NETWORKING AND CONTRACEPTIVE USE AMONG UNIVERSITY STUDENTS OF LAGOS STATE UNIVERSITY, OJO LAGOS

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ABSTRACT
These study examines and evaluate sexual networking among undergraduate students of Lagos State University, who mainly constituted the study population. The psychoanalytic theory (Sigmund-Freud) was synthesized in explaining the concepts of sexual networking and contraceptive use among the students. Therefore a research design that combines a survey of 250 university undergraduate students was adopted for this study. The study found out that larger proportion of the students in the study area participated in unhealthy sexual intercourse with low contraception. For this reason, the study concluded that an aggressive campaign against sexual Transmitted Keywords; sexual networking, undergraduates, contraceptives, and campaign.

Introduction
Infections and HIV/AIDS among students is urgently in need. Therefore, parents are hereby advised to be more committed to the children financial and moral responsibilities in bringing up this children propel Interest in the sexual networking and contraceptive use among young people continue to grow throughout the world. One of the factor responsible for this interest is the sheer number of young persons worldwide (UNICEF, 1988). Addressing the sexual activities in relation to reproductive health information and service needs of this population pose significant challenges for policy makers and services providers. The fact that young persons are disproportionately affected by the reproductive health morbidity such as abortion, sexually transmitted infections (STIs) including acquired immune Deficiency Syndrome (HIV/AIDS) draws attention to the need for appropriate interventions. According to the word Health Organization (WHO, 2002) at least one-third of all women seeking hospital care for abortion complications are under age of 20years. This age group is also one of the groups hard hit by HIV/AIDS. Furthermore, over half of all new HIV infections in African in 2005 were among young persons of school aged 14-25years with the worst hit being young women (United Nations, 2006). This data under-score the needs to target the youths with appropriate intervention that address not the social factors such as gender role and poverty that place them at risk, but also their family background which may be responsible for lack of access to knowledge, health care delivery system culture misconception about HIV/AIDS and general low contraceptive use among other. This research will contribute to our understanding of sexual activities and population growth/control. For example, a study by Nnorom (1990) revealed that most families fail to actualize their desired family size because of the unmet need for contraception as a result of social cultural practices. Such practices have negative impact on the population growth rate and birth control. Unfortunately, comprehensive studies on why students of tertiary institutions in Nigeria engaged in premarital sexual activities and their decisions about reproductive behaviour including contraceptive use are not given a deserved attention. In view of the forgoing, this study becomes necessary because sexual permissiveness among Nigeria students of which they exercise freedom without restriction is a dangerous signal that needs urgent attention what brought about such change of cultural practices of which unmarried young persons are not permitted to engage in sexual relation until after marriage? The consequences of violation of such
sexual norms that meant to prevent sexual transmitted diseases and recently HIV/AIDS among young persons are what this study wishes to highlight.

STATEMENT OF RESEARCH PROBLEM
The poor relationship between sexual networking and modern methods of contraceptives has drawn attention to undergraduate students attitude about the positive and negative aspects of modern contraception In a study by Gorgan (1997), Swats & Zeitlenger, 2000 the reluctance to use modern methods stemmed from a fear that use might cause infertility, that the contraceptive pill might produce damaging side effects and that forgetting to take the pill was a serious risk. The acceptance of erroneous beliefs about contraceptive use was found to have a significant negative impact on use among the students.

Another perceived barrier to its use stems from the alienation that many students feel when they attend maternal and child health clinics, the primary source of contraceptive methods. Because of overt social disapproval of premarital sexual activity and the general lack of privacy at these clinics, many students particularly girls feel that when they attempt to procure contraceptives, they subject themselves to gossip and to negative attitudes from health personnel (Gorgan; 1997) In other words, the youths may lack knowledge of, or access to, conventional methods of Preventing pregnancy, as they may be too embarrassed or frightened to seek such information.

However, studies have shown that contraceptive is used, but proves to be inadequate Nnorom (1990) found that a high proportion of the inhabitants of Ehime Mbano, Imo State, Nigeria knew about contraception but has a negative attitude towards it and the practice of contraception is low. This situation has not changed. Therefore inexperienced young persons may use condoms incorrectly or forget to take oral contraceptives. Contraceptive failure rates are higher for adolescents, particularly among the poor ones, than for older users. Other studies further reported that youths mostly perceived condoms as unnatural, that its use reduces pleasure or sensation (Nndrjpm 2005), and their use indicates a general lack of respect for the female partner. Some girls feel that a partner's wish to use a condom suggests that they, the girls, are not clean, that they are commercial sex workers, or that they keep multiple sexual partners among others, (Oladosu, 2004, Feldman 1999).

