



Misconceptions of Modern Family Planning Methods Among University Undergraduates of University of Benin, Edo State

Dibia, S.I.C.¹ & Dibia, O.C.²

¹ Department of Human Kinetics and Health Education, University of Nigeria, Nsukka

² Curriculum Development and Instructional Material Centre, University of Nigeria, Nsukka

Abstract

Modern family planning which is an important component of reproductive health poses a major public health challenge in individuals of reproductive age when not adopted, especially in developing countries. The low adoption and utilization can be attributed to misconceptions regarding modern family planning methods among young people all over the world. The cross-sectional research design was used. The population for the study consisted of all undergraduates of UNIBEN Edo State estimated at 33,342. A sample of 344 undergraduates was selected using multi-stage random sampling technique. A semi-structured questionnaire titled 'Misconceptions of Modern Family Planning Methods Questionnaire' (MoMFPMQ) was utilized for data collection. The instrument was face validated by five experts. Kuder-Richardson 21 formula was utilized to establish the reliability of the instrument. Reliability coefficient of .83 was obtained. Frequencies and percentages, and Chi-square statistic were used for the research questions and null hypotheses respectively. The major findings of the study indicated that 46.1 per cent undergraduates of UNIBEN had misconceptions regarding modern family planning methods; undergraduates aged 16-25years had slightly higher misconceptions (46.6%) regarding modern family planning method than their counterpart 26-35years (42.2%). Also, no significant relationship existed between misconceptions regarding modern family planning methods and ages of UNIBEN undergraduates ($\chi^2 = 19.109$, $df = 13$, $p = .120 > .05$); and gender ($\chi^2 = 14.873$, $df = 13$, $p = .315 > .05$). Based on the findings and discussions of the study, it was concluded that undergraduates of UNIBEN had misconceptions regarding modern family planning methods. The study recommended that higher institutions, health educators and health professionals in University of Benin should design health programmes at the university where undergraduates could be reached to disseminate accurate information, dispel misconceptions and create awareness about modern family planning methods.

Keywords: Family planning, methods, misconceptions, undergraduates, UNIBEN

Introduction

Non usage of modern family planning which is an important component of reproductive health poses a major public health challenge in individuals of reproductive age, especially in developing countries. Low utilization of modern family planning can be attributed to misconceptions regarding modern family planning methods among young people in sub-Saharan Africa. Due to misconceptions of side effects regarding modern method of family planning; unplanned pregnancies, unsafe abortions and death of undergraduates continue to be major reproductive health problems affecting individuals and couples (Akintade, Pengpid & Peltzer, 2011). Since, the inception of modern family planning, health personnel have through diverse ways tried to persuade individuals and couples to adopt various methods. However, not everyone is knowledgeable about modern family planning methods much more, even adopt them (Dibia, 2013). Nuances of some misconceptions seem to mitigate wider adoption of modern family planning methods especially in sub-Saharan region. This is evidenced in the inverse increase of modern family planning methods utilization in African region (World Health Organization- WHO, 2019).

Family planning is central to gender equality, and a key factor in reducing poverty. Yet in developing regions, an estimated 232 million women who want to avoid unplanned pregnancies are not using safe and effective family planning methods for reasons ranging from lack of access to information or services as well as misconceptions regarding the use of modern family planning methods (United Nations Population Fund, 2018). Family planning is a reproductive health intervention that promotes the health of the entire family; not just that

of the woman alone. Family planning denotes ways of pregnancy prevention, child spacing, preventing abortions, and preventing sexually transmitted infections such as Human Immuno-deficiency Virus (HIV), AIDS among others, with the major aim of improving the quality of life. Federal Ministry of Health- FMOH (2012) defined family planning as a service offered to individuals and couples to educate them about family life and to encourage them to achieve their wishes with regards to: preventing unplanned pregnancies, securing desired pregnancies, spacing of pregnancies and limiting the size of the family in the interest of the family health and socio-economic status. Family planning is a way of thinking and living that is adopted voluntarily, upon the basis of knowledge, attitude and responsible decisions by individuals and couples, in order to promote the health and welfare of the individual and family group, and this contributes effectively to the social development of the country (WHO, 2018). Contextually, family planning refers to a voluntary, basic and essential health care service rendered to individuals and couples in order to empower them to prevent unplanned pregnancy; prevent abortion; determine the sex of the child; choose the number of children and spacing of their children to promote healthier mother and children as well as smaller household, whose economic needs are easy to meet. This can be achieved through various methods generally referred to as family planning methods.

