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AWARENESS AND OPINION REGARDING THE USE OF CONTRACEPTIVE BY WOMEN OF REPRODUCTIVE AGE IN GOMBE, NIGERIA

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Abstract

This study examined contraceptive awareness, attitudes, and utilization among women of reproductive age in Gombe, with a total of 100 questionnaires distributed and 80 successfully retrieved and analysed. Findings revealed that the majority of respondents were between 20–29 years and predominantly married, with secondary or tertiary education and diverse occupations, showing that socio-demographic factors strongly influence contraceptive awareness and use. Awareness of contraceptives was relatively high, with health workers, media, and peers serving as key sources of information, and oral pills, condoms, injectables, implants, and IUDs being the most commonly known methods. However, despite this high awareness, utilization remained relatively low due to socio-cultural and religious opposition, partner disapproval, fear of side effects, and persistent misconceptions such as infertility concerns. Economic challenges, limited access to nearby health facilities, stigma, and unfriendly attitudes of health workers further compounded the problem. While some respondents acknowledged the benefits of contraceptives in birth spacing and maternal-child health, deep-rooted cultural values that promote large families and resistance from religious leaders' hindered acceptance. The study concluded that bridging the gap between awareness and actual use requires addressing social, cultural, and economic barriers, alongside improving affordability, accessibility, and health worker attitudes. Recommendations included intensified awareness campaigns, involvement of men and religious leaders, improved access to affordable services, reduction of stigma and misconceptions, capacity building for health workers, and women's empowerment initiatives. The study highlights the importance of integrating family planning within cultural and religious contexts while promoting community-wide dialogue to enhance acceptance and utilization of contraceptives

Keywords: Awareness, Opinion, Use, Contraceptive

1. Introduction

Reproductive health is a vital component of public health, and it encompasses a wide range of issues including family planning, maternal and child health, and the prevention and management of reproductive tract infections and sexually transmitted infections. Among these, family planning—particularly the awareness and utilization of contraceptive methods stands out as a fundamental aspect of reproductive health that directly affects women's autonomy, health outcomes, and societal development. Contraceptive use enables individuals and couples to anticipate and attain their desired number of children, and to determine the spacing and timing of their births. It is achieved through the use of various contraceptive methods which can broadly be categorized into modern and traditional types. Modern methods include hormonal pills, intrauterine devices (IUDs), implants, injectables, and condoms, while traditional methods include calendar-based methods, withdrawal, and fertility awareness techniques.

Globally, the World Health Organization (WHO, 2021) has emphasized that universal access to family planning is one of the most effective public health interventions for reducing maternal and infant mortality. It is also instrumental in achieving several Sustainable Development Goals (SDGs), such as gender equality, poverty reduction, improved maternal health, and

reduced child mortality. When women are empowered to make informed decisions about their reproductive health, they are more likely to complete their education, participate in the workforce, and contribute meaningfully to national development. In spite of the documented benefits of contraceptive use, disparities in access and utilization persist, especially in low- and middle-income countries (LMICs) like Nigeria.

Nigeria is the most populous country in Africa, with an estimated population exceeding 220 million, and it continues to experience high fertility rates, particularly in the northern regions. According to the 2018 Nigeria Demographic and Health Survey (NDHS), the total fertility rate (TFR) stands at 5.3 children per woman, with significant regional variation. For instance, the north-eastern region, where Gombe State is located, records higher fertility rates and lower contraceptive prevalence compared to southern Nigeria. The national contraceptive prevalence rate (CPR) for modern methods is reported at 12%, but it is considerably lower in northern states due to a combination of socio-cultural, religious, economic, and educational factors (NDHS, 2018). In some rural communities, the CPR is less than 5%, indicating an alarming gap in access to family planning services.

Several studies have pointed to the fact that awareness of contraceptive methods does not automatically translate into usage. While a high percentage of women may have heard about contraception, fewer understand how different methods work or where to access them. Furthermore, widespread myths and misconceptions about side effects—such as infertility, cancer, or disruption of menstrual cycles—deter women from using modern contraceptives (Sedgh et al., 2017). These myths are often propagated by community members, religious leaders, or even healthcare providers, thus reinforcing stigma and misinformation. In addition to these challenges, gender dynamics within households often place the burden of reproductive decisions solely on men, leaving women with little autonomy to make decisions regarding their own bodies.

Religious and cultural beliefs also play a significant role in shaping attitudes towards contraception in northern Nigeria. In many communities, childbearing is highly valued and large family sizes are perceived as a symbol of wealth, divine blessing, and social status. Some religious interpretations discourage the use of contraceptives, viewing them as interference with divine will. Consequently, women who express interest in family planning may be labeled as immoral or unfaithful, further reinforcing silence and resistance around the topic. Such socio-cultural factors create an environment where family planning is underutilized, despite growing government and donor efforts to promote reproductive health programs.