In a similar study conducted by Obbo, (2005) it was found that girls who carry condoms around may be perceived as being ready for sex or sexually available, a situation that would reduce their eligibility as potential wives. Such beliefs have been found to produce a strong negative attitude to past condom use and to current intentions to use condoms among University undergraduate students.

SEXUAL NETWORKING: During the past three (3) decades the level of sexual activity among the youths particularly students of higher institution in Nigeria has increased (Isiugo- Abanihe, 1996). The majority of the youths begin having sexual intercourse by mid to late adolescence, with an average age of first intercourse between 15 and 17 years. The results of the study by Isiugo-Abanihe (1996) disclosed that at least half of all high school students have had sexual intercourse, with 36.9% of secondary school category and 66.4% of higher institution category.

Several studies have tried to provide explanation to the sudden increase in pre-marital sexual intercourse among the students. Adedoyin and Adegoke (1995) observed that sexual activity is particularly high among unmarried youths of which become common practice and more prevalent in the urban areas in Nigeria. These findings suggest to us that the effect of modernization and urbanization is an influencing factor particularly among students of Nigerian higher institutions. More importantly, it is worthy to note that the weakening of the traditional values of virginity and the need to keep oneself away from sex before marriage are also contributing factors (Isiugo-Abanihe, 1995; Oladosu, 2000).

Hayes (1987) study revealed that, the need for affection and a strong emotional relationship is an important motivation for initiating sexual activity among the youths. The situation is worse for girls who have poor relationship with their parents and for those whose partners view the sexual act as a demonstration of a girl's love.

Social environment is also found as an influencing factor for engaging in premarital sexual activities. Danjuma,(1995) pointed out in his study that young person's engagement in sexual activities is partly a response to social environments in which men are said to prefer a sexually experienced woman for marriage and to avoid who does not know anything on their wedding night.

Finally, Obbo (1993) argues that apart from partners and peer influences, families may also effect a students opportunities in life by controlling his or her alternatives to engaging in pre-marital sexual intercourse through differential allocation of resources for boys' and girls' schooling, particularly in
countries like Nigeria, where governments have been unable to provide sufficient school facilities or to enforce compulsory schooling decisions (Obbo, 1993; Llond and Blanc, 1996).

CONTRACEPTIVE USE AMONG UNDERGRADUATE STUDENTS

The poor correspondence between knowledge and use of modern methods this drawn attention to adolescent's perception about the positive and negative directs of modern contraception.

Most perceptions involve the belief that the use of condors are unnatural, that they reduce pleasure or sensation (Aguei, 1992 and Nnorom, 2005) and that their use indicates a general lack of respect for female partners (Aguei, 1992). Some girls feel that a partners wish to use a condom suggests that they the girls are not clean, that they are commercial sex workers or that they are involved in extra-relationship activity (Havanon (1993).

Various studies have shown that student's decision about whether to use contraception is complex, although trends have improve with more students reporting current use of contraception, more use of contraception at first intercourse, and more frequently with continuing sexual intercourse, the consistent use of any contraception remains a challenge for most students. Other factors that contribute to lack of contraceptive use include adolescent developmental issues such as reluctance to acknowledge one's sexual activity, a sense of belief that they are immune from problem s or issues surrounding sexual intercourse or pregnancy and a denial of the possibility of pregnancy and misconceptions regarding use of contraception (Obbo, 1993; Agyei 1992; Havanon, 1993).

However an adolescent's level of knowledge about how to use contraception effectively does not necessarily correlate with consistent use. Some of the reasons given by adolescents for the delay in using contraception are that their parents will find out and the perception that birth control is dangerous.

The correctness of information used in eventual decision to use contraceptive has always been seen as a great barrier to the correct use of such methods of contraception and the decision making to continue (Hatcher, 1994). However, the knowledge of contraception and accessibility of information relating to sexual health and behaviour has increased greatly since the introduction of family planning in Nigeria in 1950s; individual methods of contraception used by adolescents vary according to such factors as age, marital status, and education, income and fertility intentions.