Family planning methods are various procedures available to individuals and couples directed at impeding conception or preventing unplanned pregnancy. Andi, Wamala, Ocaya, and Kabagenyi (2011) categorized family planning method into two major groups namely, modern and traditional methods. Monjok, Smesny, Ekabue, and Essien (2010) identified some common traditional family planning methods such as: periodic abstinence method, coitus interruptus and prolonged breastfeeding, post-partum sexual abstinence, herbal juice and concoctions, strings and wooden beads and rhythm method. Modern family planning methods comprise sterilization, pills, depot implant, condoms, intra uterine device among others. Family planning methods available to individuals and couples include abstinence, coitus interruptus, rhythm method, barrier methods, combined oral contraceptives, combined injectable contraceptives, new hormonal delivery systems, and emergency contraception. These methods could be in form of oral and injectable hormones, sterilization, and use of spermicide, barrier method and fertility awareness method.

Modern family planning methods refer to various methods of family planning other than traditional or natural family planning methods. They involve the use of devices and materials to regulate conception and prevent infections. The modern contraceptive devices are safe and more reliable than the traditional methods (Okoye & Okoye, 2007). In this study, modern family planning methods are contraceptive methods made available to individuals who wish to regulate having children and prevent sexually transmitted infections.

Adoption of modern family planning methods has several benefits. World Health Organization (2018) highlighted some of the benefits to include preventing pregnancy-related health risks in women, reducing infant mortality, helping to prevent HIV/AIDS, empowering people and enhancing education, reducing adolescent pregnancies, and slowing population growth. Despite the enormous benefits of family planning, the uptake of family planning services remains very low in Nigeria (Dibia, 2013; Ogboghodo, Adam, & Wagbatsoma, 2017), and some other developing countries of the world (Calikoglu et al, 2018; Afriyie & Tarkang, 2019). Undergraduates seem to have a share in the low use of modern family planning methods. Eliason et al. (2013) asseverated that misconceptions influence the intents of undergraduates' use of modern family planning methods. Misconceptions had resulted to many health problems such as; unplanned pregnancies, sexually transmitted infections et cetera, and such problems can be prevented through family planning methods adoption. Some studies have explored misconceptions of modern family planning methods but none has considered UNIBEN undergraduates (Afriyie & Tarkang, 2019; Monjok et al., 2010).

Undergraduates are students who are studying first degree. Catherine and Angus (2012) posited that an undergraduate is a university student who has not yet received a first degree. In this study, undergraduates refer to female and male students in UNIBEN studying for their bachelor's level degree. Undergraduates are used for this study because they are sexually active and vulnerable to sexually transmitted infections, unplanned pregnancies and unsafe abortion. University undergraduates seem to have different views about modern family planning method. These views are unscientific. Thus, they are regarded as misconceptions. According to Kawulich, Garner, and Wagner (2009), misconception refers to perception held by a learner that is significantly at variance with that of an expert and therefore, impedes progress in learning and usage. The pedagogical



implication is that misconception needs to be changed into or replaced by the “correct” conception. Modern family planning methods are evolving at an exponential rate, and require expert information to eschew growing misconceptions. Negative misconceptions about family planning are barriers to modern contraceptive use (Gueye, Speizer, Corroon, & Okigbo, 2015). Contextually, misconceptions are wrong views, beliefs, and ideas held by University of Benin (UNIBEN) undergraduates regarding modern family planning methods.

