

IMPLICATIONS OF NON-CONTRACEPTIVE USE AMONG SEXUALLY ACTIVE STUDENTS OF TERTIARY INSTITUTIONS IN LAFIA LOCAL GOVERNMENT AREA, NASARAWA STATE, NIGERIA

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Abstract

Non-contraceptive use among sexually active young people remains a major public health and educational concern particularly within tertiary institutions in developing countries. This study examines the implications of non-contraceptive use among sexually active students of tertiary institutions in Lafia Local Government Area, Nasarawa State, Nigeria. Specifically, it investigated the effects of contraceptive non-use on unintended pregnancy and educational outcomes among students. The study was guided by the Health Belief Model and the Theory of Planned Behaviour. A total of four hundred and sixteen (416) respondents participated in the research, comprising four hundred (400) students for the quantitative survey and 16 respondents for qualitative in-depth interviews. Data were collected using a semi-structured questionnaire and an interview guide. Descriptive statistics and narrative statements were used to present the data, while Pearson correlation and Regression analysis were employed to test the hypotheses. Findings revealed that non-contraceptive use is significantly associated with unintended pregnancy and adverse educational outcomes, including absenteeism, deferred studies, withdrawal from school, and compromised academic performance. The study recommends integrating comprehensive sexuality education into tertiary curricula, establishing campus-based reproductive health services, and providing counselling and support mechanisms to mitigate unintended pregnancies and safeguard students' educational trajectories.

Keywords: Non-contraceptive use, Unintended pregnancy, Sexual and reproductive health, Educational outcomes, Tertiary students

Introduction

Non-contraceptive use among sexually active young people remains a major global public health concern, with serious implications for reproductive health, educational attainment, and socio-economic development. Across developed regions such as North America and Europe, unintended pregnancies and sexually transmitted infections (STIs) continue to affect college-aged populations despite widespread awareness and availability of modern contraceptives. In the United States, nearly 45% of all pregnancies are unintended, with a significant proportion occurring among women of tertiary-school age (Finer & Zolna, 2023). Similarly, in the United Kingdom and parts of Europe, condom non-use during casual sexual encounters remains common among university students, driven by peer pressure, substance use, and perceived invulnerability (Bailey et al., 2019; Temple-Smith et al., 2017).

In Asia, socio-cultural norms strongly influence contraceptive behavior among unmarried students. In countries such as Pakistan, Bangladesh, India, and Indonesia, premarital sexual activity is highly stigmatized, resulting in limited access to accurate sexual and reproductive health information (Khan et al., 2020). Utomo et al. (2021), found that only 17% of sexually active university students in Indonesia consistently used contraceptives, largely due to embarrassment, fear of judgment, and lack of confidential youth-friendly services. The implications include high rates of unintended pregnancies, unsafe abortions, school dropouts, and psychological distress among affected students.

Sub-Saharan Africa records some of the lowest rates of contraceptive use among sexually active youths, despite increasing levels of sexual activity within tertiary institutions (Aboagye et al., 2021; Tumwesigye et al., 2022). According to the Guttmacher Institute (2020), about 60% of sexually active young women aged 15–24 who wish to avoid pregnancy are not using modern contraceptives. In countries such as Kenya and Uganda, many female students who experience unintended pregnancies are forced to suspend or abandon their education, undermining their long-term economic independence (Ngome & Odimegwu, 2024). Unsafe abortions, often resulting from unintended pregnancies, account for a significant proportion of maternal deaths in the region (WHO, 2021).

Nigeria mirrors these regional patterns. The 2018 Nigeria Demographic and Health Survey (NDHS) reported that only 17% of sexually active unmarried women aged 15–24 use modern contraceptives (National Population Commission & International Classification of Functioning, Disability, and Health, 2019). Studies conducted in Nigerian tertiary institutions reveal that many students rely on ineffective methods such as withdrawal or periodic abstinence rather than condoms or hormonal contraceptives (Adekunle, 2020). Adebayo et al. (2021), further reported that over 30% of female university students in South-West Nigeria had experienced at least one unintended pregnancy, most of which were attributed to contraceptive non-use. These outcomes contribute to unsafe abortions, increased exposure to STIs, academic disruption, and emotional trauma, particularly among female students.

