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CONTRACEPTIVE USE AND FAMILY SIZE DETERMINATION IN MAKURDI LOCAL GOVERNMENT AREA, BENUE STATE-NIGERIA

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Abstract

The study examined contraceptive use and its effects on family size determination in Makurdi Local Government Area, Benue State. The specific objectives were to assess the contraceptive methods, the rate of usage of contraceptive methods, the factors influencing the use of contraceptives, the effects of contraceptives use on family size and the challenges of contraceptive use in Makurdi Local Government Area. The study adopted Theory of Health Belief Model. Data was gathered from 400 respondents using questionnaire. The data generated was analysed quantitatively. The study found out that the level of knowledge of contraceptive methods was high, but the rate of usage was low. Factors influencing the use of contraceptives were socio-cultural, economic and geographical factors. It was also found that, contraceptive use affect family size in Makurdi Local Government Area. The study recommends that government at all levels, Non-Governmental Organizations (NGOs), influential individuals in society, social workers, medical sociologists and religious leaders should intensify efforts to increase sensitization and enlightenment of women and the general public on the benefits of uptake of contraceptives. This can be achieved by sponsoring campaigns through the mass media, organizing talk shows, organizing short plays and dramas, sponsoring of bill boards that will display benefits and the effects of not using contraceptives in the communities.

Keywords: Contraceptive, Contraceptive Use, Family, Family Size, Makurdi

1. Introduction

Contraceptives generally known as family planning method are methods used to limit the size of a family as well as to sufficiently space the intervals between child births (Himes, cited in Anyebe, Olufemi & Lawal, 2014). Contraceptives are various artificial devices, drugs, agents, sexual practices, or surgical procedures use for preventing conception or pregnancy, either by preventing the fertilization of the female egg by the male sperm or by preventing implantation of the fertilized egg (Medical News, 2016). Contraceptives refer to artificial methods/techniques use for preventing pregnancy through temporal or permanent means (Pernoll, 1994). Contraceptive methods are used for many reasons, such as pregnancy planning, limiting the number of children, proper spacing of children, avoiding health risks associated with pregnancy, reducing infant and maternal mortality as well as controlling world population growth.

Evidence on the use of various artificial means of birth control or contraception is dated back to 4,000 years (John, 2004). The first written document on contraception was in 1850 BC in Egypt. The Egyptians used vaginal plug formed from crocodile and honey into effective vaginal passerines. Later, magic portions, seeds, herbs, and coitus interrupts were used. Some other preventive methods were sex taboos, limiting the time and frequency of sex, prolonged lactation, delayed marriages and celibacy thus making conception control both magical and rational. In a national survey of Kuwait women, Nasra (2001), found that women's age parity, educational level and residence in urban areas were significant and positively associated with current contraceptive use. Illiteracy was associated with high fertility and the economic status: the poor and less educated were

concerned more with survival than with family planning (Burgard, 2004).

The availability of contraceptive methods and its use around the world have given couples the opportunity to choose the number of children and also to conveniently space their children, which is a tremendous lifesaving benefit. Contraceptive is an important method of family planning or birth control which promote maternal and child health. Generally, there are various benefits of contraceptive use; they include promoting the health of a mother and child, enhancing good living conditions, enabling parents to save funds for old age, investing in good education, less fear of unwanted pregnancy, abortion, maternal death and psychological stress (Bongarts 1995). Contraceptive practice also helps to keep the family happy as well as grant couple's opportunity and leisure to enjoy each other's company. Nationally, family planning also helps to attain and maintain a balance between the provision of social amenities and population size. In line with these importance, several attempts have been made by the government in various countries to tackle women reproductive health problems; one of it is the introduction of Family Planning Programmes with access to safe voluntary family planning methods not only as human right but central to gender equality and women empowerment in addition to being a key factor in reducing poverty (UNFPA, 2016). Virtually, across nations of the world, there are government policies geared towards the support of family planning, such that the practice of limiting access to contraceptive methods to only married couples has almost vanished. Contraceptive was introduced into the Nigeria health service via the National Development Plan in 1980, to lower the excessive burden posed on natural resources as a result of rapid population growth. Human beings, like any other living things have the potentials to reproduce at exponential rate if not checked. Nigeria as the country, is experiencing an exponential population growth.

