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Health Belief As a Predictor of Contraceptive Seeking Behaviour Among Male Undergraduate Student of Adeleke University, Ede, Osun State

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ABSTRACT

This study explores the knowledge, attitudes, and contraceptive-seeking behavior among male undergraduate students at Adeleke University, Ede, Osun State, Nigeria. Despite the growing recognition of male involvement in contraceptive use as a key factor in reducing unintended pregnancies and sexually transmitted infections (STIs), Nigerian males remain underrepresented in contraceptive discourse. Using the Health Belief Model (HBM) as a guiding framework, the study aims to assess how knowledge, attitudes, and health beliefs influence contraceptive-seeking behavior among male students. A cross-sectional survey was conducted, with 320 male undergraduates selected through multi-stage sampling. The results indicated that while most respondents (87.2%) demonstrated high levels of knowledge about contraceptive methods, significant misconceptions persisted, particularly regarding the effectiveness of contraceptives in preventing unintended pregnancies and STIs. Attitudes toward contraception were generally positive, with 61.9% of respondents holding a favorable view, but a substantial minority (38.1%) expressed negative or indifferent attitudes, often influenced by cultural and gender norms. Contraceptive-seeking behavior revealed a gap between knowledge and action, with 72.8% of students displaying positive behavior, yet many were reluctant to use contraceptives consistently or seek healthcare advice. Statistically, while there was no significant correlation between knowledge and behavior, a positive relationship was found between attitudes and contraceptive-seeking behavior ($r = 0.373$, $p = 0.000$). The study concludes that while knowledge is essential, attitudinal and cultural barriers play a critical role in shaping contraceptive behavior. Recommendations include comprehensive sexual health education, promotion of male involvement in family planning, and improvement in access to contraceptive services to bridge the gap between knowledge and behavior.

Keywords: Knowledge, Attitudes, Contraceptive-seeking behavior, Male undergraduates, Health Belief Model, Nigeria.

INTRODUCTION

Unintended pregnancies remain a significant public health issue globally, particularly in sub-Saharan Africa, including Nigeria. In Africa, adolescents make about 23% of the population and they make up 22.3% of Nigeria's overall population (Ojo *et al.*, 2021). Adolescents, especially males, have often been excluded from discussions on contraception, even though they play a critical role in reproductive health outcomes. In Nigeria, male involvement in contraceptive use is low, with many misconceptions about its purpose and methods. Despite this, research indicates that improving male knowledge and attitudes

toward contraception can reduce unintended pregnancies and sexually transmitted infections (STIs), thus improving overall public health (Akinyemi et al., 2023).

This study focuses on understanding male undergraduate students' knowledge, attitudes, and behaviors concerning contraceptive use, using the Health Belief Model (HBM) as the guiding framework. The Health Belief Model (HBM) is a psychological framework used to understand and predict individuals' health behaviors based on their beliefs and attitudes. Developed in the 1950s, this model identifies several key components that influence health behaviors (Adeniregun, 2023). By exploring these factors, the research aims to identify key barriers and motivators in promoting contraceptive use among male students at Adeleke University, Osun State.

Statement of the Problem

The prevalence of unintended pregnancies among adolescents represents a significant public health challenge in Nigeria, contributing to elevated maternal mortality rates and the widespread occurrence of unsafe abortions. This issue is particularly acute within university environments, where young adults, particularly male students, encounter critical decisions related to their sexual and reproductive health. Despite a substantial awareness of contraceptive methods, there exists a persistent gap in the utilization of these methods, stemming from entrenched misconceptions, cultural norms, and limited access to accurate information. There is a notable contrast between the high levels of knowledge regarding contraception and the low rates of contraceptive use, especially among male students.

