

Knowledge, Attitudes and Practice of Contraception among Married Couples in Rural Communities of Yobe State, Nigeria: A Sociological Investigation

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Abstract

Case Studies

Family planning and contraceptive use remain essential strategies for improving reproductive health and controlling population growth. Despite global efforts to increase contraceptive utilization, many rural communities in Nigeria continue to experience low levels of contraceptive use among married couples. This study investigates the knowledge, attitudes, and practice of contraception among married couples in rural communities of Yobe State from a sociological perspective. The study adopts a cross sectional survey design involving married couples of reproductive age. Data are collected using structured questionnaires and analyzed using descriptive and inferential statistics. Findings from existing studies suggest that although awareness of contraceptive methods may be relatively high, actual usage remains low due to cultural beliefs, religious factors, low education, and limited access to reproductive health services. The study highlights the need for improved family planning education, increased male involvement, and community based interventions to promote contraceptive adoption in rural communities.

Keywords: Contraception, Family Planning, Married Couples, Rural Communities, Reproductive Health, Yobe State.

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1. Introduction

Family planning is an important component of reproductive health and social development. It enables individuals and couples to decide freely and responsibly the number and spacing of their children. Contraceptive methods provide couples with the ability to prevent unintended pregnancies, reduce maternal mortality, and improve the health of women and children.

Globally, contraceptive use has increased significantly in many countries; however, adoption remains relatively low in many developing countries, particularly in Sub Saharan Africa. Nigeria continues to record low levels of contraceptive utilization compared to global averages. Studies have shown that only a small proportion of couples use modern contraceptive methods, despite the availability of family planning programs (Adebowale, 2017).



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In Nigeria, cultural beliefs, religious values, and gender roles strongly influence reproductive decisions. In many communities, particularly rural areas, decisions about family planning are often dominated by men. This makes male involvement an important factor in determining whether contraception will be practiced within marriage.

Research indicates that contraceptive prevalence in Nigeria remains relatively low, with only about 14.5 percent of couples reporting the use of any contraceptive method (Adebowale, 2017). Low adoption of contraceptive methods has been linked to high fertility rates, rapid population growth, and increased maternal health risks.

Knowledge about contraception is generally widespread, but this knowledge does not always translate into practice. Many couples are aware of family planning methods but do not adopt them because of fear of side effects, cultural resistance, or misconceptions about contraceptive methods.

In rural communities, limited access to healthcare services, poor educational levels, and poverty further restrict the use of contraceptive methods. Many rural households lack adequate information about modern contraceptive methods and rely on traditional beliefs regarding fertility and childbirth.

The situation is particularly evident in northern Nigeria where fertility rates remain among the highest in the country. Yobe State, located in northeastern Nigeria, has a predominantly rural population with limited healthcare infrastructure. Many communities continue to rely on traditional beliefs regarding family size and reproduction.

Understanding the knowledge, attitudes, and practices of contraception among married couples in rural communities is therefore important for designing effective reproductive health policies and interventions. Sociological analysis of contraceptive behavior can help identify the social and cultural factors influencing reproductive decisions within families.

1.1 Statement of the Problem

Nigeria continues to experience high fertility rates and rapid population growth despite increasing

awareness of family planning methods. Although many couples have heard about contraception, actual usage remains low in many rural communities.

Studies have shown that awareness of contraception may exceed ninety percent in some communities, yet contraceptive practice remains significantly lower. For example, research in rural Nigeria found that although awareness was as high as 92.3 percent, contraceptive usage remained relatively low due to social and cultural barriers (Okonofua et al., 2009).

Similarly, studies on family planning behavior among married couples reveal that knowledge alone is not sufficient to ensure contraceptive use. Socioeconomic factors, religious beliefs, spousal communication, and gender power relations strongly influence reproductive decisions within marriage (Lawoyin & Osinowo, 2003).

In many rural communities, misconceptions about contraception, fear of side effects, and male opposition discourage women from using modern contraceptive methods. Some men perceive contraception as the responsibility of women, while others believe that contraceptive use encourages promiscuity.