Contraceptive use in Nigeria has been consistently low despite its many benefits and several efforts by government and development partners to increase its uptake. According to the Nigeria Demographic and Health Survey, the use of any modern method staggeringly increased from 4 to 12% over 28 years (1990–2018). Studies have identified factors at the individual, household, and societal levels that affect contraceptive use. Studies have also shown that decisions, such as contraceptive behaviour and acquisition of family skills may vary according to the individual or societal factors, as there is a dearth of knowledge on how household structure and composition influence contraceptive use in Nigeria. Studies have been conducted on contraceptive use, for instance, Ejeh (2009), researched on comparative analysis of knowledge and use of modern contraceptive among male and female in Okpokwu Local Government Area, Benue State with 12.2% modern contraceptive use among women; in a similar vein, Ahile (2013), conducted a research on the awareness of family planning methods in Vandekiya Local Government Area of Benue State, with 95.9% awareness and practice, but, these studies did not capture contraceptive use and its effects on family size in Makurdi. It is in line with this background that this study seeks to fill the gap by assessing contraceptive use and its effects on family size in Makurdi Local Government Area of Benue State.

The objective of the study examined the contraceptive use and its effects on family size in Makurdi Local Government Area of Benue State. The specific objectives are to:

i. Assess the contraceptive methods available in Makurdi Local Government Area
ii. Assess the rate of contraceptives use in Makurdi Local Government Area
iii. Examine the effects of contraceptives use on family size in Makurdi Local Government Area

2. Literature Review

2.1 Conceptual Issues

Concept of Contraceptive

Contraceptive generally refers to the devices or medications used for reducing the likelihood of the fertilization of an ovum by a spermatozoon. (WHO,

1994, in Esabella, 2012). The contraceptive effect can be obtained through temporary or permanent means. Temporary methods include: periodic abstinence during the fertile period; coitus interruptus (withdrawal); the naturally occurring periods of infertility (e.g., during breast-feeding and post-partum amenorrhea); use of reproductive hormones (e.g., oral pills and long-acting injections and implants); placement of a device in the uterus (e.g., copper-bearing and hormone-releasing intrauterine devices); interposing a barrier that prevents the ascension of the sperm into the upper female genital tract (e.g., condoms, diaphragms, and spermicidal) and permanent methods of contraception which are male and female sterilization (vasectomy and tubectomy) respectively.

Contraceptive use also known as birth control or fertility control is a method or device used to prevent pregnancy. (*Medicine Net,* 2012). Contraceptive as an artificial device or methods used to prevent pregnancy.

Concept of Family Size

Family size is conceptualized as the demand for children, that is, "the number of children parents would have if there were no subjective or economic problems involved in regulating fertility" (McClelland, 1983). Although family size generally refers to the total number of individuals in a family, from a demographic perspective, it refers to the total number of children born to a woman at a point of time. Completed family size refers to the total number of children born to her during her child bearing age – generally considered to be 15-45 years of age (Blazer, 2022). The family size depends on various factors like: age at marriage, duration of marriage, level of education, economic status, prevailing social and cultural practices, desired family size and use of family planning techniques (Blazer, 2022).

Contraceptive Methods Available for Use

In modern days, child spacing could be achieved via natural or artificial methods. About 85% of women will become pregnant within one year without contraception (Cleland &Bernstein, 2006). Thus, even the least effective form of contraception is considered better than using nothing. According to Dudley and Bernard (1998, in Anyebe, et al, 2014), the natural methods include prolonged breastfeeding (lactation amenorrhoea method), the rhythm/calendar method, Billing's method, coitus interruptus (withdrawal method), abstinence, basal body temperature and combined method.

