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## Level of Knowledge, Perception and Utilization of Reproductive Control Measure among Women of Reproductive Age in Ede South, Osun State

<sup>1</sup>Munachi Taiwo Umunna  
<sup>2</sup>Lanre Olaitan Olukunmi  
<sup>3</sup>Olusegun Olufemi Oyerinde  
<sup>4</sup>Kehinde Adesoji Adeniregun  
<sup>5</sup>Oluwatoyin Juliana Elebiju

[marvovevimika@gmail.com](mailto:marvovevimika@gmail.com)  
[olaitan.ol@unilorin.edu.ng](mailto:olaitan.ol@unilorin.edu.ng)  
[olufemi.oyerinde@adelekekeuniversity.edu.ng](mailto:olufemi.oyerinde@adelekekeuniversity.edu.ng)  
[adesojikehinde@gmail.com](mailto:adesojikehinde@gmail.com)  
[elebiju.oluwatovin@adelekeuniversity.edu.ng](mailto:elebiju.oluwatovin@adelekeuniversity.edu.ng)

### ABSTRACT

*This study explores the knowledge, perception, and utilization of reproductive control measures among women of reproductive age in Ede South, Osun State, Nigeria. Despite the availability of modern contraceptive methods, their utilization remains low, contributing to unintended pregnancies and maternal mortality in sub-Saharan Africa. Using a descriptive survey design, data were collected from 164 women through structured questionnaires, and analyzed using descriptive and inferential statistics. Findings reveal that 85.4% of women are aware of various contraceptive methods, but only 61% can explain how these methods work, indicating a gap between awareness and understanding. Access to contraceptive methods was generally favorable, with 67.1% reporting no difficulty, although barriers such as cost (40.7%) and cultural/religious beliefs (27.8%) persist. The study found high utilization (73.2%) of contraceptive methods, with oral contraceptives and injectables being the most common choices. Despite a positive perception of contraceptive effectiveness, cultural beliefs negatively influenced use. Healthcare providers were the primary source of family planning counseling, with 79.2% of women expressing satisfaction with the information provided. The study underscores the importance of improving education, enhancing healthcare provider training, and addressing cultural and financial barriers to increase reproductive control measure utilization and improve maternal health outcomes in Nigeria.*

**Keywords:** Reproductive control measures, Contraceptive knowledge, Perception of contraception, Family planning utilization, maternal health

### INTRODUCTION

Reproductive control measure use plays a pivotal role in improving maternal health outcomes and controlling population growth, particularly in developing countries like Nigeria (Adeniregun et al., 2024; Adedipupo, Abideen & Adeniregun,

2023; Oladunni et al., 2023; Fadeyibi et al., 2022). Despite the availability of modern reproductive control measure methods, the rate of utilization remains relatively low, contributing to high levels of unintended pregnancies and maternal mortality (Fadeyibi et al., 2022). The 2018 Nigeria Demographic and Health Survey (NDHS) indicates that only 17% of married women use modern reproductive control measure methods. Healthcare providers, including doctors, nurses, and family planning counselors, are instrumental in shaping individuals' knowledge, attitudes, and access to reproductive control measures (Adeniregun et al., 2024; Adedipupo, Abideen & Adeniregun, 2023; Oladunni et al., 2023).

Adeniregun et al. (2024) stated perception is a primary way we interact with and interpret the world around us, influenced by factors like expectations, experiences, and culture. This has significant implications for how women of reproductive age perceive and respond to reproductive control measure knowledge and utilization. Through counseling, education, and appropriate guidance, healthcare providers can address misconceptions, cultural barriers, and issues of access, ultimately contributing to increased reproductive control measure utilization (Johnson et al., 2024).

Adeniregun et al. (2024) define healthcare professionals as individuals who deliver medical services in various settings, including doctors, nurses, pharmacists, and allied health workers, who collaborate to enhance patient care and improve health outcomes. Through counseling, education, and appropriate guidance, healthcare providers can address misconceptions, cultural barriers, and issues of access, ultimately contributing to increased reproductive control measure utilization (Johnson et al., 2024). Although healthcare providers often serve as the first point of contact for individuals seeking family planning services, their ability to influence reproductive control measure decisions is frequently constrained by factors such as inadequate knowledge, poor communication skills, and insufficient resources. To overcome these challenges, a comprehensive understanding of the role of healthcare providers in promoting reproductive control measure use is essential.