In North Central Nigeria, including Nasarawa State, sexual activity among tertiary students is rising, yet contraceptive uptake remains low. The NDHS (2018), indicates that only about 16% of sexually active unmarried young women in the region use contraceptives. Institutional health records and anecdotal reports in Nasarawa State suggest an increasing incidence of student pregnancies, abortion-related complications, and STI cases within university clinics (Kever et al., 2024). Non-contraceptive use has also contributed to the persistence of HIV and other STIs in environments characterized by multiple and unprotected sexual relationships (National Agency for the Control of AIDS, 2022).

Contraceptive use plays a critical role in preventing unintended pregnancies, reducing unsafe abortions, limiting the spread of STIs, and supporting students' educational continuity. Adebowale et al. (2020), argue that effective contraceptive utilization among young people enhances reproductive autonomy and reduces long-term health and socio-economic risks. Despite government and institutional efforts such as peer education programs, sensitization campaigns, and campus health clinics, misconceptions about side effects, cultural and religious beliefs, stigma, and limited confidentiality continue to hinder contraceptive use among students (Aderemi et al., 2023).

These challenges are evident in Lafia Local Government Area of Nasarawa State, where a growing population of tertiary students face reproductive health risks associated with non-contraceptive sexual behavior. However, empirical studies focusing specifically on the implications of non-contraceptive use among sexually active students within this local context remain limited (Iorkosu et al., 2024; Abubakar, 2017). Against this backdrop, this study examines the implications of non-contraceptive use among sexually active students of tertiary institutions in Lafia Local Government Area, Nasarawa State, Nigeria.

Objectives of the study

- examine how unintended pregnancy is a consequence of contraceptive non-use among sexually active students in tertiary institutions in Lafia Local Government Area.
- assess the educational consequences of contraceptive non-use among sexually active students in tertiary institutions in Lafia Local Government Area.

Research hypotheses

H₀₁: Unintended pregnancy has no significant relationship with contraceptive non-use among sexually active students in tertiary institutions in Lafia Local Government Area.

H₀₂: There are no educational consequences of contraceptive non-use among sexually active students in tertiary institutions in Lafia Local Government Area.

Literature Review

Contraceptive use became prominent in global public health discourse in the mid-20th century as part of efforts to regulate population growth, reduce maternal mortality, and promote reproductive rights (United Nations, 1994). More recently, attention has focused on adolescents and young adults, particularly students in tertiary institutions who increasingly engage in premarital sexual activity. Non-contraceptive use refers to the failure to use any modern or traditional contraceptive method during sexual intercourse, thereby increasing exposure to unintended pregnancy, sexually transmitted infections (STIs), and unsafe abortion (WHO, 2021). Scholars describe non-contraceptive use as a multidimensional behaviour shaped by misinformation, fear of side effects, stigma, and structural barriers to access (Bankole et al., 2016).

In Nigeria and much of sub-Saharan Africa, contraceptive behaviour among students is strongly influenced by socio-cultural and religious norms that discourage open discussion of sexuality, particularly among unmarried youths (Izugbara & Ezech, 2020). Despite being centres of learning, many tertiary institutions lack youth-friendly reproductive health services, forcing students to rely on peers and social media, which often perpetuate misconceptions (Akwara et al., 2023). Empirical studies consistently link non-contraceptive use with unintended pregnancy among students. For instance, Oladeji and Fasanu (2020), found low consistent contraceptive use among Nigerian undergraduates, while Omole and Oyekanmi (2019), reported high rates of unintended pregnancy among female students. National estimates indicate that about 45% of pregnancies in Nigeria are unintended, with a substantial proportion occurring among young women in tertiary institutions (Guttmacher Institute, 2020).

Non-contraceptive use has serious educational consequences beyond health risks. Unintended pregnancy is associated with absenteeism, deferred studies, withdrawal from school, and poor academic performance, particularly among female students (Eze & Okafor, 2017; Agber & Tyopev, 2020). Male students may also experience educational disruption due to financial and social responsibilities (Ekanem & Adedokun, 2021). These challenges are compounded by inadequate institutional support systems, including the absence of youth-friendly clinics, counseling services, and supportive academic policies in Nigerian tertiary institutions (Ogunlade, 2016).

