

Demographic Issues in Nigeria

Insights and Implications



Edited By

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Preface

This book consists of dominant and contemporary issues in demography with particular reference and relevance to Nigeria. It is intended as a useful literature in topical themes in population studies and as a text for students and scholars in the social sciences and humanities, especially those intending to pursue a career in Demography.

The book deals with a broad range of contemporary and recurring empirical and practical issues encapsulated within the context of demographic inquiry and analysis. The papers included here reflect strands of thoughts and research that find expression in interdisciplinary outlook focussing on sexuality, fertility, gender, morbidity and mortality, migration, maternal and child health and the elderly.

Although articles have been arranged in themes, there is no obvious reason or logic in the sequencing of sections. We are however convinced that a substantial volume has been put together not only to honour Professor Uche Isiugo-Abanihe for his immense contributions to the demography of Nigeria but also as a reference material for researchers.

We are indeed grateful to the contributors for their zeal and commitment in producing materials relevant in their areas of research focus. As it has turned out, the scholars have contributed to a text that illuminates core issues that will benefit the social science community, particularly in Nigeria. It is on this basis that we consider the twin aim of producing this volume to have been realized.

April 2015

Onipede Wusu
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In Samuel Beckett's modernist classic, *Waiting for Godot*, waiting for the mysterious magician of salvation is a timeless and fruitless venture. Everybody knows in their heart of heart that *Godot* will not come. Yet they are all compelled to wait. The alternative is too bleak to contemplate, for it simply means that in a thoroughly blighted world, there is even no hope for hoping.

In contrast to this image, my reading of the content and intent of *Demographic Issues in Nigeria* is that it helps to keep hope alive: hope of a better Nigeria facilitated not only by high-quality intellectual enquiry into major areas and challenges in public and not-so-public life, those issues that have posed major stumbling blocks to Nigeria's effort to move toward development, but also by key individuals who, in their work-a-day life, are committed to national and international service for the betterment of the human condition. The more I think about the two areas in which the lessons from this book alert us to focus more on the glass that is half-full (at least) rather than one that is half-empty, the more I realize that even *Waiting for Godot*, in admitting of the indeterminacy of waiting, carries within its own bosom the seeds of agency potentially subversive to the dominant order of hopelessness.

At the substantive and symbolic levels, *Demographic Issues in Nigeria* is indeed a labour of love and, therefore, an exercise in hope. At the first level, the book addresses five key areas of demographic behavior, a particular variant of behavior that has fundamental implications for that country's troubled fortunes in regard of development, democracy, and the search for peace, security, social cohesion, justice and equity for all. These areas include reproductive health behavior, women empowerment and gender-based violence, health-related issues, migration, and socio-economic development. Data and theoretical and policy insights deployed in this regard in 17 chapters by about 21 contributors, female and male, many of them among the younger generations of Nigerians involved in high-grade scholarship, policy and practice in demography and related fields, underscore the persistently high quality of Nigeria's human capital in these fields, and the extent to which the country is blessed with the skills required to engineer an escape from its current challenges and then move on to a better future.

At the second, symbolic, level, I must thank those who conceived of the idea of using this volume not only to address fundamental issues of Nigeria's demographic profile and behaviour but, more importantly, to also honour Nigeria's, and indeed Africa's, foremost demographer, Professor Uche Isiugo-Abanihe. On this, they have conformed to best practice in the intellectual world. This is the way we honour the best among us. The message that is thus sent forth is that Nigeria still has within its boundaries some of the most distinguished of its intellectuals who stay behind in-country and collaborate with their colleagues in the diaspora in the service of their country and its peoples.

