Awareness of Health Policies Guiding Contraceptive Utilization Among Undergraduate Students in Tertiary Institutions, Port Harcourt Metropolis, Rivers State.

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Abstract

Background: *Contraceptive utilization is an important component of sexual and reproductive health which contributes to the prevention of unintended pregnancies, reduction of maternal and reproductive-health risks, and improvement of the wellbeing of young people. Although Nigeria have developed policies and guidelines intended to support access to and utilization of contraceptive services, undergraduates' awareness of contraceptive health policies is an important public health and health policy concern as limited awareness may hinder informed decision-making and access to reproductive-health information and services. This study therefore assessed the awareness of health policies guiding contraceptive utilization among undergraduate students in Port Harcourt metropolis, Rivers State, Nigeria.* ***Methods:*** *A descriptive cross-sectional design was adopted among 430 undergraduate students selected from three public universities using a multistage sampling technique. Awareness of health policies guiding contraceptive utilization is the outcome variable which refers to respondents' measured awareness of policy provisions related to contraceptive utilization. Data were collected with a structured self-administered questionnaire designed to obtain information on respondents' socio-demographic characteristics, knowledge of contraceptive policy provisions, sources of reproductive-health information, contraceptive utilization and awareness of health policies guiding contraceptive utilization. Data and analyzed using SPSS version 26, with descriptive statistics, Chi-square test and logistic regression.* ***Results:*** *Overall awareness was poor, with 58.6% of respondents having poor awareness and 41.4% having good awareness, while 57.9% demonstrated good knowledge of policy contents. Television (64.2%), social media (63.0%) and non-governmental organizations (60.7%) were the major information sources. Concerning contraceptive utilization, 60.2% had ever used a contraceptive method, while 40.2% were currently using one. Good knowledge was significantly associated with higher awareness of health policies (OR = 2.24; 95% CI: 1.44–3.48).* ***Conclusion:*** *This study revealed awareness of health policies guiding contraceptive utilization was inadequate despite relatively good knowledge of policy contents.* ***Recommendation:*** *Strengthening policy-focused reproductive-health education through universities, health workers and accessible media platforms is recommended.*

Keywords: *Contraceptive utilization; Health policies; Policy awareness; Undergraduate students; Reproductive health; Port Harcourt metropolis.*

Introduction

Contraception is an essential component of sexual and reproductive health, enabling individuals and couples to prevent unintended pregnancies and make informed decisions about the timing and spacing of births. Its benefits depend not only on the availability of contraceptive methods but also on access to reliable information and services that support informed choice (Starrs et al., 2018; WHO, 2025). For young people, access to contraceptive information and services may be influenced by concerns about privacy and confidentiality, stigma, social norms, provider attitudes and the availability of youth-friendly services (Chandra-Mouli et al., 2017; Obiezu-Umeh et al., 2021). In Nigeria, health policies and service guidelines provide a framework for the delivery of family-planning services. These policies address informed choice, confidentiality, accurate information, counselling, access to contraceptive methods and quality of care. Relevant national policy documents include the Nigeria Family Planning Blueprint 2020–2024 and the National Policy on the Health and Development of Adolescents and Young People in Nigeria (FMoH, 2020; FMoHSW, 2021). However, the existence of policies does not necessarily mean that their intended beneficiaries are aware of them or understand the provisions guiding their access to services. Awareness of contraceptive methods should be distinguished from awareness of the health policies guiding contraceptive utilization. Students may recognize contraceptive methods without knowing about policy provisions concerning informed choice, confidential counselling or access to accurate reproductive-health information. Previous studies among Nigerian university students have largely examined awareness and use of contraceptive methods. For example, Bankole and Onasote (2017) reported high contraceptive awareness among female university students, while identifying challenges in obtaining reliable information. Such findings provide useful evidence on contraceptive information, but do not establish students' awareness of the policies governing contraceptive services. Research in Nigeria also indicates that contraceptive use remains suboptimal despite the availability of family-planning policies and relatively high general awareness (Amiesimaka & Payam, 2025).

In Port Harcourt metropolis, previous studies have examined students' knowledge, awareness and use of emergency contraception (Ojule et al., 2015; Nworuh et al., 2019). However, these studies did not specifically assess undergraduates' awareness of the broader health policies and service standards guiding contraceptive utilization. Consequently, the extent to which students in the metropolis are aware of these policies remains insufficiently established. This policy-awareness gap limits the evidence available to universities, healthcare providers and policymakers for determining whether policy information is reaching undergraduate students.