Theoretical Framework

This study is anchored on the Health Belief Model (HBM). Developed by Hochbaum, Rosenstock, and Kegels in the 1950s, the model explains health behaviour based on individuals' perceptions of susceptibility, severity, benefits, and barriers (Rosenstock, 1974). The core assumption of the HBM is that individuals are more likely to adopt preventive health practices when they perceive themselves to be at risk and believe that the benefits of action outweigh the barriers. In relation to this study, the HBM explains contraceptive behaviour among sexually active students in tertiary institutions in Lafia Local Government Area. Students who perceive a high risk of unintended pregnancy or sexually transmitted infections (STIs), and who recognize the academic and health consequences of non-contraceptive use, are more likely to use contraceptives. However, barriers such as stigma, fear of side effects, religious beliefs, cost, lack of confidentiality, inadequate sexual health education, and low self-efficacy often discourage contraceptive uptake despite awareness of its benefits (Iliyasu et al., 2019). To address the social dimension of behaviour, the Theory of Planned Behaviour (TPB) complements the HBM. The TPB, developed by Ajzen (1991), posits that behaviour is influenced by attitudes, subjective norms, and perceived behavioural control. In Lafia LGA, students' contraceptive decisions are shaped by personal beliefs, peer and societal expectations, and perceived access to contraceptive services.

Methodology

The study was conducted in tertiary institutions within Lafia Local Government Area, Nasarawa State, North Central Nigeria, including the Federal University of Lafia, Isa Mustapha Agwai I Polytechnic, NSUK Faculty of Agriculture (Lafia campus), and the School of Nursing and Midwifery. Lafia was chosen due to reported cases of unintended pregnancies and contraceptive non-use among students. A survey research design combining quantitative and qualitative approaches was adopted to collect data from a

diverse student population. The total student population was 50,260, from which 400 respondents were selected for the quantitative survey using Yamane's (1967) formula, and 16 respondents participated in qualitative in-depth interviews, totaling 416 participants. Multi-stage sampling was employed, including random selection of institutions, stratified sampling of faculties and departments, and random selection of sexually active unmarried students. Data were collected using a semi-structured questionnaire and interview guide administered by the researcher and trained assistants. Quantitative data were analysed using descriptive (frequencies, percentages) and inferential (regression, Pearson correlation) statistics, while qualitative data underwent manual content analysis. Ethical standards were maintained, including informed consent, voluntary participation, anonymity, and protection from harm.

Results

Table 1: Distribution of respondents by socio-demographic characteristics

Variables	Frequency	Percentage	Mean	Std
Sex				
Male	180	47.7		
Female	197	52.3		
Age				
15-19	122	32.4	22.1	4.4
20-24	130	34.5		
25-29	105	27.9		
30 years and above	20	5.3		
Marital Status				
Single	326	86.5		
Married	40	10.6		
Separated	3	.8		
Widowed	5	1.3		
Divorced	3	.8		
Religion				
Christianity	258	68.4		
Islam	119	31.6		

Source: Field work, 2025

Table 1 presents the socio-demographic profile of respondents in the study of non-contraceptive use among sexually active tertiary students. Of the 377 respondents, females constituted a slight majority (52.3%), highlighting their heightened vulnerability to the reproductive consequences of non-contraceptive behaviour. Most respondents (66.9%) were aged 15–24 years (mean = 22.1; SD = 4.4), an age group commonly associated with increased sexual activity and elevated risks of unintended pregnancy and STIs. The majority were single (86.5%), indicating that non-contraceptive use largely occurs outside marriage and reinforcing the need for student-focused reproductive health interventions. Christians accounted for 68.4% of respondents, while Muslims constituted 31.6%, suggesting that religious context may influence sexual behaviour and contraceptive decision-making among students.

Table 2: Distribution of respondents on non-contraceptive use and unintended pregnancy among sexually active students

	Yes	No	Not sure	Mean	SD
Do you think there is a high prevalence of unintended pregnancy among sexually active students?	11 (2.9%)	282 (74.8%)	84 (22.3%)	2.19	.464
Do you think that sexually active students have adequate knowledge about available contraceptive methods to prevent pregnancy?	39 (10.3%)	254 (67.4%)	84 (22.3%)	2.12	.559
Do you think students are aware of the increased risk of unintended pregnancy when contraceptives are not used consistently?	265 (70.3%)	26 (6.9%)	86 (22.8%)	1.53	.841
Do you think that students who do not use contraceptives are more likely to experience unintended pregnancies?	318 (84.4%)	17 (4.5%)	42 (11.1%)	1.27	.648
Do students who receive formal sex education have lower rates of unintended pregnancy?	257 (68.2%)	70 (18.6%)	50 (13.3%)	1.45	.717
Are students with multiple sexual partners more likely to experience unintended pregnancies due to non-contraceptive use?	321 (85.1%)	16 (4.2%)	40 (10.6%)	1.25	.635
Do students who lack trusted counsellors have a higher risk of unintended pregnancies as a result of poor knowledge of contraceptive use?	266 (70.6%)	71 (18.8%)	40 (10.6%)	1.40	.673