Ladipo (1998) in a study of young unmarried population identified five main sources of information concerning contraception and health/sex education issues: health/sex education literature; health/sex education in school curriculum; magazines/pamphlets; friends or peers and home. Results show that among males, friends are the principal sources of information followed by health/sex education literature obtained from outside school curriculum. Female appear to rely less on friends and more on formally presented literature or school programmes.

Further studies have assessed the risk of students' engagement in sexual activity and the use of contraceptives or condoms. Thompson and Tashakkori, (1993) found that for girls, perceptions of pregnancy risk may serve as a deterrent to causal sexual activity, especially if pregnancy is seen in negative terms. They observed that distorted perception of risk could lead to faulty decision-making about contraceptive use. Such decisions may arise if adolescents engage frequently in unprotected intercourse but do not conceive.

Ferguson, (1999) pointed out that because most young people find talking about sex with parents and adult family members uncomfortable, peers of ten constitute the reference group for transmitting information about sexual activity and contraceptive use including birth control.

Limited access to contraceptive for all groups of woman has clearly identified as a determinant of unwanted pregnancy and subsequently induced and even spontaneous abortion in some studies (Nnorom, (2005); Agyei (2002). The demand for family planning service is felt more keenly, but is certainly not for a population that comprise of adolescents or young unmarried women. These studies also provides an evidence that, not only lack of access to reproductive health services but also lack of knowledge and misconceptions about contraceptive methods lead to unwanted pregnancy and other reproductive health problems facing our youths today.

THE PSYCHOANALYTIC THEORY (FREUD, 1933)

Sigmund Freud (1933) propounded the psychoanalytic theory. He emphasized on the instinctual and biological side of human development. According to him, personality has three parts, the id, ego and the super ego.

The id is the reservoir of primitive drives and desires, presents in both animal and new born. It is the first element of the psychic structure to emerge, and it does so during earliest childhood. The id is
The pleasure principle—the principle that the major purpose in life is the immediate satisfaction of needs, Arthur Riebar cited in Freud (1933). The id is "blind" it has no way of dealing effectively with the outside world.

In contrast to the id, the ego is guided by the reality principle, the need to function effectively in the real world. The ego mediates between the demands of the real world and those of the id, permitting the individual to learn complex motor skills such as driving a car, to learn to write; to sense, perceive, and then reflect on the environment, to remember, to compare and think and to test reality (Freud, 1960) Jones (1953).

The super ego is the last of the three components to develop, emerges when the child must begin to learn the rules by which society and behaviour are governed. It represents internalized parents and is at the root of an individual’s conscience and morality.

FEMINIST THEORY:
The development of feminism has led to attention being focused on the subordinate position of women in many societies. Feminist sociologists have been mainly responsible for developing theories of gender Inequality, yet there is little agreement about the cause of this inequality or about what actions to be taken to reduce or end it. Several feminist approaches can be broadly distinguished:

i. Radical Feminism
ii. Marxist and socialist Feminism
iii. Liberal Feminism
iv. Black Feminism

RADICAL FEMINISM: According to Valerie Bryson (1999) radical feminists see women as "an oppressed group who had to struggle for their own Liberation against their oppressors that is against men". Pamela Abbort, Claire Wallace and Melissa jyler (2005) argue that radical Feminism is concerned with women’s right father that gender equality.

Radical Feminists tend to believe that women have always been exploited, and that only revolutionary change can offer the possibility of their liberation (2007). For example, Mary Daly (1978) blames female oppression on male aggression believing that rape and male violence towards women are the methods through which men have secured and maintained their power.

Radical Feminists see society as patriarchal- it is dominated and ruled by men. Through participation in patriarchy, men learn how to hold others in contempt and see them as non-human and control them as a result. Men create and maintain patriarchy not only because they have the resources to do so but also because they have real interest in making women serve as compliant tools (Holborn, 2007).

1) SEXUAL NETWORKING.

Ladipo (1998) conducted a study in Ibadan, Nigeria reported that most Adolescent are favorably dispose towards premarital sex. The respondents made up of 150 secondary school students and 100 students of higher institutions. Also the Nigeria Demographic health's Survey (NDHS) in 1990 have not only confirmed the incidence of pre-marital sexuality in urban centers. This shows that even in rural and sub-urban areas the incidence of premarital sexuality is prevalent.