At Adeleke University in Ede, Osun State, male students, as significant decision-makers in sexual and reproductive matters, are often underrepresented in their engagement with contraceptive-seeking behaviors. This underrepresentation exacerbates the risks associated with unintended pregnancies and sexually transmitted infections. Furthermore, existing studies largely focus on female contraceptive usage, thereby leaving a critical gap in understanding the factors that influence male students' decisions regarding contraception. This study aims to address this gap by exploring how knowledge, attitudes, beliefs, and socio-cultural factors shape contraceptive-seeking behavior among male students. Additionally, it will investigate the extent to which misconceptions, peer pressure, and societal norms affect their decisions to seek or avoid contraceptive methods.

It is essential to comprehend these dynamics to develop targeted interventions that will promote responsible sexual behavior, effectively reduce unintended pregnancies, and ultimately combat the health risks associated with unsafe abortions. This research will provide crucial insights into the factors influencing male students' contraceptive use and has the potential to inform policy-making, educational programs, and health interventions at the university level and beyond.

Justification for the Study

The active involvement of adolescent males in contraceptive decision-making is crucial for addressing the challenges associated with unintended pregnancies and the proliferation of sexually transmitted infections (STIs). Given the significant influence that male students exert on the reproductive health of their partners, this study aims to fill a notable gap in the existing literature by concentrating specifically on male contraceptive-seeking behavior. The outcomes of this research will yield valuable insights for policymakers, healthcare providers, and educational institutions, enabling the design of effective interventions that encourage responsible sexual health practices among male undergraduates. Such initiatives are essential for promoting public health and enhancing the overall well-being of young people within academic environments.

General Objective

The general objective of this study is to assess the level of knowledge, attitudes, and contraceptive-seeking behavior among male undergraduate students at Adeleke University, Ede, Osun State, and to determine if health beliefs are predictive of their contraceptive-seeking behavior.

Specific Objectives

1. To assess the knowledge of contraceptive-seeking behavior among male undergraduate students in Adeleke University, Osun State.
2. To evaluate the attitudes of male undergraduate students towards contraceptive use.

3. To examine the contraceptive-seeking behaviors of male undergraduate students in Adeleke University, Osun State.

Research Questions

1. What is the level of knowledge regarding contraceptive-seeking behavior among male undergraduate students in Adeleke University, Osun State?
2. What are the attitudes of male undergraduate students towards contraceptive use in Adeleke University, Osun State?
3. What are the contraceptive-seeking behaviors among male undergraduate students in Adeleke University, Osun State?

Research Hypothesis

- **H0₁**: There is no significant relationship between the level of knowledge and the level of attitude towards contraceptive-seeking behavior.
- **H0₂**: There is no significant relationship between the level of knowledge and the level of contraceptive-seeking behavior.
- **H0₃**: There is no significant relationship between the level of attitude and the level of contraceptive-seeking behavior.

Scope of the Study

The study was conducted among male undergraduate students in selected departments at Adeleke University, Ede, Osun State. The focus was on students from the Faculty of Basic Medical Science, Faculty of Science, and Faculty of Business and Social Sciences, as these faculties represent a diverse range of academic disciplines.

Operational Definition of Terms

- **Knowledge**: Understanding of male contraceptive methods and their effects.
- **Attitude**: The degree of belief or opinion towards contraceptive use.
- **Contraceptive-seeking behavior**: The actions taken by male students to seek information and/or use contraceptives.

METHODOLOGY

Research Design

A cross-sectional research design was adopted to assess the knowledge, attitudes, and contraceptive-seeking behavior among male undergraduate students at Adeleke University, Ede.

Study Setting

The study was conducted at Adeleke University, located in Ede, Osun State, South-Western Nigeria. The university is a private institution offering various undergraduate programs.

Target Population

The target population consists of male undergraduate students at Adeleke University. This group was chosen because of their significant role in contraceptive use and their potential to influence reproductive health outcomes.

Inclusion and Exclusion Criteria

- **Inclusion Criteria**: Male students enrolled in undergraduate programs at Adeleke University, Ede, who are willing to participate in the study.
- **Exclusion Criteria**: Male students who are not enrolled in undergraduate programs or who are unwilling to participate.

Sample Size Determination

The sample size was determined using Taro Yamane's formula, resulting in a total of 320 respondents, accounting for a 10% non-response rate.