Source: Fieldwork 2025

Table 2 presents respondents' perceptions of non-contraceptive use and unintended pregnancy among sexually active tertiary students. Only 2.9% agreed that unintended pregnancy is highly prevalent, while 74.8% disagreed (mean = 2.19, SD = 0.464), suggesting low perceived risk. However, 67.4% believed students lack adequate knowledge of contraceptive methods (mean = 2.12, SD = 0.559). Despite 70.3% acknowledging that inconsistent contraceptive use increases pregnancy risk (mean = 1.53, SD = 0.841), behaviour change remains limited. Most respondents agreed that non-contraceptive use leads to unintended pregnancy (84.4%; mean = 1.27, SD = 0.648) and that multiple sexual partnerships raise pregnancy risk (85.1%; mean = 1.25, SD = 0.635). Additionally, 68.2% highlighted the importance of formal sex education (mean = 1.45, SD = 0.717), while 70.6% linked the absence of trusted counselling services to higher pregnancy risk (mean = 1.40, SD = 0.673), emphasizing the need for improved reproductive health education and support.

Table 4: Distribution of respondents on educational consequences of contraceptive non-use among sexually active students

1	Yes	No	Not sure	Mean	SD
Are students known to defer their studies due to pregnancy complications?	59 (15.6%)	75 (19.9%)	243 (64.5%)	2.49	.751
Do cases of absenteeism increase among students dealing with unintended pregnancies?	256 (67.9%)	33 (8.8%)	88 (23.3%)	1.55	.846
Are female students more likely to withdraw from school due to pregnancy-related stigma?	200 (53.1%)	67 (17.8%)	110 (29.2%)	1.76	.876
Is the academic progress of students affected by lack of contraceptive education on campus?	275 (72.9%)	58 (15.4%)	44 (11.7%)	1.39	.687
Do students who contract STIs due to non-use face academic setbacks?	240 (63.7%)	82 (21.8%)	55 (14.6%)	1.51	.737
Do students perceive that contraceptive non-use affects their career aspirations, due to its consequences?	260 (69.0%)	67 (17.8%)	50 (13.3%)	1.44	.716

Source: Fieldwork 2025

Table 4 presents respondents' views on the educational consequences of contraceptive non-use among sexually active tertiary students. While 64.5% were uncertain whether students defer studies due to pregnancy complications (mean = 2.49, SD = 0.751), suggesting limited awareness of deferment outcomes, 68% agreed that absenteeism increases among students experiencing unintended pregnancies (mean = 1.55, SD = 0.846). Over half of the respondents (53.1%) believed female students are more likely to withdraw due to pregnancy-related stigma (mean = 1.76, SD = 0.876), indicating a moderate but uneven perception of stigma effects.

A strong majority (72.9%) agreed that inadequate contraceptive education negatively affects academic performance (mean = 1.39, SD = 0.687), reflecting high consensus on the role of sexual health knowledge. Similarly, 64% linked sexually transmitted infections arising from non-contraceptive use to academic difficulties (mean = 1.51, SD = 0.737). Finally, 69% believed contraceptive non-use undermines students' career goals due to its educational consequences (mean = 1.44, SD = 0.716), highlighting awareness of long-term academic and professional risks.

Test of Hypotheses

H₀: Unintended pregnancy has no significant relationship with contraceptive non-use among sexually active students in tertiary institutions.

S/N	Variables	Mean	SD	1	2	3	4	5	6
1.	Prevalence of unintended pregnancy	2.19	.464	1					
2.	Knowledge about available contraceptive methods	2.12	.559	.167**	1				
3.	Risk of unintended pregnancy when contraceptives are not used consistently	1.53	.841	-.125*	.307**	1			
4.	Students who do not use contraceptives are more likely to experience unintended pregnancies	1.27	.648	.287**	-.250**	-.132*	1		
5.	Students who receive formal sex education have lower rates of unintended pregnancy	1.45	.717	.065	-.214**	-.261**	.111*	1	
6.	Students with multiple sexual partners are more likely to experience unintended pregnancies due to non-contraceptive use?	1.25	.635	.013	-.281**	-.191**	.054	.293	1

*Correlation is Significant at 0.05 level (2 tailed).

