

SOCIO-ECONOMIC FACTORS INFLUENCING MODERN CONTRACEPTIVE UTILIZATION AMONG WOMEN OF CHILDBEARING AGE IN BWARI AREA COUNCIL, FEDERAL CAPITAL TERRITORY, ABUJA.

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Abstract

This study explores the socio-economic determinants of modern contraceptive use among women of childbearing age in Bwari Area Council, Federal Capital Territory (FCT), Abuja, with a focus on household income and educational attainment. To achieve these aims, the study will focus on two main objectives: first, to explore the relationship between household income and the use of modern contraceptives, and second, to understand how educational attainment influences contraceptive utilization. The study utilizes a descriptive survey research design, collecting data through structured questionnaires from 383 women. A multistage sampling technique was applied to select the participants. First, the council was divided into five wards, then random sampling was used to choose communities within each ward. The findings reveal that income levels and educational attainment significantly influence contraceptive use. Women with higher incomes and more education were more likely to use modern contraceptives. The data shows that most women were aware of contraceptive methods, with health workers and schools being the primary sources of information. However, affordability remains a significant barrier, as 35.3% of women spent between ₦500–₦2,000 on contraceptives monthly. Additionally, while many women found contraceptive instructions somewhat clear, a notable percentage (11.8%) found them confusing. The study concludes that socio-economic factors such as income and education play pivotal roles in shaping contraceptive behaviors and decisions. Based on these findings, the study recommends improving access to affordable contraceptives, expanding educational programs on contraceptive use, and enhancing the clarity of contraceptive instructions. These steps are essential for increasing contraceptive use and improving reproductive health outcomes in Bwari Area Council.

Keywords: Socio-economic determinants, Contraceptive use, Household income, educational attainment, Reproductive health

Introduction

The use of modern contraceptives is a key factor in improving maternal health, preventing unintended pregnancies, and controlling population growth globally. Contraceptive use allows women to make informed decisions about their reproductive health, which is vital for their empowerment and overall well-being (Fayomi et al., 2020). However, many women across the world still face significant barriers to accessing and utilizing contraceptive methods, especially in low- and middle-income countries where socio-economic factors such as income, education, and access to healthcare services play a critical role (Ononogbu et al., 2019).

In Nigeria, these challenges are particularly pronounced. The country faces a high maternal mortality rate, with many women lacking access to modern contraceptive methods, especially in rural and underserved areas. Contraceptive utilization in Nigeria is influenced by a combination of socio-cultural, economic, and healthcare system-related barriers. For instance, limited knowledge, cultural resistance, and financial constraints significantly hinder women's ability to access and use modern contraceptives consistently and effectively (Fayomi et al., 2020). Despite government efforts to improve access to family planning services, the gap in utilization remains wide, particularly in regions where healthcare access is limited.

In regions like Bwari Area Council in the Federal Capital Territory (FCT), Abuja, where access to health services can be limited, the socio-economic barriers to contraceptive use are even more pronounced. In such areas, factors like household income and education play a crucial role in shaping women's ability to make informed decisions about family planning (Ononogbu et al., 2019). Women's household income directly impacts their capacity to afford contraceptive methods, while their educational attainment is associated with a higher likelihood of using modern contraceptives due to better access to information and healthcare services.

This study focuses on Bwari Area Council to examine the relationship between household income and educational attainment with contraceptive utilization. By exploring these two socio-economic factors, the study aims to provide insights into the unique challenges women face in this region, contributing to a better understanding of the barriers and facilitators to contraceptive use in this specific context. The significance of this research lies in its ability to provide actionable insights for improving contraceptive access in Bwari Area Council. It will offer evidence that can guide local policymakers, healthcare providers, and community leaders in crafting interventions that are both effective and culturally appropriate. Additionally, the findings will help shed light on the broader socio-economic challenges women face in accessing reproductive health services in Nigeria, helping to create a more equitable approach to family planning in the country.

To achieve these aims, the study will focus on two main objectives: first, to explore the relationship between household income and the use of modern contraceptives, and second, to understand how educational attainment influences contraceptive utilization. Through these objectives, the study will contribute to understanding the factors that shape contraceptive use in Bwari Area Council, providing evidence that can inform policy and practice for improving reproductive health in Nigeria.