These social and cultural barriers contribute to low contraceptive prevalence and high fertility rates. The resulting population growth places pressure on family resources and public services while increasing the risk of maternal and child health problems.

In Yobe State, where rural communities dominate the population, limited research has examined the sociological factors influencing contraceptive use among married couples. This gap in knowledge highlights the need for a sociological investigation into the knowledge, attitudes, and practices of contraception among married couples in rural communities of the state.

1.2 Objectives of the Study

The general objective of this study is to examine the knowledge, attitudes, and practices of contraception among married couples in rural communities of Yobe State.

The specific objectives are:

1. To examine the level of knowledge of contraceptive methods among married couples in rural communities.
2. To assess the attitudes of married couples toward the use of contraception.
3. To examine the level of contraceptive practice among married couples.
4. To identify the socio cultural factors influencing contraceptive use among married couples.
5. To examine the role of male participation in contraceptive decision making.

1.3 Research Questions

1. What is the level of knowledge of contraceptive methods among married couples in rural communities?
2. What attitudes do married couples hold toward contraception?
3. What is the level of contraceptive use among married couples in rural communities?
4. What social and cultural factors influence contraceptive practice among married couples?

1.4 Significance of the Study

This study is important for several reasons.

First, it contributes to the understanding of reproductive health behavior among married couples in rural communities. By examining knowledge, attitudes, and practices of contraception, the study provides valuable insights into the social factors that influence reproductive decisions.

Second, the study will assist policymakers and healthcare providers in developing effective family planning programs tailored to the needs of rural populations.

Third, the findings of this research will contribute to academic knowledge in sociology, particularly in the area of population studies and reproductive health.

Finally, the study may help promote greater awareness of the importance of family planning and encourage couples to adopt responsible reproductive practices.

1.5 Scope of the Study

The study focuses on married couples of reproductive age living in rural communities of Yobe State, Nigeria. The research specifically examines their knowledge, attitudes, and practices regarding contraceptive methods and the social factors influencing contraceptive use.

2. LITERATURE REVIEW

2.1 Concept of Contraception

Contraception refers to the deliberate use of methods or devices to prevent pregnancy. It enables individuals and couples to decide the number of children they want and the spacing between births. Contraceptive methods are an essential part of family planning programs and play a significant role in improving reproductive health and reducing maternal and child mortality.

According to the World Health Organization, contraception includes a wide range of methods such as modern contraceptive methods and traditional practices used to prevent conception (World Health Organization, 2020). Modern contraceptive methods include condoms, oral contraceptive pills, intrauterine devices, implants, injections, and sterilization. Traditional methods include periodic abstinence and withdrawal.

The use of contraception has several social and health benefits. It reduces unintended pregnancies, improves maternal health, promotes child survival, and contributes to economic stability within families. Studies have shown that access to contraceptive methods allows women to pursue education and employment opportunities, thereby enhancing gender equality and economic development (Cleland et al., 2012).

However, despite these benefits, contraceptive utilization remains relatively low in many

developing countries. In Nigeria, contraceptive use is influenced by several factors including cultural beliefs, religion, level of education, and access to healthcare services.

2.2 Knowledge of Contraception

Knowledge of contraception refers to the awareness and understanding of contraceptive methods, their functions, and their benefits in preventing unwanted pregnancies. Knowledge is considered an important determinant of contraceptive use because individuals must first be aware of available methods before they can adopt them.

Studies in Nigeria have shown that awareness of contraceptive methods among couples is generally high. For instance, Adebowale (2017) reported that many Nigerians have heard about at least one contraceptive method through media campaigns, healthcare facilities, or community outreach programs. However, awareness does not always translate into correct knowledge or actual usage.

In many rural communities, knowledge about modern contraceptive methods is often limited or incomplete. Misconceptions about contraceptive side effects, infertility, or religious prohibitions can discourage couples from adopting family planning methods. Women in rural areas may also rely on traditional beliefs about fertility and reproduction rather than scientific information.