Now, a word or two on Professor Abanihe, my friend and colleague in the Faculty of the Social Sciences at the University of Ibadan since 1985. He was head-hunted by the University, along with the University of Port-Harcourt, following completion of his undergraduate and graduate education in some of the most prestigious American Universities in the period 1974-1983, earning his BA, MPS, MA and PhD degrees in Sociology, International Development, and Demography respectively. He chose to accept the Ibadan offer. In his subsequent career at the University of Ibadan, he quickly established himself as a most beloved teacher, mentor to his students and colleagues, a researcher with the strongest possible record of high-grade scholarship, a chain of research grants from some of the most reputable and extremely competitive platforms and programmes, and editorship of leading international journals in his field. It is no surprise that at the end of 2014, he was appointed Vice-Chancellor of the Paul University, Awka, Anambra State, Nigeria.

As a teacher, his classes have over the decades been over-subscribed to by students attracted by his uncommon grasp of currents, concepts, and methods, by the clarity of his delivery, and the humaneness of his approach to their needs in and outside the classroom. He has an unparalleled record of mentoring his students from the first degree level up to PhD and beyond, facilitating PhD admissions for a significant number of them in the United States across the cleavages of religion, ethnicity and region. It is to his credit that he has also successfully supervised 20 PhD candidates to date. Professor Abanihe continues to contribute to community and policy-related work through NGOs, think tanks, national, multilateral and international agencies in various

parts of Nigeria and Africa. In addition, his Ministry through the Anglican Communion has been truly blessed and purposeful and widely applauded by his flock in Ibadan and in his home Diocese.

It is, therefore, for obvious reasons that I consider myself privileged to author this *Foreword*. I repeat that in terms of its content and intent, this book reminds us all that even if the news that rules the waves in and on Nigeria tends to focus on paradise lost and opportunities wasted or arrested, the reality is that Nigeria continues to parade the required human capital and other resources required to fully comprehend its challenges and options and thus productively engineer its long overdue escape from doomsday scenarios on to a more glorious path of real development, meaningful democracy, justice for all, and an equitable society. I commend this book and the person in whose honour it has been compiled as symbols of hope for Nigeria – and of a promise delayed, but not aborted, the days of such fellow travellers as vacuity, fatuity, mediocrity, absurdity and futility as dominant landmarks on that troubled but blessed country are indeed numbered.

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Reference

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Pregnancy-risk perception and emergency contraception among female students in southwestern Nigeria

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Pregnancy-risk perception and emergency contraception among female students in southwestern Nigeria

Abstract

This study examined the influence of pregnancy-risk perception on use of Emergency Contraceptives (EC) among students in southwestern Nigeria. Data were collected using questionnaires, Focus Group Discussions (FGDs) and In-depth Interviews (IDIs). Results indicated a consistently progressive association between year of study and contraceptive awareness and ever had sex; perceived risk of pregnancy significantly influenced the use of EC ($p < 0.001$). Fear of possible side-effects was the main reason for non-use of EC by a large number of respondents. Interventions should focus on helping students avoid unsafe out-of-wedlock sex since unwanted pregnancy is not the only severe consequence of careless sexual relationships among young people.

Key words: unlimited freedom, out-of-wedlock sex, unwanted pregnancy, side-effects of EC.

Background

Unintended pregnancies constitute critical reproductive health focus throughout the world and persuade sexual partners to make quick decisions related to either carrying such pregnancies to term or seeking abortion. Research shows that about 210 million women become pregnant each year with over 40 percent of these as unintended (Sedgh *et al.* 2006). About 14 million of these pregnancies occur in sub-Saharan Africa with nearly half among women age 15-24 years (Williamson *et al.* 2009). The WHO (2008) estimates revealed that unintended pregnancies account for about 20 million unsafe abortions and a large number of maternal deaths annually. It has been indicated that poorly performed abortions, by quacks and in settings that lack minimal medical facilities, result in life threatening complications, long term injuries and disabilities and deaths among women in relevant contexts (Smith *et al.* 2010).

The disparity between rich and poor countries is more evident in maternal mortality statistics which show that about 99 percent of these deaths occur in less developed countries particularly sub-Saharan Africa (Smith *et al.* 2010; WHO 2010) Nigeria alone accounts for 10 percent of the global pregnancy related death figures (Nwokocha 2012a). Although most of these data on women of reproductive age are general, girls are presently contributing substantially to reproductive health events and outcomes due to latent sexual permissiveness among young people most of them engrossed in youth cultural values pervading the global community (Nwokocha 2011).