Statement of the Problem

The low utilization of modern contraceptives among women of childbearing age in Nigeria remains a significant challenge, despite the recognized benefits of contraception in reducing maternal mortality and controlling population growth. In many areas, including Bwari Area Council in the Federal Capital Territory, Abuja, socio-economic factors such as household income and educational attainment are critical determinants of contraceptive use (Adebayo & Olowookere, 2020). Limited financial resources prevent many women from accessing healthcare services, including family planning, while lower levels of education often correlate with less awareness and acceptance of modern contraceptive methods (Uche & Olayemi, 2021). These socio-economic barriers continue to hinder efforts to increase contraceptive use and improve reproductive health outcomes in the region.

While national-level data provides insight into the relationship between socio-economic status and contraceptive use, there is a lack of localized studies focusing on how these factors specifically affect contraceptive utilization in Bwari Area Council. Additionally, factors such as cultural and religious beliefs, which are often intertwined with socio-economic challenges, further complicate women's decisions to use modern contraceptives in this region (Mbah et al., 2019). Without a clear understanding of how income and education influence contraceptive use locally, effective interventions cannot be designed to address these barriers. Therefore, it is essential to investigate these socio-economic determinants in the context of Bwari Area Council, to inform targeted health policies and improve contraceptive access and use among women in the area.

This research aims to explore how household income and educational attainment affect the use of modern contraceptives among women in Bwari Area Council. Specifically, it will examine the relationship between household income and contraceptive use and assess how a woman's level of education influences her choice to use modern contraceptives. Studies have shown that women with higher incomes tend to have better access to family planning services, as financial constraints are often a significant barrier (Adewuyi et al., 2018). Similarly, education is a powerful tool that can enhance a woman's awareness of contraceptive options, leading to greater use of modern methods (Omolade, 2021). This study will focus on answering two key questions: How does household income impact the utilization of modern contraceptives among women in Bwari Area Council? And, how does educational attainment influence their contraceptive choices?

These findings will be particularly important in addressing the unmet need for family planning in Nigeria, where access to modern contraceptives often varies based on social and economic factors (World Health Organization, 2020). The results will not only contribute to academic discussions but also help inform public health strategies and policies aimed at improving reproductive health outcomes in rural and semi-urban communities.

Literature review

Modern Contraceptives

Modern contraceptives refer to methods of family planning that are scientifically proven to prevent pregnancy. These methods are typically more effective than traditional contraceptive practices, and their use is endorsed by global health organizations such as the World Health Organization (WHO) and the United Nations Population Fund (UNFPA, 2021). Modern contraceptives include hormonal methods (e.g., Birth Control Pills,

Injectable Contraceptives, Contraceptive Implants, and Intrauterine Devices (IUDs)), as well as barrier methods like condoms. These methods not only prevent unintended pregnancies but also contribute to better reproductive health by reducing the risks of Sexually Transmitted Infections (STIs) when used correctly (Khan & Kadir, 2020).

For instance, in Bwari Area Council, women with access to modern contraceptive methods like IUDs or injectables may experience fewer unintended pregnancies and better family planning outcomes. In rural settings, however, the use of these methods is often limited by factors such as lack of awareness, cultural restrictions, and financial barriers. The study will focus on how these modern methods are utilized by women in the area, exploring the factors that either encourage or discourage their use.

Socio-Economic Factors

Socio-economic factors encompass a variety of elements related to an individual's economic standing, social status, and access to resources. Key socio-economic factors affecting contraceptive use include household income, education level, occupation, and access to healthcare services. Household income, for instance, directly influences a family's ability to afford healthcare services, including contraceptive methods (Adebayo & Olowookere, 2020). Research has shown that women from higher-income households are more likely to afford the costs of modern contraceptive methods (Adebayo & Olowookere, 2020). On the other hand, women from lower-income backgrounds may find contraceptives financially inaccessible, even when they are available in healthcare settings.

Education level is another critical socio-economic factor influencing contraceptive use. Higher levels of education increase a woman's ability to understand and use family planning methods effectively. Educated women are more likely to be exposed to family planning information and are generally more open to using modern contraceptives (Uche & Olayemi, 2021). In rural areas like Bwari, however, lower educational attainment often correlates with less awareness of contraceptive options, leading to lower usage rates.

Contraceptive Utilization

Contraceptive utilization refers to the actual use of family planning methods by individuals or couples. It includes both the decision to use contraceptives and the regular, correct application of those methods (Jones et al., 2020). Contraceptive utilization is not limited to the frequency of use but also considers the consistency and effectiveness of the methods being used (Smith & Brown, 2019). In Bwari Area Council, this could mean examining how often women use methods like oral contraceptives, injectables, or condoms, and whether they experience challenges in continuing use due to socio-economic or cultural factors (Adamu, 2021).