Assessing policy awareness is important because it can help identify whether reproductive-health policies are understood by the young people they are intended to serve. The findings may inform policy communication, campus-based reproductive-health education and the provision of youth-friendly information and services. This study therefore aimed to determine the level of awareness of health policies guiding contraceptive utilization among undergraduate students in tertiary institutions in Port Harcourt metropolis, Rivers State, Nigeria.

Methods:

Study Design and Setting

A descriptive cross-sectional study was conducted among undergraduate students in selected public universities in Port Harcourt metropolis, Rivers State, Nigeria. The study was carried out at the University of Port Harcourt, Rivers State University, and Ignatius Ajuru University of Education. These institutions were selected as the study sites because they are public universities located within the metropolis and provide undergraduate education across diverse academic disciplines.

Study Population and Eligibility Criteria

The study population comprised undergraduate students enrolled in the selected universities during the study period. Students aged 16 years and above who had been enrolled in their respective institutions for at least one academic session were eligible to participate. Students who were too ill to complete the questionnaire, those who declined to provide informed consent, and those on suspension were excluded from the study.

Sample Size Determination and Sampling Technique

The minimum sample size was determined using the Leslie Kish formula for estimating a single population proportion.

The sample size was determined using the Leslie Kish formula for estimating a single population proportion, with a 95% confidence level ($Z = 1.96$), an anticipated proportion of 50%, $q = 1-p$ and a precision of 0.05. The calculated minimum sample size was 384. After adjustment for a 10% non-response rate, the sample size was approximately 426.67 and was rounded to 430.

A multistage sampling technique was used to select study participants. At the first stage, the three public universities in Port Harcourt metropolis, University of Port Harcourt, Rivers State University, and Ignatius Ajuru University of Education, were selected using a cluster sampling approach. At the second stage, departments in the selected institutions were stratified into sciences and arts. At the third stage, five departments were selected from each stratum using simple random sampling. At the final stage, respondents were selected from the chosen departments using systematic random sampling.

Data Collection Instrument and Procedure

Data were collected using a structured, self-administered questionnaire developed based on the study objectives, relevant literature, and Nigerian health policies and guidelines relating to family planning, reproductive health, and adolescent and young people's health. The questionnaire was designed to obtain quantitative information on undergraduate students' awareness of health policies guiding contraceptive utilization.

The questionnaire included sections on respondents' socio-demographic characteristics, awareness of relevant health policies guiding contraceptive utilization, knowledge of selected policy provisions, sources of information, and contraceptive utilization. For the present manuscript, analysis was restricted to items relevant to the first study objective: determining the level of awareness of health policies guiding contraceptive utilization among undergraduate students.

Policy-awareness items assessed whether respondents had heard of or were familiar with relevant health policies or guidelines and related policy areas, including access to contraceptive information and services, informed choice, confidentiality, availability of contraceptive methods, counselling, and youth-friendly reproductive health services. The questionnaire predominantly comprised closed-ended questions to facilitate consistent responses and statistical analysis.

Before the main data collection, the questionnaire was pre-tested among undergraduate students in a comparable tertiary institution outside the selected study sites. The pre-test assessed the clarity, relevance, sequence, and comprehensibility of the questions. Necessary modifications were made based on the pre-test findings. Three research assistants with at least an Ordinary National Diploma were trained on questionnaire administration, research ethics, rapport-building, and the appropriate explanation of questionnaire items that respondents found unclear.

Validity and Reliability of the Instrument

The validity of the questionnaire was established through face and content validation. The instrument was developed in line with the study objectives and relevant literature and policy documents. The research supervisors reviewed the questionnaire to assess the relevance, clarity, comprehensiveness, and adequacy of the items in measuring the study variables. Their recommendations informed revisions to the instrument.

The questionnaire was also reviewed to ensure that its wording, sequence, instructions, and response options were clear and understandable to undergraduate students. Following pre-testing and necessary modifications, the internal consistency of the instrument was assessed using Cronbach's alpha. A coefficient of 0.74 was obtained, indicating satisfactory internal consistency.

Data Management and Analysis

Completed questionnaires were checked for completeness and consistency before collection from respondents. Data were cleaned at the end of each day, coded, and entered into the Statistical Package for the Social Sciences (SPSS), version 26, for analysis. Errors identified during data cleaning were corrected. Descriptive statistics, including frequencies, proportions, and percentages, were used to summarize respondents' characteristics and their awareness of health policies guiding contraceptive utilization. The level of policy awareness was presented using the study's awareness classification. For this manuscript, the analysis was limited to the first objective and did not include analyses of policy-content knowledge, contraceptive utilization, or factors associated with awareness.