There are indications that young people are increasingly engaging in sexual intercourse quite early notwithstanding the obvious consequences including HIV/AIDS (Nwokocha 2012b). In Nigeria for instance, the Demographic and Health Survey (NPC 2009) indicates a median age at first intercourse of 16.9 years for women age 15-49 years. Among university students in particular, the study by Nwokocha (2007) of two universities in Southwest Nigeria revealed that high risk sexual behaviour such as unprotected sex is amplified by multiple sexual partnership and involvement in transactional sex. Cadmus and Owoaje (2010) citing Adinma and Okeke noted that higher institutions in Nigeria are characterized by permissiveness occasioned by freedom from direct control of parents and sexual networking.

Most studies on the sexuality of young people particularly adolescents and university students in Nigeria focused largely on issues related to sexual orientation and peer pressure, risky sexual behaviour and sexually transmitted infections including HIV/AIDS, rape, abortion and involvement in transactional sex especially with older men, among others (Williamson *et al.* 2009; Smith *et al.* 2009 & Nwokocha 2007). However, little attention has been paid to young people's risk perception arising from culturally unapproved premarital sex and their immediate responses at maintaining stable health and psychological conditions. This study specifically examined pregnancy-risk perception and emergency contraception among undergraduate students of University of Ado-Ekiti, southwest Nigeria as a way of understanding the context in which critical health choices are made by young persons, between seemingly difficult alternatives, away from collective traditional family and household decision making processes.

Theoretical/Conceptual Framework

The Rational Choice Theory (RCT) by Coleman and Health Belief Model (HBM) by Rosenstock and Becker were adopted as theoretical framework for the study. The position of RCT is that individuals as actors in social contexts exhibit behaviours for the purpose of achieving their goals or desires. In so doing, the acting person prioritizes maximization of utility which is relative to his/her values and preferences (Ritzer 2008). Therefore, the use or non-use of emergency contraceptives is purely a rational decision for these competing ends. The Health Belief Model employed as the second perspective for explaining the relationship between perceived risk of pregnancy and emergency contraception is hinged on the prospective actor's assessment of an intended action. Rosenstock, Strecher and Becker (1988) noted that a health-related action would likely be taken on three conditions: if the actor feels that a negative health

condition can be avoided; has a positive expectation that by taking a recommended action, s/he will avoid a negative condition; and believes that s/he can successfully take a recommended health-related action. However, the model recognizes that individuals are motivated to act on the basis of their understanding of the situation as it relates to their perception of susceptibility, severity, benefits and barriers (Rosenstock 1974; Becker 1978):

We contend here that perhaps the risk of pregnancy experienced by young people in Nigeria results from weak or lack of exposure to sexuality education by parents, significant-others and caregivers for a wide range of reasons such as ignorance, low-comfort level among others (Nwokocha 2011; Nwokocha & Taiwo 2012 & Nwokocha 2010). Indeed, some of these students are ignorant about human sexuality and life-skills issues relating to assertiveness, negotiation skills, body parts/development and functions among other elements that constitute critical sexuality education components (Nwokocha 2010). We present a conceptual framework that synthesizes the two theories employed in explaining the thematic phenomenon. Figure 1 indicates two possible reactions to pregnancy risk perception among students involved in this study. The first is a further perception of vulnerability, seriousness and the advantages of taking action in the form of emergency contraception. The second reaction is non-adoption of emergency contraceptive even at the risk of pregnancy due to perceived side effects and inherent morbidity and mortality.