Gorgen and cohen (1993) in their studies of sub-Saharan Africa confirm that a girls desire for a strong relationship is intensified by the nature of the social environment. From an early age, boys are encouraged to seek sexual variety and unmarred male commonly have several girls friends, with the one whom they expect to many being designed as the main girlfriend.

Similarly, a study by Isiugo-Abanihe, (1996) in Nigeria support the above claim that because marriage is highly valued, many teenage girls become preoccupied with finding men to marry and attaining the position of "main girlfriend". Facing the threat of being jilted by their partners, other girlfriends, some teenage girls may feel pressured to engage in sexual intercourse in order to prevent their partners. Girls may also have no choice but to submit to the sexual demands of boyfriends who threaten to abandon them if they refuse to comply with their sexual demands.

A study by Kiragu and Zabin (1995) in Ghana indicate that economic problems have contributed to an environment in which the need to survive is a driving force behind some school girls’ decision to have sex. According to them, a considerable attention has been focused on the "Sugar-daddy"
phenomenon whereby school girls enter into sexual relationships with older wealthy men who can assist them with school related expenses or the purchase of material things. The respondents were made up of 1056 high school students.

In the same study, Kitagu and Zabin (1995) revealed that some students may engage in these exchanges in order to achieve or maintain an up scale lifestyle or for the longer term objectives of establishing contacts with wealthy or prestigious people, which may be beneficial in the long run, and of obtaining assistance with finding a good job after their studies.

Philips (1997) in his study on young people's criteria for choosing a partner discovered that a wealthy partner is preferred to co-student partner by school girls. Although, the study agreed to the fact that wealthy partners will inevitably insist on sexual intercourse more often than a co-student partner because sex is the core part of such relationship. This study reveal further that in the event of pregnancy, a wealthy partner is able to take care of the young woman and her child; a co-student partner, on the other hand, will not be neither willing nor able to take economic responsibility or to marry the young woman.

Youri (1994) in his study in University of Lagos, Lagos state (UNILAG). Nigeria showed that economic social inequality and age disparity between partners can create a situation of unequal power within the relationship, which can in turn; reduce a girl's ability to negotiate whether intercourse will take place and whether condoms or -contraceptives will be used. This shows that students who have wealthy partners (Sugar daddy or sugar mummy) lack ability to negotiate safe sex. The respondents here were made of 500 students, which comprises of the students in sociology, psychology and mass communication department.

Danjuma (1995) threw more light on issues of unequal power relation, for instance, co-students partners usually demonstrate high level of understanding if his female partner refuses sex, while a wealthy partner often in insisted on sexual intercourse because sex is one of the major reasons why he engaged in the relationship.

Thus, the decision making process is a interaction of individual, social, family and peer factors. These elements act in conjunction with socio-cultural factors such as living conditions; poor learning environment and insecurity for students are explanations for engaging in pre-marital sexual networking.

(ii) CONTRACEPTIVE USE AMONG UNDERGRADUATE STUDENTS.

Analysis of data from the Demographic and health Survey (DHS 1996) shows that there is a high level of knowledge about contraceptive methods among university students in developing countries especially in Africa and in Asia, but relatively low levels of contraceptive use.

In a study conducted by Gorgen (1993) in Ghana, noted that the reluctance to use modern methods was as a result of fear that use might cause infertility, that the contraceptive pill might produce damaging side effects.

Havanon, (1993) in his study conducted in University of Benin reports that girls who carry condoms around are seen as being ready for sex or sexually available, a situation that would reduce their eligibility as potential wives. Such beliefs have been found to produce a strong negative attitude to past condom use and to current intentions to use condoms among university students in Nigeria (Edem and Harvey 1995).

Obbo (1993) reveals that students who are poor user of contraception include younger adolescents who may be less likely to be involved in a stable, long term relationship. In addition, Obbo reports that more than one fourth of female adolescents who have their first intercourse at 17 years or younger report that their participation was involuntary.