Ethical Considerations

Ethical approval for the study was obtained from the Ethics Committee of the Faculty of Basic Medical Sciences, Rivers State University. The approval was presented to the heads of departments in the selected institutions to facilitate participants' involvement in the study.

The purpose and implications of the study were explained to participants, and informed consent was obtained before questionnaire administration. Participation was voluntary. Confidentiality was maintained by identifying respondents with serial numbers rather than personal identifiers. Research assistants were trained to protect participants' information. The study was conducted in a manner intended to minimize harm to participants. A health talk on health policies guiding contraceptive utilization was provided after questionnaire administration.

Results

Socio-demographic characteristics of Respondents

The sociodemographic characteristics of the 430 respondents showed that 249 (57.9%) were females and 226 (52.6%) were aged 16–20 years. Respondents were drawn from the University of Port Harcourt and Rivers State University (150; 34.9% each) and Ignatius Ajuru University of Education (130; 30.2%). Approximately half were in 100–300 level (217; 50.5%), while 213 (49.5%) were in 400–600 level. Most respondents were from the sciences (257; 59.8%), were Christians (257; 61.2%), and were single (58.6%). Slightly more than half lived off-campus (51.4%). The most common monthly allowance range was ₦50,000–₦99,999 (31.9%), and 73.3% reported having previously received reproductive health information.

Table 1: Distribution of respondents' sociodemographic characteristics

Variable	Frequency	Percentage
Sex		
Male	181	42.1
Female	249	57.9
Age		
16 – 20	226	52.6
20+	204	47.4
Institution		
Uniport	150	34.9
RSU	150	34.9
Ignatius University of Education	130	30.2
Class level		
100 – 300	217	50.5
400 - 600	213	49.5
Faculty		
Arts	173	40.2
Sciences	257	59.8
Religion		
Islam	167	38.8
Christianity	257	61.2
Marital status		
Single	252	58.6
Married	73	17.0
Cohabiting	105	24.4
Place of residence		
Off-campus	221	51.4
Campus	209	48.6

Table 1.1: Distribution of respondents' sociodemographic characteristics Cont'd

Variable	Frequency	Percentage
Monthly allowance (Naira)		
<20,000	79	18.4
20,000 – 49,999	98	22.8
50,000 – 99,999	137	31.9
≥100,000	116	27.0
Ever received information on reproductive health		
Yes	315	73.3
No	115	26.7

Level of Awareness of Health Policies Guiding Contraceptive Utilization

Overall, awareness of health policies guiding contraceptive utilization was poor among respondents, with 252 (58.6%) demonstrating poor awareness and 178 (41.4%) good awareness. Awareness of specific policy documents was limited: 32.8% had heard of government policies on contraceptive services, 36.0% of the National Reproductive Health Policy, and 43.5% of the family planning blueprint. Only 40.2% were aware of policies promoting young people's access to contraceptive services. However, awareness was higher regarding informed choice (60.7%), contraceptive services in government health facilities (63.0%), non-discriminatory service provision (71.9%), and university collaboration with health agencies on reproductive health education (64.0%). Awareness of the right to contraceptive information (31.9%), exposure to information explaining contraceptive policies (32.3%), and youth-friendly service policies (24.4%) was low.

Table 2: Respondents' Awareness of Health Policies Guiding Contraceptive Utilization

Variable	Frequency	Percentage
Overall awareness level		
Good	178	41.4
Poor	252	58.6
Ever heard about any government policy related to contraceptive services		
Yes	141	32.8
No	289	67.2
Ever heard about Nigeria's National Reproductive Health Policy		
Yes	155	36.0
No	275	64.0
Ever heard about Nigeria's family planning blueprint		
Yes	187	43.5
No	243	56.5

Ever heard about policies promoting access to contraceptive service for young people		
Yes	178	40.2
No	257	59.8
Ever heard about policies supporting informed choice in contraceptive use		
Yes	261	60.7
No	169	39.3

Table 2.1: Respondents' Awareness of Health Policies Guiding Contraceptive Utilization Cont'd