**Correlation is Significant at 0.01 level (2 tailed).

Table 5 shows that unintended pregnancy prevalence among respondents was moderate (M = 2.19, SD = 0.46). Awareness of contraceptive options was also moderate (M = 2.12, SD = 0.56) and positively related to prevalence ($r = .17$, $p < .01$), indicating that knowledge alone has not prevented pregnancy.

Perceived risk from inconsistent contraceptive use was low ($M = 1.53$, $SD = 0.84$) and negatively associated with prevalence ($r = -.13$, $p < .05$). A stronger positive relationship was found between unintended pregnancy and contraceptive non-use ($r = .29$, $p < .01$), identifying non-use as a key predictor. Other factors, including formal sex education, lack of trusted counsellors, and multiple sexual partnerships, showed weak or no associations. Based on the significant correlation ($r = .29$, $p < .01$), the null hypothesis is rejected, confirming a significant relationship between contraceptive non-use and unintended pregnancy among sexually active tertiary students. During the interview, several interviewee stated that:

I personally know at least five girls in my faculty who had pregnancy scares this semester alone. Three of them actually were pregnant and had to make difficult decisions about continuing their studies. It is more common than people want to admit (**Isa Mustapha Agwai I Polytechnic Lafia; Female; Age, 24 years**).

Another interviewee cited that:

I have seen the impact first-hand. My roommate got pregnant last year and had to drop out. She was not ready for a baby, and the stress affected her mental health and academic performance. It is a real problem that needs attention (**School of nursing and midwifery, Lafia; Female; Age, 29 years**).

A 53 years old student health service provider from Federal University of Lafia stated that:

Based on our clinical data, we see approximately 15-20 unintended pregnancies per semester among our student population of about 20,000. This translates to roughly 30-40 cases annually that we are aware of through our services. However, this is likely an underestimate as many students may seek care elsewhere or not report their pregnancies to campus health services.

Table 6: Regression analysis on educational consequences of contraceptive non-use among sexually active students in tertiary institutions

1	R		R2	Adjusted R		Std. Error
1	.438a		.192	.178		.330
2	Sources of variance	Sum of square	Df	Mean square	F	Sig.
	Regression	9.534	6	1.589	14.613	.000 ^b
	Residual	40.233	370	.109		
	Total	49.767	376			
			Unstandardized Coefficients	Standardized Coefficients	T	Sig.
Independent Variables			B	Std. Error	Beta	
(Constant)			1.628	.091		17.873 .000
Defer studies due to pregnancy complications?			.058	.024	.119	2.404 .017
Cases of absenteeism increase among students dealing with unintended pregnancies?			-.092	.022	-.215	-4.181 .000
Female students more likely to withdraw from school			-.081	.021	-.196	-3.962 .000
Academic progress of students affected by lack of contraceptive education on campus?			-.088	.026	-.166	-3.357 .001
Do students who contract STIs due to non-use face academic setbacks?			-.116	.025	-.234	-4.669 .000
Contraceptive non-use affects their career aspirations, due to its consequences			-.022	.026	-.043	-.859 .391

a. Dependent Variable: Have you used any form of contraceptives during or after sexual intercourse before?

Table 6 shows that contraceptive non-use significantly affects students' educational outcomes in Lafia LGA. The regression model explains 19.2% of the variance in contraceptive behaviour ($R = .438$; $R^2 = .192$; $F(6,370) = 14.61$, $p < .001$). Pregnancy-related absenteeism, withdrawal due to stigma, inadequate campus contraceptive education, and STI-related setbacks were all significantly associated with lower contraceptive use ($p < .01$). In contrast, students who had deferred studies due to pregnancy complications were more likely to report subsequent contraceptive use ($p = .017$), suggesting learning from prior academic disruption. Perceived long-term career effects were not significant ($p = .391$). Based on the significant model, the null hypothesis is rejected, confirming that contraceptive non-use is significantly associated with adverse educational outcomes among sexually active tertiary students in Lafia LGA. The views expressed by the interviewees during the sessions revealed that:

Students who lack reliable contraceptive access often experience irregular attendance patterns. Many female students report missing classes due to severe menstrual symptoms that could be managed with hormonal contraceptives. Additionally, anxiety about potential pregnancy leads some students to skip classes, particularly during exam periods when stress levels are already high (**Student affairs officer; Age, 30 years; Isa Mustapha Agwai I Polytechnic Lafia**)

Similarly, a 44 years Student affairs officer from Faculty of Agriculture NSUK (Lafia campus) postulated that:

Our records show increased absenteeism among students who don't have access to contraceptives. We have tracked cases where students miss 2-3 days monthly due to menstrual-related issues, and others who become inconsistent in attendance due to pregnancy concerns. This creates a cycle where academic performance suffers, leading to additional stress.