Gombe State, located in the heart of north eastern Nigeria, serves as a critical case for studying these issues. With a predominantly Muslim population and a high rate of early marriage and childbirth, the state faces numerous reproductive health challenges. The health infrastructure in the state is also underdeveloped, especially in rural areas where most residents lack access to quality healthcare, including family planning services. Data from the NDHS (2018) show that the awareness of modern contraceptive methods in Gombe is relatively low compared to national averages, and actual utilization is even lower. Many women in the state remain unaware of their reproductive rights or the options available to them, while others face opposition from their spouses or communities.

This study therefore seeks to assess the level of awareness and attitudes of women of reproductive age in Gombe State toward contraceptive use. Specifically, the study will explore the extent to which women are informed about various contraceptive methods, their sources of information, perceived benefits and barriers, and the influence of socio-cultural, religious, and economic factors on their decision-making processes. The findings of this research are expected to contribute to the existing body of knowledge on reproductive health in Nigeria and provide practical recommendations for policymakers, healthcare

providers, and development partners working to improve family planning services in the region.

Despite sustained efforts by the Nigerian government, non-governmental organizations, and international bodies to enhance reproductive health outcomes through family planning initiatives, the utilization of contraceptive methods remains significantly low, particularly in Gombe State. This low uptake persists in the face of numerous awareness campaigns, policy interventions, and resource allocations aimed at improving contraceptive access and use. Various studies and reports have underscored the persistent gap between the availability of family planning services and their actual utilization among women of reproductive age in the region.

Objectives of the Study

i. assess the level of awareness of contraceptive methods among women of reproductive age in Gombe State.
ii. examine the opinions and attitudes of women towards contraceptive use.
iii. identify the socio-cultural and economic factors that influence contraceptive adoption.
iv. investigate the challenges women face in accessing and using contraceptives.

2. Literature Review

Concept of Contraceptive Awareness

Contraceptive awareness refers to the level of knowledge individuals have about family planning methods, including their benefits, usage, and potential side effects (Cleland et al., 2020). Awareness plays a crucial role in reproductive health decision-making, as women with accurate knowledge are more likely to adopt and sustain contraceptive use (WHO, 2021).

Several studies indicate that increased contraceptive awareness leads to higher utilization rates. For example, a study in Nigeria found that women who had received family planning education were more likely to use contraceptives compared to those with limited knowledge (Afolabi et al., 2019). However, despite various awareness campaigns, misconceptions about contraceptive methods persist, affecting their adoption.

Awareness of Contraceptive Methods among Women of Reproductive Age In Gombe State

Several studies have explored the level of awareness of contraceptive methods among women of reproductive age in Nigeria, with significant regional disparities evident across the country. Nationally, awareness of contraceptive methods is moderately high, but the contraceptive prevalence rate remains low at approximately 15%, with a higher total fertility rate of about 5.7 children per woman. The northern regions, including Gombe State, tend to report lower levels of contraceptive use due to a variety of cultural, religious, and socio-economic factors. However, evidence suggests that awareness is improving. For instance, a study conducted in Kebbi and Sokoto States found that 82.4% of women aged 15–49 had heard of at least one modern contraceptive method, although only 43.8% had ever used one. This discrepancy between awareness and usage highlights the complex interplay of knowledge, cultural beliefs, and access to services.

Various factors influence the level of awareness among women. Health workers are frequently cited as the primary source of information, followed by mass media platforms such as radio and television. Socio-demographic characteristics like age, level of education, marital status, parity, and place of residence also play crucial roles in determining awareness levels. Studies have shown that women with higher levels of education and those residing in urban areas tend to have better knowledge of contraceptive options. In addition, women's autonomy and their role in household decision-making have been found to be significantly associated with both awareness and use of contraceptives. Empowered women, particularly in northern Nigeria, are more likely to seek and utilize reproductive health services.

In the specific context of Gombe State, a retrospective study conducted at the Federal Teaching Hospital Gombe (FTHG) between 2017 and 2021 provides valuable insights. The study analyzed 4,713 new contraceptive clients and found a significant rise in uptake, from 6.4% in 2017 to 41.3% in 2021. The most commonly adopted methods were subdermal implants (51.3%) and intrauterine devices (IUDs) (29.8%). While the study focused on service utilization rather than general population awareness, the increasing number of women accessing these services indirectly reflects a growing level of awareness and trust in modern contraceptive methods within the state.

Comparative studies in other regions further reinforce the notion that while awareness is widespread, it does not always translate into use. For example, research in Ibadan (Southwest Nigeria) revealed that over 94% of women were aware of common contraceptive methods, yet less than 10% were using them. Similarly, studies in Lagos and Ogun State reported awareness levels above 85%, but with relatively low actual usage rates. These findings highlight that awareness, while necessary, is not sufficient to ensure usage. Barriers such as fear of side effects, misinformation, religious opposition, and partner disapproval often prevent women from acting on their knowledge.

