is political will in Nigeria to provide family planning programs on a much larger scale, using community-oriented approaches and communication programs, to help change the myth about the use of contraceptives. This review highlights current knowledge, perception and differences in contraception, reasons for low

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contraceptive use and practice in Nigeria, and the need for Nigeria to generate a political priority and a will to make a change in maternal health indicators, with the ultimate goal of providing direction to guide the Nigerian youths about the myth surrounding contraceptive. It is crucial to understand what men's needs are and what they think when it comes to contraceptive use, we need to know what the reasons are that lead to use or non-use of contraceptives. Although globally the level of contraceptive use is considered low compared to contraceptive awareness, certain societies have recorded higher prevalence of contraceptive use than others. The WHO in 2011 reported the general prevalence of contraceptive use to be higher in countries in Latin America, at an estimated 63%, than in countries in Africa at an estimated 20%, with the rate of non-use highest in sub-Saharan African countries. The rate of contraceptive use among the Nigerian population was reported at approximately 12% (Monjok, Smesny, Ekabua, and Essien, 2010).

Over the years Nigeria has, compared to developed nations, recorded high rates of both sexually transmitted infections (STIs) and maternal deaths resulting from unsafe abortions in response to unwanted pregnancies. Unsafe abortions and the spread of STIs are still considered among the greatest challenges associated with youths' reproductive health in Nigeria (Bankole, Sedgh, Oye-Adeniran, Adewole, Singh, and Hussain, 2006). Nigerian youths (young adults in the age bracket of 18-25 years) also form the majority of people exposed to the risk of unwanted pregnancies and contraction of STIs (Orji, Adegbenro, and Olalekan, 2005; Fatusi and Blum, 2008). Also, due to the restrictive law against abortion in Nigeria, abortions are usually done in clandestine conditions, often resulting in complications that may cause either health hazards to the individual or even death (Abiodun and Balogun, 2009). These health challenges could be significantly reduced, if not entirely avoided, by effective contraception.

Several studies have reported changes in Nigerians' attitude about contraception. However, previous studies did not examine the gender knowledge, perception and differences of youths towards contraception and its use. Also, those studies are yet to probe the rationale behind the reason why some youths still fall in errors in the contraction of sexually transmitted diseases which lead some of them to untimely death. The gender differences towards contraceptives among Nigerian youths have called for research into factors which are responsible for various perceptions towards contraceptives. There is need to explore contraceptive knowledge and practices among youths in Nigeria, in order to contribute to a greater understanding of the extent of their vulnerability to unprotected sex and its attendant problems.

The aim of this study is to understand the gender, knowledge and

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perception and differences of youths towards contraceptives in Kano State, Nigeria. In order to achieve this, the following sets of specific objectives were identified. Specific Objectives of the study are:

1. To assess the knowledge and perceptual differences of the target population regarding contraceptive methods.
2. To determine sources of Information on Contraceptive Usage ?
3. To establish the perception of both male and female youths towards contraceptive?
4. To know if social characteristics such as age, gender and cultural beliefs and practices (which were identified as important in the general literature) influence youths' understanding of attitudes towards contraceptive use in Nigeria?

This study deals with the understanding of gender knowledge, perceptions and differences towards contraception usage among adolescents. Within this terrain and setting from the existing literature, the research is organized around the following questions:

1. What is the level of knowledge and perception among youths about different methods of contraception (both modern and traditional) and what is their primary source of contraceptive information?
2. What are Sources of Information on Contraceptive Usage?
3. What is the perception of both male and female youths towards contraceptive?
4. Do social characteristics such as age, gender and cultural beliefs and practices influence youths' understanding of attitudes towards contraceptive use in Kano State, Nigeria?

METHOD

A descriptive survey design was adopted for this study. Descriptive survey design is on relative elements of the population with common attributes which are chosen with a view to representing the entire population. Moreover, the outcome of the study and selective group is normally adequate and sufficient which is used as a basis for generalization. The descriptive survey method normally paves way for a researcher to make use of questionnaire. Descriptive analysis was used to analyze the data generated from demographic characteristics of respondents while correlation analysis was used in order to capture in a preliminary manner, the nature of relationship between the variables. This design is considered appropriate for eliciting self-report responses from respondents to enhance the systematic investigation of the profound correlation between the Knowledge and Perception

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of Youths on Contraceptive Use among Youths in Kano State, Nigeria. The population covers Youths in the forty four Local Government areas. The Youths in this category cut across males and females with age range of 18 to 40 years. The sample comprises two hundred and fifty (250) Youths participants selected within five local Governments Areas of Kano State systematically selected for the study. The selected local government are Kano municpal local government, Gwale local government, Tarauni local government, Nassarawa Local Government, Kumbotso Local government in Kano State. The respondents were selected using purposive sampling technique; this is because these research respondents was easily accessible and enhance the researcher's ease in administration of research instrument.