There are some factors or characteristics of undergraduates that could influence their perception of modern family planning methods and adoption. Apanga and Adam (2015) enumerated certain factors associated with modern family planning use such as awareness, parity, educational level, partners’ involvement, fear of side effects, socio-economic status, religion, and cultural norms. In the context of this study, the factors to be discussed are age and gender. This study ascertained the influence of these factors as they relate to misconceptions regarding modern family planning methods in the area of the study.

Age of a person seems to affect the use of modern family planning methods. For undergraduates, the least age for admission is sixteen years. Therefore, the age ranges 16 to 25 years and 26-35 years were used. The rationale for 35 years is because undergraduates are classified as youths. Studies have shown that undergraduates between the ages of 16 – 25 utilize contraceptives the most (Oye-Adeniran, Adewole & Umoh, 2005; Monjok et al. 2010). Unfortunately, it is that same age group that Nigerian cultural forces have prevented from benefitting from adequate information regarding modern family planning methods. Oye-Adeniran et al (2005) further posited that those aged 25 years and above gets more access to contraceptives more than their juniors. This may be the reason why the younger person seeks to get the contraceptive from various means such as patent medicine stores, online stores and other unlicensed outfits. Apparently, acquiring the modern family planning methods from these sources tends to increase the misconceptions held by the public and the undergraduates as they do not stand the chances of getting accurate information and clarifications concerning modern family planning methods (Gueye, et al., 2015).

Gender has been identified to be associated with misconceptions regarding modern family planning methods. Gender plays an important role in contraceptive decision-making since men and women’s approval and demand for use of contraception are diverge. According to WHO (2015), use of contraceptives by men are limited to male condoms and sterilization (vasectomy) while other large relative subset is attributed to female ranging from combined oral contraceptives, implants, injectables contraceptives, sterilization, to mention but a few. On the other hand, a wide range of contraceptives is attributed to women. Brynes, Miller and Schafer (1999) stated that gender has been identified as having connection with misconceptions of side effects. The authors further explained that gender difference varies in age and context, and side effects of contraceptives are more likely among female individuals than males.

Diffusion of innovation theory was used for the study. Diffusion of innovation theory was developed by E.M. Rogers in the year 1962. The theory posits that new ideas and behaviours can be spread through a network of people by individual channels of communication (Rogers, 1983). It is possible that some instances, anti-family planning messages are being communicated in the context of discussions of family planning and rumours and misconception can be spread through a social network. This creates the possibility of negative diffusion effects, where “rumours about health side effects can serve as barriers to contraceptive adoption by persons otherwise motivated to use”. Diffusion of innovation theory explains that an individual has to undergo several series of decision making process before the actual adoption of health behaviour. The processes include awareness, decision to adopt or reject the innovation, decision, implementation, and confirmation stage.

The researchers observed through pilot investigation that undergraduates shy away from modern family planning methods. This is worrisome, as the undergraduates’ low utilization may be due to their misconceptions regarding modern family planning methods. Misconceptions, such as, *‘people who use contraceptives end up with health problems’*; *‘contraceptives can cause cancer’*; *‘use of contraceptive injections can make a woman permanently infertile’*; *‘contraceptive reduces sexual urge’*; *‘women who uses contraceptives may become promiscuous’*, and so on have besotted the media. More so, undergraduates of University of Benin may be exposed to risks resulting from sexual practices due to non-use of modern family planning methods. In view of the recurrent reports of low modern family planning methods acceptance and use in Nigeria (Dibia, 2013) and

some other developing countries of the world (Calikoglu et al, 2018; Afriyie & Tarkang, 2019), and limited evidence on studies considering misconceptions as possible factors that influence modern family planning methods use, an investigation of the misconceptions of modern family planning methods among university undergraduates of UNIBEN is timely and appropriate.

Purpose of the Study

The major purpose of this study was to investigate misconceptions regarding modern family planning methods among undergraduates in UNIBEN, Edo State. Specifically, the study sought to find out misconceptions regarding modern family planning methods among undergraduates based on their age and gender.

Research Questions

The following research questions were posed to guide the study.