Despite Nigeria's commitment to achieving the SDGs, the country continues to face challenges in certain demographic indices. The demographic dividend, a key aspect of the SDGs, may be delayed in Nigeria, where reproductive control measure prevalence remains low. Access to safe, voluntary family planning is regarded as a fundamental human right, crucial for advancing gender equality, empowering women, reducing poverty, and supporting career development (Sadare & Adeniregun, 2019; FMOH, 2023). Women who wish to space or limit childbearing during their reproductive years must have access to effective and safe contraceptive control measure methods to prevent unintended pregnancies (Adebowale et al., 2023). To this end the study aimed to assess the Level of knowledge, Perception and Utilization of reproductive control measure among women of reproductive age in Ede South, Osun State

## **LITERATURE REVIEW**

### **Unmet Need for Family Planning (UNFP) in Nigeria and Sub-Saharan Africa**

The concept of unmet need for family planning (UNFP) refers to the proportion of women who are fecund, sexually active, and desire to limit or delay childbearing but are not using contraception. It serves as an indicator of the extent to which a country's health system and cultural attitudes support women's ability to achieve their desired family size, and it measures the success of reproductive health

programs in meeting the demand for services (Adebowale et al., 2023; World Bank, 2022). While UNFP is a global concern, it is particularly pronounced in low-income countries compared to developed nations. Across regions, UNFP varies from 11% in the Middle East and North Africa to 26% in Sub-Saharan Africa (World Bank, 2022). In Sub-Saharan Africa, the prevalence of UNFP is alarmingly high, with a reported figure of 23.7% (Adebowale et al., 2023). Within Latin America and the Caribbean, UNFP varies from 6.1% in Peru to 30.5% in Guyana (NDHS, 2021). In Nepal, the prevalence stands at 40.9%, while it is 11.5% in Mexico (NDHS, 2023). In contrast, Botswana reports 9.6%, Ethiopia 16.2%, and Burkina Faso 18.3% (Adebowale et al., 2023). In Nigeria, the UNFP rate is 18.0%, with considerable variation across different sociocultural groups (NDHS, 2021). This remains one of the foremost reproductive health challenges, attracting international attention (NDHS, 2021).

The 1994 International Conference on Population and Development (ICPD), the 1974 World Population Plan of Action, and the 1993 World Conference on Human Rights emphasized the importance of addressing family planning (FP) (Adebowale et al., 2023; NDHS, 2021; WHO, 2020). These international frameworks underscored the necessity for countries to enhance their family planning initiatives, which are now embedded within the Millennium Development Goals (MDGs) and Sustainable Development Goals (SDGs). In Nigeria, the adoption of these global recommendations has led to the integration of FP-related policies into national guidelines (AU, 2020; FMOH, 2022). This places a significant responsibility on the Nigerian government to provide high-quality reproductive control measure information, ensure demand, and make services accessible to its large population.

### **Challenges in reproductive control measure Utilization in Nigeria**

Although there have been concerted efforts to increase reproductive control measure use in Nigeria, significant challenges persist in meeting family planning objectives (Adebowale et al., 2023; Oyerinde et al., 2021; Oladunni et al., 2023). The low utilization rate can primarily be attributed to cultural resistance, inadequate training among healthcare providers, and limited access to reproductive control measures in many regions (NDHS, 2021; Ajayi, Adeniyi & Akpan, 2018). Enhancing reproductive control measure utilization is vital for reducing maternal mortality, preventing unintended pregnancies, and improving overall public health. Strengthening the role of healthcare providers in family planning services is essential for achieving Nigeria's population and health goals (Kelly et al., 2023). This study is of considerable importance, as it explores the effectiveness of healthcare providers in promoting reproductive control measure use, evaluates their training and available resources, and identifies strategies to overcome the barriers preventing widespread reproductive control measure adoption.

