

Modern Contraceptive Knowledge and Practice Among Reproductive Age Population in Kebbi State Northwest-Nigeria

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ABSTRACT

This study examines birth control as a determinant of fertility rate among the populace in Kebbi State. Ensuring access to preferred contraceptive methods advances several human rights including the right to life and liberty, and expression and the right to work and education, as well as bringing significant health and other benefits. Despite the pivotal roles of modern contraceptive use in human society, meeting the reproductive health benefits of humans continue to be a complicated issue. This study adopts a cross-sectional approach using a structured questionnaire to elicit information from 400 respondents consisting of females aged 15-49 years and male aged 15-59 in the study area who were systematically sampled at 11 communities representing the entire state. Data were analysed using SPSS version 28.0 for the descriptive data to meet the study objectives. The findings indicate that out of the 400 respondents, 113 (28.2%) had the highest knowledge of male condom technique, 84(21%) knew about pills method, and the least is rhythm with just 01 (.2%). In terms of their usage, 198 (49.5%) had used one form of contraceptive before, while 202 (50.2) of the respondents had never used any type of modern contraceptive. The study recommends that Kebbi State ministries of health and education; and development partners working in the area of reproductive health should intensify more efforts towards dispelling the misinformation, misconceptions, and wrong religious beliefs and myths surrounding the use of modern contraception. In particular, the sensitization of influencers (i.e. family/community) on the benefits of family planning. Doing all these, will help create a critical number of citizens with positive attitudes relative to modern contraceptive use and will also help drive Nigeria's efforts towards achieving the 47% target of modern contraceptives usage by 2030.

Keywords: Modern Contraceptive, Reproductive Age, Birth Control, Population, Kebbi State.

1. INTRODUCTION

Birth control is the use of devices, drugs, agents, sexual practices, or surgical procedures to prevent conception or pregnancy which enables people to responsibly choose if, when and how many children to have (Brazier, 2018). Ensuring access for all people to their preferred contraceptive methods advances several human rights, including the right to life and liberty, freedom of opinion and expression, and the right to work and education, as well as bringing

significant health and other benefits. The use of contraceptives prevents pregnancy-related health risks for women, especially for adolescent girls, and when births are separated by less than two years, the infant mortality rate is 45% higher than it is when births are 2-3 years apart and 60% higher than it is when births are four or more years apart (WHO, 2020). It offers a wide range of potential non-health benefits that encompass expanded educational opportunities and empowerment

for women, and sustainable population growth and economic development for countries. Likewise, the Programme of Action (PoA) of the 1994 International Conference on Population and Development (ICPD) affirmed the basic right of couples and individuals to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (United Nations Population Division, 2021).

Contraceptive knowledge was defined by Nsubuga *et.al.* (2016), as “the state of awareness of contraceptive methods, any specific types and the source of contraceptive”. Contraceptive knowledge enables women to easily access Family Planning (FP) services. It is reported that counselling increases contraceptive awareness, which modifies people's attitudes towards the use of contraceptives. Efficient contraceptive knowledge helps in changing people's perceptions and decisions about FP (Shah, 2021). Researchers have also found that educated women are more aware of contraceptive methods and FP practices, which ultimately increases the use of contraceptives among females. It is also reported that females with good contraceptive knowledge practiced different methods effectively. In contrast, individuals with a lack of contraceptive knowledge will discontinue contraceptive use due to its side effects or method failures.