1. What are the misconceptions regarding modern family planning methods among undergraduates?
2. What are the misconceptions regarding modern family planning methods among undergraduates based on age?
3. What are the misconceptions regarding modern family planning methods among undergraduates based on gender?

Hypotheses

Two null hypotheses were tested at $P \leq .05$ level of significance.

1. Misconceptions regarding modern family planning methods among undergraduates are not significantly dependent on age.
2. Misconceptions regarding modern family planning methods among undergraduates are not significantly dependent on gender.

Methodology

The cross-sectional research design was used for this study. The study was conducted at University of Benin (UNIBEN) which is located in Benin-City, North-East Edo State of Nigeria. It has a total population of 33,342 students (full time and part time) (UNIBEN, 2017). It comprises of two campuses: Ugbowo campus and Ekenwan campus. The population for the study consisted of all undergraduates of University of Benin, Benin-City of Edo State at both Ugbowo and Ekenwan campuses. The total population of undergraduates is thirty-two thousand three hundred and forty-two (33,342) in both campuses (Ugbowo campus = 28,025; Ekenwan campus = 5307 for 2016/17 academic session). The sample size was calculated using Taro Yamane's formula for determining the sample size of any definite population. It yielded three hundred and ninety-five (395) undergraduates of UNIBEN. Multi stage sampling technique was used to draw the sample. First stage involved sampling six faculties from Ugbowo campus using simple random sampling techniques of balloting with replacement and purposively one from Ekenwan (Ekenwan has one faculty while Ugbowo has 14 faculties). Second stage involved the use of purposive sampling technique to select seven departments from the sampled faculties because some departments are not up to the number of required undergraduates from each department. Third stage involved convenience sampling technique to pick 56 students per sampled department. The questionnaire titled 'Misconceptions of Modern Family Planning Methods Questionnaire' (MoMFPMQ) was structured by the researchers and it comprised two sections (A & B). Section A contained 2 items on demographic variables while Section B consisted of 9 items on misconceptions regarding modern family planning methods. The face validity of the instrument was established by five experts. The experts' constructive criticisms, corrections and suggestions were used to modify and improve the instruments before it was used for the present study. Internal consistency of MoMFPMQ was established using Kuder-Richardson's formula 21 (K-R 21) which yielded .83 and was deemed reliable for the study. This is in line with the guidelines of Crouch, Mack, Wilson and Kwan (2017) that if the reliability coefficient obtained is 0.72 and above, the instrument should be considered reliable for the study. Three hundred and ninety-five (395) copies of the questionnaire



were administered by the researchers after being formally introduced to the respondents by hand. Consent forms were issued first to respondents and only those that consented were used for the study. Out of the 395 copies of the questionnaire that were administered, 390 copies were returned. However, after screening the copies of questionnaire for missing information, only 344 (87.1%) were properly and duly filled out, and were used for data analysis. The information from copies of the questionnaire were coded and analysed on an item by item basis according to scores using Internal Business Machine Statistical Package for Social Sciences-IBM-SPSS (Version 23 statistics for windows). The data was analysed using frequencies and percentages to answer the research questions. Chi-Square statistic was used to test the null hypotheses at .05 level of significance.

Findings of the Study

The results of this present study are organized and presented according to the research questions and hypotheses, which guided the study.

Table 1
Misconceptions of Undergraduates regarding Modern Family Planning Methods (modern family planning methods) (N=344)

S/No	Misconceptions	Yes		No	
		f	%	f	%
1	Modern family planning method aggravate or results to acne	91	26.5	253	73.5
2	Use of hormonal methods exposes one to cancer	171	49.7	173	50.3
3	Female undergraduates who carry condoms are sexually promiscuous	242	70.3	102	29.7
4	Use of two condoms is safer to avoid break during sexual intercourse	158	45.9	186	54.1
5	Male condom gets lost in women's vagina or uterus	105	30.5	239	69.5
6	Modern family planning method are for women who have children	190	55.2	154	44.8
7	Sterilization leads to loss of sexual desire	152	44.2	192	55.8
8	Modern family planning method encourages multiple sex partners	138	40.1	206	59.9
9	Modern family planning method are for adult married persons	181	52.6	163	47.4
Overall %		46.1		53.9	