## **METHODOLOGY**

This research investigates the role of healthcare providers in increasing reproductive control measure utilization in Ede South, Osun State, Nigeria. This section outlines the research design, study population, sampling techniques, sample size determination, instrumentation, data collection procedures, and methods of data analysis. It also discusses the validity and reliability of the instruments used and the ethical considerations for the study.

### **Research Design**

A descriptive survey research design was adopted for this study. The descriptive survey design is commonly employed in health-related research as it allows for the collection of data from a sample of a larger population, enabling inferences and generalizations to be made. This research uses a cross-sectional survey approach to gather data on reproductive control measure utilization and the role of healthcare providers in educating patients in Ede South, Osun State, Nigeria.

### **Study Population**

The target population for this study comprised The total population of women attending the health centers during the study period was approximately 2,000. The total population of healthcare providers in the selected health centers was 87. Additionally, the study included women of reproductive age (15-49 years) who visited the health centers within the past six months for family planning services. The total average monthly population of women attending the health centers during the study period was approximately 2,000.

### **Sampling Techniques and Sample Size**

The study use a convenient sampling technique. A total of 200 women were conveniently sampled from the total population.

### **Instrumentation**

The primary instrument for data collection was a structured questionnaire. The questionnaire was designed to assess both Level of knowledge, Perception and Utilization of reproductive control measure among women of reproductive age in Ede South, Osun State.

### **Data Collection Procedures**

Data was collected using structured questionnaire to maintain ethical standards regarding informed consent, confidentiality, and voluntary participation. Before participating, all respondents were provided with an information sheet explaining the purpose of the study, the voluntary nature of their involvement, and the confidentiality of their responses. Informed consent was obtained from all participants prior to the administration of the questionnaire. The interviews were conducted in private settings to ensure that participants felt comfortable providing honest and accurate responses.

### **Data Analysis**

The data collected from the questionnaires were analyzed using both descriptive and inferential statistical techniques. Descriptive statistics, such as frequencies, percentages, and means, were used to summarize demographic information and responses related to reproductive control measure knowledge and usage. Inferential statistics, such as chi-square tests and logistic regression analysis, were applied to examine associations between healthcare providers' demographic characteristics (e.g., professional background, years of experience) and their attitudes towards reproductive control measure utilization. Data analysis was performed using the Statistical Package for the Social Sciences (SPSS) version 25.0. The findings were presented in tables, figures, and charts for clarity and to facilitate understanding.

### **Ethical Considerations**

Ethical approval for the study was obtained from the relevant ethics review board at the ministry of Health Osun State. The study adhered to ethical guidelines, ensuring that all participants provided informed consent and that their confidentiality was maintained throughout the research process. Participants were informed that their

involvement was voluntary, and they had the right to withdraw at any stage of the study without facing any negative consequences.

## RESULTS AND DISCUSSION

**Table 4.1: Socio-Demographic Characteristics of Women of Reproductive Age (N=164)**

Variable	Classification	Frequency (N=164)	Percentage (%)
Gender	Female	164	100%
Age	15-24	34	20.7%
	25-34	50	30.5%
	35-44	40	24.4%
	45-54	20	12.2%
	55 and above	20	12.2%
Marital Status	Married	105	64.0%
	Singles	59	36.0%
Education Level	No Formal Education	30	18.3%
	Primary Education	70	42.7%
	Secondary Education	60	36.6%
	Tertiary Education	14	8.5%
Occupation	Employed	80	48.8%
	Unemployed	84	51.2%
Religion	Christianity	40	24.4%
	Islam	120	73.2%
	Other	4	2.4%
Ethnicity	Yoruba	140	85.4%
	Igbo	12	7.3%
	Hausa	8	4.9%
	Other	4	2.4%