For instance, a woman in Bwari with sufficient income and education may regularly use a contraceptive method such as an IUD (Oluwole & Adepoju, 2020). In contrast, a woman from a lower-income household with less education might only have access to traditional methods or might not use any method at all due to financial constraints or lack of information (Bolarinwa, 2021). This disparity in utilization forms the core focus of the study.

Household Income

Household income refers to the total earnings or financial resources available to a household. It includes wages, salaries, and other sources of income such as government assistance, investments, or remittances (Ayodele, 2020). Household income is a critical determinant of access to healthcare, including contraceptive services. In many rural

Nigerian settings, household income directly impacts whether a woman can afford contraceptive services or purchase modern contraceptive methods. Lower-income women often face financial barriers to accessing healthcare services, including contraception, as these methods can be costly, especially in areas where healthcare infrastructure is underdeveloped (Ayodele, 2020).

For instance, a woman from a wealthy household in Bwari may easily afford a visit to a private clinic for a Contraceptive Implant or Injectables. However, a woman from a lower-income household may be unable to pay for such services and may be forced to rely on less effective, often free, traditional methods, or may not use any contraceptive at all. Household income, therefore, plays a crucial role in determining the availability and type of contraceptive options that women can access (Ayodele, 2020).

Educational Attainment

Educational attainment refers to the highest level of formal education a person has completed, ranging from primary school to tertiary education. It is an important socio-economic factor that influences a woman's decision-making abilities, access to information, and her capacity to make informed choices about reproductive health. Higher education levels are positively associated with increased awareness and use of modern contraceptive methods. Women who have attained secondary or tertiary education are generally more knowledgeable about the benefits of family planning and are more likely to use modern methods (Dike, 2018).

In the context of Bwari Area Council, women with higher education levels are more likely to be informed about the availability of contraceptive options and the benefits of using them. In contrast, women with lower education levels may face challenges in understanding or accessing modern contraceptives due to limited knowledge or misinformation. As a result, educational attainment is a key factor in determining contraceptive utilization, with more educated women showing greater acceptance and use of family planning methods.

Literature Review

This section reviews existing literature on the socio-economic determinants of modern contraceptive use, focusing on household income and educational attainment, as these are the key factors influencing contraceptive utilization among women.

Household Income and Contraceptive Utilization

Household income plays a crucial role in determining access to healthcare, including modern contraceptives. A variety of studies indicate that women from higher-income households are more likely to use modern contraceptive methods due to greater financial ability to access healthcare services (Mills *et al.*, 2018). Income influences not only the direct ability to pay for contraceptives but also the broader access to healthcare facilities where these methods are offered. In a study conducted by Bamidele *et al.* (2019), women from higher-income households in Nigeria reported higher rates of contraceptive use, attributing this to both financial ability and better access to family planning services.

In contrast, women from lower-income households face significant barriers to utilizing modern contraceptives. These barriers include the direct costs of contraceptive methods, travel expenses to healthcare facilities, and, in some cases, the lack of availability of contraceptives in rural areas (Asare *et al.*, 2020). For instance, in rural communities, where household income is often limited, women may rely on traditional, less effective methods, such as periodic abstinence or withdrawal, due to their low cost. A study by Lawal *et al.*

(2018) found that economic constraints significantly limited contraceptive uptake among women in rural parts of Nigeria, highlighting how poverty acts as a primary deterrent to family planning. This suggests that increasing household income or providing financial support for contraceptive services could enhance the utilization of modern contraceptives in low-income settings.

Moreover, household income's influence on contraceptive use is not solely about direct financial access to services but also about the autonomy women have within the household. In households where women have control over financial resources, they are more likely to make independent decisions regarding their reproductive health (Fatusi & Hindin, 2018). This aspect is particularly relevant in regions like Bwari Area Council, where economic and cultural factors intersect to shape contraceptive decisions.

Educational Attainment and Contraceptive Utilization

Educational attainment is another socio-economic factor strongly linked to contraceptive use. Higher levels of education are associated with greater awareness of modern contraceptive methods and better understanding of their benefits, which leads to higher utilization rates (Borges *et al.*, 2020). In Nigeria, women with higher education are generally more informed about the available contraceptive options, which significantly influences their contraceptive choices (Alabi & Akinmoladun, 2020). According to a study by Olorunfemi *et al.* (2019), women who have completed secondary or tertiary education in Nigeria are more likely to use modern methods, such as Intrauterine Devices (IUDs), Contraceptive Implants, or Oral Contraceptives, compared to women with no formal education.