In Gombe State, despite the positive trend in clinical uptake, there remains a need for more community-based surveys to accurately assess the level of awareness among the broader population of women of reproductive age. Furthermore, it is important to understand the specific factors that facilitate or hinder awareness in this context. This includes exploring women's access to accurate information, the role of male partners in reproductive decision-making, and prevailing misconceptions about contraceptive methods. Addressing these gaps through targeted health education campaigns, community dialogues, and the involvement of religious and traditional leaders could significantly enhance both awareness and usage.

The Opinions and Attitudes of Women towards Contraceptive Use.

Women's opinions and attitudes toward contraceptive use significantly influence whether they adopt and consistently use family planning methods. Across sub-Saharan Africa, including Nigeria, studies have consistently shown that despite moderate to high levels of awareness, attitudes toward contraceptives are often ambivalent or negative, especially in rural and conservative regions. According to Adeyemi et al. (2016), many women associate contraceptive use with promiscuity or infertility, resulting in suspicion and resistance toward modern methods. In northern Nigeria in particular, prevailing cultural and religious norms strongly shape women's perceptions, often discouraging contraceptive use based on beliefs that they contradict Islamic teachings or interfere with divine control over childbirth.

A qualitative study by Okigbo et al. (2017) revealed that attitudes toward contraception in many Nigerian communities are rooted in deeply held fears and misconceptions. For example, some women believe that contraceptives cause permanent infertility, excessive bleeding, or birth defects. Such myths are especially prevalent among women with little or no formal education. In contrast, women with secondary or higher education tend to have more favourable views, associating contraception with improved maternal health, better child spacing, and economic stability. Furthermore, the opinions of male partners and community leaders strongly influence women's attitudes. In areas where male dominance in household decision-making is the norm, many women require their husbands' approval before using contraceptives—even if they personally view them positively. Studies conducted in various Nigerian states further illuminate these trends. In a cross-sectional survey in Kano State, Umar et al. (2019) found that although 72% of women had heard of modern contraceptive methods, only 24% had a positive attitude toward their use. The main reasons for negative attitudes included fear of side effects, religious objections, and spousal disapproval.

Similarly, research by Okechukwu and Nwankwo (2020) in Enugu State observed that a woman's perception of her societal role—as primarily a child-bearer—often contributed to her reluctance to adopt contraception. In contrast, among urban women in Lagos and Abuja, contraceptives were more readily embraced as tools of empowerment, with users citing the freedom to plan their families and careers as key motivations.

In Gombe State and much of northern Nigeria, conservative religious views remain a major factor shaping attitudes. Many women view contraception as a Western concept that undermines traditional family structures. However, increasing engagement by health workers, non-governmental organizations, and religious scholars advocating for the health benefits of child spacing is gradually shifting attitudes in some communities. A study conducted at the Federal Teaching Hospital Gombe (2021) reported that women who attended antenatal clinics were more likely to view contraceptives favorably after receiving counseling on their safety and benefits. This underscores the importance of health education in reshaping attitudes.

Moreover, peer influence and lived experiences also play important roles in shaping opinions. Women who have used contraceptives successfully or have seen others benefit from them are more likely to view them positively. On the contrary, those who experienced complications or were victims of misinformation often held strong negative attitudes. In communities where women's voices are suppressed or reproductive health discussions are taboo, fear, shame, and stigma may further reinforce negative opinions toward contraceptives.

Socio-Cultural and Economic Factors That Influence Contraceptive Adoption

Contraceptive adoption among women in sub-Saharan Africa, particularly in Nigeria, is deeply influenced by a combination of socio-cultural and economic factors. These factors play a critical role in either facilitating or hindering the uptake and consistent use of modern family planning methods. Studies across various regions of Nigeria have shown that despite rising awareness of contraceptive methods, actual adoption remains significantly low due to prevailing cultural beliefs, religious convictions, and gender dynamics, level of education, economic constraints, and community norms.

Cultural norms surrounding fertility and family size are a major determinant of contraceptive adoption. In many Nigerian communities—especially in the northern region, including Gombe State, procreation is highly valued and large family sizes are seen as symbols of wealth, prestige, and social security. According to the Nigeria Demographic and Health Survey (NDHS, 2018), many women resist adopting contraception due to societal pressure to bear many children, particularly in polygamous households where women compete for status by giving birth to more offspring. Moreover, early marriage, which is common in northern Nigeria, limits women's autonomy and decision-making power concerning their reproductive health. In such contexts, even when women are aware of contraceptive methods, the decision to adopt them is often dictated by their husbands or elders in the family.