Source: Researcher's Field Survey, 2025

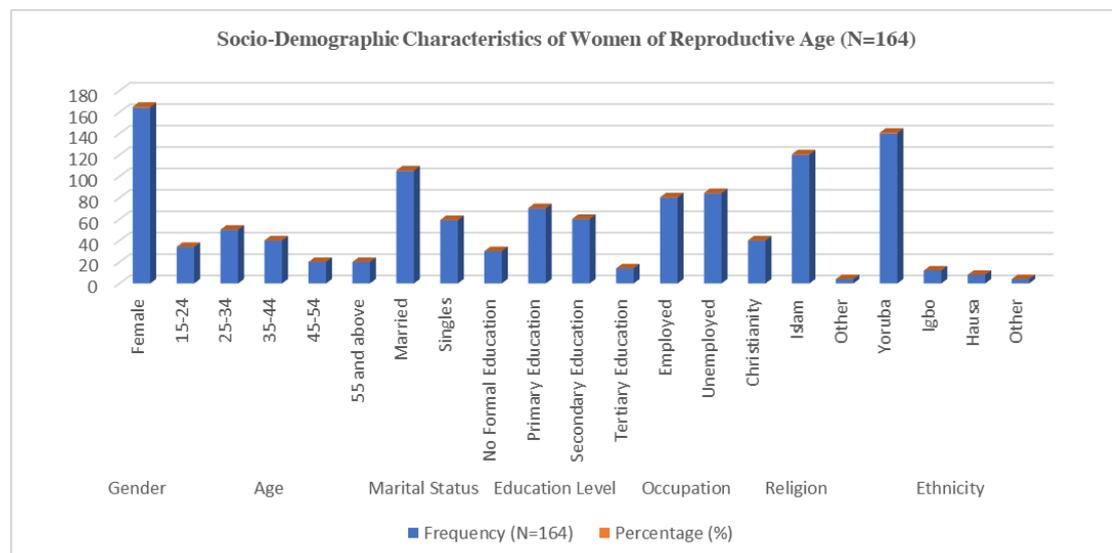


Table 4.1 outlines the socio-demographic characteristics of the 164 women of reproductive age included in this study. As the study exclusively focused on women, all participants were female. The age distribution indicates that the largest proportion of participants were in the 25-34 years age group (30.5%), followed by those in the 15-24 years category (20.7%). The 35-44 years group represented 24.4% of respondents, while 12.2% were aged between 45-54 years, and another 12.2% were aged 55 years and above.

With respect to marital status, a notable majority of the respondents were married (64.0%), while 36.0% were single. The distribution of educational attainment showed considerable variation, with the largest proportion of women (42.7%) having completed primary education. Secondary education was attained by 36.6% of the participants, while 18.3% had no formal education. Only 8.5% of respondents reported having received tertiary education, indicating a relatively low level of higher educational attainment within the sample.

Employment status was almost evenly split, with 48.8% of women employed and 51.2% unemployed, suggesting a balanced representation of both categories. Religion was predominantly Islamic, with 73.2% of respondents identifying as Muslim, while 24.4% identified as Christian. A small minority (2.4%) reported affiliation with other religions. In terms of ethnic background, the majority of respondents were of Yoruba descent (85.4%), followed by Igbo (7.3%) and Hausa (4.9%) ethnic groups. The remaining 2.4% of respondents identified with other ethnic groups, contributing to the overall diversity of the sample.

**Table 4.2: Level of Reproductive Control Measure Knowledge, Perception, and Utilization Among Women of Reproductive Age (N=164)**

Variable	Question	Frequency (N=164)	Percentage (%)	Mean	
<b>Knowledge of Reproductive Control Measure Methods</b>	What types of reproductive control measure methods are you aware of?	140	85.4%	3.5	
	Can you explain how different reproductive control measure methods work?	100	61.0%		
	What sources of information about reproductive control measures do you trust the most?	Healthcare providers	100		61.0%
		Family/Friends	30		18.3%
		Media	24		14.6%
Other		10		6.1%	
	<b>Mean Knowledge Score</b>			<b>3.5</b>	
<b>Access to Reproductive Control Measures</b>	Have you ever had difficulty accessing reproductive control measure methods?	Yes	54	32.9%	
		No	110	67.1%	
	Barriers to Access:	Cost	22	40.7%	
		Cultural/Religious beliefs	15	27.8%	
		Lack of information	10	18.5%	