Results in table 1 showed that 46.1 per cent of undergraduates of UNIBEN had misconceptions regarding modern family planning methods. The table further indicates that 70.3 per cent of undergraduates misconceived that female undergraduates who carry condoms are sexually promiscuous and wayward. More than half of the undergraduates have misconceptions that modern family planning methods are for women who have children (55.2%) and modern family planning methods are for adult married persons (52.6%). Approximately 50 per cent of undergraduates had misconceptions that use of hormonal methods exposes one to cancer (49.7%), use of two condoms is safer to avoid leakage or tearing during sexual intercourse (45.9%), sterilization leads to loss of sexual desire (44.2%) and use of modern family planning method encourages multiple sex partners (40.1%).

Table 2

Misconceptions of Undergraduates regarding modern family planning methods based on Age (N=344)

S/No	Misconceptions	16-25 years (n=308)		26-35 years (n=36)	
		Yes f (%)	No f (%)	Yes f (%)	No f (%)
1	Modern family planning method aggravate or results to acne	80 (26.0)	228 (74.0)	11 (30.6)	25 (69.4)
2	Use of hormonal methods exposes one to cancer	152 (49.4)	156 (50.6)	19 (52.8)	17 (47.2)
3	Female undergraduates who carry condoms are sexually promiscuous	219 (71.1)	89 (28.9)	23 (63.9)	13 (36.1)
4	Use of two condoms is safer to avoid break during sexual intercourse	142 (46.1)	166 (53.9)	16 (44.4)	20 (55.6)
5	Male condom gets lost in women's vagina or uterus	95 (30.8)	213 (69.2)	10 (27.8)	26 (72.2)
6	Modern family planning method are for women who have children	170 (55.2)	138 (44.8)	20 (55.6)	16 (44.4)
7	Sterilization leads to loss of sexual desire	140 (45.5)	168 (54.5)	12 (33.3)	24 (66.7)
8	Modern family planning method encourages multiple sex partners	127 (41.2)	181 (58.8)	11 (30.6)	25 (69.4)
9	Modern family planning method are for adult married persons	166 (53.9)	142 (46.1)	15 (41.7)	21 (58.3)
	Overall %	(46.6)	(53.4)	(42.2)	(57.7)

Table 2 show that undergraduates aged 16-25years had slightly high misconceptions regarding modern family planning method than their counterparts aged 26-35years (age 15-26 years =46.6% > age 26-35 years = 42.2%). The table further shows that Undergraduates aged 26-35years had misconceptions that modern family planning method aggravates or result to acne (age 26-35 years = 30.6% >age 16-25 years 26.0%) and use of hormonal methods exposes one to cancer (52.8% > 49.4%).



Table 3

Misconceptions of Undergraduates regarding modern family planning methods based on Gender (N=344)

S/No	Item statement	Males (n=226)		Females (n=118)	
		f (%)	f (%)	f (%)	f (%)
1	Modern family planning method aggravate or results to acne	57 (25.2)	169 (74.8)	34 (28.8)	84 (71.2)
2	Use of hormonal methods exposes one to cancer	106 (46.9)	120 (53.1)	65 (55.1)	53 (44.9)
3	Female undergraduates who carry condoms are sexually promiscuous	163 (72.1)	63 (27.9)	79 (66.9)	39 (33.1)
4	Use of two condoms is safer to avoid break during sexual intercourse	114 (50.4)	112 (49.6)	44 (37.3)	74 (62.7)
5	Male condom gets lost in women's vagina or uterus	66 (29.2)	160 (70.8)	39 (33.1)	79 (66.9)
6	Modern family planning method are for women who have children	121 (53.5)	105 (46.5)	69 (58.5)	49 (41.5)
7	Sterilization leads to loss of sexual desire	102 (45.1)	124 (54.9)	50 (42.4)	68 (57.6)
8	Modern family planning method encourages multiple sex partners	97 (42.9)	129 (57.1)	41 (34.7)	77 (65.3)
9	Modern family planning method are for adult married persons	114 (50.4)	112 (49.6)	67 (56.8)	51 (43.2)
Overall %		(46.2)	(53.8)	(45.9)	(54.1)