Educated women are not only more likely to use modern contraceptives, but they are also more likely to have access to information about where and how to obtain these methods. In contrast, women with lower levels of education may lack the knowledge about the wide range of contraceptive options available to them and may have misconceptions or fears about using modern contraceptives (Ibrahim *et al.*, 2020). A study by Ajayi & Ayodele (2021) found that women with lower levels of education often relied on community-based traditional methods or did not use contraception at all, due to lack of exposure to more effective options.

Additionally, education indirectly influences contraceptive use by increasing women's socio-economic status, which further impacts their access to modern contraceptive services. For example, educated women are more likely to be employed and have the financial means to afford contraceptive methods. The empowerment that comes with education also allows women to make informed decisions regarding reproductive health, often leading to higher contraceptive uptake (Aliyu & Atakpa, 2020). Education enhances a woman's ability to navigate health systems, seek family planning information, and make decisions that align with her life goals, including the timing and number of children she wishes to have.

Cultural and Religious Influence

While household income and education are significant determinants, other socio-cultural factors also play a critical role in shaping contraceptive decisions. In Nigeria, cultural and religious beliefs can either encourage or discourage contraceptive use, often influencing women's choices in combination with socio-economic factors (Udo *et al.*, 2019). In Bwari Area Council, women may face social pressures from family, religious leaders, and community norms that discourage the use of modern contraceptives. These cultural

attitudes can compound the effects of low income or education, making it harder for women to make autonomous reproductive health decisions. For example, women from conservative communities may face stigma or condemnation for using contraceptives, which may discourage them from seeking family planning services even if they have the financial means and education to do so.

Studies have shown that in communities where religion plays a central role in daily life, contraceptive use is often influenced by religious leaders' stances on family planning. Some religious teachings oppose contraceptive use, leading to lower uptake among women who adhere to these teachings (Oke, 2020). In Bwari, where both Islam and Christianity are prevalent, religious beliefs about contraception can limit women's willingness to use modern methods despite socio-economic advantages.

Theoretical Framework

This study adopts two theoretical frameworks to understand the socio-economic determinants of modern contraceptive utilization.

Theory of Planned Behavior (TPB)

The Theory of Planned Behavior (TPB), developed by Ajzen in 1991, is one of the most widely used frameworks for understanding health-related behaviors. The theory suggests that three factors attitudes toward a behavior, subjective norms, and perceived behavioral control play a key role in shaping a person's intentions and behaviors. TPB has been applied to various health contexts, including contraceptive use, because it takes into account not just an individual's personal attitudes, but also the social pressures they face and their perceived ability to carry out the behavior (Ajzen, 1991).

In the case of contraceptive use, TPB helps explain that women's attitudes shaped by factors like education towards contraception will strongly influence whether they choose to use modern contraceptives. Beyond attitudes, subjective norms, or societal expectations, are equally important in shaping these decisions. For instance, in communities like Bwari Area Council, social norms and family expectations often impact a woman's choice to use contraception. The third factor, perceived behavioral control, addresses a person's sense of autonomy and ability to carry out a behavior. This is where socio-economic factors such as income come into play women with more resources and access to healthcare are more likely to feel empowered to use modern contraceptives. This makes TPB an ideal framework to explore how socio-economic factors like education and income influence contraceptive decisions.

Health Belief Model (HBM)

The Health Belief Model (HBM), developed by Rosenstock in the 1950s, explains that health-related behavior is influenced by an individual's perceptions of health risks and the potential benefits of taking action (Rosenstock, 1974). The HBM suggests that people are more likely to adopt health behaviors if they believe they are susceptible to a particular health issue (like an unintended pregnancy), that the issue is severe, and that taking preventive action (such as using contraception) will help mitigate the risk. The model also highlights that perceived barriers such as cost, access, and knowledge can prevent people from acting, even when they are aware of the benefits (Janz & Becker, 1984).

In the context of contraceptive use, the HBM helps us understand that women in Bwari Area Council who perceive pregnancy as a significant risk and who understand the benefits of contraception will be more likely to use modern methods. However, barriers such as the cost of contraceptive methods or limited access to health services can discourage their use.