According to the United Nations, 63% of partnered, reproductive-aged people worldwide, representing about 740 million couples, practice some form of contraception. Modern methods like oral pills, condoms, injections, intrauterine devices and even sterilization were used by 90% of them. Contraceptive prevalence increased until 2000, but growth has stalled since then (Aldabbagh and Al-Qazaz, 2020). Despite the global consensus on the pivotal roles of modern contraceptive use in human society, meeting the reproductive health benefits of humans continue to be a complicated issue that causes an impediment to human reproductive health rights in relation to contraception. These have a link with education, culture, tradition, and knowledge as well as availability, accessibility and affordability, low usage of health facilities with increasing unintended pregnancies both in developed and developing countries. In Africa, particularly in sub-Saharan Africa (SSA),

research evidence consistently reports low prevalence use of modern contraception, which translates to a high incidence of unintended pregnancies, unsafe abortions, and high rates of maternal deaths. Although, Shamaki and Alabi (2017) added that the use of health care has been associated with several socio-demographic factors including age, education, residency, poverty, marital status, ethnic background, parity, female autonomy and provision of health insurance, poor contraceptive use has mortality and clinical implications. Similarly, data from developing countries suggest that a woman dies every eight minutes from unsafe abortion arising from unplanned pregnancies (Shamaki and Alabi, 2017; Beson, *et al.*, 2018).

According to NDHS (2018), one in every six married women aged (15 per cent) use a contraceptive method in Nigeria. A proportion that changed little between 2013 and 2018 (15% and 17%), while the use of any modern method of contraception also increased, from 10% to 12%, which is still lower than the national target of 27 percent (NDHS, 2018). The prevalence of contraception uses increases slightly with women's number of living children. Contraception use varies significantly according to socioeconomic background. Women from the wealthiest 20 per cent of households are five times more likely to use contraception than women from the poorest 20 per cent of households. Similarly, women with secondary or higher education are five times more likely to use contraception than those with no education. The rate of contraception use in urban areas is two to three times higher than in rural areas. In contrast, contraception use is low (10 per cent and below) in all States in the North-East and North-West geopolitical zones (except for Gombe). While; contraception use is highest in States in the South-East geopolitical zone, though most women in North-Eastern and North-Western States Kebbi State inclusive uses traditional methods (UNICEF, 2020).

Evidence suggests that traditional birth control methods, fear of side effects, cultural/religious beliefs, induced abortion and its related complications are the most common outcomes of the non-use of modern contraceptives (Owonikoko *et al.*, 2015). For instance, the commonest causes of maternal mortality include abortion-related problems, excessive

bleeding, anaemia, infections, pregnancy-induced hypertension, poverty and lack of access to quality health care are major underlying causes of maternal morbidity and mortality in Nigeria.

On the other hand, there are 610,000 clandestine abortions that occur annually in Nigeria with the incidence of unsafe abortion being 25 per 1000 women (Owonikoko *et al.*, 2015).

Thus, abortion complications constitute 13% of maternal deaths worldwide and 40% of maternal deaths (Owonikoko *et al.*, 2015). Previous studies show that most women in SSA, and Africa are confronted with several contextual and administrative challenges in their efforts to access and use modern contraceptives. For instance, fear of side effects from contraceptives due to inadequate knowledge was found to be a leading cause of non-use of modern contraceptives in rural areas of Nigeria.

However, within the North-Western region of Nigeria, researchers found cultural/religious beliefs and partner's disapprovals as the major reason for the non-use of modern contraceptives by women. These differences suggests that several contextual factors influence the decision to use modern contraceptives. The benefits of modern contraception have long been recognized. It is estimated that up to 35% of maternal deaths and 13% of child mortalities could be averted, whilst 25% of under-five mortalities could be prevented if birth intervals were at least three years and by the use of various contraceptive methods in planning their families (Beson- *et al.*, 2018).

A wealth of research also demonstrates that various modern contraceptive method in planning families promote gender equality and educational and economic empowerment for women. Utilization of modern contraceptives among reproductive-aged women could have important policy and health care cost implications for poverty reduction and socio-economic development in developing countries. In an empirical study, researchers found that for every dollar spent on modern contraceptives in family planning, at least US\$4 that could have been spent treating complications from unintended pregnancies is saved, whilst governments also save up to

US\$31 in health care costs. In furtherance to this, consumers of modern contraceptives take control over their reproductive capacity and free themselves from the anxiety of involuntarily becoming pregnant, and therefore, enable them to have a fuller enjoyment of their sexuality.