Variable	Frequency	Percentage
Ever heard that government health facilities provide contraceptive services under national guidelines		
Yes	271	63.0
No	159	37.0
Ever heard that reproductive health policies protect individual's right to access contraceptive information		
Yes	137	31.9
No	293	68.1
Contraceptive services should be provided without discrimination		
Yes	309	71.9
No	121	28.1
Ever seen, read or listened to information explaining contraceptive policies		
Yes	139	32.3
No	291	67.7
Ever aware that universities can collaborate with health agencies to provide reproductive health education		
Yes	275	64.0
No	155	36.0
Ever aware of any youth-friendly health services policy in Nigeria		
Yes	105	24.4
No	325	75.6

DISCUSSION

Awareness of Health Policies Guiding Contraceptive Utilization

This study found that overall awareness of health policies guiding contraceptive utilization was poor among undergraduate students, with the majority demonstrating poor awareness. This suggests that students may be familiar with contraceptive methods but remain unaware of the

policies, rights, and guidelines governing access to services. This finding is consistent with Odo et al. (2021), who highlighted barriers to young people's access to reproductive-health information and services in Nigeria, and Ilori et al. (2020), who reported low awareness of adolescent reproductive-health services in Oyo State.

Although Ezenwaka et al. (2021) and Sanni et al. (2022) reported relatively high awareness of contraceptive methods, their findings differ in scope from the present study, which assessed policy awareness. Familiarity with contraception does not necessarily imply knowledge of policy provisions on informed choice, confidentiality, service access, and individual rights.

Awareness was particularly low regarding youth-friendly service policies, known by about one-quarter of respondents, and the right to contraceptive information and exposure to policy-related information, each known by approximately one-third. This suggests that reproductive-health information may not adequately communicate policy provisions and service entitlements. Similar gaps in awareness of youth-friendly services were reported by Adione et al. (2023), while Akinleye et al. (2021) identified persistent barriers to young people's contraceptive access, including inadequate information, stigma, and service-related challenges. The findings can be interpreted through the Health Belief Model (HBM), which emphasizes the role of knowledge and cues to action in shaping health-related decisions. Limited awareness of policy provisions may reduce students' ability to recognize their entitlements or identify where to obtain appropriate services. The Social Ecological Model (SEM) also aligns with the findings, as policy awareness is influenced not only by individual knowledge but also by institutional communication and the broader health-service environment. The limited awareness observed may therefore reflect gaps in how policy information is communicated within and beyond university settings. These findings highlight the need for reproductive-health education in tertiary institutions to extend beyond contraceptive methods to include policies, rights, and service entitlements. University health centres and relevant health agencies could strengthen policy awareness through targeted education and accessible information channels. The study therefore highlights an important gap in undergraduate students' awareness of the policy framework guiding contraceptive utilization.

Strengths and limitations

A major strength of this study is its focus on undergraduate students' awareness of health policies guiding contraceptive utilization, an aspect that is less frequently examined than general contraceptive knowledge and use. The inclusion of students from three public universities in Port Harcourt metropolis provided perspectives from different institutional settings. The multistage sampling technique also supported the selection of respondents across institutions and academic departments. Furthermore, the use of a structured questionnaire, pre-testing, and assessment of internal consistency (Cronbach's alpha of 0.74) strengthened the consistency of data collection. The cross-sectional design limits the ability to establish causal relationships between respondents' characteristics and their awareness of contraceptive policies. Data were self-reported and may have been affected by recall or social desirability bias. The study was conducted among undergraduate students in three public universities in Port Harcourt metropolis; therefore, the findings may not be generalizable to students in private institutions or other settings. In addition, the questionnaire assessed awareness based on respondents' reported familiarity with policy documents and provisions, which may not necessarily reflect their actual understanding or ability to apply these policies.

Conclusion

This study found that awareness of health policies guiding contraceptive utilization was generally poor among undergraduate students in Port Harcourt metropolis. Although respondents demonstrated some awareness of selected policy provisions, substantial gaps remained regarding youth-friendly services, access to contraceptive information, and exposure to policy-related information. These findings indicate that general awareness of contraception does not necessarily translate into awareness of the policies and rights governing its utilization. Strengthening policy-focused reproductive-health education through university health centres and accessible information channels is therefore important to improve students' awareness of their rights, available services, and relevant policy provisions.

Ethics statement

Ethical approval was obtained from the Faculty of Basic Medical Sciences Ethics Committee, Rivers State University, according to the source manuscript. Informed consent was obtained from participants, and confidentiality and privacy procedures were implemented.

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Conflict of interest

No conflict of interest

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