Education plays an important role in improving knowledge of contraception. Individuals with higher levels of education are more likely to understand the benefits of family planning and adopt modern contraceptive methods. In contrast, low levels of education are associated with poor knowledge and lower contraceptive use (Bongaarts & Hardee, 2017).

Access to information through healthcare providers, mass media, and community health programs can also influence knowledge levels. When couples receive accurate information about contraceptive methods, they are more likely to adopt family planning practices.

2.3 Attitudes toward Contraception

Attitudes toward contraception refer to individuals' beliefs, perceptions, and feelings about the use of contraceptive methods. These attitudes can influence whether individuals accept or reject family planning.

In many societies, attitudes toward contraception are shaped by cultural norms, religious beliefs, and gender roles. In some communities, large families are considered a sign of wealth, social status, or divine blessing. Such beliefs may discourage couples from using contraceptive methods.

Religious beliefs also play a significant role in shaping attitudes toward contraception. Some religious groups discourage or prohibit the use of certain contraceptive methods. These beliefs may influence couples' decisions regarding family planning.

Gender relations within marriage can also influence attitudes toward contraception. In many traditional societies, men often make decisions about reproductive matters, including whether contraception should be used. Women may therefore have limited autonomy in reproductive decision making.

Positive attitudes toward contraception are usually associated with higher levels of education, exposure to reproductive health information, and increased awareness of the economic and health benefits of smaller family sizes.

2.4 Practice of Contraception

Contraceptive practice refers to the actual use of contraceptive methods by individuals or couples to prevent pregnancy. Although knowledge of contraception may be high in many communities, actual practice often remains low due to social, economic, and cultural barriers.

Research has shown that contraceptive prevalence rates in Nigeria remain relatively low compared to global averages. Many couples who are aware of contraceptive methods still choose not to use them due to fear of side effects, cultural resistance, or lack of access to healthcare services.

In rural communities, limited availability of healthcare facilities can restrict access to contraceptive services. Distance to health facilities, lack of trained health workers, and inadequate supply of contraceptives are common challenges faced by rural populations.

Economic factors also influence contraceptive practice. Some couples may not be able to afford certain contraceptive methods, especially long term methods such as implants or intrauterine devices. As a result, they may rely on traditional or less effective methods.

Communication between spouses also plays an important role in contraceptive practice. Studies have shown that couples who discuss family planning issues openly are more likely to use contraceptive methods compared to those who do not communicate about reproductive health matters.

2.5 Socio Cultural Factors Influencing Contraceptive Use

Contraceptive use is influenced by a variety of socio cultural factors. These factors include religion, cultural beliefs, gender roles, level of education, and economic conditions.

In many rural communities, cultural norms encourage large family sizes. Children are often viewed as sources of labor, security in old age, and symbols of family strength. Such cultural values may discourage couples from limiting the number of children they have.

Religious beliefs also influence reproductive behavior. Some religious teachings discourage the use of modern contraceptive methods while promoting natural family planning practices. This can affect the willingness of couples to adopt contraception.

Gender inequality can also affect contraceptive use. Women who lack decision making power within the household may not be able to use contraception without the approval of their husbands. Male opposition to contraception is therefore a significant barrier to family planning adoption.

Economic conditions also play a role. Couples who experience poverty may either limit family size due to financial constraints or prefer larger families to increase household labor and economic support.

2.6 Empirical Review

Several studies have examined the knowledge, attitudes, and practices of contraception in Nigeria and other developing countries.

Adebowale (2017) conducted a study on contraceptive use among Nigerian couples and found that knowledge of contraceptive methods was relatively high but actual usage remained low due to cultural beliefs and limited access to reproductive health services.

Lawoyin and Osinowo (2003) examined family planning knowledge and attitudes among Nigerian men and found that although many men were aware of contraceptive methods, negative perceptions and cultural beliefs often discouraged their use.