The occurrence of unsafe abortion reflects the failure of society to meet the reproductive health needs of women. Although contraception does not eliminate the need for safe abortion, it is well documented that family planning programs reduce abortion, mortality rates, poverty, and hunger. Ukoji *et al.*, (2022), posited that contraceptive use benefits individuals, families, and society at large; it promotes national and global socioeconomic development, and improves women's reproductive health; it reduces the number of unintended pregnancies, and unsafe abortions and lowers maternal mortality. It is evident that use of effective contraceptive methods would potentially prevent 90 % of abortions, 20 % pregnancy-related morbidity and a third (32 %) of maternal deaths worldwide (Nsubuga *et al.*, 2016). Assessing the knowledge and utilization of modern contraceptives could aid in the understanding and prevention of mortalities and sexually transmitted infections and their aftereffect. Findings from this study provide data on people's level of knowledge and utilization of modern contraceptive and guide to researchers and clinicians working to develop contextually relevant intervention programs to advance the use of modern contraception, particularly in densely populated rural areas that are known for insufficient knowledge and usage of modern contraception. The findings could also inform population policy formulation and implementation of effective family planning programs that support women and their partners to plan their pregnancies and families and to have fewer and healthier children thereby reducing socio-economic burden.

2. MATERIAL AND METHODS

2.1 Location of the Study Area

This research was a cross-sectional study conducted among the reproductive age population of Kebbi State which is located in the extreme, Northwest Nigeria. Bounded to the North-Eastern axis by Sokoto State, in the Eastern part by Zamfara State and in the Southern part by Niger State; and international

boundaries with the Republics of Niger and Benin on the Western part. The State has twenty-one (21) local government areas and 225 wards. The state is predominately Hausa, Fulani and Dakarkari tribes (see Figure 1).

2.2 Data Sampling and Analysis

The projected 2020 population for the

The sampling technique was by stratified multistage randomization and one local government area was selected each from the three senatorial zones that make up the state. In the three chosen LGAs, 11 communities were selected and reproductive age people were identified and administered with a structured questionnaire. The questionnaire consists of