Variable	Question	Frequency (N=164)	Percentage (%)	Mean	
Utilization	Where do you typically obtain your reproductive control measure methods?	Other	7	13.0%	
		Clinics	90	54.9%	
		Pharmacies	50	30.5%	
		Online	10	6.1%	
		Other	14	8.5%	
	<b>Mean Access Score</b>				<b>3.2</b>
	Are you currently using any form of contraception? If yes, which method?	Yes	120	73.2%	
		No	44	26.8%	
	Reproductive control measure method used:	Oral reproductive control methods	30	25.0%	
		Injectable	25	20.8%	
		IUD	20	16.7%	
		Implant	15	12.5%	
		Condoms	18	15.0%	
		Traditional methods	12	10.0%	
How long have you been using your current reproductive control measure method?	Less than 6 months	45	37.5%		
	6 months to 1 year	40	33.3%		
	More than 1 year	35	29.2%		
What factors influenced your choice of reproductive control measure method?	Effectiveness	50	41.7%		
	Convenience	35	29.2%		
	Partner's preference	20	16.7%		
	Healthcare provider's advice	15	12.5%		
<b>Mean Utilization Score</b>				<b>3.8</b>	
Perception and Attitudes	What is your perception of the effectiveness of the reproductive control measure methods you are familiar with?	Highly effective	100	61.0%	
		Moderately effective	50	30.5%	
		Not effective	14	8.5%	
Do you feel that society supports the use of reproductive control measures for women of reproductive age?	Yes	90	54.9%		
	No	74	45.1%		
How do cultural beliefs in your community influence reproductive control measure use?	Positive	60	36.6%		
	Negative	104	63.4%		
<b>Mean Perception Score</b>				<b>3.6</b>	
Education and Counseling	Have you received any education or counseling about reproductive	Yes	115	70.1%	

Variable	Question	Frequency (N=164)	Percentage (%)	Mean
	control measure options? If so, from whom?	No	49	29.9%
	Sources of Counseling:	Healthcare providers	90	78.3%
		Family/Friends	15	13.0%
		Media	10	8.7%
	How satisfied are you with the information provided to you regarding reproductive control measure methods?	Very satisfied	55	33.5%
		Satisfied	75	45.7%
		Dissatisfied	34	20.7%
	What additional information do you wish you had about reproductive control measures?	Side effects	40	24.4%
		How to use effectively	35	21.3%
		Benefits of reproductive control measures	50	30.5%
		Availability of free/affordable methods	39	23.8%
	<b>Mean Education and Counseling Score</b>			<b>3.7</b>

Source: Researcher's Field Survey, 2025

Table 4.2 provides a comprehensive overview of the knowledge, perception, and utilization of reproductive control measures among 164 women of reproductive age in the study area. The data presented in the table is categorized into several key areas: knowledge, access, utilization, perception and attitudes, and education and counseling related to reproductive control measures. Below is a summary and analysis of each category based on the table.

### Knowledge of Reproductive Control Measures

The data shows that a significant portion of women, 85.4%, were aware of various reproductive control measure methods, with a mean knowledge score of 3.5. However, only 61% were able to explain how different reproductive control methods work. The most trusted sources of information about reproductive control measures were healthcare providers, with 61.0% of women relying on them. Family and friends were the second most trusted source (18.3%), followed by media (14.6%).

### Access to Reproductive Control Measures

Regarding access to reproductive control measures, 67.1% of the women reported no difficulties in accessing these methods, while 32.9% indicated that they had faced challenges. The most common barriers identified were cost (40.7%), followed by cultural/religious beliefs (27.8%), and lack of information (18.5%). In terms of where women typically obtain reproductive control measures, 54.9% of women obtained their methods from clinics, while 30.5% accessed them from

pharmacies. A smaller proportion of women, 6.1%, used online platforms, and 8.5% obtained their methods from other sources.