The artificial methods, on other hand, are categorised as barrier, hormonal, and sterilization methods (Andrew, 1997 cited in Anyebe, et al, 2014). The barrier methods prevent contraception by putting an obstacle on the way of the spermatozoa, preventing the entry of sperm into the cervix. They include chemical barriers (i.e. spermicidal agents) such as foaming tablets, vaginal passerines, creams, jellies, and douching; and mechanical barriers including condoms, cervical diaphragm or cap and intra-uterine contraceptive device (IUCD). Hormonal contraceptive methods such as combined oral pills, parenteral hormonal (injective) like the depo-provera and noristerate, and norplant (implant) contain progesterone and oestrogen preparations. Hormonal act by inhibiting ovulation, thickening cervical mucus, and making the uterine cavity unfavourable for implantation. The use of emergency contraceptive can be an option within 48 hours when unprotected sex occurs (Haggai 2003). The sterilization methods, which are voluntary surgical procedures/contraception, involve the occlusion of the fallopian tubes in females or vas deference in males. They are usually irreversible, more suitable for couples who have completed their family size (Miller 1988, in Tortyav 2010).

Natural family planning means abstinence from sexual intercourse during fertile period to prevent pregnancy. This includes the rhythm method (the calendar method), mucus method, basal body temperature method or a combination of these methods. This method has no systemic or long-term side-effects. However, these methods are based on the timing of the woman's fertile period, which can be highly unpredictable, even if their menstrual cycles are

regular. The fertile period occurred during a broad range of days in the menstrual cycles. On every day between 6 and 21, women have at minimum of 10 percent probability of being in their fertile period. Only about 30 percent of women had their fertile period entirely within the days of the menstrual cycle identified by the clinical guidelines, which is between day 10 and 17 and only 10 percent of women ovulate exactly 14 days before the next menses. Most women reach their fertile period earlier and others much later (Wilcox, Weinberg & Baird, 2000).

The Rate of Usage of Contraceptive Methods

i. Nigeria has implemented a number of innovative approaches to expand family planning services. E.g. community base distribution of contraceptive, mobile clinics, availability of long acting and reversible contraceptive method
ii. In Nigeria four out of ten women take contraceptive (UNICEF 2021)
iii. National reproductive health policy was approved in 2010 by federal government to ensure availability and access to full sexual and reproductive health

The rate of contraceptive use by women of reproductive age is found to vary across the globe. Tukue, Gebremeskel, Gebremariam, Aregawi, Hagos and Gebremichael (2020) determined the prevalence and determinant factors affecting the utilization of modern contraception in the reproductive age group (15–49 years) in Edaga-Hamus Town in Ethiopia. A community based Cross-Sectional study was carried out on April 23 to May 10, 2017. The overall prevalence of modern contraceptive utilization was 58.5%. Age (AOR = 0.406,95%, Cl: (0.000,0.398)), Educational status (AOR = 0.901,95% Cl (0.340,4.107)), Feeling of husband towards Modern contraceptive (AOR = 0.186, 95% CI (0.056,0.617) had protective effect of utilization of modern contraceptive. But Number of children 1–3 and 4–5 wanted (AOR = 10.802,95% (4.027,28.975)), AOR = 2.624,95% CI (1.437,4.791), was a risk for utilization of modern contraceptive. The prevalence of Modern contraceptive utilization was still to be low (far below the national target).

Aviisah, Dery and Atsu (2018) assessed the trends and identify factors that consistently influence modern contraceptives' use among women of the reproductive age group in Ghana. The study used secondary data from the 2003, 2008, and 2014 Ghana Demographic Health Surveys (GDHS). The trends of determinants of modern contraceptives use among women of reproductive age in Ghana were determined. A bivariate approach was used to select significant predictors. The Cox proportional hazards model analysis was employed via a multilevel modelling approach. Out of the total respondents of 2229, 2356, and 4469, 18.75%, 15.75% and 21.53% were modern contraceptives users for 2003, 2008 and 2014 respectively. The multiple cox proportional hazards model analysis identified place of residence and the educational level of a woman as strong predictors of modern contraceptives use in Ghana. Modern contraceptive use is increasing among rural residence. Women who are in formal occupations (professional, clerical, services) are more likely to use modern contraceptives than their colleagues in less formal occupations (manual, agricultural, sales). This study highlights the trends of determinants on modern contraceptive use in Ghana from 2003 to 2014. The most persistent determinants of modern contraceptive use in Ghana during this time period are place of residence and a woman's educational level. Women working in Agriculture and Sales are the least users of modern contraceptives in Ghana over the period.