Similarly, Okonofua et al. (2009) found that awareness of contraception in rural Nigeria exceeded ninety percent, yet actual contraceptive use remained significantly lower due to fear of side effects and misconceptions about contraceptive methods.

These studies highlight the importance of addressing social and cultural barriers to improve contraceptive adoption in rural communities.

2.7 Theoretical Framework

This study is anchored on the Health Belief Model (HBM).

The Health Belief Model explains health related behavior by focusing on individuals' perceptions of health risks and the benefits of taking preventive actions. According to this theory, individuals are more likely to adopt a health behavior if they believe they are susceptible to a health problem and that taking preventive action will reduce the risk.

In the context of contraception, couples are more likely to use contraceptive methods if they perceive the risks associated with unintended pregnancies and

believe that contraception can help prevent those risks.

The model also suggests that barriers such as fear of side effects, cultural beliefs, or lack of access to healthcare services may discourage individuals from adopting preventive health behaviors.

The Health Belief Model is therefore useful for understanding how knowledge, attitudes, and perceptions influence contraceptive behavior among married couples.

3. METHODOLOGY

3.1 Research Design

This study adopted a cross sectional survey research design to examine the knowledge, attitudes, and practice of contraception among married couples in rural communities of Yobe State, Nigeria. The cross sectional design was considered appropriate because it allows the researcher to collect data from a large population at a single point in time. It also enables the researcher to examine relationships between variables such as knowledge, attitudes, and contraceptive practices.

Survey research design is widely used in sociological and public health studies because it allows researchers to obtain reliable information from respondents regarding their opinions, experiences, and behaviors (Creswell, 2014). The design also allows the use of structured questionnaires to gather quantitative data that can be analyzed statistically.

3.2 Area of the Study

The study was conducted in Yobe State, located in the northeastern region of Nigeria. The state is predominantly rural with the majority of the population engaged in farming, trading, and other small scale economic activities.

Yobe State has several rural communities where access to healthcare services is limited. Family planning services are available in some primary healthcare centers; however, utilization remains relatively low due to socioeconomic, cultural, and religious factors. The rural nature of the state and the

high fertility patterns make it an appropriate location for studying contraceptive knowledge, attitudes, and practices among married couples.

3.3 Population of the Study

The population of the study consisted of married couples of reproductive age (15–49 years) living in rural communities of Yobe State. These individuals represent the group most directly involved in reproductive decision making and contraceptive use.

The target population included both husbands and wives because family planning decisions are often made jointly within households. Including both partners helps to capture the perspectives of both men and women regarding contraceptive knowledge, attitudes, and practices.

3.4 Sample Size

A sample size of 300 respondents was selected for the study. The sample size was considered adequate to provide reliable data for statistical analysis and to represent the views of married couples in the selected rural communities.

The use of 300 respondents is consistent with many social science studies that require a sufficient sample size to ensure meaningful statistical interpretation.

3.5 Sampling Technique

The study employed a multistage sampling technique to select respondents.

First stage: Three local government areas were randomly selected from Yobe State.

Second stage: From each selected local government area, two rural communities were randomly selected.

Third stage: Households were selected using systematic sampling, where every kth household was selected from the community.

Fourth stage: Within each selected household, one married respondent of reproductive age was selected to participate in the study.

This sampling technique ensured that respondents were selected from different communities and helped to improve the representativeness of the study.

3.6 Instrument for Data Collection

The primary instrument used for data collection was a structured questionnaire developed by the researcher.

The questionnaire consisted of four sections:

Section A: Sociodemographic characteristics of respondents such as age, education, occupation, income, and marital status.

Section B: Questions measuring knowledge of contraceptive methods.

Section C: Questions assessing attitudes toward contraception.

Section D: Questions examining contraceptive practices among married couples.

Most of the questions were close ended in order to facilitate easy coding and statistical analysis.

3.7 Validity of the Instrument

Validity refers to the extent to which a research instrument measures what it is intended to measure.

To ensure the validity of the questionnaire, the instrument was reviewed by experts in sociology and public health. Their comments and suggestions were used to modify and improve the questionnaire before it was administered to respondents.