Another 48 years counselor from School of nursing and midwifery, Lafia stated that:

Students often report difficulty concentrating in class when they are worried about pregnancy. This anxiety affects their participation quality and consistency. We have seen students who were previously engaged become withdrawn and miss study groups or lab sessions because they are dealing with pregnancy scares.

Discussion of Findings

Respondents in this study generally perceived unintended pregnancy as uncommon on campus, a view that contrasts with population-based evidence showing persistently high rates of unintended pregnancy among Nigerian tertiary students (Arowojolu & Williams, 2022; Okonofua et al., 2018). Scholars attribute this discrepancy to underreporting, clandestine abortions, and social desirability bias, which obscure the true scale of the problem (Bankole et al., 2021). This gap between perception and epidemiological reality highlights the need for improved reproductive health surveillance and open discourse within tertiary institutions.

Findings further indicate inadequate knowledge of modern contraceptive methods among students, supporting studies that document gaps in method choice, correct use, and side-effect management (Akinyemi & Isiugo-Abanihe, 2020). While some scholars argue that awareness is relatively high and the challenge lies in behavioural translation (Irene & Azeez, 2021), the present findings suggest that superficial knowledge may not be sufficient for effective contraceptive practice. Although most respondents acknowledged that inconsistent or non-use of contraception increases pregnancy risk, prior research cautions that risk awareness alone does not guarantee behaviour change when structural barriers such as stigma, cost, and limited services persist (Akwara, 2019).

There was strong consensus that non-contraceptive use directly increases unintended pregnancy, consistent with evidence across sub-Saharan Africa (Chin et al., 2019). However, some qualitative studies suggest that socio-cultural motivations, including partner retention and fertility validation, may still discourage contraceptive use among a minority of students (Esho, 2020). Respondents also affirmed the protective role of formal sexuality education, aligning with evidence that comprehensive programmes enhance contraceptive uptake (Kirby, 2011), though scholars emphasize the need for community and peer reinforcement to address entrenched gender norms (Chin et al., 2019).

Regarding educational outcomes, respondents widely agreed that non-contraceptive use contributes to absenteeism, academic disruption, and withdrawal from school. This corroborates earlier findings linking unintended pregnancy to reduced academic engagement and dropout, particularly among female students (Oginni et al., 2021). Stigma emerged as a critical factor driving withdrawal, consistent with studies documenting discrimination and limited institutional support for pregnant students (Atuyambe et al., 2019). Additionally, respondents associated STI-related outcomes with poor academic performance, supporting evidence that health complications and stigma impair students' learning capacity (Ncube et al., 2024). Finally, while many respondents believed contraceptive non-use undermines long-term career aspirations, some scholars caution that such outcomes are not inevitable where adequate social, medical, and institutional support exists (Okonofua et al., 2016).

Conclusion and recommendations

The study found that non-use of contraceptives among sexually active students in tertiary institutions in Lafia LGA, Nasarawa State, is a major driver of unintended pregnancies. Despite awareness of sexual risks, students often fail to use contraceptives due to poor sex education, misinformation, stigma, and cultural or religious barriers. This exposes particularly female students to unplanned pregnancies, unsafe abortions, emotional distress, and school withdrawal, disrupting their academic and personal development. Non-contraceptive use also leads to STI-related health issues, absenteeism, poor academic performance, deferred studies, and, in extreme cases, permanent dropout. Female students bear the brunt due to lack of institutional support, cultural shame, and financial vulnerability, which may push some into transactional sex or economic hardship. The following recommendations are made based on the findings:

1. Tertiary institutions should integrate comprehensive sexuality education into general studies curricula to improve students' knowledge of modern contraceptive methods and the risks associated with their non-use.
2. Institutional policies should be developed to support pregnant students and student-parents through academic leniency, flexible schedules, and counselling services.

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