Durowade, et al (2017) unravelling the barriers to the use of modern contraceptives among women of reproductive age (15–49 years) in Ise-Ekiti community, Ekiti State, Southwest Nigeria. It was found that although contraceptive awareness among respondents was high 496(98.6%), only 254 of the 503 respondents were using modern contraceptive methods giving a Contraceptive Prevalence Rate (CPR) of 50.5%. Among those not using any form of contraceptives, some identifiable barriers to contraceptive use includes desire for more children,

62(39.5%), partner disapproval, 40(25.5%), and fear of side-effects, 23(14.6%). Factors associated with contraceptive uptake include marital status (p=0.028), educational level (p=0.041) and religion (p=0.043) with traditional worshippers having the least uptake. This study showed that awareness to modern forms of contraceptives does translate into use. The identified barriers to contraceptive uptake suggest the need to improve uptake of contraceptives through a community-based and culturally acceptable intervention as doing this will go a long way in addressing some of these barriers.

Contraceptives Use and Family Size

Modern contraceptives have clear health benefits, since the prevention of unintended pregnancies results in a subsequent decrease in maternal morbidity and mortality. Modern contraception allows spacing of pregnancies, delaying pregnancies in young girls who are at increased risk of health problems from early childbearing and preventing pregnancies among older women who also face increased risks (Jacqueline, Darroch, Vanessa woog, Akinrino& Lori 2016). Modern contraception enables women who wish to limit the size of their families to do so. By reducing rates of unintended pregnancies, modern contraception also reduces the need for unsafe abortion. Modern contraception is a low-cost and effective way to save lives (Handady, Naseralla, Sakin & Alawad, 2015).

The global community generally agrees that modern contraceptives prevent maternal deaths by: reducing the number of times a woman is exposed to the risks of pregnancy (Davanzo, Hale, Razzaque & Rahan, 2007). Helping women avoid unintended and closely spaced pregnancies a study in Bangladesh found that very short pregnancy intervals are linked with 7 times increased risk of induced abortion (Davanzo et al., 2007), The health benefits of preventing unintended pregnancies would be substantial. Fully meeting the unmet need for modern contraception would result in an estimated 76,000 fewer maternal deaths each year (Davanzo et al., 2007).

Around the world, unintended and unwanted pregnancies are common challenges that women and couples face. About 44% of all pregnancies worldwide are unintended, and some 56% of unintended pregnancies end in an induced abortion (Jacqueline et al., 2016). An estimated about 56 million induced abortions took place annually, which translates to an annual abortion rate of 35 abortions for every 1000 women aged 15-44 years and modern contraception prevents unsafe abortions by reducing the number of unintended pregnancies (Jacqueline et al., 2016).

Modern contraception improves health through adequate spacing of birth, avoiding pregnancy at high-risk maternal age and high parity (Wulifan & Kalolo, 2018 despite these varieties, the rate of population growth and unplanned pregnancies is still high in sub-Saharan Africa (SSA) and globally (Frini & Naba, 2013). According to 2019 estimates, 214 million women of reproductive age in developing regions who want to avoid pregnancy are not using a modern contraceptive method. Use of modern contraceptives in 2019 prevented an estimated 308 million unintended pregnancies. Meeting all women's need for modern methods of contraception would avert an additional 67 million unintended pregnancies annually (Kantorová et al., 2020).

2.2 Theoretical Framework

Health Belief Model suggested that person's belief in a person threat of an illness or diseases together with a person's belief in the effectiveness of the recommended health behaviours or action will predict the likelihood the person will adopt the behaviour. The model defines the key factors that influences health behaviour as an individual's perceived threat to sickness or disease (perceived susceptibility) belief of consequences (perceived severity) potential position benefits of action (perceive benefits) perceived barriers to action exposure to factors that prompt. That people's beliefs about health problems, perceived benefits of action and barriers to action, and self-efficacy.