Sampling Technique

Multi-stage sampling was used to select participants. The first stage involved selecting faculties, followed by selecting departments, and finally selecting respondents using simple random sampling.

Instrument of Data Collection

A structured questionnaire was used to collect data. The questionnaire consisted of demographic questions, followed by sections on knowledge, attitudes, and contraceptive-seeking behavior.

Validity of Research Instrument

The validity of the instrument was ensured through face and content validity, with the help of experts in reproductive health and public health.

Reliability of Research Instrument

The reliability of the instrument was tested using the test-retest method. The instrument showed high consistency, with a reliability coefficient of 0.85.

Method of Data Collection

Data was collected through one-on-one administration of the questionnaires. Respondents were provided with clarifications as needed.

Data Analysis Plan

Data was analyzed using SPSS version 25. Descriptive statistics (frequencies, percentages) were used, and inferential statistics (Chi-square tests) were applied to test the hypotheses.

Ethical Permission/Issues

Ethical approval was obtained from Adeleke University's Ethics and Research Committee. Informed consent was obtained from all participants, ensuring confidentiality and anonymity.

RESULTS

This section presents the results of the statistical analysis conducted on data retrieved to assess the Health belief as a predictor of contraceptive seeking behavior among male undergraduate student of Adeleke University, Ede, Osun State. Three hundred and twenty participants were eligible for inclusion in the study. The results are presented in tables.

Socio-Demographic Data

The age distribution showed that majority of the participant were between 15-25 years old (310; 96.9%) and the mean of the age distribution was 20.26±3.178 years. Religious distribution showed that most (70.0%) of the respondents were Christian; about two third (59.4%) of the respondents were Yoruba; and one third (30.6%) of the respondents are in 400 level; more than half (52.8%) of the respondents indicated that they have had sex and lastly, more than one third (32.8%) of the respondents' source of information on contraceptive use was from their friends.

Table 1 Distribution of Socio-demographic Characteristics

S/N	Variables	Frequency (N)	Percentage (%)
1.	Age		
	15-25 years	310	45.2
	26-35 years	6	54.8
	36 and above	4	
	Total	320	100.0
2.	Religion		
	Christian	224	70.0
	Muslim	84	26.3
	Traditional	12	3.8
	Total	320	100.0
3.	Ethnicity		
	Yoruba	190	59.4

	Igbo	68	21.3
	Hausa	62	19.4
	Total	320	100.0
4.	Level		
	100	37	11.6
	200	115	35.9
	300	42	13.1
	400	98	30.6
	500	28	8.8
	Total	320	100.0
5.	Have you ever had sex?		
	Yes	169	52.8
	No	151	47.2
	Total	320	100.0
6.	Source of information		
	Health centre	50	15.6
	Parents	36	11.3
	Girlfriend	77	24.1
	Friends	105	32.8
	Social media	24	7.5
	Newspaper/magazine	28	8.8
	Total	320	100.0

Knowledge of Contraceptive -Seeking Behaviour

The distribution of the result showed that close to half (46.6%) of the respondent indicated that contraceptive use cannot prevent unintended pregnancy; most (76.6%) of the respondents indicated that contraceptive use can limit the spread of sexually transmitted diseases; similarly, majority (88.8%) of the respondents indicated that contraceptive use is not for married couples only. Furthermore, one third (30.9%) of the respondents indicated that the spread of sexually transmitted disease cannot be limited with the use of contraceptives; similarly, one third (30.9%) of the respondents also indicated that they would likely not get a girl pregnant if they have sex with her without contraceptive use; lastly, more than half (52.5%) of the respondents indicated that having multiple sexual partner with the use of contraceptive would increase the risk of getting HIV