Household income is a key factor in overcoming these barriers. Women in higher-income households are more likely to have access to family planning services, thus reducing the barriers to contraceptive use.

For this study, the Theory of Planned Behavior (TPB) is the adopted theoretical framework because it offers a comprehensive approach to understanding how socio-economic factors like income and education impact contraceptive utilization, while also accounting for social and cultural influences on behavior.

Methodology

This study adopts a descriptive survey research design to examine the socio-economic factors influencing modern contraceptive utilization among women in Bwari Area Council, Federal Capital Territory (FCT). The design was selected to provide a clear understanding of the relationship between household income, education, and contraceptive use. By collecting quantitative data through surveys, the study aimed to capture patterns and insights from a sample of women in the region. The study targeted women aged 18 and above, residing in five selected electoral wards: Kubwa, Bwari Central, Kuduru, Shere, and Ushafa. A multistage sampling technique was applied to select the participants. First, the council was divided into five wards, then random sampling was used to choose communities within each ward. Finally, systematic sampling was used to select streets within the chosen communities, ensuring a diverse and representative sample. A total of 383 copies of completed questionnaire were collected from an initial 400 respondents.

Data collection was carried out using a structured questionnaire. To accommodate both literate and non-literate respondents, the questionnaire was administered through a mix of self-administered and interviewer-administered methods. The questions focused on key variables such as household income, educational level, and contraceptive use. In addition to the primary data collected through the questionnaire, secondary data from existing academic literature and relevant publications were also reviewed to provide a broader context for the findings.

Ethical approval was obtained from Nasarawa State University, Keffi, and informed consent was sought from all participants. The study ensured confidentiality, and participants were assured that their responses would only be used for research purposes.

Results

Socio-Demographic Data of Respondents

Table 1: Socio-Demographic Characteristics of Respondents

Variable	Category	Frequency	Percent
Age	15-21 years	96	25.1
	22– 28years	142	37.1
	29–35 years	101	26.4
	36-42 years	44	11.5
	43-49 years	25	
	Total	383	100.0

Marital Status	Single	112	29.2
	Married	188	49.1
	Divorced/Separated	48	12.5
	Widowed	35	9.1
	Total	383	100.0
Number of Children	None	74	19.3
	1–2 children	146	38.1
	3–4 children	118	30.8
	5 or more	45	11.8
	Total	383	100.0
Occupation	Trader	128	33.4
	Civil servant	89	23.2
	Artisan	77	20.1
	Others	89	23.2
	Total	383	100.0
Religion	Christianity	227	59.3
	Islam	132	34.5
	Traditional religion	11	2.9
	Others	13	3.4
	Total	383	100.0
Educational Attainment	No formal education	42	11.0
	Primary	66	17.2
	Secondary	103	26.9
	Tertiary	172	44.9
	Total	383	100.0

Source: Field Survey, 2025

The socio-demographic data in Table 1 shows that most respondents (37.1%) were in the 22–28 years age group, followed by 26.4% in the 29–35 years group and 25.1% in the 15–21 years group, indicating a predominance of younger, economically active participants. The 43–49 years age group comprised 6.5% of the sample.

In terms of family size, 38.1% had 1–2 children, and 30.8% had 3–4 children, reflecting moderate family sizes that may influence contraceptive decisions. Occupationally, 33.4% were traders, while 23.2% were civil servants, showing a predominance of informal sector work among respondents.

Religiously, 59.3% of respondents were Christians, 34.5% were Muslims, and 2.9% practiced traditional religions. Educationally, 44.9% had tertiary education, suggesting a relatively high level of education that may influence their views on modern contraception.

Table 2: Women’s Income and Utilization of Modern Contraceptives

Variable	Category	Frequency	Percentage (%)
1. What is your average monthly income?	Less than ₦20,000	120	31.3%
	₦20,000–₦49,999	95	24.8%
	₦50,000–₦99,999	85	22.2%
	₦100,000 and above	83	21.7%
	Total		383
2. Do you currently use any modern contraceptive method?	Yes	163	42.5%
	No	102	26.6%
	Used before but stopped	73	19.0%
	Planning to use	45	11.8%
	Total		383
3. Which contraceptives are commonly available in your area?	Condoms	280	73.1%
	Pills	235	61.3%
	Injectables	150	39.1%
	Implants	120	31.3%
	Total		383
4. How much do you usually spend on contraceptives?	Free	100	26.1%
	Less than ₦500	110	28.7%
	₦500–₦2,000	135	35.3%
	Above ₦2,000	38	9.9%
	Total		383