### Utilization of Reproductive Control Measures

The utilization of contraceptive methods is high among the study population, with 73.2% of women currently using some form of contraception. Among the women who are using contraception, oral contraceptives (25.0%) and injectables (20.8%) were the most common methods used. Other methods include IUDs (16.7%), implants (12.5%), condoms (15.0%), and traditional methods (10.0%).

When examining the duration of contraceptive use, 37.5% of users have been using their current method for less than six months, 33.3% have used it for 6 months to 1 year, and 29.2% have used it for over a year. Factors influencing the choice of contraceptive method were predominantly effectiveness (41.7%) and convenience (29.2%). Partner's preference (16.7%) and healthcare provider's advice (12.5%) were also factors, indicating that while women make their own decisions, they are often influenced by the opinions of partners and healthcare providers.

### Perception and Attitudes toward Reproductive Control Measures

The perception of the effectiveness of reproductive control measures was overwhelmingly positive, with 61.0% of women rating methods as highly effective. However, 30.5% considered them moderately effective, and 8.5% believed them to be not effective. Regarding societal support, 54.9% of women felt that society supports the use of reproductive control measures for women of reproductive age, while 45.1% disagreed. Cultural beliefs were also a significant factor in shaping perceptions, with 63.4% of women indicating that cultural beliefs in their community negatively influence reproductive control measure use, while 36.6% viewed these beliefs as having a positive influence.

### Education and Counseling on Reproductive Control Measures

Education on reproductive control measures is relatively widespread, with 70.1% of women having received counseling or education on family planning options. Healthcare providers were the primary source of this counseling, with 78.3% of women receiving information from them. Other sources included family/friends (13.0%) and media (8.7%). The satisfaction with the information received was generally high, with 33.5% of women reporting being very satisfied and 45.7% being satisfied. However, 20.7% were dissatisfied with the information provided. When asked about additional information they wished to have, 30.5% of women wanted more information about the benefits of reproductive control measures, 24.4% were interested in side effects, and 23.8% wanted more information on the availability of free or affordable methods.

**Table 4.3: Perceived Barriers to reproductive control measure Utilization Among Women of Reproductive Age (N=164)**

Barrier	Frequency (N=164)	Percentage (%)
Cultural/Religious Beliefs	120	73.2%
Cost of reproductive control measures	108	65.9%
Lack of Information about Methods	76	46.3%
Geographic Accessibility	50	30.5%
Partner's Opposition	45	27.4%

<b>Barrier</b>	<b>Frequency (N=164)</b>	<b>Percentage (%)</b>
<b>Health Concerns (Side effects)</b>	<b>55</b>	<b>33.5%</b>
<b>Fear of Infertility</b>	<b>40</b>	<b>24.4%</b>
<b>Lack of Support from Family</b>	<b>35</b>	<b>21.3%</b>
<b>Inconvenient Clinic Hours</b>	<b>28</b>	<b>17.1%</b>
<b>Unreliable Availability of Services</b>	<b>32</b>	<b>19.5%</b>

**Source: Researcher's Field Survey, 2025**

The most significant barrier to reproductive control measure utilization identified in the study was cultural and religious beliefs, with 73.2% of women reporting that these factors negatively influenced their reproductive control measure choices. 65.9% of women indicated that cost was a major barrier to reproductive control measure utilization. 46.3% of women cited a lack of information about available reproductive control measure methods as a barrier to utilization. Many women were not fully informed about the different methods, their effectiveness, or how to properly use them. 30.5% of women indicated that geographic accessibility to healthcare facilities was a barrier to reproductive control measure use. Women in rural and remote areas face significant challenges in accessing family planning services, particularly when clinics are far away, or transportation is difficult. 27.4% of women reported that partner opposition to reproductive control measure use was a significant barrier. Concerns about health risks and side effects associated with reproductive control measure methods were cited by 33.5% of women.