Table 2: Distribution of Knowledge of Contraceptive-seeking Behavior

S/N	QUESTIONS	YES N (%)	NO N (%)
1.	Contraceptive use cannot prevent unintended pregnancy	149 (46.6)	171 (53.4)
2.	Contraceptive use can limit the spread of sexually transmitted diseases	245 (76.6)	75 (23.4)
3.	Contraceptive use is for married couples only	36 (11.2)	284 (88.8)
4.	The spread of sexually transmitted disease can be limited with the use of contraceptives	221 (69.1)	99 (30.9)
5.	I will likely get a girl pregnant if I have sex with her without contraceptive use	221 (69.1)	99 (30.9)
6.	Having multiple sexual partner with the use of contraceptive increases my risk of getting HIV	168 (52.5)	152 (47.5)

Respondents' Level of Knowledge of Contraceptive-seeking Behavior

The level of the Knowledge of contraceptive-seeking behaviour among the respondents was computed on a 6-point scale and the distribution showed that only 41 (12.8%) respondents had low level of Knowledge of contraceptive-seeking behaviour while most (279; 87.2%) respondents had a high level of Knowledge of contraceptive-seeking behaviour. The mean±SD of the respondents' level of knowledge was 4.043 ±1.243.

Table 3: Level of Knowledge of Contraceptive-seeking Behavior

knowledge (6-point scale)	Category	N	%	Mean	SD
Low	0 – 2	41	12.8	4.043	1.243
High	3 – 6	279	87.2		
Total		320	100		

Attitude Towards Contraceptive-Seeking Behaviour

The distribution showed that about one quarter (24.1%) of the respondents agreed that it is not their responsibility to take contraceptive in a relationship; more so, about one third (32.8%) of the respondents disagreed that they would not have sexual intercourse without a contraceptive use; thirty-eight percent (38.1%) of the respondents agreed that contraceptive use is always inconvenient. Furthermore, more than one third (32.8%) of the respondents agreed that they will feel comfortable going to a doctor or clinic to get more information on contraceptive use if they need it and lastly, close to one quarter (23.8%) strongly disagreed that they may feel embarrassed if they want to buy a condom.

Table 4: Distribution of attitude towards Contraceptive-seeking Behaviour

S/N	QUESTIONS	SA N (%)	A N (%)	D N (%)	SD N (%)
1.	It is not my responsibility to take contraceptive in a relationship	53 (16.6)	77 (24.1)	118 (36.9)	72 (22.5)
2.	I will not have sexual intercourse without a contraceptive use	69 (21.6)	103 (32.2)	105 (32.8)	43 (13.4)
3.	Contraceptive use is always inconvenient	66 (20.6)	122 (38.1)	85 (26.6)	47 (14.7)
4.	I will feel comfortable going to a doctor or clinic to get more information on contraceptive use if I need it	89 (27.8)	105 (32.8)	89 (27.8)	37 (11.6)
5.	I may feel embarrassed if I want to buy a condom	63 (19.7)	65 (20.3)	116 (36.3)	76 (23.8)

Respondents' Level of Attitude towards Contraceptive-seeking Behavior

The level of the attitude towards contraceptive-seeking behaviour among the respondents was computed on a 15-point scale and the distribution showed only 122 (38.1%) respondents had negative attitude towards contraceptive-seeking behaviour while two that third (61.9%) respondents had a positive attitude towards contraceptive-seeking behaviour. The mean±SD of the respondents' level of attitude was 8.034 ±2.430.

Table 5: Level of Attitude towards Contraceptive-seeking Behavior

Attitude (15-point scale)	Category	N	%	Mean	SD
Positive	0 – 7	122	38.1	8.034	2.430
Negative	8 – 15	198	61.9		
Total		320	100		

Contraceptive-Seeking Behaviour

The result from the study showed that one third (20.3%) of the respondents strongly agreed that they would feel comfortable going to a doctor or clinic to get more information on contraceptive use if they need it; only a little fraction (7.2%) of the respondents' strongly disagreed that would not consult the clinic immediately if they have any symptoms of STI; only 12.2% strongly agreed that they are not able to negotiate safer sexual and reproductive health options. Furthermore, 20.0% agreed that they would not consult the doctor on the best type of contraceptive to be used and lastly, only 36.6% of the respondents agreed that they would use a condom in their next sexual experience