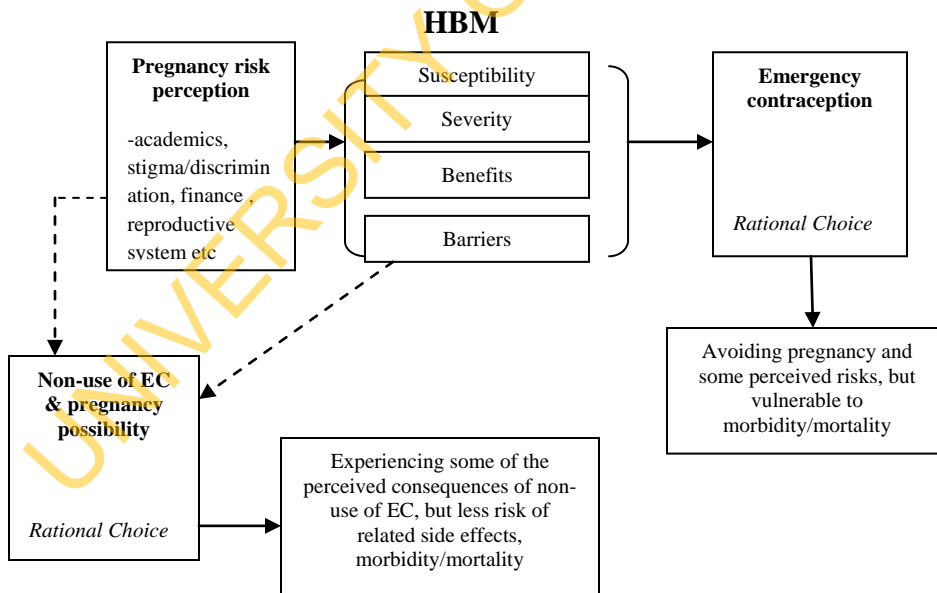


Figure 1: Conceptual Framework
Source: Authors

The framework shows that use and non-use of emergency contraceptives are labeled rational choice which depends on the perception of individual actors on the costs and benefits of their intended and actual behaviours. Such action results from thought processes that should ordinarily take into consideration individual, familial and community values and other socioeconomic and cultural factors before the decision is made. However, with the evolution of youth culture, the feelings of a network of relations and kin group are less emphasized (Nwokocha 2012b). The outcomes of these choices include: first, avoidance of pregnancy and its concomitant effects but at the same time proneness to related morbidity and mortality; and second, the likely occurrence of pregnancy among non-users of EC but less or not susceptible to related side effects including diseases and death.

Methods

Ekiti State was chosen for this study due to its peculiar and often contradictory demographic data on women of reproductive age relative to other states in the southwest zone of Nigeria. For instance, the Demographic and Health Survey, 2008 indicates that the state has the highest median age at first birth (23.6 years) among women age 25-29 years in the zone; the lowest number of women age 15-19 years pregnant with first child not only in Southwest but also others states in the country apart from Enugu; one of the lowest percentages of women using any form of modern contraceptive (NPC 2009); the least percentage of HIV prevalence (0.5%) among women aged 15-24 years in Nigeria (Federal Ministry of Health - FMOH 2008); and also has the lowest percentage of women exposed to family planning messages through radio and television among others. In addition, as indicated in the National HIV sentinel surveys, the state had the lowest HIV prevalence rate in 2005 and 2008 at 1.6% and 1.0% respectively (FMOH).

The study adopted a cross-sectional design, employing both quantitative and qualitative methods of data collection. Fieldwork started with a pilot study involving five In-depth Interviews (IDIs) among different categories of students in the university selected for the study. From these preliminary findings, instruments for substantive data collection were designed, and in some cases readjusted, and later pretested for validity and reliability. The pretesting exercise was carried out at the Ibadan Polytechnic, Oyo State. The choice of a state and location different from the study site was to forestall contamination and subjects' participation in the research more than once. A total of 40 questionnaires, which represent about 10 percent of the sample size were

used for this purpose. The final questionnaire schedule included 49 open and close-ended items addressing socio-demographic, risk-perception, contraceptive knowledge and use issues, among others.