Self-design questionnaire tagged "Gender differences, knowledge and perception of youths towards contraceptives use among Youths Questionnaire (GDKPCUQ) was used for the study. The questionnaire was designed by a thorough literature review of the related published studies, after which the questions were short listed to be included in the final questionnaire. The instrument is made up of sections A, B, C and D. Section A contains 6 items measuring the demographic variables, while Section B contains 10 questions that measure Knowledge of contraception (KC) adopted from measurement of effectively substitute condoms, Oral contraceptive Pills and Condom contraceptive method Research scale developed by Emily J. Shaffer Hudkins (2011). Section C contains 10 questions that measure Perception of Contraception (PC) adopted from measurement of Carol Ryff, University of Wisconsin Madison Psychological wellbeing Research scale developed by Ryff and Singer (1998), while Section D contains the source of information on the use of contraceptives. The research instrument is a 4-point likert rating scale ranging from Strongly Agree (SA) to Strongly Disagree (SD) formulated in line with the research hypotheses. The questionnaire was subjected to the scrutiny for content and face validity by expert in the field of study before final administration to respondents.

For validation the questionnaire was administered on twenty (20) participants from a different location which would not be part of the original population of the study to ascertain the reliability of the study. The complete questionnaire was tested through Cronbach's Alpha method to ensure the reliability before the final copy was produced. The result of reliability coefficients of each factor was used after the necessary modification of the research instrument before final administration to research participants.

The researcher along with four assistants administered the questionnaire to the respondents in various locations. The researcher informs the respondents of the objectives of the study and need for them to give accurate information

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required. The completed questionnaire was collected from respondents and collated for analyses. The questionnaires administered were retrieved, counted and crosschecked to determine attrition rate then coded before analysis. Demographic variables of respondents were analyzed by percentage distribution and frequency counts. Statistical analysis was carried out on the dependent and independent variables to test the research hypotheses using t-test, ANOVA, and Chi-square.

RESULTS AND DISCUSSION

From the table 1, the respondents that were male are 128(51.4%), female were 105(42.2%) while 16(6.4%) of the respondents fails to indicate their gender. Also, only 2(0.2%) attain primary school education with more than half of the respondents attain tertiary educational level while 30(12%) of them do not indicate their academic qualification. Majority of the respondents are between age 18-25 years and just 18(7.2%) of the respondents fails to indicate their age range. Also 170(68.3%) are Muslims, 57(22.9%) were Christians and 19(7.6%) do not indicate their religion. The questionnaires were evenly distributed across the five Local Governments that were considered in this research project.

From the curves on figure 1, it is evident that the level of respondent's knowledge and perception on contraceptives usage is normal as the curve superimposed on the two histograms is a normal curve (the curve is not skewed to the right or left). This means that majority of the respondent do not have too low or too high knowledge and perception about the use of contraceptive. This means that majority of them have normal level knowledge and perception of contraceptive use. Using the mean value against each source of information, people get information from peer, internet, health education and television. The one that people mostly relied upon to get information on contraceptive use is the internet with the highest mean estimate of 3.313 (Table 4). The test in table 5 reveals that the perception of female on contraceptive use is significantly different from that of male's perception at 5% significant level. The mean perception of female is more than that of the male, hence female has more perception on the use of contraceptives than the male.

The results in table 6 show that age does not influence respondent's knowledge of contraceptives use. This means that age does not determine whether respondent will have knowledge of contraceptives use. In other words, respondents have knowledge of contraceptives use irrespective of their age. However, the result shows that religious institutions influence the use of contraceptives as many of them holds the belief that it is against their religious practice.

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The results reveal that majority of both male and female respondents in this study have general knowledge on the use of contraceptives; perhaps this is due to their age and the environment they live. Also, the result reveals that condom is well known and common among contraceptives they use due to the easy access to it in the neighborhood. And lastly, the result shows that the internet is the most popular source of information on the use of contraceptive among the youth. Similarly, several studies conducted by some researchers revealed high levels of awareness of contraceptive methods regardless of the extent of their actual engagement in sexual activities. However, most of the students lacked detailed knowledge of the methods. This report is in correlation with the study earlier conducted by Akani, Enyindah and Babatunde (2008) (Abiodun and Balogun, 2009; Omo-Aghoja *et al*, 2009; Adeyinka, Oladimeji, Adeyinka, Adekanbi, Folope, and Aimakhu, 2009; Adeokun, Ricketts, Ajuwon and Ladipo, 2009;), indicated a relatively high level of contraceptive awareness at 50.7% among young Nigerian students; of these students, however, 57.6% did not have detailed knowledge on how contraceptives function.