Table 6: Distribution of Contraceptive-seeking Behaviour

S/N	QUESTIONS	SA N (%)	A N (%)	D N (%)	SD N (%)
1.	I will feel comfortable going to a doctor or clinic to get more information on contraceptive use if I need it	99 (30.9)	85 (26.6)	102 (31.9)	34 (10.6)
2.	I will not consult the clinic immediately if I have any symptoms of STI	23 (7.2)	34 (10.6)	130 (40.6)	133 (41.6)
3.	I am not able to negotiate safer sexual and reproductive health options	39 (4.2)	114 (35.6)	99 (30.9)	68 (21.3)
4.	I will not consult the doctor on the best type of contraceptive to be used	41 (12.8)	64 (20.0)	145 (45.3)	70 (12.9)
5.	I will use a condom in my next sexual experience	101 (31.6)	117 (36.6)	57 (17.8)	45 (14.1)

Respondents' Level of Contraceptive-seeking Behavior

The level of contraceptive-seeking behavior among the respondents was computed on a 15-point scale and the distribution showed that only 87 (27.2%) respondents had negative contraceptive-seeking behaviour while most (72.8%) respondents had a positive contraceptive-seeking behaviour. The mean±SD of the respondents' level of contraceptive-seeking behavior was 9.175±2.812.

Table 6: Level of Contraceptive-seeking Behavior

Contraceptive-seeking Behavior (15-point scale)	Category	N	%	Mean	SD
Positive	0 – 7	87	27.2	9.175	2.812
Negative	8 – 15	233	72.8		
Total		320	100		

Research Hypotheses

Research Hypothesis 1

H₀1: There is no significant relationship between level of knowledge and level of attitude towards contraceptive-seeking behaviour

A correlation test was conducted to determine the relationship between the knowledge and attitude towards contraceptive-seeking behavior. The results showed that there is no statistically significant relationship between the variables ($r = 0.026$; $p = 0.637$). Thus, the null hypothesis is not rejected.

Table 7: Relationship between the knowledge and attitude of Respondents

Variables	N (%)	r	p
Knowledge vs Attitude	320 (100)	0.026	0.637

Research Hypothesis 2

H₀1: There is no significant relationship between level of knowledge and level of contraceptive-seeking behaviour

A correlation test was conducted to determine the relationship between the knowledge and the contraceptive-seeking behavior. The results showed that there is no statistically significant relationship between the variables ($r = 0.066$; $p = 0.587$). Thus, the null hypothesis is not rejected.

Table 8: Relationship between the knowledge and Contraceptive-seeking Behaviour of Respondents

Variables	N (%)	r	p
Knowledge vs Contraceptive-seeking Behaviour	320 (100)	0.066	0.587

Research Hypothesis 3

H₀1: There is no significant relationship between level of attitude and level of contraceptive-seeking behaviour

A correlation test was conducted to determine the relationship between attitude and level of contraceptive-seeking behaviour. The results showed that there was a statistically significant relationship between the variables ($r = 0.373$; $p = 0.000$). A linear regression model showed that the level of attitude contributed to 13.9% ($r^2 = 0.139$) of the change in the level of the respondents' contraceptive-seeking behaviour. Thus, the null hypothesis is rejected.

Table 9: Relationship between the Attitude and level of Contraceptive-seeking Behaviour significant at $p < 0.05$

Variables	N (%)	r	r ²	p
Attitude vs Contraceptive-seeking Behavior	320 (100)	0.373	0.139	0.000*

3. DISCUSSION OF FINDINGS

The results of this study provide an important contribution to understanding the knowledge, attitudes, and behaviors of male undergraduate students toward contraceptive use, particularly in the context of Nigerian universities. While the findings reflect a generally positive attitude and relatively high levels of knowledge regarding contraceptive methods, they also highlight key barriers that hinder the effective use of contraception. These findings align with some previous research but diverge significantly in other areas, leading to a deeper reflection on the role of culture, education, and healthcare access in shaping male contraceptive-seeking behaviors.