The Health Belief Model was developed in the 1950s, that people's belief about health problems perceived benefits of action and barriers to action and self-efficacy explain engagement in health promoting behaviour

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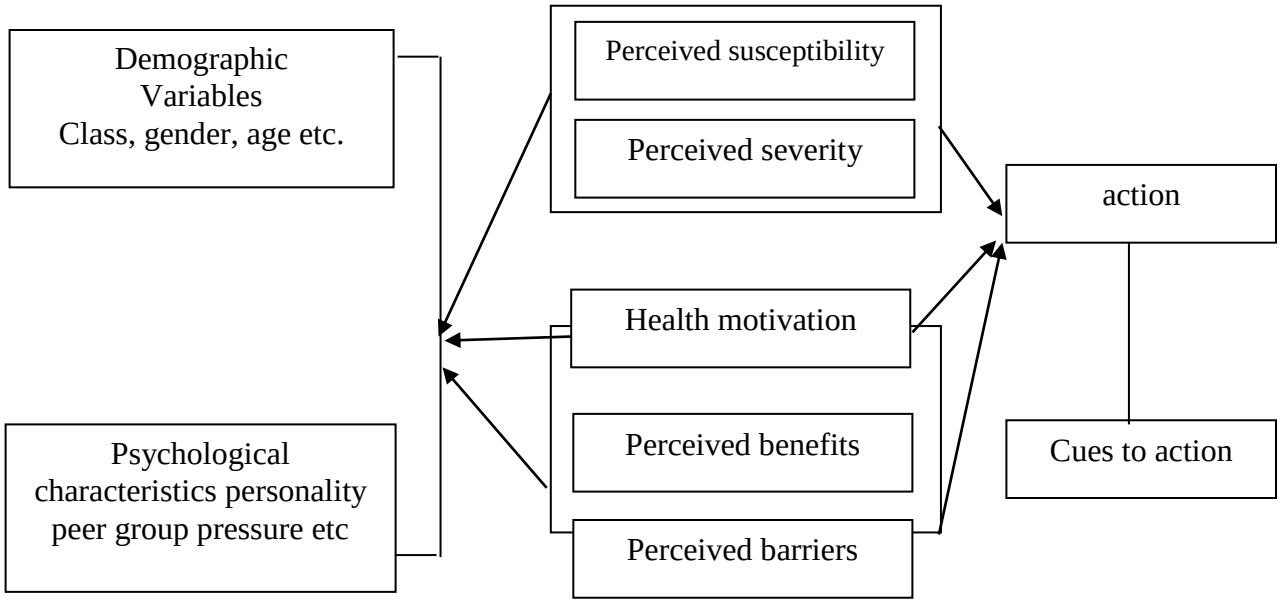

Fig. 1 Health Belief Model Diagram

Health Belief Model has gained substantial empirical support since independent in the 1950s. Remains one of the most widely used and well tested models for explaining and predicting health related behaviour. Health Belief Model is particularly notable given the diverse population health conditions and health related behaviour, examined the various studies designs and assessment strategies used to evaluate the model.

3. Methodology

This study adopted a cross sectional survey research design. The study was carried out in Makurdi Local Government Area. A total number of 400 copies of questionnaire were administered and 374 were collected by the researcher from the population of 442,000 women of reproductive age of 18-49 years. (Population Projection 2021)

The sample size of this study was drawn using Taro Yamane sample size determination formula.

$$n = \frac{N}{N+1\,(e)^2}$$

Where
n= sample size
N=population size
e= the error of sample (0.05)
1= constant

N=422,000 $\quad n = \frac{422{,}000}{422{,}000+1\,(0.0025)}$ $\quad n = \frac{422{,}000}{44.5125}$

n=399.100137

n=400

The sample size for the study will be 400 respondents. A multi-stage sampling technique was used in the study. The instrument used for data collection for this study was questionnaires and key informant interview. A total number of 400 copies of questionnaire were administered and 374 were collected by the researcher, the quantitative data was presented in frequency distribution tables.