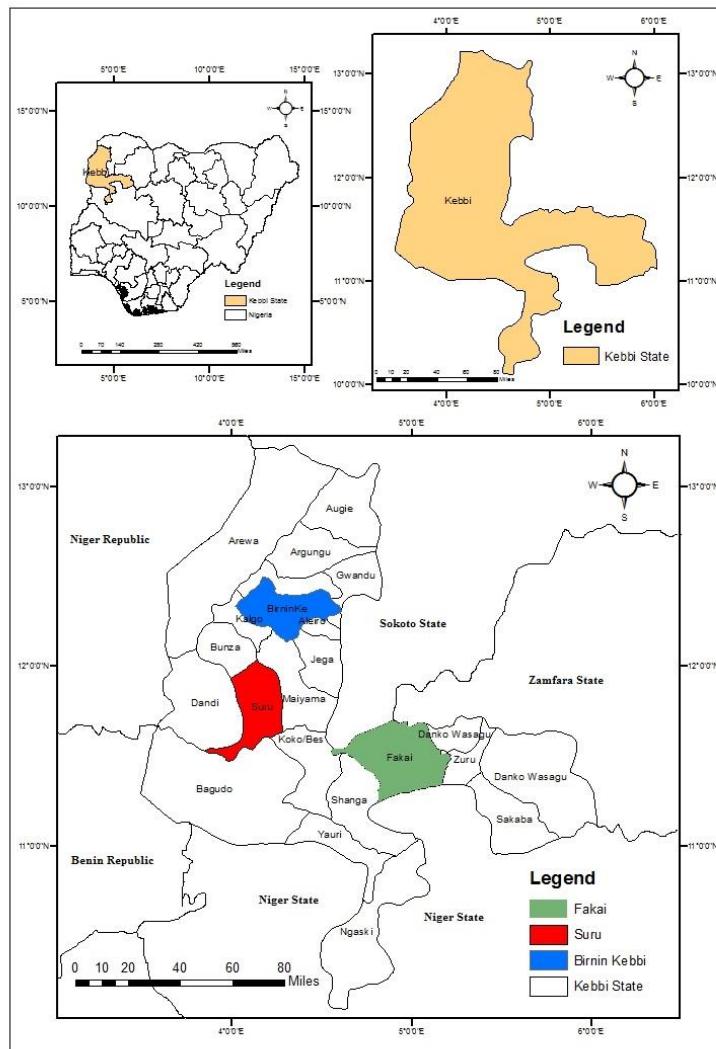


Figure 1: Geo-Spatial Map of Kebbi State showing the sampled LGAs
Source: Adapted and Modified from Administrative Map of Nigeria

purposively sampled LGAs are as follows: Birnin-Kebbi has 418,676, Suru with 231,414, and Fakai is the least and has 186,679 populations (NPC, 2017). Therefore, when summed together, it gives a total of 836,769. The studied population involved the reproductive age populations of the state, which is generally accepted to be 15-49 years (women) and 15-59 years men, respectively.

three sections: Section A, was used to determine socio-demographic and economic characteristics of the respondents. Section B: was used to assess their knowledge of modern contraception devices. Section C: was used to evaluate their utilization of modern contraception and the reason for none use. The sample size was determined using Yamane (1967) formula of sample size determination, with a prevalence of contraception taken at 47 percent. The formula was expressed as follow:

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

Where: n = sample size

N = total population

e = level of significance (0.05)²

A total of 384 was obtained, but this was rounded up to the nearest hundred (400) to allow for any attrition during the study period. The raw data from the field was screened for inconsistencies. Data were coded, entered into SPSS (version 28.0), and dissected using descriptive and inferential statistics.

3.RESULT

3.1 Sociodemographic characteristics of study population

Table 1 shows the socio-demographic characteristics of the participants. The age of the respondents ranged between 15 and 24 years with a mean age of 45 and the majority (32.7%) being between the ages 15 and 24 years, while 32.6% were between 25 and 34 years, and the least proportion (.2%) were between 75 and 79 years. Male accounted for 58.5% of the participants. The majority of the participants (59.2%) were married, (33.8%) were single, among others. Over 70% were

Hausa/Fulani ethnic group, 10.2% were Dakarkari, and the rests were minorities inhabiting the state and constituted the remaining percentage. In terms of religion, majority (89.0%) are Muslims. Family type, 68.4% are practicing monogamy.

Table 2 reveals the socio-economic characteristics of the respondents. The majority were educated up to tertiary school levels, 55.5%, also more than half (50.2%) were employed in the various sectors of the economy. Occupationally, the bulk (41.8%) were engaged in the formal sector, and 21.1% were into farming among others. Looking at the income levels, majority earns between ₦5,000 and 10,000, 19.5% receives ₦21-50,000 and the least (10%) earns ₦51,000 to 100,000.

3.2 Knowledge and use of contraceptives by methods

3.2.1 Knowledge and sources of information on modern contraceptives

It was found a high level of knowledge (the ability to mention at least one type of modern

Table 1: Socio-demographic characteristics of participants ($N=400$)

Variable	Frequency	Percentage (%)
Age in Years		
15-24	131	32.7
25-34	130	32.6
35-44	96	24.0
45-54	36	9.0
55+	07	1.7
Sex of Participants		
Male	234	58.5
Female	166	41.5
Marital Status		
Single	135	33.8
Married	237	59.2
Divorce	12	3.0
Widow	10	2.5
Separated	06	1.5
Ethnic Groups		
Hausa	227	56.8
Fulani	74	18.5
Dakarkari	41	10.2
Fakawa	11	2.8
Igbo	07	1.8
Yoruba	19	4.8
Nupe	15	3.8
Others	06	1.5
Religion		
Islam	356	89.0
Christianity	43	10.8
Traditional	01	.2
Family Type		
Monogamous	162	68.4
Polygamous	75	31.6