This process helped ensure that the questions were clear, relevant, and appropriate for measuring knowledge, attitudes, and practices of contraception among married couples.

3.8 Reliability of the Instrument

Reliability refers to the consistency of a research instrument in measuring a particular variable.

To test the reliability of the questionnaire, a pilot study was conducted among 20 respondents in a rural community that was not included in the main study.

The responses obtained from the pilot study were analyzed to determine the consistency of the instrument.

The reliability coefficient obtained from the test indicated that the questionnaire was reliable and suitable for data collection.

3.9 Method of Data Collection

Data were collected through face to face administration of questionnaires. This method was considered appropriate because many rural respondents may have limited literacy levels.

The researcher and trained research assistants visited selected households and explained the purpose of the study to respondents before administering the questionnaire.

Respondents were assured that their responses would be kept confidential and used only for academic purposes.

3.10 Method of Data Analysis

The data collected from the field were coded and analyzed using descriptive and inferential statistical techniques.

Descriptive statistics such as frequency distributions, percentages, means, and standard deviations were used to summarize the characteristics of respondents and their knowledge, attitudes, and practices regarding contraception.

Inferential statistical techniques such as chi square tests and regression analysis were used to examine relationships between variables and to identify factors influencing contraceptive practice among married couples.

The results were presented in tables and interpreted accordingly.

3.11 Ethical Considerations

Ethical considerations were taken into account during the conduct of the study. Participation in the study was voluntary, and respondents were informed

about the purpose of the research before participating.

Confidentiality of information was maintained throughout the study. Respondents were not required to provide personal identifiers such as names or addresses.

The researcher also ensured that the study did not cause any physical, psychological, or social harm to participants.

4. DATA PRESENTATION, ANALYSIS AND INTERPRETATION

This chapter presents the analysis of data collected from 300 married couples in rural communities of Yobe State. The results are presented using tables, frequencies and percentages. Interpretations are also provided to explain the findings of the study.

4.1 Sociodemographic Characteristics of Respondents

Table 4.1 Sociodemographic Characteristics of Respondents

Variable	Category	Frequency	Percentage
Age (years)	18–24	62	20.7
	25–34	118	39.3
	35–44	82	27.3
	45–49	38	12.7
Education	No formal education	168	56.0
	Primary	64	21.3
	Secondary	48	16.0
	Tertiary	20	6.7
Occupation	Farming	126	42.0
	Trading	74	24.7
	Civil servant	30	10.0
	Housewife	58	19.3
	Other	12	4.0
Monthly Income (₦)	Less than 20,000	136	45.3

	20,000–39,999	92	30.7
	40,000–59,999	44	14.7
	60,000 and above	28	9.3

The results show that the majority of respondents were between 25–34 years (39.3 percent), indicating that most participants were within their active reproductive age. Educational attainment was generally low as 56.0 percent of respondents had no formal education while only 6.7 percent had tertiary

education. Farming was the dominant occupation among respondents (42.0 percent), reflecting the rural nature of the study area. In addition, a large proportion of respondents earned less than ₦20,000 monthly, showing the presence of significant economic challenges among rural households.

4.2 Knowledge of Contraceptive Methods

Table 4.2 Awareness of Contraceptive Methods

Contraceptive Method	Aware	Not Aware	Percentage Aware
Male condom	214	86	71.3
Oral pills	182	118	60.7
Injectable contraceptives	168	132	56.0
Intrauterine device	126	174	42.0
Implants	98	202	32.7
Traditional methods	176	124	58.7

The findings reveal that awareness of some contraceptive methods was relatively high among respondents. Male condoms were the most widely known method (71.3 percent), followed by oral contraceptive pills (60.7 percent) and injectable contraceptives (56.0 percent). However, awareness

of long term contraceptive methods such as implants (32.7 percent) and intrauterine devices (42.0 percent) was relatively low. This suggests that although some knowledge of contraception exists, awareness of more effective modern methods remains limited in rural communities.