The survey was conducted among female students at various levels of Bachelors Degree programmes at the study location. Respondents were selected through a multistage sampling technique involving stratified and simple random methods following well-defined inclusion criteria. A total of 370 subjects took part in the survey. The study population comprised only unmarried female undergraduate students in Ekiti State University. Eight faculties were randomly selected for the study, these included Agriculture, Arts and Humanities, Education, Engineering, Law, Management, Sciences and Social Sciences. In each of the faculties, the simple random technique was further used in selecting one department where students were stratified by levels to ensure inclusiveness. From these clusters, respondents were randomly chosen using the list provided by the departments as sampling frame. We consider the number of questionnaire respondents a limitation of the study given that several more students could have participated in the survey but for high decline rate.

In addition, 15 IDIs were conducted with different respondents comprising: 10 students (six females and four males), three counselors and two patent medicine vendors. Added to the five IDIs undertaken during pilot, the total number of IDIs was 20. Selection of IDI respondents depended mainly on willingness to respond to relevant EC issues, not necessarily expertise considering that the study was largely perceptual and premarital sex among university students in Nigeria is very common as well as a social issue. Moreover, males were included in IDIs given that the study focuses only on sexual intercourse that takes place within the context of heterosexuality with the possibility of a pregnancy. Similarly, five FGDs, with an average of eight discussants, were conducted among students at each level of undergraduate studies to reflect the opinions of different categories of participants. These group discussions were essential in revealing controversial insights which interview results did not highlight. The triangulation of these methods yielded robust data for analyzing such a complex phenomenon like EC. We emphasized ethical considerations throughout the period of data collection.

Qualitative data were subjected to ethnographic and manual content analysis. We proceeded by verbatim transcription of responses that were tape-recorded, which was followed by careful isolation of different responses according to study objectives. Thereafter, important

insights were paraphrased or quoted copiously to complement questionnaire information. Quantitative data were entered using the Microsoft Access software to ensure minimal data entry error and effective data management. These data were finally analyzed with the Statistical Package for Social Sciences to enable engagement in descriptive analysis and statistics, cross-tabulations and chi-square tests.

Results and Discussion

Table 1 presents data on respondents' perception on prevalence of pre-marital sex among students with over 77 percent stating that the rate is very high. When this number is added to the respondents that indicated unqualified high rate, the percentage rises to approximately 96 percent. If this number is real, it goes a long way in confirming the findings of a study conducted in two universities in Southwest Nigeria that premarital sex among university students is a norm and that virginity is stigmatized as antisocialist (Nwokocha 2007).

Table 1: Distribution of Respondents by Perception on Premarital Sex and Factors Responsible

Questions and responses	Frequency	Percent
Perception on rate of premarital sex among students		
Very high	276	77.5
High	64	18.0
Moderate	10	2.8
Low	2	0.6
Very low	4	1.1
Factors responsible for premarital sex		
Freedom /peer influence	87	29.2
Poverty/ financing reason	50	16.8
Emotional need/promiscuity	90	30.2
Urbanization/family/ sex education	62	20.8
Don't know	9	3.0

On the factors responsible for pre-marital sex which is the driver for pregnancy risk perception, most respondents mentioned promiscuity (30.2%), followed by freedom from direct control of 'significant others' and peer influence (29.2%). Although only 16.8 percent of the respondents identified poverty as the main reason for premarital sex, literature has consistently

implicated poverty as central to students' involvement in both multiple sex partnership and prostitution (Nwokocha 2007; Onifade 1998; Olutayo 1997; Ilesanmi & Lewis 1997; Vickers 1991 & Population Reference Bureau 2012). Findings from qualitative data corroborate information generated through questionnaire survey. Some FGD participants described what they used in preventing unwanted pregnancy by stating:

I use condom but after careless sex which is rare, I use drugs- Postinor or salt and water or wash off immediately (year-4 FGD participant).

The local methods work. I have used salt and water to evacuate the sperm and it worked (FGD, year-3 student).

I stand up immediately and go the bathroom and try to bring out the sperm (FGD, year-4 student).