Source: Field Survey, (2021)

Table 2: Socio-economic characteristics of participants (N=400)

Variable	Frequency	Percentage (%)
Educational Levels		
Islam/Primary	64	16.0
Secondary	114	28.5
NCE/ND	107	26.7
HND/BSc.	115	28.8
Employment		
Yes	201	50.2
No	199	49.8
Occupation		
Farming	85	21.2
Civil service	129	41.8
Trading	31	11.3
Artisan	4	1.2
Unskilled labour	3	.9
Student	44	11.0
Unemployed	28	8.2
Others	17	5.0
Monthly Income (In 000 & N)		
5-10	140	35.0
11-20	57	14.3
21-50	78	19.5
51-100	40	10.0
100+	85	21.2

Source: Field Survey, 2021

contraceptive method) and awareness of modern contraception methods. The result showed that the majority of participants (28.2%; n=113) had adequate knowledge of male condoms. Oral pills (21.0%; n=84), (10.5%; n=42) identified female condoms as a modern method of contraception. This was followed by the implant (6.5%; n=26). The least known method was the rhythm (.2%; n=01). The school/institution was the major source (38.1%; n=48) of information on modern contraceptives. This was followed by the medical personnel (19%; n=24). The radio/television (17.5%; n=22) while through friends constituted the least (6.3%; n=08)

source of information on modern contraceptives. Details of levels of knowledge and awareness and sources of information on modern contraceptives are presented in Table 3.

Figure 2 reveals current contraceptive users and non-use in the study area. The study participants who affirmed using modern contraceptives before and those who have not. About 51% have used it before, while 49% have not.

3.2.2 Prevalence of current use of modern contraception

In addition, respondents were asked their level of modern contraceptive uptake, the result is

Table 3: Modern Contraceptive Knowledge/Source of Information (N=400/126)

Variables	Frequency	Percentage (%)
Contraceptive Known		
Pill	84	21.0
Male condo	113	28.2
Female condom	42	10.5
Injection	22	5.5
Intrauterine Device	18	4.5
Diaphragm/foam/jelly	04	1.0
Implant	26	6.5
Rhythm	01	.2
Others	07	1.8
All of the above	46	11.5
None of the above	37	9.2
Sources of Information		
Medical Personnel	24	19.0
Radio/Television	22	17.5
Family Member	13	10.3
School/Institution	48	38.1
Friend	08	6.3
Magazine/Newspaper	09	7.1
Others	02	1.7

Source: Field Survey, 2021

graphically presented. Figure 3 shows respondents' modern contraceptive utilization in the study area, where 24.8% make use of it 0-1 time a week (low), while 35.8% uses it 2-3 times a week, which is considered to be moderate, 9.2% make use of the modern contraceptive device (s) 4 -5 times in a week, classified as high, 23.2% believed do not know and 7% were undecided. The inference is that use of modern contraceptives is moderate and has the highest percentage.

n=87), this is followed by not interested (30%; n=62), no knowledge of it (9.1%; n=19), natural method preference (4.8%; n=10), and the least is knowing my ability (0.5%; n=01).

3.2.3 Socio-economic Characteristics and Contraceptive Usage

Table 5 shows respondents educational level and contraceptive uptake. Those with tertiary and secondary levels of education has the bulk of contraceptive utilization, 65.8% and 24.8%