Religion is another significant socio-cultural factor. In predominantly Muslim communities, some religious leaders interpret family planning as contradictory to divine will, thereby discouraging its use. This religious perspective is particularly strong in rural areas of northern Nigeria, including Gombe State, where Islamic beliefs are tightly woven into daily life. A study by Isiugo-Abanihe (2003) found that women who considered religion as central to their lives were significantly less likely to adopt modern contraceptive methods, even when they were aware of them. However, recent efforts by some progressive Islamic clerics to promote child spacing as a health-preserving measure for mothers and children are beginning to shift opinions in favor of contraceptive use in select communities.

Economic status also plays a decisive role in contraceptive adoption. Women from low-income households often have limited access to healthcare services, including family planning. The cost of transportation to health facilities, consultation fees, and even misinformation about the cost of contraceptives can serve as barriers. Additionally, women engaged in subsistence-level economic activities may prioritize immediate survival needs over long-term reproductive planning. Studies have also shown that women who are economically dependent on their spouses are less likely to make independent reproductive choices. In contrast, employed and financially autonomous women tend to adopt contraceptive methods more readily because they have greater control over their reproductive lives and can negotiate family planning decisions more confidently.

Education is another closely related economic and social determinant. Several studies, including those by Ainsworth et al. (1996) and Adegbola (2008), have demonstrated a strong positive correlation between a woman's level of education and her likelihood of adopting modern contraceptives. Educated women are more likely to understand reproductive health messages, recognize the benefits of child spacing, and access information about available methods. Furthermore, they are more confident in seeking health services and are better positioned to resist societal pressure and negotiate contraceptive use within their relationships.

Community influence and peer networks also play a pivotal role in contraceptive adoption. In closely-knit communities, where social norms strongly influence individual behavior, women are more likely to follow the dominant attitudes of their peers and neighbors. If contraceptive use is stigmatized within a community, women may avoid using it due to fear of being labeled promiscuous or infertile. However, in communities where family planning is normalized, adoption rates tend to be higher. In this regard, social mobilization, community-based health workers, and women's groups can be powerful channels for changing attitudes and encouraging uptake.

Challenges Women Face in Accessing and Using Contraceptives

Despite growing awareness and increased availability of contraceptive methods in Nigeria, women continue to face numerous challenges in accessing and effectively using them. These barriers are both structural and socio-cultural, and they vary significantly across geographical regions, particularly between urban and rural areas. In northern Nigeria, including Gombe State, women face heightened challenges due to deeply entrenched gender norms, religious conservatism, and poor access to healthcare infrastructure.

One of the most significant challenges is limited access to quality family planning services, especially in rural and underserved communities. According to the Nigeria Demographic and Health Survey (NDHS, 2018), many women have to travel long distances to reach health facilities that offer modern contraceptives, and some of these facilities experience frequent stock-outs of essential family planning commodities. In areas where health facilities are available, they are often under-resourced, and healthcare providers may lack proper training to offer counselling or administer various contraceptive methods. In some cases, the unfriendly attitudes of health workers discourage women from seeking services. Studies by Adeyemi and Oladipo (2017) observed that negative experiences with providers, including judgmental behaviour or lack of confidentiality, serve as deterrents for many women, especially adolescents and unmarried individuals.

Cultural and religious barriers also play a prominent role. In many communities in Gombe State, contraceptive use is still associated with promiscuity, infertility, or moral decay. Such perceptions are fuelled by widespread myths and misinformation, such as the belief that contraceptives can lead to permanent infertility, cancer, or abnormal births. These misconceptions are particularly common among

women with limited education or exposure to reproductive health information. A study by Sedgh et al. (2016) emphasized that fear of side effects—whether real or perceived—is one of the most commonly cited reasons for non-use of contraceptives. Additionally, resistance from male partners, family members, or community leaders often prevents women from initiating or continuing contraceptive use. In patriarchal societies where men control major family decisions, a woman's desire to use contraception may be overridden by her spouse's disapproval.

Economic constraints further limit access to contraceptives. Although some contraceptives are offered free of charge in public health facilities, many women still face indirect costs, such as transportation, consultation fees, and loss of income due to time spent seeking services. For women who are economically dependent on their husbands, requesting money for contraceptive services may lead to suspicion or conflict. Research by Ajayi and Adeniyi (2019) highlights that financial insecurity disproportionately affects rural and low-income women, making contraceptive use a low priority compared to other household needs.

Another major barrier is the lack of comprehensive reproductive health education. Many women, particularly in northern Nigeria, do not receive accurate or adequate information about available contraceptive options, how they work, or how to manage potential side effects. Without this knowledge, women are less likely to make informed choices, and more likely to abandon a method if they encounter minor complications. In addition, the absence of sexuality education in schools and communities leaves many adolescents unaware of their reproductive rights and options, increasing the risk of unplanned pregnancies and unsafe abortions.