Knowledge of Contraceptives

The study revealed that the majority of male students at Adeleke University (87.2%) demonstrated a high level of knowledge about contraceptive methods, especially in relation to preventing sexually transmitted infections (STIs) and unintended pregnancies. This finding is consistent with prior studies such as those by Adebayo et al. (2018), who observed relatively high contraceptive knowledge among male undergraduates in Nigerian universities. However, the study also found significant gaps in understanding, particularly around the effectiveness of contraceptives in preventing unintended pregnancies and STIs. Approximately 46.6% of respondents incorrectly believed that contraceptive use could not prevent unintended pregnancies, and 30.9% held the misconception that contraceptives do not limit the spread of STIs.

These discrepancies suggest a need for targeted educational interventions. While Akinyemi et al. (2023) report that knowledge of contraceptive methods among Nigerian men has improved in recent years, it is clear that knowledge gaps remain, especially regarding the effectiveness of contraception. This points to a need for more focused efforts to correct misconceptions and reinforce the importance of contraceptive use beyond just the prevention of pregnancy, as also highlighted by Bearak et al. (2020).

Attitudes Toward Contraceptive Use

The study also highlighted the ambivalent attitudes male students hold toward contraceptive use. While a majority of students (61.9%) had a positive attitude towards contraceptive use, a substantial minority (38.1%) still displayed a negative or indifferent attitude, suggesting that factors beyond knowledge influence contraceptive behavior. In particular, 24.1% of students agreed that contraceptive use is not their responsibility in a relationship, and 38.1% felt that contraceptive use was always inconvenient. This reflects a broader societal trend where male involvement in reproductive health decisions is often undermined by traditional gender roles and cultural beliefs that frame contraception as a "female" responsibility. These findings resonate with the works of Nwaozuru et al. (2019) and Matthews et al. (2017), who similarly argue that patriarchal norms and expectations play a significant role in shaping attitudes toward contraception.

Contrary to the prevailing literature that emphasizes the role of cultural factors in inhibiting male contraceptive involvement (Gupta et al., 2018), this study found that one-third of respondents (32.8%) expressed a willingness to consult a healthcare provider for information about contraceptives. This suggests that, while cultural barriers exist, there may be room for shifting attitudes toward contraceptive responsibility with the right educational interventions and support systems.

Contraceptive-Seeking Behavior

When it comes to actual contraceptive-seeking behavior, the findings reveal a worrying gap between knowledge and action. Despite high levels of knowledge, only 36.6% of students indicated they would use a condom in their next sexual encounter, and a similar percentage (31.6%) expressed discomfort seeking advice from healthcare providers. This divergence between knowledge and behavior echoes the concerns raised by Bansode et al. (2019) and Okafor et al. (2018), who found that Nigerian male undergraduates are often aware of contraceptive methods but reluctant to use them due to factors such as peer pressure, fear of stigma, and lack of accessibility.

This low level of behavior change, despite favorable attitudes, challenges the assumption that knowledge alone drives contraceptive use. It also highlights the importance of addressing social and environmental factors that influence decision-making. Adebayo et al. (2018) and Kalichman et al. (2017) similarly note that external factors, such as peer pressure and social norms, play a critical role in shaping young men's contraceptive behaviors, and this study's findings support this argument.

Health Belief Model and Predictive Factors

Interestingly, while knowledge was positively correlated with attitude, there was no statistically significant relationship between knowledge and contraceptive-seeking behavior ($r = 0.066$, $p = 0.587$). This suggests that while male students may be well-informed about contraceptive methods, this knowledge does not always translate into active contraceptive-seeking behavior. This finding contrasts with the assumptions of the Health Belief Model (HBM), which posits that increased knowledge about

risks should lead to behavior change (Rosenstock, 1956). The null relationship between knowledge and behavior observed in this study suggests that other factors—such as perceived barriers, social norms, and convenience—may play a more significant role than knowledge alone.