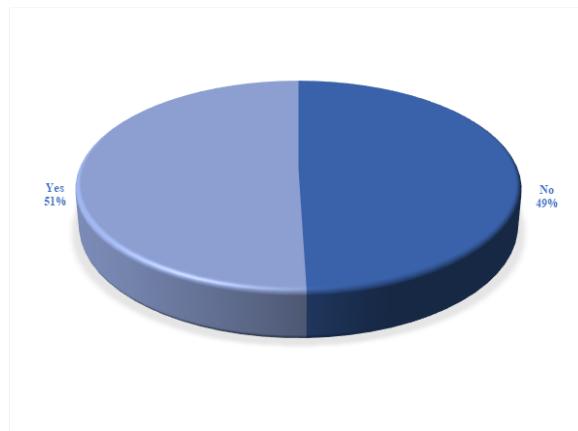


Figure 2: Modern Contraceptive method used before
Source: Field Survey, 2021

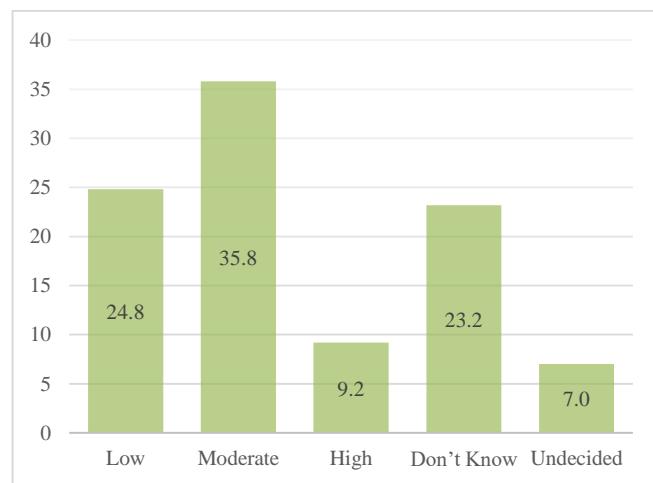


Figure 3: Modern Contraceptive Usage
Source: Field Survey, 2021

The method of contraceptive used by respondents before is shown in Table 4 wherein male condom and pills are still the most commonly used with (36.1%; n=79) and (19.2%; n=42) respectively. Next to the two are implant (11.4%; n=25), intrauterine device (9.1%; n=20), female condom (8.7%; n=19) injection (2.7%; n=6) amongst others. Participants reason for non-use of any modern contraception. The major reason is that many respondents are still single as shown in Table 1. Therefore, not married has the highest (41.8%;

respectively while those with Islamic education has the lowest (2.8%) user rate. This finding shows that the more educated people are, the more the contraceptive usage, thus, education is a great influencer of contraceptive use. Also the statistical analysis of $\chi^2=131.981$, $df=54$, $P=0.000$ shows a significant relationship between educational attainment and contraceptive use and revalidates the earlier postulation. Additionally, Kiwia, et al., (2019) work in Tanzania, found that individuals who

have formal education are more likely to know and use modern methods of contraception.

contraceptive knowledge level to be as high as 87.5%. However, the study by Kaufman, De Wet, and Stadler; (2001) in South Africa

Table 4: Contraceptive device used previously/Reason for non-use (N=219/208)

Reasons	Frequency	Percentage (%)
Contraceptive previously used		
Pill	42	19.2
Male condom	79	36.1
Female condom	19	8.7
Injection	06	2.7
Intrauterine Device	20	9.1
Diaphragm/foam/jelly	01	0.5
Implant	25	11.4
Rhythm	01	0.5
Others	05	2.3
All of the above	03	1.3
None of the above	18	8.2
Reason for non-use		
Contradict belief	09	4.3
Side effects	08	3.8
Not interested	62	30.0
Desire for children	05	2.4
No knowledge of it	19	9.1
Natural method preference	10	4.8
Not married	87	41.8
Not fertile	02	0.9
Know my ability	01	0.5
Undecided	05	2.4

Source: Field Survey, 2021

Table 5: Percentage Distribution of Current Contraceptives Users According to Educational Attainment