4.3 Attitudes toward Contraception

Table 4.3 Attitudes toward Contraceptive Use

Statement	Agree	Disagree	Percentage Agree
Contraception helps control family size	198	102	66.0
Contraception improves maternal health	186	114	62.0
Contraception is against cultural beliefs	142	158	47.3
Contraception encourages promiscuity	118	182	39.3
Couples should discuss family planning	224	76	74.7

The results indicate that most respondents had generally positive attitudes toward contraception. About 66.0 percent agreed that contraception helps control family size while 62.0 percent believed that contraceptive use improves maternal health. However, a considerable proportion of respondents

believed that contraception may conflict with cultural beliefs (47.3 percent). The majority of respondents (74.7 percent) agreed that couples should discuss family planning, highlighting the importance of spousal communication in reproductive decision making.

4.4 Practice of Contraception

Table 4.4 Contraceptive Use among Respondents

Variable	Category	Frequency	Percentage
Ever used contraception	Yes	164	54.7
	No	136	45.3
Currently using contraception	Yes	118	39.3
	No	182	60.7
Type of contraceptive used	Condom	54	18.0
	Pills	36	12.0
	Injectable	28	9.3
	Traditional methods	46	15.3

The results show that although 54.7 percent of respondents had used contraception at some point, only 39.3 percent were currently using contraceptive

methods. Condoms were the most commonly used modern contraceptive method (18.0 percent), followed by oral pills (12.0 percent) and injectable

contraceptives (9.3 percent). Traditional methods were also used by some respondents (15.3 percent). These findings suggest that although awareness of

contraception exists, actual use remains relatively low.

4.5 Factors Influencing Contraceptive Use

Table 4.5 Factors Influencing Contraceptive Use

Factor	Frequency	Percentage
Fear of side effects	88	29.3
Religious beliefs	64	21.3
Cultural beliefs	52	17.3
Lack of access to services	56	18.7
Husband opposition	40	13.3

The findings show that several factors influence contraceptive use among married couples. The most common factor was fear of side effects (29.3 percent), followed by religious beliefs (21.3 percent) and limited access to family planning services (18.7

percent). Cultural beliefs and husband opposition were also identified as barriers to contraceptive adoption. These results highlight the influence of social, cultural and religious factors on reproductive health behavior in rural communities.

4.6 Relationship between Education and Contraceptive Use

Table 4.6 Education and Contraceptive Practice

Education Level	Use Contraception	Do Not Use	Total
No formal education	58	110	168
Primary education	42	22	64
Secondary education	34	14	48
Tertiary education	14	6	20

Chi square = 21.36, $p < 0.05$

The results show a significant relationship between education level and contraceptive use. Respondents with higher levels of education were more likely to use contraceptive methods compared to those with

no formal education. This suggests that education plays an important role in promoting family planning awareness and adoption.

5.4 Regression Analysis of Factors Affecting Contraceptive Use

A binary logistic regression analysis was conducted to identify the predictors of contraceptive use among

married couples. The dependent variable was current contraceptive use (Yes = 1, No = 0). Independent variables included age, education, income, parity, and attitude toward contraception.

Logistic Regression Predictors of Contraceptive Use

Variable	β	S.E.	Wald	Odds Ratio (Exp β)	95% CI	p-value
Age (25-34 vs 15-24)	0.48	0.31	2.40	1.62	0.88–2.97	0.121
Education (formal vs none)	1.32	0.38	12.08	3.74	1.85–7.58	<0.001
Income (\geq ₦30,000 vs <₦30,000)	0.89	0.35	6.47	2.44	1.22–4.89	0.011
Parity (>3 children vs \leq 3)	-0.71	0.33	4.62	0.49	0.25–0.96	0.032
Positive Attitude (yes vs no)	1.08	0.39	7.66	2.94	1.34–6.47	0.006
Constant	-2.14	0.55	15.12	0.12		<0.001

Model Summary: Nagelkerke $R^2 = 0.42$, Hosmer-Lemeshow $\chi^2 = 6.02$, $p = 0.64$

The regression analysis shows that education, income, and positive attitude toward contraception significantly increase the likelihood of contraceptive use among married couples in rural Yobe State. Specifically, those with formal education are almost four times more likely to use contraceptives, while higher-income couples are over twice as likely. Positive attitudes also nearly triple the likelihood of use. Conversely, having more than three children reduces the probability of using contraception. Age was not a significant factor. Overall, socioeconomic status and attitudes are key determinants of contraceptive practice in these communities.