The Demographic Health survey (DHS, 1993) in Southwest Nigeria, indicates that knowledge of any method of contraception increased from 33.6% in 1992 to about 83.1% in 2002 using a population involving both male and female respondents, the report further shows that in 1993, 31% of Nigeria women aged 15-19 know of a modern method of contraception and 23% of these are aware of a source of family planning ahead of time.

The United Nations (2005) reports that male condom use has steadily increased among adolescents since 1970, use tripled between 1982 and 1992. The increase in male condom use occurred faster among students, increasing from 13% in 1982 to 5% in 1995 comprising of 15-19 years old age group, while non-students adolescent counterpart reduced their use from 23% in 1992 to 16% in 1995.

Ladipo (1998) provide a replication for this claim using a sample whose respondents are largely from young unmarried population also in Ibadan, they found that quite a majority of each sub-group (University, Polytechnic, Secondary and working young unmarried people) in their sample were actually familiar with one or more methods of contraception.

22
Amaezigo, (1997) confirms this, and suggests that it is not enough to ask respondents whether they know when a woman is mostly likely to conceive. They stressed that it is necessary to probe more into the correctness of such analysis. This would help to determine the proportion of students who were misinformed about conception but yet sexually active. For example, out of the total number of dents in their samples (about 1,056 students) most of them could not identify correctly the fertile period, yet about 40% of this category were sexually experienced. The proportion was 37% among female while it is 47% among men.

Nnorom, (2005) study of the inhabitants of Ehime Mbano area of Imo State iliusirates clearly that they knew about contraception but had a negative attitude towards it and the practice of contraception was low. The situation has not dunged. With the harsh economic realities of the present time coupled with the obligation associated with large family size, most couples have redefined their desired family size down words. Most families, however, fail to actualize their ceased family size because of the on met need for contraception. Nnorom further urged that by preventing unwanted pregnancies and those that occur too close together, contraceptive use can save millions of teenage mother's life's and that of intending children each year.

Kiragu and Zabin, (1995) study of adolescents in kenyu also found that some decisions about sex appear to derive and insufficient knowledge and misconceptions rather than form a consideration of the consequences of sexual behaviour. These researchers found that many adolescents believed they could avoid pregnancy by such measures as washing their genitals after intercourse, jumping up and down after sex and having sex standing up. Only three (3) out of four (4) adolescents knew that a girl could become pregnant even if she had sex once.

The commercial sex Risk service (CRS) programme gathered information about clients from managers, the commercial sex workers themselves and clients who volunteered. The men were primarily Nigerians and they represented a cross-section of the population ranging from low-income, artisans, traders and drivers to college students members of the armed forces and government employees. Some of them were habitual clients, while others paid only occasional visits. Commonly, the men engage in a high rate of partner exchange, placing both themselves and their sexual contacts at high risk of contacting HIV. Apart from contact with sex workers, the clients, approximately 60% of whom were unmarried, reported intercourse with wives, girlfriends and casual acquaintances (Moronkola and Adio-Moses, 2002)

Thus, the commercial sex risk services (CRS) however recommends a consistent use of condoms as a primary weapon for preventing HIV infection among sex workers, as well as for others in situations where there is risk. Thus, certain considerations need to be kept in mind when promoting condom use among the women and their clients, which have bearing on similar promotions among the rest of the population.

**STUDY POPULATION**

In this study, the population comprised of all men and female undergraduate students across faculties in Lagos State University, Ojo Lagos. The adoption of undergraduate students enables the researcher to cover more matured young and active students who may need advance knowledge on "how to play safe" when engaging in sexual activities.

<table>
<thead>
<tr>
<th>Percentage Distribution of Respondents' Sexual Experience by Gender</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex that is more likely to have early sexual experience</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>I don't know&quot;&quot;</td>
</tr>
<tr>
<td>Total</td>
</tr>
</tbody>
</table>
From table above, it was observed that 80.4% of the respondents were of the view that female are more expose to early sexual intercourse than male. More interestingly, the opinions of female respondents are not different from their male counterparts. For instance, 81% of male and 80% of female respondent agreed with the statement that female have early sexual experience than male.
Similarly, the respondents were asked to indicate their sexual experience, the table 4.2 shows that 87% of female and 58% of male respondents were sexually active, while 42% of male and 12.7% of female respondents were not sexually active. This further indicates that 75.6% of the sample populations were sexually active while the remaining 24.4% are not. The reason for this increase in premarital sexual intercourse among the students is social and economical in nature. This finding corroborating Isiugo-Abanihe (1996) reports that some young girls may feel pressured to engage in early sexual intercourse in order to prevent their partners from seeking other sexual outlets and by so doing submit to the sexual demands of boyfriends.