Contraceptive Use	Islam	Educational Attainment			Row Total
		Primary	Secondary	Tertiary	
Pill	1(0.5)	3(1.4)	8(3.7)	30(13.8)	42(19.3)
Male Condom	1(0.5)	8(3.7)	23(10.6)	47(21.5)	79(36.2)
Female Condom	0(0.0)	1(0.5)	7(3.2)	11(5.1)	19(8.7)
Injection	0(0.0)	1(0.5)	1(0.5)	4(1.9)	6(2.8)
IUD	0(0.0)	0(0.0)	3(1.4)	17(7.8)	20(9.2)
Diaphragm/Foam/Jelly	1(0.5)	0(0.0)	0(0.0)	0(0.0)	1(0.5)
Implant	0(0.0)	0(0.0)	2(0.9)	23(10.6)	25(11.5)
Rhythm	0(0.0)	0(0.0)	0(0.0)	0(0.0)	0(0.0)
Others	2(0.9)	1(0.5)	0(0.0)	2(0.9)	5(2.3)
All of the above	0(0.0)	0(0.0)	0(0.0)	3(1.4)	3(1.4)
None of the above	1(0.5)	2(0.9)	10(4.6)	5(2.3)	18(8.3)
Column Total	6(2.8)	16(7.3)	54(24.8)	142(65.8)	218 (100.0)
Calculated X ² =131.981		df=54		P value=0.000	Remark=Significant

Source: Field Survey, 2021

3.3 Discussion

This study sought to determine the knowledge; and prevalence of use of modern contraceptives; among people of reproductive-aged in Kebbi State, Northwest-Nigeria. The study found the overall knowledge of modern contraceptives at 28.2%, below that of 92.1% and 93.8% (women and men) reported by the Nigeria Demographics and Health Survey in 2018. In the study of Beson *et al.*, (2018) conducted in Ghana, the result also showed a high level (98%) of knowledge and awareness of modern contraceptives among the reproductive-aged women enrolled in the study. Also, in another study by Awojolu *et al.*, (2002) in Nigeria, a survey of 2388 Nigerian undergraduate students showed the

indicates that there was a slightly lower level of knowledge about modern methods of contraception among sexually inexperienced women and that the young mothers were not knowledgeable about sexuality and lacked information on contraception and its use.

This finding corroborates with the 99% level of knowledge and awareness of modern contraceptive reported in Ethiopia (Kibret, 2003) and India (Renjhen *et al.*, 2010). This widespread knowledge of modern contraceptives could be partly due to the various behavioural change communication or social marketing strategies in the form of radio jingles, visual, audio, and other concerted efforts of the government, non-governmental organizations, and civil society organizations,

among others. The study also depicted sources of knowledge of modern contraceptives, and the results indicated that school/institution was the main source of contraceptive knowledge (38.1%) in this study. This is contrary to previous findings in Nigeria and Ghana which reported friends and television as the major source of contraceptive knowledge or information among a group of market women reproductive-aged at 33.8% and 56.2%, respectively. This difference may be due to the fact that the participants in the Nigeria study were purely a cohort of market women of reproductive age. Thus, their commonality of trade, this may foster information sharing, including information on modern contraceptives.

Although sharing of information regarding contraceptives by word of mouth among friends is recognized as equally important, particularly in settings of less education, it is argued that such information is more likely to be shrouded with misinformation, distortion, falsehoods, and misconception, and may be self-centred. Given that school/institution and television are regarded as more reliable and educative than information from friends, this finding is comparatively more instructive. The results further portrayed participants' responses on using modern contraceptives previously, where more than half (51%) of the reproductive aged people enrolled in this study affirmed to have used modern contraceptives before.

The study also went further and found out level of modern contraceptive use in the study area which was discovered to be moderate (35.8%) 2-3times use in a week. Higher than the 17% reported by the Nigeria Demographics and Health Survey in 2018, but almost equal to the Nigeria national population policy 2021 (as revised) target rate of 37%. This result is in agreement with the findings of Beson, et al., (2018); their study on modern contraceptive use among reproductive-aged women in Ghana, their finding revealed that despite the knowledge and awareness of modern contraceptives (98%), only 21% of women actually use them. Also, a previous study carried out by Aldabbagh and Al-Qazaz (2020) in Iran reported the usage of modern contraceptives at 55%.