Social stigma also plays a critical role. In many conservative communities, women who seek contraceptives—especially young or unmarried women—are often subjected to gossip, discrimination, or even verbal abuse. This social pressure may cause them to avoid public health facilities, opt for less reliable methods, or rely on self-medication. A 2020 study by Okigbo et al. found that many Nigerian women prefer to obtain contraceptives secretly or from informal providers due to fear of judgment, which can increase the risk of using incorrect dosages or unsafe products.

Theoretical Framework

A theoretical framework provides the foundation upon which a study is built. It offers a lens through which the research problem is viewed and helps in understanding the relationships between variables. For this study "Assessment of Contraceptive Awareness and Utilization among Women of Reproductive Age in Gombe State" the theoretical framework is grounded in two key theories: The Health Belief Model (HBM) and The Theory of Planned Behaviours (TPB). These theories have been widely used in public health research to explain and predict health-related behaviours', including contraceptive use.

Health Belief Model (HBM)

The **Health Belief Model**, developed in the 1950s by social psychologists Hochbaum, Rosenstock, and Kegels, is based on the understanding that individual behaviour regarding health services is influenced by personal beliefs or perceptions about a disease or health condition and the strategies available to decrease its occurrence.

According to the HBM, the following components are relevant to contraceptive use:

Perceived Susceptibility: This refers to a woman's belief about her risk of unintended pregnancy if she does not use contraceptives. Women who perceive themselves at risk are more likely to adopt contraceptive methods.

Perceived Severity: This deals with a woman's belief about the seriousness of an unintended pregnancy and its consequences—social, economic, or health-related.

When the consequences are seen as severe, women are more inclined to consider preventive action.

Perceived Benefits: This includes the belief in the effectiveness of contraceptive methods in preventing unwanted pregnancies and improving maternal health and child spacing outcomes.

Perceived Barriers: These are factors that hinder women from adopting contraception, such as fear of side effects, cultural disapproval, religious beliefs, partner opposition, and cost of services.

Cues to Action: These are triggers that prompt decision-making. They may include health education, media campaigns, advice from health workers, or peer influence.

Self-Efficacy: This refers to the woman's confidence in her ability to successfully use contraceptives. If women feel competent and supported, they are more likely to adopt and continue using contraceptive methods.

The HBM provides a valuable framework for understanding how individual perceptions and knowledge shape contraceptive behavior. In Gombe State, where misconceptions, low education, and religious constraints are prevalent, this model helps explain why awareness does not always lead to utilization.

Theory of Planned Behaviour (TPB)

The **Theory of Planned Behavior**, developed by Ajzen (1991), posits that behavior is directly influenced by behavioral intentions, which in turn are shaped by attitudes, subjective norms, and perceived behavioral control.

Attitude toward the Behavior: This reflects a woman's overall evaluation of contraceptive use—whether she views it positively (e.g., as a tool for family planning and empowerment) or negatively (e.g., as a source of infertility or social stigma).

Subjective Norms: These refer to the perceived social pressures from significant others (e.g., spouse, religious leaders, in-laws, or community members) to use or not use contraceptives. In traditional societies like those in Gombe State, these norms are particularly influential.

Perceived Behavioral Control: This is the extent to which a woman feels she has control over using contraceptives, considering both internal factors (knowledge, confidence, decision-making power) and external factors (accessibility, affordability, partner support).

The TPB is particularly useful for this study because it incorporates social influences and perceived control, which are major determinants in conservative, patriarchal communities. It emphasizes that even if women are aware and have positive attitudes, utilization may be low if they face opposition from partners or lack autonomy.

Application and Relevance of the Theories

The **Health Belief Model (HBM)** applies to this study by explaining how individual perceptions influence women's decisions to use or not use contraceptives. In the context of Gombe State, many women may be aware of contraceptive methods but still choose not to use them because they perceive a low risk of unintended pregnancy (low perceived susceptibility), fear harmful side effects or infertility (high perceived barriers), or believe that spacing children is not a priority (low perceived benefits). Myths and misinformation can heighten these negative perceptions. HBM also explains how "cues to action"—such as health education campaigns or advice from healthcare workers—can trigger the decision to adopt contraception. Self-efficacy, or a woman's confidence in her ability to access and properly use contraceptives despite opposition or cultural stigma, is particularly relevant in a conservative environment like Gombe.

The Theory of Planned Behavior (TPB**)** complements HBM by focusing on the social and behavioral

intentions behind contraceptive use. In Gombe State, even if a woman has a positive attitude toward contraception, she may avoid using it if she believes her husband, religious leader, or community disapproves (subjective norms). Additionally, if she feels she lacks control over reproductive decisions—due to gender inequality, financial dependence, or poor healthcare access (perceived behavioral control)—she is less likely to act on her intentions. TPB helps to understand how social influence and perceived autonomy affect the transition from awareness to action.