Table shows further that 47.3% of female and 8% of male respondents had their first sexual experience at aged 18 and 24, 29.3% had sex experience before their 18 years birthday, while 21% male and 10.7% female had their first experience at 25 years and above. Others 42% of male and 12.7% of female were undecided. It could be observed that students between 18 and 24years constitute the most sexually active Group (SAG) while Non-sexually Active Group (NSAG) was found below 18 years. Therefore, age is a major determinate of first sex

The table shows gender differential choice of sexual partner(s). For instance, when 33% of male respondents preferred co-students as partners only 2.7% of female respondents preferred co-students as their sexual partners. Also, it revealed that 21% of male and 37.3% female preferred worker(s) respectively, while 47.3% of female preferred wealthy/businessmen as partner only 4% of male took the same decision. It could be observed that female respondents engage more in unhealthy sexual actives to support their financial needs.

**The table** PERCENTAGE DISTRIBUTIONS OF RESPONDENTS’ REASONS FOR ENGAGING IN SEXUAL RELATIONSHIP BY GENDER

<table>
<thead>
<tr>
<th>Who is responsible for your financial needs</th>
<th>Parents/Relations</th>
<th>Friends</th>
<th>Sugar Daddy/Mummy</th>
<th>Others</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parents/Relations</td>
<td>88(88%)</td>
<td>106(70.7%)</td>
<td>194(77.6%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friends</td>
<td>2(2%)</td>
<td>8(5.3%)</td>
<td>10(4.0%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sugar Daddy/Mummy</td>
<td>10(10%)</td>
<td>12(8.0%)</td>
<td>12(4.8%)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Others</td>
<td>100(100%)</td>
<td>24(16.0%)</td>
<td>34(13.6%)</td>
<td></td>
<td>250(100%)</td>
</tr>
<tr>
<td>Total</td>
<td>100(100%)</td>
<td>150(100%)</td>
<td>250(100%)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If at all has your parents met your financial need?</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>44(44%)</td>
<td>41(27.3%)</td>
<td>85(34%)</td>
</tr>
<tr>
<td>No</td>
<td>56(56%)</td>
<td>109(72.7%)</td>
<td>165(66%)</td>
</tr>
<tr>
<td>Total</td>
<td>100(100%)</td>
<td>150(100%)</td>
<td>250(100%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Do you engage in sexual relationship for financial assistance?</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>9(10%)</td>
<td>101(67.03%)</td>
<td>110(44%)</td>
</tr>
</tbody>
</table>

25
The table shows that parents are responsible for majority of respondent financial needs, 77.6% of them were being sponsored by parents, 4% were being sponsored by friends, 4.8% by sugar daddy, and 13.6% claimed other means such as self help, scholarship among others. It could be observed that all parents hold a responsibility of supporting their children education financially and morally.

On whether or not the respondents' parents make their children financial needs, the tables indicate that 66% disagree with the statement while the remaining 34% agrees with the statement. It shows that majority of undergraduate students faced unmet financial situation. It could be further deduced that most of the students sought alternative means of meeting their financial needs. In addition 44% of the respondents engaged in sexual relationship to support their financial need, 31.6% of them decline comment by saying no, while the remaining 24% were undecided as non-sexually active group.

Also table 4.3 shows that 63.6% of the respondents are aware of their HIV/AIDS status, while the remaining 36.4% of them were not aware. This means that majority of the respondents did not go for test to know their HIV status. 14.4% of the respondents went through voluntary test, 49.27% of them were forces when hospitalized while the remaining 36.4% represents the respondents who have never gone for HIV/AIDS test. It is important to note that only a laboratory test can determine HIV/AIDS status of a person. This therefore means that the data presented in this study may not give a clear HIV/AIDS status of students of Lagos State University.
The Table shows PERCENTAGE DISTRIBUTIONS OF RESPONDENTS ON AWARENESS AND USE OF CONTRACEPTIVE BY GENDER.