This higher rate in Iran (55%), compared to the 35.8% found in this study, could be attributed to the availability of well formulated and

coordinated programs to eliminate cultural and economic barriers to family planning in Iran. For instance, in Iran, population education is part of the curriculum at all educational levels, including universities and colleges, where students are required to take a two-credit course on population. Although family planning education is available in Nigeria, this is limited to healthcare facilities, a few tertiary institutions, and on national media. Educational programs with relevant practical demonstrations of use of modern contraceptives in various Nigerian dialects ought to be developed, evaluated, and scaled-up to all schools, marketplaces, and communities to augment existing reproductive health programs.

This study also revealed the contraceptive method used previously where male condom was found to be the overall use at 36.1% of the respondents. This might be connected to the fact that male condoms are the most effective (98%) protection available against STIs, they do not affect future fertility for either a woman or man, use only at the time of sexual intercourse, save to use while a woman is breastfeeding, less expensive and widely available without a prescription among other advantages. However, this result negates and also in agreement with the Nigeria Demographics and Health Survey 2018 report.

NDHS, (2018) reported that the most commonly used modern methods of contraception among currently married women are injectables and implants (3% each), while the most common modern method used by sexually active unmarried women is the male condom (19%). Owonikoko et al., (2015) found out that all the respondents that had used contraceptives before used condom. Also findings reported in the study conducted by Fantahun, (1995) in North Gonder and by Araoye, (1998) in Nigeria that the most preferred method of contraception in young adults was the condom followed by oral contraceptive pills. In addition, the study found not married 41.8% as the main reason for non-use of any modern contraception. This might be because most of the people enrolled on this study, their marital status is still single and as the religion stipulated that none should engage in sexual intercourse until when married. Contrary to the findings of Owonikoko et al., 2015 where they found 46.1% of the

respondents were abstaining against the use of any method of birth control.

4.CONCLUSION

Inefficacious knowledge about modern contraception methods and utilization could influence the realization of sustainable fertility and, by implication SDGs number three (good health and well-being). This study revealed that a significant percentage of the studied population knew modern birth control methods. Interestingly, most respondents revealed that school/institution is their source of information. The high level of knowledge and awareness of modern contraceptives, influence usage whereby more than half of the respondents engaged in this study affirmed having used them. It indicated the level of usage to be moderate (2-3 times a week). Male condoms and oral contraceptive pills have the highest proportion of utilization. A number of reasons for none use was discovered to be non-marital, not interested, lack of knowledge, natural methods preference, contradicting belief, and side effect, among others.

Given these outcomes, the study proposes that the Kebbi State Ministry of Health, the National Population Commission, the State Ministry of Education, and agencies involved with reproductive health programs should collaborate with development partners alike and focus on developing behavioural change communication strategies in the various three major languages of the study area (Hausa, Fulfulde, and Dakarkari) and dialects aimed at fostering a positive attitude towards modern contraceptives among reproductive-aged population instead of the present preoccupation with creation of knowledge and awareness about modern contraceptives through various educational programs. New efforts should also necessarily target dispelling the misinformation, misconceptions, and wrong religious beliefs and myths surrounding the use of modern contraception.

In particular, the sensitization of influencers (i.e. family/community) on the benefits of family planning. Communication between spouses should be encouraged because it increases the adoption of family planning practices. The State Ministry of Education should introduce and intensify reproductive health information in the curricula at basic and secondary school levels to provide adequate

education and help empower young people against non-liberal religious beliefs on modern contraceptive use which are introduced to young age population as they develop sexually. In addition, women's education and power to make decisions are significantly associated with the use of contraceptives. All these will help create a critical number of citizens with positive attitudes relative to modern contraceptive use and will also help drive Nigeria's efforts towards achieving the 47% target of modern contraceptive usage by 2030.

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