Two important issues were mentioned by the first participant – use of multiple contraceptive types and involvement in careless sexual intercourse. Condom and postinor represent modern forms of contraceptives with the former serving the dual purpose of preventing both pregnancy and Sexually Transmitted Infections (STIs) including HIV/AIDS, while the latter is purely used for the purpose of pregnancy prevention. The use of salt and water and washing of the vagina immediately after sex are traditional methods which have not been proven to be efficacious by any scientific research. Yet, some young people are apprehensive of modern contraceptives, which are seen mainly as characterized by side effects or high failure rate. As one of the respondents noted:

Condoms, as the use of drugs are not good. It may not work and can negatively affect the woman's reproductive system (IDI, year-1 student).

The use of emergency contraceptives is employed mainly in the context of careless and unplanned sex. Table 2 presents data on the relationship between year of study and awareness of emergency contraceptives and ever had sex. The table shows a consistently progressive association between year of study and the independent variables. For instance, the respondents in the first year of study revealed the lowest percentage of contraceptive awareness and ever had sex of 47.0 and 25.8 percents respectively compared to respondents in other levels of study.

Thus, for the two variables, respondents in the fifth year of study reported the highest percentages for both awareness and coital experience. Interestingly, more than any other category of students, the percentage difference between emergency contraceptive awareness (74.1%) and ever had sex (75%) is very negligible as if to suggest that knowledge drives

behaviour even in circumstances of disapproved action. Indeed, contraceptive awareness for virtually all categories of students involved in this study is high contrary to low levels reported in literature. Research indicates that failure of families to educate adolescents on sexuality is hinged on the assumption that such education would account for promiscuity among young people (Nwokocha 2010; Madunagu 2007 & Buckley *et al.* 2004).

Table 2: Academic level of respondents by contraceptive awareness and ever had sex

Year of study	Emergency contraceptive awareness	Ever had sex
Year 1	47.0	25.8
Year 2	64.4	50.7
Year 3	65.5	55.3
Year 4	68.6	64.7
Year 5	74.1	75.0

Table 3 examines the relationship between sexual experience and awareness of EC. The result shows that there is a strong relationship between involvement in sex and EC awareness at 0.001 significance level. The majority (82.3%) of respondents that have ever had sex were aware of EC. More than half (55.9%) of sexually inexperienced respondents were not aware of EC. The data indicate that EC is more popular among sexually active students than their sexually inactive counterparts. Apparent from Table 3 is the possibility that engagement in sexual intercourse could have prompted EC knowledge seeking among some individuals as a way of arming themselves against unwanted pregnancy.

Table 3: Ever had sex by awareness of Emergency Contraception

	Aware of drugs that can prevent pregnancy after sex		Total
	Yes (N)%	No (N)%	

Ever engaged in sexual intercourse	Yes	(135)82.3	(29)17.7	(164)100
	No	(67)44.1	(85)55.9	(152)100
Total		(202)63.9	(114)36.1	(316)100
<i>Df=1; P<0.001</i>				

When asked to mention the type of EC methods they were aware of, the majority of qualitative data participants and respondents mentioned levonorgestrel, while a few identified drugs and local mixtures such as menstrogen, gynacocied, antibiotics, cytotec, Andrew live salt, M&B 760, *Alabunkun*, salt and water, alcohol, lime, potash, and yoyo bitters. Indeed, although this litany of drugs was identified by research subjects, it is doubtful the extent to which they constitute emergency contraceptive therapies and could in fact be dangerous and damaging to users' health. Thus, the knowledge claimed to be possessed by some of these respondents could be misleading and indeed false. The implication is that in the process of seeking solutions for suspected vulnerability to pregnancy, an individual may end up incurring more consequences such as prolonged morbid condition, disability and, in some cases, death. The views below reveal the students' level of EC awareness:

Menstrogen, lime, potash can be used to prevent unwanted pregnancy (IDI, 400-level student).