<table>
<thead>
<tr>
<th>Respondents awareness of contraceptive</th>
<th>MALE</th>
<th>FEMALE</th>
<th>ALL RESPONDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>58(58%)</td>
<td>131(%)</td>
<td>189(75.6%)</td>
</tr>
<tr>
<td>No</td>
<td>42(42%)</td>
<td>19(%)</td>
<td>61(24.4%)</td>
</tr>
<tr>
<td>Total</td>
<td>100(100%)</td>
<td>150(100%)</td>
<td>250(100.0%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How consistence are respondents in using contraceptive</th>
<th>MALE</th>
<th>FEMALE</th>
<th>ALL RESPONDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consistent</td>
<td>25(25%)</td>
<td>47(31.3%)</td>
<td>79 (28.7%)</td>
</tr>
<tr>
<td>Non Consistent</td>
<td>33 (33%)</td>
<td>84(56%)</td>
<td>117(46.8%)</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>42 (42%)</td>
<td>19(12.7%)</td>
<td>61 (24.4%)</td>
</tr>
<tr>
<td>Total</td>
<td>100(100%)</td>
<td>150(100%)</td>
<td>250(100%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are you aware that consistent use of contraceptive protects the user against STIS, HIV/AIDS</th>
<th>MALE</th>
<th>FEMALE</th>
<th>ALL RESPONDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>41(41%)</td>
<td>95(63.3%)</td>
<td>136 (54.4%)</td>
</tr>
<tr>
<td>No</td>
<td>7 (7%)</td>
<td>36(24%)</td>
<td>43 (17.2%)</td>
</tr>
<tr>
<td>No Response</td>
<td>42(42%)</td>
<td>19(12.7%)</td>
<td>61 (24.4%)</td>
</tr>
<tr>
<td>Total</td>
<td>100 (100%)</td>
<td>150(100%)</td>
<td>250 (100%)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>When respondents can grant sex without using contraceptive</th>
<th>MALE</th>
<th>FEMALE</th>
<th>ALL RESPONDENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>I can't grant sex without using contraceptive</td>
<td>25 (25%)</td>
<td>47(31.3%)</td>
<td>72 (28.8%)</td>
</tr>
<tr>
<td>I can grant when gift/money is involved</td>
<td>10 (10%)</td>
<td>56(37.3%)</td>
<td>66 (26.4%)</td>
</tr>
<tr>
<td>I can grant sex when in love</td>
<td>23 (23%)</td>
<td>28(18.7%)</td>
<td>51 (20.4%)</td>
</tr>
<tr>
<td>Not Applicable</td>
<td>42 (42%)</td>
<td>19(12.7%)</td>
<td>61 (24.4%)</td>
</tr>
</tbody>
</table>
From the table above it was observed that 75.6% of the respondents have wide knowledge of contraceptives even mentioned names of the ones they knew and have heard, while the remaining 24.4% had little or no knowledge of it. It shows that the entire sexually active group had good knowledge of contraception and its effectiveness. On whether or not the respondents agreed with the statement, and 17.2% of them disagreed with the statement, while the remaining 24.4% were undecided. It could be deduced that contraceptive like condom protects users against STIS/HIV/AIDs while non users constitute the risk group of the infections.

Furthermore, table 4.4 shows that a high proportion of the study population that knew about contraception was low. For instance, only 28.8% of the respondents are consistent with contraceptive use while 46.8% are non consistent and the remaining 24.4% were undecided. This implies that higher percentage of students in the study area grant sex without contraception and therefore constitute the risk group to STIs/HIV/AIDs.

In addition to this high level of inconsistent with contraception to this table 4.4 further reveals that 26.4% and 20.4% of the respondents can allow sexual intercourse without contraception when gift/money are involved and when they are in love respectively, others 28.8% of them cannot grant sex without contraception. It could be said that the motivation for engaging in unhealthy sexual behaviour like permitting sex without contraception’ for gift/money or forced/rape are common sexual practices among the Youths than adults. Finally, 17.2% of the respondents have been the victim of Sexually Transmitted Infections. Others 82.8% have never been the victims of either of STIs/HIV and AIDs.

From the study it was observed that seven out of ten respondents are sexually active. About eighty-seven percent of male compared with 58% of male are sexually active. This shows that female students are more sexually active and start sexual intercourse earlier than male. This finding corroborating World Health Organization (2000) reports that between ages 15 and 17, the rate of initiation of sexual activity increases rapidly among girls and that the proportion of women who have had intercourse by their 18th birthday (60–80%).