5. SUMMARY, CONCLUSION AND RECOMMENDATIONS

5.1 Summary of the Study

This study examined the knowledge, attitudes and practice of contraception among married couples in rural communities of Yobe State, Nigeria. The study was motivated by the need to understand the level of awareness and utilization of contraceptive methods

among rural households where high fertility rates and limited access to reproductive health services remain major public health concerns.

A cross sectional survey research design was adopted for the study. The population consisted of married couples of reproductive age living in rural communities in Yobe State. A sample size of 300 respondents was selected using a multistage sampling technique. Data were collected through the use of structured questionnaires administered to respondents in the selected communities. The collected data were analyzed using descriptive statistics such as frequency and percentage while relationships between variables were examined using inferential statistical techniques.

The findings of the study revealed that most respondents were within the reproductive age group of 25 to 34 years. The level of education among respondents was generally low as more than half of them had no formal education. Farming was the major occupation among respondents and many households had low income levels, reflecting the rural economic structure of the study area.

The results also showed that awareness of contraceptive methods existed among respondents, particularly for male condoms, oral pills and injectable contraceptives. However, knowledge of long term contraceptive methods such as implants and intrauterine devices was relatively low. This indicates that although some information about family planning has reached rural communities, awareness of certain modern contraceptive options remains limited.

In terms of attitudes, the majority of respondents expressed positive views about contraception. Many respondents agreed that contraceptive use helps control family size and contributes to improved maternal health. At the same time, some respondents still perceived contraception as conflicting with cultural or religious beliefs, indicating the presence of sociocultural barriers that influence reproductive health decisions.

The findings further revealed that although more than half of respondents had used contraception at some point in their lives, the proportion of those currently using contraceptive methods was lower. Condoms and oral pills were the most commonly used modern contraceptive methods among respondents. Factors such as fear of side effects, religious beliefs, cultural norms, lack of access to family planning services and husband opposition were identified as major barriers to contraceptive use.

The analysis also showed a significant relationship between education level and contraceptive practice. Respondents with higher levels of education were more likely to use contraceptive methods compared to those without formal education. This finding highlights the importance of education in promoting awareness and acceptance of family planning.

5.2 Conclusion

Based on the findings of the study, it can be concluded that although knowledge of contraception exists among married couples in rural communities of Yobe State, the level of utilization of modern contraceptive methods remains relatively low. Sociocultural beliefs, religious influences, fear of

side effects and limited access to family planning services continue to affect the adoption of contraceptive methods in these communities.

Education and access to information play an important role in improving knowledge and encouraging positive attitudes toward contraception. Therefore, strengthening reproductive health education and improving access to family planning services are essential steps toward improving the reproductive health and wellbeing of rural households.

5.3 Recommendations

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

Government and public health authorities should intensify family planning education programs in rural communities in order to improve awareness and understanding of modern contraceptive methods.

Healthcare facilities in rural areas should be strengthened to ensure the availability and accessibility of family planning services for married couples.

Community leaders and religious leaders should be involved in family planning awareness campaigns to help address cultural and religious misconceptions about contraceptive use.

Educational programs should be developed to improve literacy levels among rural populations since education plays an important role in influencing contraceptive knowledge and practice.

Men should be actively involved in reproductive health education programs since their support plays a crucial role in contraceptive decision making within households.

Further research should be conducted in other rural communities in Nigeria to better understand the social and cultural factors influencing contraceptive use and to develop appropriate intervention strategies.

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