4. Results and Discussions

Table 1: Demographic Variables of Respondents

S/No.	Attributes	Frequency	Percentage
1.	**Age**		
	15-20	75	20
	21-25	75	20
	26-30	63	17
	31-35	105	28
	36-40	56	15
	Total	**374**	**100**
2.	**Religion**		
	Christianity	324	87
	Islam	50	13
	Total	**374**	**100**
3.	**Occupation**		
	Civil/Public Service	60	16
	Petty Trading	150	40
	Farming	164	44
	Total	**374**	**100**
4.	**Educational Attainment**		
	No Formal Education	28	7
	Primary	167	45
	Secondary	105	28
	Tertiary	74	20
	Total	**374**	**100**

Source: Fieldwork, 2023

Table 1 represents the demographic attributes of respondents. The socio-demographic data collected by the study revealed that 75 (20%) of the respondents were within the age bracket of 15-20 years, 75 (20%) were within the age range of 21-25 years, 63 (17%) were within the age of 26-30 years, 105 (28%) fell within the age category of 31-35, while 56 (15%) were within the ages of 36 to 40 years. The study indicated that women who participated in this research were within the minimum age bracket of 15 to 40 years.

Similarly, on the religious affiliation of respondents, data collected showed that among the 374 respondents, 324 (87%) were Christians, while only 50 (13.4%) were Muslims. The wide disparity on religious affiliation between Christians and Muslims was based on the study location which is dominated by Christians thus the fact that some are 15 years and yet married due to religious differences.

On occupation of respondents, the result of the study showed that 60 (16%) of the respondents were public/civil servants, 40% (150) were petty traders, while 44% (164) were full time farmers. The reason for the wide disparity in occupation was due to the rural nature of the study area and the fact that the people were less educated, so only the few educated ones were opportune to work in places like the local government secretariat, teachers and health workers.

Educationally, study indicated that 28 (8%) of the respondents had no formal education, 167 (45%) of the respondents had primary education, and 105 (28%) had secondary education, while 74 (20%) of the respondents had a higher educational qualification respectively. Only few respondents were not literate at all (8%),

whereas, majority (92%) were literate. This indicated that most of them are educated but not employed therefore involved in petty trading and farming couple with the fact that employment has been difficult thus the alternatives.

Table 2: Contraceptive Methods used by Women of child bearing age in Makurdi Local Government Area

Contraceptives Used by Women	Frequency	Percentage
Implants	101	27
Injectable Methods	58	16
Pill or Oral Contraceptive	15	4
Periodic Abstinence	3	1
Use of Condoms	2	0.5
None	195	52.1
Total	**374**	**100**

Source: Fieldwork, 2023

Table 2 represented findings on the contraceptive methods used by women of child bearing age in Makurdi local government area. Study showed that 101 (27%) women of child bearing age said that they use implant contraceptive method, 58 (16%) of the women of child bearing age agreed that they used injectable contraceptive methods. Furthermore, 15 (4%) of the respondents stressed that pills or oral contraceptive method was also used by them, 3(1%) noted that periodic abstinence was used by them to control birth rate, while 2 (0.5%) pointed to the use of condoms as a contraceptive method whereas 195(52.1%) of the women said they were not using any contraceptive methods as at the time of this research. The common contraceptive method used by women of child bearing age in Makurdi local government area were implant, injectable and pills. The implant ranked highest because of the attention given by an NGO concerned with women reproductive health issues and its awareness creation which started in the Local Government Area not earlier than the year 2015 and its benefits as a Long Acting Reversible Method (LARM). Even though the implant is a complex method because it requires a capable hand or well experienced health worker with the full knowledge of it to get it safely implanted, majority of the women tend to use this method because it does not require them visiting the hospital regularly or settling for pills as it can be carried in the body for up to five years. It still allows them to have sex with their husbands irrespective of their fertile period and not get pregnant until it is removed.