A concoction of both modern and traditional types of contraceptives would hardly work successfully given their divergent components and processes. Although the convergence of traditional systems of healthcare delivery with the received or modern methods had been advocated, it was however observed that what obtains presently is adoption of one system at a time and the other as complementary at another time (Nwokocha 2008); but never together at the same time, as the respondent had stated. To be doubly sure that a pregnancy does not result from sex even with the use of condom, one of the respondents stated:

Sometimes, you may not know that the condom had burst especially if the man does not tell you. Therefore, I use prevention immediately after, like Postinor and then use very hot water and plenty of salt (IDI, 300-level student).

This response suggests that some of the respondents' sex partners are not trusted by the girls, which informed the extra precaution taken by the students. It shows the extent that some young people are scared about getting pregnant. One however wonders what would have happened to a young woman's reproductive system which due to skepticism was subjected to postinor and other substances when eventually condom was effectively used by a male partner. Further studies may be essential to examine the effects of EC use in circumstances of protected sex with a woman's reproductive system not making contacts with male sperm.

Various other substances used as EC were reported by respondents. For instance a year-1 student recounted how she was advised by a nurse to use unconventional concoctions as contraceptive:

A nurse once told me that I could drink a mixture of cold "seven up" soft drink and "alabukun" to cleanse the womb after sex (IDI, year-2 student).

The contradiction of the above scenario is in the fact that an orthodox health personnel recommended an unorthodox therapy. Another participant with some knowledge of EC highlighted a catalogue of materials and methods, both modern and traditional:

You can take drugs like Postinor-1 not more than 24hrs immediately after sex or Postinor-2 which must be taken not more than 3days after sex. There are also some local acts of preventing pregnancy like salt and water which must not be more than 5mins post-sex after which one is expected to remove the sperm in a nearby toilet. (FGD, 300 level student).

Quantitative data also interrogated the timing of use of EC to ascertain the extent to which the respondents could state the correct timing of EC usage. Table 4 shows that the majority of respondents (77.8%) believed that EC should be taken immediately after sex and specifically within 24 hours of unprotected sex. Those who subscribed to use of contraception before sex (5.6%) did not want to leave anything to chance. Nearly 7 percent of the respondents reported lack of knowledge about timing of contraceptive use within the context of premarital sex.

Table 4: Percent distribution of respondents by timing of EC Use

Timing	Frequency	Percent
Immediately after sex	140	77.8
At most 72hours after sex	9	5.0

Before sex	10	5.6
A week after sex	9	5.0
Don't know	12	6.7
Total	180	100.0

Our view is that respondents that mentioned a week after sex (5%) did so in order not to appear ignorant. However, if they actually meant what was said, their need for preventing unplanned pregnancy would be unmet unless coitus took place outside the period of ovulation in which case contraception was inconsequential.

Table 5 examines the views of respondents on the side effects of emergency contraceptives, with a large majority (53.1%) identifying possible damage to the womb and by implication future fertility. Although 27.9 percent of the respondents mentioned effects such as nausea and body pain, which may not be considered as very severe, bleeding is however very dangerous and could lead to life threatening conditions and death. A similar study conducted in Ethiopia revealed that 48% of the respondents reported not wanting to use EC due to fear of likely side effects which were not mentioned (Tajure & Pharm 2010). Some respondents stated in our study stated:

Too much of postinor can cause damages to one's womb, and one may not be able to get pregnant again (IDI 300-Level student).

Too much of postinor² will weaken the wall of the womb and damage the uterus, this will make someone to experience miscarriage in the future (IDI 500-Level student).

Table 5: Distribution of respondents by perceived side effects of EC

Perception	Percent
Can cause nausea, irregular menstrual cycle, bleeding, body pain	27.9

Could damage the womb and future infertility	53.1
No side effect	1.1
Don't know	17.9
Total	100.0

As Table 5 also reveals, only 1.1 percent of the respondents in this study stated that emergency contraceptives do not have side effects.