However, a significant relationship was found between attitudes and contraceptive-seeking behavior ($r = 0.373$, $p = 0.000$), indicating that a positive attitude toward contraception is indeed a strong predictor of contraceptive behavior. This is consistent with the Health Belief Model's assertion that perceived benefits and positive health attitudes are essential in motivating health behavior change (Smith et al., 2017). These results underscore the need for interventions that not only enhance knowledge but also foster positive attitudes towards contraceptive use.

While the findings align with many studies in the literature, they also challenge certain assumptions. For instance, research by Adebayo et al. (2018) suggests that cultural factors significantly inhibit contraceptive use among male students, while this study indicates that a notable proportion of students are open to seeking contraceptive information and discussing contraceptive use openly. This may reflect a shift in attitudes among the younger generation of Nigerian men, driven in part by greater access to information via digital media and social networks (Akinyemi et al., 2023). However, despite this openness, the lack of action suggests that information alone may not be enough to overcome deeper societal barriers.

4 CONCLUSION

In conclusion, while male undergraduate students at Adeleke University exhibit high knowledge about contraceptive methods, this knowledge does not always translate into positive contraceptive-seeking behavior. Misconceptions about contraceptive effectiveness, negative attitudes shaped by cultural and gender norms, and perceived barriers to accessing reproductive health services remain significant challenges. The findings indicate the importance of addressing not just knowledge gaps but also societal attitudes and healthcare accessibility to promote responsible sexual health behaviors among male students. Policy implications should include comprehensive sexual health education, community-based interventions to alter traditional gender norms, and greater involvement of male students in family planning decision-making processes.

5 RECOMMENDATIONS

1. Comprehensive Sexual and Reproductive Health Education

There is a need for targeted, comprehensive educational programs on contraceptive methods, emphasizing their effectiveness in preventing both unintended pregnancies and sexually transmitted infections (STIs). These programs should aim to dispel misconceptions, especially the belief that contraceptives cannot prevent unintended pregnancies or STIs, as observed in the findings. Educational efforts should be integrated into university curricula and should include both male and female students to promote gender equality in reproductive health awareness. Utilizing peer education and digital platforms can also enhance the reach and engagement of these programs.

2. Promote Male Involvement in Family Planning

Given the high levels of knowledge but low contraceptive-seeking behavior, there is a critical need to promote greater male involvement in contraceptive use and family planning. This can be done by organizing male-targeted campaigns and workshops that focus on breaking down cultural stereotypes around male responsibility in contraception. Engaging male students as active participants in contraceptive decision-making will help reduce gender-based barriers and ensure shared responsibility in reproductive health, ultimately contributing to healthier sexual behaviors and improved family planning outcomes.

3. Address Attitudinal Barriers to Contraceptive Use

Since attitudes towards contraception significantly influence contraceptive-seeking behavior, it is essential to challenge negative attitudes such as the perception that contraceptive use is inconvenient or not their responsibility. University counseling centers should be used as platforms for open discussions

where male students can express concerns and receive guidance on the benefits of contraceptive use. Special attention should be given to overcoming social and cultural barriers that hinder positive attitudes, with a focus on encouraging men to take an active role in contraception without shame or embarrassment.

4. Improve Access to Contraceptive Services

The study highlighted that despite the knowledge of contraceptive methods, many male students were hesitant to seek out contraception due to barriers such as embarrassment or a lack of accessible services. Universities should partner with local healthcare providers to ensure that contraceptives, especially condoms, are readily available and easily accessible to students. In addition, creating a confidential and non-judgmental space for students to obtain contraception can reduce the stigma associated with seeking reproductive health services and encourage greater usage.

5. Encourage Open Dialogue and Peer Support Systems

The findings suggest that a significant number of students get their information about contraception from friends, which underscores the importance of peer influence in shaping contraceptive behaviors. Universities should establish peer support networks where students can openly discuss contraceptive options without fear of judgment. Peer educators can be trained to provide accurate information, challenge misconceptions, and encourage healthier sexual practices among their peers. Promoting open discussions through student-led forums and clubs could also increase awareness and normalize contraceptive use among male undergraduates.

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