Also, a study by Okunlola, Morhason-Bello, Owonikoko and Adekunle in 2006 indicates that most students (59.9%) acquired their contraceptive knowledge through internet activities, This finding is supported by other studies conducted by Adeokun *et al*, (2009) which reports the internet (50% and 45% respectively) as the major source of knowledge for students in Tertiary institutions of Nigeria. Also, in their study Iwuagwu *et al*, showed that 73% of female respondents reported negotiating condom use with male partners during sex. Their findings also established a positive relationship between the number of sexual partners and a girl's ability to negotiate condom use.

The results reveal that female youth usually have a different perception towards contraceptives. This is also in line with the report given by Orji and Esimai (2005), the study found that most female students (86.7%) would not use any form of contraception during sex, either because they were involved in relationships with male partners who did not want to use them, or they were engaged in sexual relationships with multiple partners, which exposed them to unplanned and sometimes coerced sex thereby limiting their negotiating power on the use of condoms. Studies have established that girls with fewer sexual partners are more likely to initiate condom use during sex than girls with more sexual partners (Iwuagwu, Ajuwon and Olaseha, 2000; Okunlola *et al*, 2006). In addition, the research reveals that the perception of contraception use is not significantly different across academic qualification level. It means respondent has the same level of perception on contraceptive usage irrespective of their academic qualification.

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The findings of this study do not agree with the research conducted by the Nigerian Ministry of Health (NMH) 2001 which shows that there is a significant difference between male and female who are using contraceptives. However, a similar research conducted by Adekunle and Otolorin (2000) reveals a rather insignificant improvement in the quality of reproductive health. Poor quality and limited availability of health services, as well as low rates of contraceptive use (estimated at about 11%), still lingers on in Nigeria (Adekunle and Otolorin, 2000). As my study shows, this is a problem for the Nigerian youth.

The results further reveal that both genders mutually benefit from contraceptives use that is, they experience almost the same measure of benefit for using contraceptives. This result is in line with the result of research conducted by Amos (2007); Akani, Enyindah and Babatunde (2008); Cadmus and Owoaje (2010). They reported that though some students reported having negative attitude towards condoms, stating that condoms often fail by either breaking or slipping out as well as reducing sexual pleasure during sex; as such, they would prefer other methods such as injectable and implants because of their perceived long lasting effects and efficiency. This clearly shows that they both derive benefit in the use of contraceptives only that they have preference for the contraceptives type. The results also indicate that age does not influence respondent's knowledge of contraceptives use. This means that age does not determine whether respondent will have knowledge of contraceptives use. In other words, respondent have knowledge of contraceptives use irrespective of their age.

However, the result shows that religious institutions influence the use of contraceptives as many of them hold the belief that it is against the religious practice. This result is in line with research report conducted by Odimegwu and Sunday 2014, among 1,870 Nigerian university students which revealed a strong influence of religion on students' attitudes towards reproductive health issues. Students who were religiously tended to have more negative attitudes towards issues of reproductive health such as contraception than those who were only affiliated to the faith (Odimegwu and Sunday, 2014).

Similarly reports also indicate a lower usage of contraception among Muslims compared to Christians, because of the practice of early marriage particularly the northerners, and the belief that it is beyond the capacity of humans to decide on the number of children one should have (Duze and Mohammed, 2006). Finally, Religious beliefs and practices were also found to influence the individuals' attitude towards contraception.

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Table 1: Frequency analysis table of the demographic variables

Variables	Groups	Frequency	Percentage
Gender	Male	128	51.4
	Female	105	42.2
	No indication	16	6.4
	Total	249	100
Academic qualification	Primary	2	0.8
	Secondary	41	16.5
	Tertiary	176	70.7
	No indication	30	12
	Total	249	100
Age	18-25	187	75.1
	26-30	18	7.2
	31-35	13	5.2
	36-45	13	5.2
	No indication	18	7.2
	Total	249	100
Religion	Muslims	170	68.3
	Christians	57	22.9
	Traditional	3	1.2
	No indication	19	7.6
	Total	249	100
Local Government Area	Kumbotso	50	20.1
	Nassarawa	50	20.1
	Tarauni	50	20.1
	Gwale	49	19.7
	Municipal	50	20.1
	Total	249	100