Results in Table 3 showed that male undergraduates have misconceptions on modern family planning methods than the female undergraduates (male = 46.2% > female = 45.9%). Table 3 further shows that females misconceived more than males that use of hormonal methods exposes one to cancer (females = 55.1% > males = 46.9%); modern family planning methods are for women who have children (female =58.5% > male =53.5%); and that male condoms get lost in women's vagina (female =33.1% > males =29.2%). On the other hand, males surpassed their female counterparts in the misconception that modern family planning methods encourages multiple sex partners (males =42.9%>females =34.7%) and that females carrying condoms makes them promiscuous (male = 72.1% > females = 66. 9%).

Hypothesis one.

Misconceptions regarding modern family planning methods among undergraduates are not significantly dependent on age. Data testing this hypothesis are contained in Table 4.

Table 4

Summary of Chi-Square Analysis of Misconceptions regarding modern family planning methods among Undergraduates of UNIBEN based on Age (N=344)

Variable	No of Valid Cases	χ^2 Value	df	A	P-value	Decision
Age	344	19.109	13	.05	.120**	Do not reject Ho

** = Not Significant $P > .05$

Results in Table 4 showed chi-square analysis testing the responses on the misconceptions regarding modern family planning methods among undergraduates of UNIBEN based on age with a calculated χ^2 value of 19.109. The p-value (.120) is greater than the alpha (α) value of .05 and at a 13 degrees of freedom ($p = .120 > .05$). The null hypothesis of no significant relationship was therefore retained. This implies that age of the

undergraduates had no significant relationship with misconceptions regarding modern family planning methods in UNIBEN.

Hypothesis two

Misconceptions regarding modern family planning methods among undergraduates are not significantly dependent on gender. Data testing this hypothesis are contained in Table 5.

Table 5
Summary of Chi-Square Analysis of Misconceptions regarding modern family planning methods among Undergraduates of UNIBEN based on Gender (N=344)

Variable	No of Valid Cases	χ^2 Value	df	A	P-value	Decision
Gender	344	14.873	13	.05	.315	Do not reject Ho

** = Not Significant $P > .05$

The data in Table 5 shows chi-square analysis verifying the responses on the misconceptions regarding modern family planning methods among undergraduates of UNIBEN based on gender with a calculated χ^2 value of 14.873. The p-value (.315) is greater than the alpha (α) value of .05 and at a 13 degrees of freedom ($p = .315 > .05$). The null hypothesis of no significant relationship was therefore retained. This implies that gender of the undergraduates had no significant relationship with misconceptions regarding modern family planning methods in UNIBEN.

Discussion

Findings of this study from Table 1 showed that 46.1% of undergraduates of UNIBEN had misconceptions regarding modern family planning methods. The finding was expected because the researchers hoped that not up to half of the undergraduates should have misconceptions concerning modern family planning methods. The results in the table also showed that majority of the undergraduates (70%) misconceived that female undergraduates who carry condoms are promiscuous. This is similar to the reports of Ankomah, Anyanti and Oladosu (2011) who found out that 39 per cent of their respondents misconceived unmarried females that use contraceptives are promiscuous. Although both findings collaborate, a marked difference existed in the proportions of respondents that reported their views. The difference could be because of the subjects of the study. The present study used undergraduates of UNIBEN while Ankomah, Anyanti and Oladosu (2011) used educated, uneducated, old and young in their studies. The table further indicated that 52.6 percent of the UNIBEN undergraduates believed that modern family planning methods are exclusively for adult married persons. In the same vein, Ankomah, Anyanti and Oladosu (2011) reported same with a lower prevalence of about 35 per cent. This result is a pointer to the need for increased health campaigns to promote adoption of modern family planning methods in higher institutions.