Source: Field Survey, 2025

The data shows that most women in the study earn less than ₦20,000 monthly (31.3%), with a smaller group earning ₦100,000 or more (21.7%). A significant portion of women (42.5%) currently use modern contraceptives, while 26.6% do not, and 19% had used them in the past but stopped. In terms of availability, condoms (73.1%) and pills (61.3%) are the most common methods in the area, with injectables (39.1%) and implants (31.3%) also available. Regarding costs, most women (35.3%) spend ₦500–₦2,000 per month on

contraceptives, while 26.1% use them for free. This highlights that while contraceptive use is relatively high, factors like cost and availability are still important considerations.

Table: Educational Attainment and Contraceptive Use

Variable	Category	Frequency	Percentage (%)
1. Has your education helped you know about contraceptives?	Yes	210	54.8%
	No	95	24.8%
	Not sure	55	14.4%
	Prefer not to say	23	6.0%
Total		383	100.0%
2. Where did you first learn about contraceptives?	Health workers	145	37.9%
	School	120	31.3%
	Friends/Peers	70	18.3%
	Media (Radio/TV/Internet)	48	12.5%
	Total		383
3. Do you find contraceptive instructions understandable?	Yes, very clear	142	37.1%
	Somehow clear	170	44.4%
	Confusing	45	11.8%
	I never read them	26	6.8%
Total		383	100.0%

Source: Field Survey, 2025

Most women (54.8%) felt their education helped them learn about contraceptives, while a smaller group (24.8%) did not, and 14.4% were unsure. The primary sources of information were health workers (37.9%) and school (31.3%), with fewer women learning from friends (18.3%) or media (12.5%). When it comes to understanding contraceptive instructions, 44.4% found them somewhat clear, and 37.1% found them very clear. However, 11.8% found the instructions confusing, and 6.8% never read them. This suggests that while education and health workers are key in spreading contraceptive knowledge, clearer instructions could help improve understanding.

Discussion of Findings

The results of this study highlight how socio-economic factors like income and education significantly influence contraceptive use in Bwari Area Council. Women with higher incomes and more education were more likely to use modern contraceptives, which is consistent with previous research showing that lower income and limited education are key barriers to contraceptive use (Adebayo & Olowookere, 2020). Most women reported first

learning about contraception from health workers and school, pointing to the importance of these formal sources in raising awareness. However, despite this knowledge, many found contraceptive instructions unclear or confusing, suggesting a need for more effective communication and education.

Additionally, while many women know about contraceptive options, the cost and availability still present significant obstacles, particularly for those in lower-income households. This finding reinforces the idea that access to contraception is not just about availability, but also about affordability (Bamidele et al., 2019). These insights point to the urgent need for policies and interventions that make contraceptives more affordable and accessible, especially for women in rural and economically disadvantaged areas, ultimately improving reproductive health in the region.

Conclusion and Recommendations

This study examined the impact of socio-economic factors, specifically income and education, on the utilization of modern contraceptives in Bwari Area Council. The findings indicate that women's income levels and educational attainment play a significant role in their ability to access and use modern contraceptive methods. Women with higher incomes and more education were more likely to use contraception, which is consistent with previous studies. However, there were clear barriers, including the affordability of contraceptives and gaps in understanding instructions, that affect contraceptive use, especially among lower-income and less-educated women.

Recommendations

Based on the findings of the study, the following recommendations were made.

1. **Improving Accessibility and Affordability of Contraceptives:** This recommendation stems from the finding that household income influences contraceptive use. The study highlighted that lower-income women face financial barriers to accessing modern contraceptives, which impacts their usage. The recommendation suggests making contraceptives more affordable and accessible, especially for low-income households.
2. **Enhancing Educational Programs on Contraceptive Use:** The study found that women with higher educational attainment are more likely to use modern contraceptives. Therefore, the recommendation focuses on expanding educational programs to increase awareness and understanding of contraceptives, specifically targeting those with lower levels of education. This helps address the knowledge gap identified in the findings.
3. **Improving Communication and Instruction Clarity:** The study revealed that many women found contraceptive instructions confusing or unclear. The recommendation to improve instruction clarity is directly tied to this finding, suggesting that simplifying and making contraceptive instructions more accessible could help overcome barriers to proper usage.

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