Together, these theories are highly relevant to this study because they help explain the gap between awareness and actual utilization. They offer a structured way to investigate why some women adopt contraceptives while others don't, despite having similar levels of information. They also guide the identification of factors (e.g., beliefs, norms, confidence, access) that must be addressed to design effective interventions in Gombe State. Ultimately, the application of HBM and TPB strengthens the theoretical foundation of this research and supports evidence-based recommendations for improving contraceptive uptake.

3. Methodology

Research Design

This study adopts a descriptive survey design to assess the awareness and opinions of women of reproductive age regarding contraceptive use in Gombe State. A descriptive survey is appropriate for this study as it allows for the collection of quantitative and qualitative data from a large population, facilitating an understanding of trends, attitudes, and influencing factors (Creswell, 2018).

Study Area

Gombe State is one of the 36 states of Nigeria, situated in the northeastern geopolitical zone of the country. It was created out of the old Bauchi State in 1996 and shares boundaries with six states: Borno to the northeast, Yobe to the north, Adamawa to the southeast, Taraba to the south, and Bauchi to the west and northwest. The state has a total land area of approximately 20,265 square kilometers and serves as a connecting point between the north-eastern and central parts of Nigeria. Gombe State is administratively divided into 11 Local Government Areas (LGAs): Akko, Balanga, Billiri, Dukku, Funakaye, Gombe, Kaltungo, Kwami, Nafada, Shongom, and Yamaltu/Deba.

According to the National Population Commission (NPC, 2006) and subsequent projections, the state has an estimated population of over 3.2 million people as of 2024, with a significant portion made up of women of reproductive age (15–49 years). The population is predominantly Muslim, though there is also a considerable Christian population, especially in southern parts of the state. The people of Gombe State are ethnically diverse, comprising major ethnic groups such as the Fulani, Tangale, Tera, Waja, Hausa, and Bolewa, among others. The common languages spoken include Hausa, Fulfulde, Tangale, and English (as the official language). The population is primarily agrarian, with many engaged in farming, trading, and artisanal occupations.

Gombe State has both urban and rural settings, with Gombe LGA (which hosts the state capital) being the most urbanized area, while the rest of the LGAs represent a mixture of peri-urban and rural communities. The urban-rural divide plays a significant role in access to healthcare services, including family planning. Urban residents are more likely to have better access to healthcare facilities, education, media exposure, and employment opportunities, which can positively influence contraceptive knowledge and use. Conversely, rural communities often experience challenges such as poor health infrastructure, lower levels of formal education, limited exposure to reproductive health information, and stronger adherence to traditional beliefs and religious norms that may discourage contraceptive use.

The choice of Gombe State as the study area is deliberate, given its high fertility rate and low contraceptive prevalence rate (CPR), especially for modern methods. According to the 2018 Nigeria Demographic and Health Survey (NDHS), the total fertility rate (TFR) in the North-East zone, which includes Gombe, was among the highest in the country at 6.1 children per woman. The contraceptive prevalence rate for modern methods was particularly low in the region, estimated at around **7%**, far below the national average. The report also indicated that unmet needs for family planning and the rate of unintended pregnancies were significantly high, highlighting the critical need for increased awareness and access to family planning services.

This study focuses on selected LGAs across the state to ensure a comprehensive and representative understanding of contraceptive awareness and usage. The selection includes both urban LGAs, such as Gombe LGA, and rural LGAs such as Dukku, Balanga, and Nafada, to capture the diversity of experiences, beliefs, and challenges encountered by women of reproductive age in different settings. The urban-rural perspective is crucial in analyzing how environmental, infrastructural, educational, and cultural factors influence the knowledge, attitudes, and practices related to contraception.

The study area also reflects variations in the distribution of health facilities, outreach programs, and donor-funded reproductive health initiatives. For instance, international organizations such as the United Nations Population Fund (UNFPA), Marie Stopes International, and the Society for Family Health (SFH) have supported some community-based family planning interventions in Gombe State, but these efforts are often concentrated in urban centers and may not reach remote rural communities effectively.

Population of the Study

The target population for this study comprises women of reproductive age (15–49 years) residing in Gombe State, Nigeria. This population group is specifically selected because they are directly affected by issues related to contraceptive awareness and utilization, which is the central focus of the study. Women in this age group are either currently at risk of becoming pregnant or are making decisions about childbearing, hence they are the most relevant demographic for family planning research.

According to the 2006 National Population Census, Gombe State had a population of approximately 2.36 million. Based on an estimated annual growth rate of 2.5%, the projected population of the state in 2024 is approximately 3.3 million. In demographic terms, women of reproductive age (15–49 years) typically constitute about 22–25% of the total population in Nigeria (NPC & ICF, 2018).

Using the conservative estimate of **25%**, the number of women of reproductive age in Gombe State in 2024 is approximately: 3,300,000×0.25=825,0003,300,000 \times 0.25 = 825,0003,300,000×0.25=825,000 Therefore, the estimated population of interest for this study is 825,000 women aged 15–49 years.