Result in Table 2 indicated that undergraduates between the ages of 16-25years have higher proportions of misconceptions regarding modern family planning method than their counterpart aged 26-35years (16-25 years = 46.6% > 26-35 years = 42.2%). As to our findings, use of modern family planning methods decreased with age. The result was not surprising because the older ones (26-35years) are more exposed to some of the modern family planning methods than the younger ones (16-25years). Mardi, Ebadi, Shahbazi, Saeieh and Moghadam (2018) affirmed that teenagers in Iran rejected the use of modern family planning methods because of the fears and misconceptions. The study is in consonance with the present study as it regards older women misconceiving use of hormonal methods as risk factor to cancer more than the younger persons. This could be because they have more knowledge and experience on modern family planning methods use. Nevertheless, the finding is at variance with reports of Calikoglu et al (2018) which found usage of family planning methods increased with age. This could be because Calikoglu et al used only women aged 15-49 years while this present study used undergraduates aged 16-35 years.



Results in Table 3 revealed that male undergraduates have higher misconception on modern family planning methods than the female undergraduates (male = 46.2%) and (female = 45.9%). The result was expected because most of these methods are applicable to the females. As such female undergraduates need to be given appropriate information on how these modern family planning methods works and abate some of the misconceptions.

Results in Table 4 showed that no significant relationship existed between age and undergraduates of UNIBEN misconceptions regarding modern family planning methods ($\chi^2 = 19.109$, $df = 13$, $p = .120 > .05$). This finding was surprising and it disagrees with the discoveries of Endriyas et al (2017) that women in the age ranges above 25years (AOR 95% CI 0.31-0.8) were less likely to use contraceptive methods (modern family planning methods) as compared with those in the range of 15 to 19years. Previous studies also showed that older age negatively influenced contraceptive use (Abdurahman, De salegn, & Megbiaw, 2014; Hailu, 2015).

Results in Table 5 showed that there was no significant relationship between gender and misconceptions regarding modern family planning methods ($\chi^2 = 14.873$, $df = 13$, $p = .315 > .05$). This finding was expected and collaborates with Mosha, Ruben and Kakoko (2013) who found out that women in urban areas initiate use of modern family planning methods without fears of being labeled as unfaithful wives. This disparity may be because of the differences in respondents, and area of the study. On the contrary, Ankomah, Anyanti and Oladosu (2011) found out a significant relationship between gender and misconceptions regarding modern family planning methods.

Conclusions

Based on the findings and discussions of the study, it was concluded that undergraduates of UNIBEN, generally had: misconceptions regarding modern family planning methods; high number of undergraduates misconceived that female undergraduates who carry condoms are promiscuous and majority of the undergraduates misconceived that modern family planning methods are for women who have children and adult married persons. It was also concluded that younger undergraduates aged 16-25years has high misconceptions regarding modern family planning methods than the older ones of ages 26-35years and it was also concluded that male undergraduates have slightly higher misconception than the female. Therefore, there should be ways to clear the misconceptions of undergraduates regarding modern family planning methods.

Recommendations

Based on the findings and conclusions of the present study, the following recommendations were drawn:

1. Health educators and health professionals in UNIBEN should design health programmes at the University of Benin where undergraduates could be reached to disseminate accurate information, dispel misconceptions and create awareness about family planning in general and particularly modern family planning methods.
2. Programmes should be organized for undergraduates of UNIBEN irrespective of the age where fora of free discussions on modern family planning methods can be held for a better understanding for the use of modern family planning methods
3. University of Benin should include family planning and other reproductive health issues as topics in health general studies of their institutions.

References

- Afriyie, P., & Tarkang, E. E. (2019). Factors influencing use of modern contraception among married women in Ho West district, Ghana; Descriptive cross-sectional study. *The Pan African Medical Journal*, 33(15), 1-8.
- Akintade, L. A., Pengpid, S., & Peltzer, K. (2011). Awareness and use of and barriers to family planning services among female university students in Hosolho South. *African Journal of Obstetrics and Gynecology*, 17 (3).
- Andi, J. R., Wamala, R., Ocaya, B., & Kabagenyi, A. (2011). Modern contraceptive use among women in Uganda: An analysis of trend and patterns. 28(2), 1009-1021.