Table 2: Knowledge of Contraceptives Use of the Respondents

Items	SA	A	D	SD	Mean
Condom can effectively be substituted with household wraps or balloon during sex	28(11.6)	34(14.1)	40(16.6)	139(57.7)	1.796
Contraceptive pills do not guarantee 100% contraception	74(30.2)	143(58.4)	22(9.0)	6(2.4)	1.837
A woman could get pregnant while using contraceptive pills during sex	47(19.1)	139(56.5)	51(20.7)	9(3.7)	2.089
Condom is the only contraceptive method men can use	22(8.9)	71(28.9)	91(37.0)	62(25.2)	2.215
The use of contraceptive methods among youth will increase the risk of infertility in the future	53(21.5)	109(65.9)	63(91.5)	21(8.5)	2.211
A woman could become pregnant while using condom during sex	74(30.2)	125(51.0)	34(13.9)	12(4.9)	1.935
A woman could become pregnant while using injectable contraceptives during sex	40(16.3)	117(47.6)	74(30.1)	15(6.1)	2.260
A woman could become pregnant while using withdrawal method during sex	92(36.9)	120(48.2)	31(12.4)	6(2.4)	3.197
Only women are responsible to use contraceptive method	34(13.9)	49(20.0)	84(34.3)	78(31.8)	2.841
A sachet of condom could be used during sex as many times as possible	18(7.5)	48(19.9)	77(32.0)	98(40.7)	3.058
Weighted mean	2.344				

Note: *The figures in bracket indicate percentage*

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Table 3: Perception of contraceptives use of the respondents

Items	SA	A	D	SD	Mean
I think I know everything about contraceptive use	27(23.7)	44(17.7)	119(47.8)	59(23.7)	2.157
Discussion about contraceptive use with partner is embarrassing	12(4.8)	32(12.9)	128(51.6)	76(30.6)	3.081
Courage is needed to purchase condom from pharmacies, conventional shops or dispensary	44(18.0)	125(51.0)	51(20.8)	25(10.2)	2.233
Using condom will create less sexual pleasure during sexual intercourse	41(17.2)	103(43.1)	77(32.2)	18(7.5)	2.301
Change in male attitude that is to participate in contraception, may increase contraceptive prevalence in some area	35(14.5)	129(53.3)	65(26.9)	13(5.4)	2.231
Contraceptives may reduce the fear of unplanned pregnancy and afford the woman the freedom to enjoy the sexual relationship	64(25.7)	145(58.2)	32(12.9)	8(3.2)	3.064
Contraceptive allows women to pursue higher education by delaying pregnancy and gain some measure of economic security	67(27.1)	138(55.9)	32(13.0)	10(4.0)	3.061
It is complicated to use contraceptive method	34(14.0)	77(31.8)	111(45.9)	20(8.3)	2.484
Sex education including contraceptives should be introduced in early age	96(37)	102(41.5)	33(13.4)	15(6.1)	3.134
Health care providers must provide counseling on contraceptive methods, mechanism of action, best time to use and possible side effect to all women	140(56.7)	88(35.6)	15(6.1)	4(1.6)	3.474
Weighted mean	2.722				

Table 4: Sources of Information on Contraceptive Usage

Variables	Often	Sometimes	Rarely	Never	Mean
Peer	80(32.9%)	95(39.1%)	48(19.8%)	20(8.2%)	2.967
Internet	126(51.9%)	78(32.1%)	28(11.5%)	11(4.5%)	3.313
Radio	63(26.0%)	82(33.9%)	69(28.5%)	28(11.6%)	2.744
Health education	77(31.6%)	104(42.6%)	49(19.7%)	14(5.7%)	3.000
Counseling programme	57(23.9%)	77(32.4%)	64(26.9%)	40(16.8%)	2.635
Religious gathering	38(15.7%)	65(26.9%)	72(29.8%)	67(27.7%)	2.306
Older siblings	34(14.2%)	77(32.2%)	69(28.9%)	59(24.7%)	2.360
Parents	38(16.0%)	56(23.5%)	73(30.7%)	71(29.8%)	2.256
Television	69(28.0%)	118(48.0%)	46(18.7%)	13(5.3%)	2.988
Sex partner	64(27.7%)	67(29.0%)	44(19.0%)	56(24.2%)	2.602

Table 5: perception of both male and female youths towards contraceptives

Group Statistics	Sex	N	Mean	Std. Deviation	Std. Error Mean
Perception	Female	91	27.8352	2.53975	.26624
	Male	120	26.6250	3.01554	.27528

Independent sample test of gender on perception of contraceptives use

	t-value	Df	Sig. (2-tailed)
Perception	3.087	209	0.002

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Table 6: Age influences knowledge of contraceptive use.