According to the 2003 Demographic and Health Survey (DHS), the condom was reported to be the main contraceptive method known of and used by Nigerian women of reproductive age. Condoms are also the preferred choice for post-partum contraception especially among educated women with high parity (NDHS, 2003). This finding disagreed with the findings gotten from the research conducted in Makurdi, since majority of the women particularly 58% preferred implant as their main contraceptive method. It was also discovered from the research that injectable and pills were also used by women of child bearing age in Makurdi Local Government Area.

Another reason for the wide disparity in the method was because, NGO like MARIESTOPES concern with women reproductive health through their agent gave out the free implant and injectable contraceptive when carrying out their sensitization programmes. The researcher was opportune to witness one of the sensitization programme carried out by MARIESTOPES at the primary health Centre in Ogbaulu council ward precisely on the 12th of Oct 2018, where health talk was given by the deputy director Makurdi health authority (Mrs Anna Adebo) in Makurdi local Government Area. Implantation and removal were done free of charge. Some of the women who were around that day and those not around but the researcher was able to interview, all conceded to not paying any amount of money for the

services rendered to them that particular day. However, when they visit the hospital on a normal day for such services, they were required to pay Five Hundred naira for injectable and a thousand naira for implant, while those who chose to go to private clinics owned by health workers on personal ground were asked to pay as high as a thousand six hundred naira for implant and a thousand naira for injectable contraceptive methods. Other methods like condoms were rarely used because a lot of people prefer other alternatives to condoms.

Table 3: Rate of Usage of Contraceptive methods in Makurdi

Responses	Frequency	Percentage
High	153	41
Moderately	26	7
Low	195	52.1
Total	**374**	**100**

Source: Fieldwork, 2023

The study sought respondents' level of usage of contraceptive methods in Makurdi Local Government Area, the table above represents the findings that majority of the people 195 (52.1%) reported low. According to the findings, there was low level of usage of contraceptive methods among women in Makurdi Local Government Area. This study concurred with a study carried out by Johnson, Pion, and Jennings (2013), which stated that in developed countries like Europe, America and China, women' awareness of contraceptive methods and their use are high and approximately 98 percent prefers using the contraceptive pill.

Table 4: Contraceptive use on Family size in Makurdi Local Government Area

Effectiveness	Frequency	Percentage
Reduce unplanned pregnancies and abortions	135	36.1
Ensure proper child spacing	105	28.1
Reduce population pressures	54	14.7
Improve health of women	35	9.1
Healthy babies	45	12
Total	**374**	**100**

Source: Fieldwork, 2023

Table 4 represents respondents' opinion on the benefits of contraceptive use among women of child bearing age in Makurdi local government area. Findings indicated that majority of the women of child bearing age 36.1% (135) agreed that contraceptive use reduced the rate of unplanned pregnancies and abortions, 28.1% (10) pointed to proper child spacing as the major benefit of contraceptive use, 14.4% (54) maintained that contraceptive use reduced population pressures, 9.1% (35) agreed that contraceptive use improve health of women, while 9.1% (35) maintained that contraceptive use produced healthy children. Prevention of unwanted pregnancies and abortions were found as the major benefit of contraceptive use among women of child bearing age in the study area. Contraceptive use prevents unintended pregnancies and reduces the rate of abortion; given the fact that most unintended pregnancies result in abortion. Contraceptive use reduces the risk of infant and maternal death as the space between births increases. The body of a woman needs at least two years to properly recover before another birth. It encourages development and improves the quality of life, and it creates an enabling environment for the family and reduces the world population. And non-smoking women of any age who uses modern, low-dose pills are generally not at risk of cardiovascular problems (WHO, 1997). Unplanned pregnancy may lead to other health risks for women who have medical history which can be triggered by unplanned pregnancy. Drugs that are taken to manage

these conditions when combined with pregnancy, may lead to serious medical conditions and even maternal mortalities. Thus, the study found that contraceptive methods help women to avoid unintended pregnancies and to plan to manage their condition if and when they decide to become pregnant.

This is also in line with the findings, as it showed that the use of contraceptive methods also increases women autonomy and social well-being. Studies showed that the use of contraceptives prevents unintended pregnancies, boost women status and increase their decision-making power within their households. Moreover, family planning has been shown to increase women and girls' self-esteem and quality of life, access to education, and opportunities for employment and income-generation (UNFPA, 2014).