- Apanga, P. A., Adam, M. A. (2015). Factors influencing the uptake of family planning services in the Talensi District, Ghana. *The pan African Medical Journal*. Crossref
- Byrnes, J.P., Miller, D.C., & Schafer, W.D. (1999). Gender difference in risk taking: A meta analysis. *Psychological Bulletin*, 125(3) 367-383.
- Çalıköğlü, E. O., Yerli, E. B., [Kavuncuoğlu](#), D., Yilmaz, S., Koşan, Z., & Aras, A. (2018). Use of family planning methods and influencing factors among women in Erzurum. *Medical Science Monitor*, 24, 5027–5034.
- Catherine, S.& Angus, S. (2012). *Concise Oxford English dictionary (11thed)*. Oxford University Press.
- Crouch, M. K., Mack, D. E., Wilson, P. M., & Kwan, M. Y. W. (2017). Variability coefficient alpha: an empirical investigation of the scales of psychological wellbeing. *Review of General Psychology*, 21(3), 255-268.
- Dibia, S. I. C. (2013). Cultural and medical barriers to family planning among women of child bearing age in Ogbadibo LGA of Benue state. *Nigeria Journal of Health Education*, 17 (1), 169-181.
- Eliason, S., Baiden, F., Quansah-Asare, G., Graham-Hayfron, Y., Bonsu, D., Philip, J., & Awusabo-Asare, K. (2013). Factors influencing the intention of undergraduates to adopt modern family planning method. *Reproductive Health*, 13(15), 1-10.
- Endriyas, M., Eshete, A., Mekonnen, E., Misganaw, T., Shiferaw, M., & Ayele, S. (2017). Contraceptive utilization and associated factors among women of reproductive age group in Southern Nations Nationalities and Peoples' Region, Ethiopia: cross-sectional survey, mixed-methods. *Contraception and Reproductive Medicine*, 2:10, 1-9.
- Federal Ministry of Health (2012). *Revised National Health Policy*. Abuja: The Author.
- Gueye, A., Speizer, I., Corroon, M., & Okigbo, C. C. (2015). Belief in family planning myths at the individual and community levels and modern contraceptive use in urban Africa. *International Perspective on Sexual and Reproductive Health*, 41(4), 191–199.
- Kawulich, B., Garner, M. W. J., & Wagner, C. (2009). Student" conception and misconception of social research. *Qualitative Sociology Review* 5(3), 5-25.
- Monjok, E., Smesny, A., Ekabua, J. E., & Essien, E. J. (2010) Contraceptive practices in Nigeria: Literature review & recommendations for future policy decisions. *Journal of Contraception* 1:9-22.
- Ogboghodo, E. O., Adam, V. Y., & Wagbatsoma, V. A. (2017). Prevalence and determinants of contraceptive use among women of child-bearing age in a rural community in southern Nigeria. *Journal of Community Medicine and Primary Health Care*. 29(2), 97-107.
- Okoye, R.C., & Okoye, V.R. (2007). *Marital sexual relationship and family planning*. Port-Harcourt: Save a Life Foundation Publication.
- Oye-Ademiran, B., Sedgh, G., Bankole, A., Adewole, I. F., Singh, S., & Hussain, R. (2006). Unwanted pregnancy and associated factors among Nigerian woman. *International Family Planning Perspectives*, 32 (4), 6-18.
- Rogers, E. (1983). *Diffusion of innovations*. New York: Free Press.
- Stover, J., & Ross, J. (2013). Use of modern contraception increases when more methods become available. *Global Health: Science and Practice*, 1(2), 203-212.
- United Nations Population Fund (2018). *Family planning*. <http://www.unfpa.org/family-planning>. New York, United States: The Author.
- World Health Organization, (2019). "Family Planning/Contraception" fact sheet, accessed at <https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>. Switzerland and Geneva: The Author.