Case Processing Summary

	Cases					
	Valid		Missing		Total	
	N	%	N	%	N	%
Knowledge * age	205	82.3	44	17.7	249	100

The below test is testing whether age influence knowledge of contraceptives

Crosstab

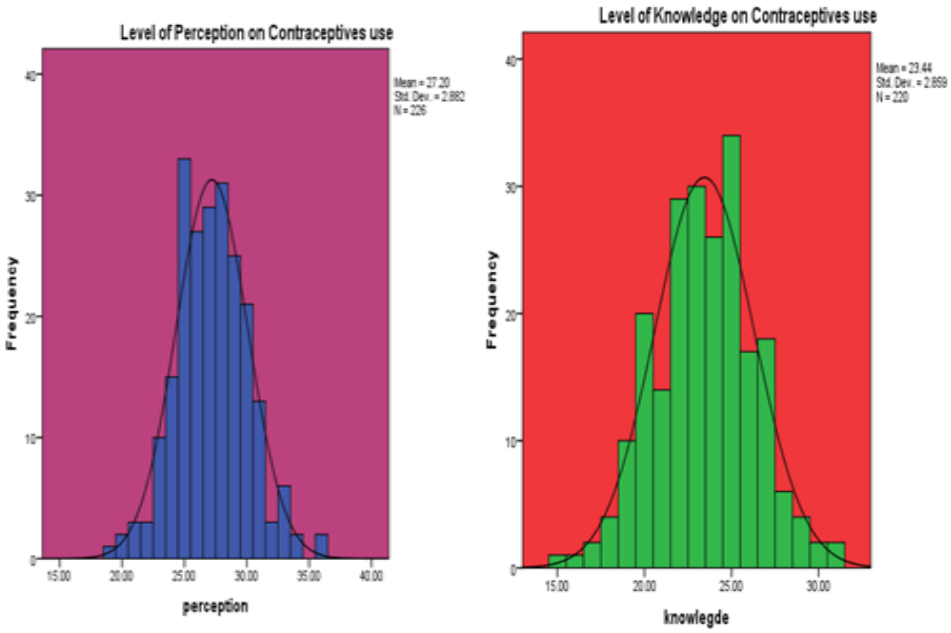
Count		Age				Total
		18-25	26-30	31-35	36-45	
knowledge	low	54	7	6	8	75
	high	112	8	6	4	130
Total		166	15	12	12	205

Chi-Square Tests

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	7.445[a]	3	.059
Likelihood Ratio	7.186	3	.066
Linear-by-Linear Association	7.235	1	.007
N of Valid Cases	205		

a. 2 cells (25.0%) have expected count less than 5. The minimum expected count is 4.39.

Figure 1: Distributional Curves of Knowledge and Perception on Contraceptive Usage



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CONCLUSION AND RECOMMENDATIONS

Despite Youths' high awareness of the existence of contraceptive methods and continuous engagement in sexual activity, the level of actual contraceptive knowledge as well as the rate of contraceptive use among youths was found to be not too low or too high. The internet media was found to be the major source of contraceptive information for Youths; this makes it likely that incorrect or incomplete information is conveyed to Youths, which could lead to them developing negative attitudes towards contraceptive use or being exposed to the dangers of contraceptive challenges.

Contraceptive use, including emergency contraception, was low among sexually active youths. However, the condom was found to be the most commonly used methods of contraception among students. Negative and unfriendly attitudes of health care providers towards students seeking for contraceptives was also found to limit contraceptive use among Youths in the area, thereby exposing them to the dangers of unprotected sex. Having considered the above statement, the following recommendations are made:

1. The findings of this study will assist counselor to provide anticipatory guidance regarding contraceptive use to students, parent and guardian so that they do not fall astray when they are to use contraceptives.
2. The results of this research project provide opportunities for the school counselor to explore the sexual challenges related to contraceptives use and to predict the outcome on non-use of contraceptives.
3. This research work provides lessons for parents to have more understanding on the use of contraceptive and clear the erroneous perception and attitude they might have with contraception.
4. And lastly, with the empirical analysis of this project, it helps parents and youth to know the types and appropriate contraceptives that may suit their needs.

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