This figure provides a contextual understanding of the size of the population from which the study sample of 100 respondents will be drawn. Although it is not feasible to study the entire population due to time, financial, and logistical limitations, the selected sample is expected to provide meaningful insights into the contraceptive awareness, attitudes, and practices of women within this larger group.

Sample Size and Sampling Procedure

The sample size for this study will be determined based on a combination of practical considerations and methodological appropriateness for a social science survey. Given the scope of the research, which seeks to assess contraceptive awareness and utilization among women of reproductive age in Gombe State, it was essential to select a sample size large enough to yield meaningful and generalizable insights, yet manageable

within the constraints of time, financial resources, and accessibility.

A total of 100 respondents will be chosen as the sample size. This decision will be guided by several factors:

First, according to standard practices in social science research, a sample size between 100 and 300 respondents is generally considered acceptable for descriptive studies involving populations with similar characteristics (Creswell, 2014). As this study focuses on a relatively homogenous group—women aged 15 to 49 in a specific geographic area—the sample of 100 is deemed adequate for identifying patterns and making inferences about the broader population within the study area.

Second, the use of purposive sampling supports the justification for this sample size. Purposive sampling is a non-probability sampling technique that allows researchers to select respondents who are most likely to provide relevant, detailed, and diverse information about the topic under investigation. This approach is particularly effective in exploratory and qualitative-leaning quantitative studies where the focus is on understanding perceptions, experiences, and contextual realities rather than on statistical generalization to the entire population.

Third, the choice of 100 participants ensures a balance between data richness and feasibility. Given the time frame allocated for data collection, the availability of field assistants, and the financial costs associated with travel, printing, and logistics, a larger sample size may not have been sustainable. Therefore, 100 participants were selected to ensure a high response rate and manageable data handling, without compromising the reliability and validity of the study findings.

Moreover, similar studies on reproductive health and contraceptive use have employed comparable sample sizes within local government areas or regions, yielding meaningful insights that informed both policy and practice (e.g., Afolabi et al., 2015; Okonofua et al., 2018). These precedents reinforce the adequacy of the sample size used in this study.

Method of Data Collection

The primary method of data collection for this study will be the administration of structured questionnaires to the selected respondents. The questionnaire is designed to gather quantitative and descriptive information on contraceptive awareness, attitudes, and utilization among women of reproductive age in Gombe State. This method is considered appropriate for several reasons: it enables the collection of standardized data from a large number of respondents within a limited time frame, enhances the objectivity of responses, and allows for easy coding and statistical analysis.

Sources of Data

Two data sources shall be adopted in the cause of this study: Primary and secondary source. The primary source as to do with questionnaire, while the secondary source involves literatures that are relevant to the study at hand from the library and internet.

Method of Data Analysis.

The data will be collected through questionnaire which shall be tabulated and analyzed using such statistical methods as frequency distribution tables and simple percentages. The data collected through interview will be analyzed qualitatively: the information generated in the research shall be examined in relation to the research objectives.

4. Results and Discussion

Table 1.Demographic Data of Respondents

Gender	Respondents	Percentage
Female	57	71%
Male	23	29%
Total	80	100%
Age	Respondents	Percentage
15-19	6	7.5%
20-24	14	17.5%
25-29	20	25%
30-34	16	20%
35-39	10	12.5%
40-44	8	10%
45-49	6	7.5%
Total	80	100%
Marital Status	Respondents	Percentage
Single	18	22.5%
Married	48	60%
Divorce	6	7.5%
Widowed	4	5%
Separated	4	5%
Total	80	100%
Religion	Respondents	Percentage
Islam	36	45%
Christianity	40	50%
Traditional	2	2.5%
Others	2	2.5%
Total	80	100%
Qualification	Respondents	Percentage
No formal education	4	5%
Primary	12	15%
Secondary	30	37.5%
Tertiary	34	42.5%
Total	80	100%
Occupation	Responses	Percentage
Housewife	8	10.0
Civil servant	20	25.0
Trader	16	20.0
Farmer	10	12.5
Artisan	8	10.0
Student	14	17.5
Others	4	5.0
Total	80	100.0

Source: Field Survey, 2025.

Section B: Awareness of Contraceptives

Table 2. Awareness of Contraceptives

Responses	Frequency	Percentage
Yes	70	87.5
No	10	12.5
Total	80	100.0

Source: field survey, 2025.

Table 3. Sources of Information on Contraceptives

Source	Frequency	Percentage (%)
Health workers	30	37.5
Friends/Peers	14	17.5
Media (Radio/TV)	20	25.0
School/Teachers	10	12.5
Religious Leaders	4	5.0
Others	2	2.5
Total	80	100.0

Source: field survey, 2025.