Also, the studies found that majority of the respondents know about contraception but had a negative attitude towards it and the practice of conception was low. For instance, only twenty-eight percent out of seventy five percent who are sexually active group used contraception at their last sexual intercourse.

Therefore, when the rate of sexual initiation is increasing, the rate of contraceptive use is declining among the students. This shows that the majority of Nigeria university students are the risk group. It was also observed that socio-economic needs of the respondents influenced their decision on contraception and the choice of sexual partners. The study revealed that large percentage of students granted sexual intercourse and keeping multiple partners without contraception particularly when offered gift/money. This means that an aggressive campaign is required to curb the rate of STIS/HIV/AIDS among the youths in Nigeria. In addition, it was observed that the present economic situation has made most of the parents failed in their responsibilities. The finding corroborating Isiugo-Abarihe,(2003) observations that "not only are many parents unable to provide for and educate their children, but also they increasing see the economic values if their sexuality as a potential source of support for the family". This pointed out that some students are desperate to support themselves and assist their families. In order to achieve this, they turn to sex work and keep multiple sexual partners.

Therefore, keeping multiple sexual partners without protection could be link with STIs, and HIV/AIDS infections prevalence. Apart from socio-economic reasons, these young people still find
talking about sex with parents and adult family members uncomfortable or impossible, making the peer
groups a reference group for transmitting information about sexual activity and contraceptive use.
Therefore, parents, government and non-governmental organizations alike have a significant role to play
in order to reduce high risk that this segment of Nigerian population is exposed to.

RECOMMENDATIONS:
As a result of the dangers that students are exposed to whenever engaging in premarital sex, such as dropping
out of school, unwanted pregnancy and unsaved abortion, vulnerability to STIS and HIV/AIDS and many
more; the following recommendations and suggestion are considered necessary.

• Firstly, a research programme of similar objectives spreading over a longer period should be under-
taken and sponsored by government, co-operate organizations and non-governmental
organizations. Such studies should involve a large percentage of the students, patents, teachers
and welfare officers.

• Secondly, seminars and workshops should be organized and sponsored by Government at all levels,
Non-Governmental Organizations (NGOs) health care providers and to include secondary and tertiary
institutions Nigerian. This will go a long way to check the alarming rate of unhealthy sexual activities without
contraceptive use and its social, economic and health consequences.

• Thirdly, the parents are hereby advised to be committed to their children's financial needs. They
should also be faithful to their responsibilities in bringing up their children properly. Parents'
should also renew their effort towards effective sex education to their children and their wards.

• Fourthly, contraceptive must be made available on a voluntary basis at all post partum clinics. Not
only this, voluntary contraceptive services should also be made available to both students and non-
students who are sexually active. This should also include adolescents, unmarried as well as married
men and women.

• Fifthly, our religious leaders are advised to include sex education in the doctrine to be
preached or taught in the area of procreation and sexuality, because our findings have shown
that some religions like Islam and the Catholicism against are idea of contraception.

• Finally, government should make effort in designing on appropriate information and
educational programme aimed at increasing the levels of awareness of the contraceptive and
family planning programme. The enlighten programme should be in form of paid advertisement
on television and radio and they should be in local languages and English language to be able to
reach out to both educated and non-educated Nigerians.

CONCLUSION:
The vulnerability of girls and young men to partake in risky sexual behaviour is exacerbated by
the absence of constructive sex education at home and in school. With roots in cultural systems where
sex education was the work of aunts, grandparents, or other kin, many partners and guardians are still
considering parental or school-based sex education as taboo. In urban settings, the traditionally appropriate
relations may not be available, yet teachers are not officially mandated to teach sex education in our schools.
A culturally sensitive and appropriate sex-education curriculum needs to be developed and applied in
schools, while parents, religious and community leaders must develop acceptable ways in which STIS and
HIV education can become an acceptable theme for discussion. Most of Nigerian universities, counseling
units were not efficient and up to date in teaching moral and sex education through seminars, workshops,
publications among others. It has therefore become necessary to upgrade our students’ knowledge,
about reproductive health, implication of engaging on unprotected sex, and the need for effective
contraceptive use.
References


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