As was observed, misconceptions on the effects of contraceptives are mere media propaganda and not necessarily the case (Wesley & Glasier 2010). The linear regression model results in Table 6 reveal the predictors of emergency contraceptive use. Perceived risk of becoming pregnant significantly influenced the use of EC ($p < 0.001$). Respondents that perceived their susceptibility to pregnancy after sex are most likely to use EC. Also significant, was awareness of EC ($P < 0.000$), suggesting that female students that were aware of EC are the ones that used it.

Table 6: Regression analysis showing the predictors of emergency contraceptive use

s/n	Variable description	Unstandardized Coefficients		Standardized Coefficients	T value	p-value
		B	Std. Error	Beta		
1	(Constant)	0.945	0.280		3.374	0.001
	age	-0.003	0.011	-0.018	-0.273	0.785
	Home residence	0.070	0.048	0.069	1.473	0.142
	Religion	-0.179	0.058	-0.146	-3.080	0.002
	Ever engaged in sexual intercourse	0.319	0.057	0.352	5.572	0.000
	Aware of EC	0.199	0.050	0.211	4.014	0.000
	Ever at risk of becoming pregnant	0.204	0.059	0.204	3.474	0.001
	Year of study	0.002	0.024	0.005	0.083	0.934

Table 6 also indicates that sexually active students were ($P < 0.000$) more likely to use EC or report the use of EC than those who never had sex, thus confirming the earlier results. Also notable is that place of residence either rural or urban, age, and year of study were not

significantly associated with the use of EC. Finally, religion was also a significant predictor of EC use among the respondents ($P < 0.002$). However, the population of female students whose religion is Islam was small compared to their Christian counterparts. Pregnancy risk perception was examined through four major variables, which are educational, financial, stigma and maternal mortality risks. Quantitative data also reveal that a very large majority of respondents perceived unwanted pregnancy as mostly detrimental to their educational goal attainment (81.2%). The respondents did not consider financial burden and stigmatization (5.9%) as major effects of unwanted pregnancy.

Recommendations and Conclusion

This study has revealed that young people in Nigeria perceive premarital sexual activity as high particularly among students probably to reflect their mindset and/or the culture of permissiveness that has engulfed the present generation. Striving to avoid unplanned pregnancy due to perceived consequences such as poor academic performance, stigma and prolonged or short term reproductive health injuries necessitate use of EC as a reassuring therapy, even if it translates to abuse. The significant relationship between ever-had-sex and awareness of EC, in this paper, indicates that such knowledge was not just for its epistemic value but for its practical significance. Although, promiscuity, freedom from direct family control and peer pressure were identified as strong factors of out-of-wedlock sex among university students, our position is that these factors only generate their impetus from systemic failure, characteristic of the Nigerian state, with its multidimensional implications.

However, the reality of Ekiti State particularly with regard to its least HIV/AIDS prevalence rate in Nigeria overtime contradicts respondents' perception of high risky sexual activities that result in both unwanted pregnancy and sexually transmitted infections. Thus, the data elicited for this analysis hardly reflect findings from national demographic surveys. Indeed, sexual activities are individualized and a cohort of respondents' empathy may not define what obtains in the larger setting composed of varying insights. As a corollary, generating information from another group of respondents on the subject may reveal an entirely different picture. The important lesson is that young people in Nigeria irrespective of social status, education and religion are for different reasons embracing early and persistent coital behaviour. Therefore, efforts should be

geared towards ensuring that youths have adequate knowledge of the effects of ignorance related to sexuality education, which is the main determinant of premarital and casual sexual encounters.

Hence, the role of parents, “significant others” teachers, religious leaders and counselors among others in socializing young people within the context of normative values cannot be overemphasized. Our position is that such orientation should neither be a one-off thing nor end with adolescence but should be undertaken consistently. Conscious overt and latent observation of young people is one of the surest ways of helping them overcome the challenges of youthfulness which has become synonymous recklessness, risk-taking and unnecessary detachment from established customary ways of life.

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