Contraceptive use among women of child bearing age also not only reduce population pressure but also reduce the family size, hence reducing the number of mouths to cloths and the amount of resources spent on training the children. The larger the family, the more difficult it becomes in managing the family especially in developing countries where poverty level is high. Contraceptive use plays a major role in reducing family size thereby reducing population pressure on social amenities and the nation's resources.

This finding agreed with the earlier finding of Westhoff (2005), who stressed that some of the strongest evidence regarding the link between contraceptive use and health outcomes supports the conclusion that helping women and couples to time their pregnancies and births directly improves birth outcomes. This is important because avoiding preterm birth (before 37 weeks' gestation) and low birth weight (less than 5.5 pounds) significantly decreases the chances of infant mortality, birth complications and medical challenges for the baby at birth and beyond. Short birth intervals have been linked with numerous negative perinatal outcomes. U.S. and international studies have found a causal link between the inter-pregnancy interval (IPI, the time between a birth and conception of a subsequent pregnancy) and three birth outcomes: low birth weight, preterm birth and small size for gestational age. These findings highlighted the importance of contraceptive use to help women achieve optimal spacing and, consequently, improve their infants' health.

Table 5: The Challenges of Contraception Use among in Makurdi Local Government Area

Challenges	Frequency	Percentage
Inadequate Finance	20	5.3
Cultural barriers	32	9
Refusal by the partner	115	31
Distance to Health care centre	20	5.3
Literacy Level/awareness	45	12
Misconception	21	6
Fear of side effects	72	19.3
None Availability	40	11
Religious Factor	9	2.4
Total	**374**	**100**

Source: Fieldwork, 2023

Table 5 above, represents responses from the women on the factors that affect the use of family planning in Makurdi local government area. Findings indicated that 20 (5%) of the respondents said that inadequate finance was one of the factor affecting the use of family planning, (32) respondents representing 9% maintained that cultural barriers was another factor inhibiting them from using family planning, while 115 (31%) attested that their husbands' refusal was the major challenge they face in attempting to use family planning. More so, 20 (5.3%) of the respondents agreed that distance to health centres was another factor limiting their use of family planning, while 45 (12%) of the respondents agreed that literacy level had great influence on attitudes towards family planning use.

In addition, 21 (6%) pointed to misconception as one of the factors affecting the use of family planning methods in the study area, 72 (19.3%) of the respondents agreed that the fear of side effects was another major hindrance to their family planning use, while 40 (11%) pointed to low-availability of the methods affecting choice and use of family planning, whereas 9 (2.4%) pointed to religious factor as a hindrance to family planning use among women of child bearing age in the study area.

5. Conclusion/ Recommendations

Uptake of contraceptive among women of reproductive age remains vital for positive sexual and reproductive health outcomes. Low uptake of contraceptive among women could have negative implications on the family size of the women in Benue State and Nigeria as a whole is therefore essential. Based on findings of the study the following recommendations were made:

i. Government at all levels, Non-Governmental Organizations (NGOs), influential individuals in society, social workers, medical sociologists and religious leaders should intensify efforts to increase sensitization and enlightenment of women and the general public on the benefits of uptake of contraceptives. This can be achieved by sponsoring campaigns through the mass media, organizing talk shows, organizing short plays and dramas, sponsoring of bill boards that will display benefits and effects of use and not using contraceptives in communities. Announcement in religious institutions among other places of concern. This will help change negative attitudes and perceptions towards contraceptive and also improve uptake.

ii. Since men play major roles in decision making in the family in Nigeria, the government should take it as a responsibility to educate men on benefit of contraceptives for their spouses to enhance their acceptance and use by women. This can be achieved by carrying out campaigns through the mass media and organizing seminar talks on contraceptives targeting men.

iii. The Benue State Government at all levels should make efforts to make available all forms of contraceptives in public health facilities in the state so women will have a wide range to choose from and the problem of non-availability of some forms of contraceptives will not be a barrier to use.

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