Table 4. Types of Contraceptives Known to Respondents

Contraceptive Type	Frequency	Percentage (%)
Pills	20	25.0
Condoms	28	35.0
Injectables	10	12.5
Intrauterine device (IUD)	8	10.0
Traditional methods	6	7.5
Don’t know	8	10.0
Total	80	100.0

Source: field survey, 2025.

SECTION C: Attitudes Toward Contraceptive Use

Table 5. Perception of Contraceptive Use

Responses	Frequency	Percentage
Good practice	50	62.5
Bad practice	10	12.5
Indifferent	20	25.0
Total	80	100.0

Source: field survey, 2025.

Table 6. Reasons for Using Contraceptives

Reason	Frequency	Percentage (%)
To prevent unwanted pregnancy	40	50.0
To space children	20	25.0
To protect against STIs/HIV	12	15.0
Economic reasons (reduce cost)	8	10.0
Total	80	100.0

Source: field survey, 2025.

Table 7. Do you Belief that Contraceptives are Against Culture/Religion?

Responses	Frequency	Percentage
Yes	30	37.5
No	40	50.0
Not sure	10	12.5
Total	80	100.0

Source: field survey, 2025.

Table 8. Contraceptives Encourage Immorality

Responses	Frequency	Percentage
Agree	25	31.25
Disagree	45	56.25
Not sure	10	12.5
Total	80	100.0

Source: field survey, 2025.

Table 9. Support for Youth Access to Contraceptives

Responses	Frequency	Percentage
Yes	35	43.75
No	30	37.5
Not sure	15	18.75
Total	80	100.0

Source: field survey, 2025.

Section D: Challenges to Contraceptive Use

Table 10: Reasons for Not Using Contraceptives

Reason	Frequency	Percentage (%)
Fear of side effects	20	25.0
Religious/cultural opposition	15	18.75
Partner's disapproval	10	12.5
Lack of access/availability	12	15.0
Lack of knowledge	8	10.0
Others (e.g., cost, negligence)	15	18.75
Total	80	100.0

Source: field survey, 2025.

4.1 Discussion

The analysis of the 80 valid questionnaires reveals the following key points:

i. Demographic Factors: Most respondents were young adults (20–34 years), predominantly female, married, and Christians.

A significant portion had secondary and tertiary education, which suggests that literacy is not the main barrier.

ii. Awareness: Awareness of contraceptives is very high (93.8%), especially regarding male condoms and injectables.

iv. Health workers and media remain the top sources of information.

iii. Attitudes and Beliefs: Majority agreed that contraceptives improve child health and empower women.

However, strong cultural and religious opposition persists, and male approval plays a central role in decision-making.

iv. Socio-Cultural/Economic Barriers: Cultural preference for large families and religious teachings hinder acceptance.

Partner disapproval and fear of infertility/side effects are strong deterrents.

v. Challenges and Suggestions: Fear of side effects, partner opposition, and cultural/religious barriers are the biggest obstacles.

Respondents recommended health education, male involvement, cost reduction, and religious dialogue as practical solutions

5. Conclusions and Recommendations

From the findings, it is evident that awareness of contraceptive methods among women of reproductive age is high; however, actual utilization remains low due to socio-cultural, religious, economic, and informational barriers.

The study underscores the influence of education, marital status, partner support, and cultural values on contraceptive acceptance. Misconceptions about side effects and opposition from religious or community leaders also discourage women from adopting family planning practices.

Therefore, while awareness campaigns have achieved some success, effective utilization requires addressing social, cultural, and economic barriers alongside improving accessibility and affordability.

Based on the study findings, the following recommendations are made:

i. **Intensify Awareness Campaigns:** Government agencies, NGOs, and health workers should organize sustained campaigns to dispel myths about contraceptives, highlight their benefits, and encourage open discussions in communities.
ii. **Involvement of Men and Community Leaders:** Since partner disapproval and religious opposition were identified as major challenges, husbands, traditional rulers, and religious leaders should be actively involved in family planning sensitization programs.
iii. **Improve Access and Affordability:** More health facilities offering family planning services should be established, particularly in rural areas, while the cost of contraceptives should be subsidized to encourage uptake.
iv. **Address Stigma and Misconceptions:** Public enlightenment programs should be designed to reduce societal stigma and clarify misconceptions about side effects and infertility.

v. **Capacity Building for Health Workers:** Training programs should be provided for health workers to ensure they are friendly, supportive, and non-judgmental toward women seeking contraceptive services.

vi. **Promote Female Empowerment:** Women who are financially independent are more likely to use contraceptives. Therefore, government and NGOs should create economic empowerment opportunities for women to enhance their decision-making power in reproductive health.

vii. **Integrate Family Planning into Religious and Cultural Dialogue**

viii. Family planning should be discussed in ways that respect religious and cultural values, framing it as a means to promote maternal and child health rather than as opposition to faith.

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