Many women reported experiencing adverse effects such as weight gain, headaches, or changes in menstrual patterns, which led them to discontinue use. 24.4% of women expressed concern that using reproductive control measures could lead to infertility. This fear is often based on misconceptions or misinformation about the long-term effects of reproductive control measure methods. 21.3% of women cited lack of support from family members, particularly from parents or in-laws, as a barrier to reproductive control measure use. Family opposition can create social pressure, discouraging women from seeking family planning services. 17.1% of women reported that inconvenient clinic hours were a barrier to accessing reproductive control measure services. Many women, especially those who work or have childcare responsibilities, find it difficult to visit clinics during regular working hours. 19.5% of women identified unreliable availability of services as a barrier. This includes instances where reproductive control measures were out of stock or where there were shortages of trained healthcare providers.

## **DISCUSSION OF FINDINGS**

### **Knowledge of Reproductive Control Measures**

The finding that a significant proportion (85.4%) of women are aware of various contraceptive methods corroborates Ajayi et al. (2018), who also found high awareness of family planning methods among women in southwestern Nigeria. However, the study observed that only 61% of women could explain how contraceptive methods work, suggesting that awareness alone is insufficient for effective utilization. This supports the findings of Adebawale and Palamuleni (2023), who emphasized the importance of comprehensive education on contraceptive methods to improve not just awareness but also proper understanding and use.

The primary reliance on healthcare providers (61%) as the trusted source of information aligns with the role of healthcare professionals as key influencers in reproductive health decisions, as emphasized by Adedipupo et al. (2023). This underscores the pivotal role of healthcare workers in disseminating knowledge, a point also supported by Al-Sheyab et al. (2021), who noted that midwives and other healthcare providers significantly influence family planning decisions through counseling.

### **Access to Reproductive Control Measures**

The finding that 32.9% of women faced challenges accessing contraceptive methods is consistent with global reports on barriers to family planning access, especially in low-resource settings (WHO, 2020; Adebowale et al., 2023). The most commonly reported barriers—cost (40.7%) and cultural/religious beliefs (27.8%)—are well-documented in the literature. Fadeyibi et al. (2022) also identified cost as a significant barrier to contraceptive access in Nigeria, with women from lower socioeconomic backgrounds facing financial constraints in obtaining reproductive control measures. Cultural and religious barriers, as highlighted in this study (63.4% negative influence), are echoed by Ajayi et al. (2018) who found that cultural resistance to contraception often undermines family planning programs in Nigeria.

The 54.9% of women who accessed contraceptives from clinics further corroborates findings from the National Population Commission and ICF (2019), which identified health facilities as primary sources of family planning methods, though geographic and logistical barriers in rural areas persist. This finding also mirrors the work of Gerdtts et al. (2016), who highlighted that access to healthcare infrastructure remains a major determinant of contraceptive utilization in sub-Saharan Africa.

### **Utilization of Reproductive Control Measures**

The high utilization rate of 73.2% observed in this study is consistent with trends in reproductive health research, though still below the desired national target. The findings support the research by Morhason-Bello et al. (2022), which found that utilization of modern contraceptive methods was high among Nigerian women, particularly with methods like oral contraceptives (25%) and injectables (20.8%). The reasons for selecting a contraceptive method—effectiveness and convenience—align with global studies on decision-making around family planning, as discussed by Al-Sheyab et al. (2021) and Kelly et al. (2023). The relatively high proportion of women using contraception for less than six months (37.5%) suggests that new adopters are actively engaging with family planning services, which could be a result of increased awareness and accessibility. This is consistent with findings from Fadeyibi et al. (2022) who noted that once women gain access to family planning methods, uptake tends to increase significantly in the initial months.

### **Perception and Attitudes toward Reproductive Control Measures**

The overwhelmingly positive perception of contraceptive methods as highly effective (61.0%) is corroborated by findings from the WHO (2020) and the Nigerian Demographic and Health Survey (NDHS, 2021), both of which emphasize that the majority of women perceive modern contraceptive methods to be safe and effective. However, the mixed perception regarding societal support for contraceptive use (54.9% agreeing that society supports it) indicates that societal norms still influence family planning decisions, reflecting research by Adebowale et al. (2023) and Morhason-

Bello et al. (2022), which identified societal resistance as a major barrier to family planning uptake in Nigeria. The significant influence of cultural beliefs on contraceptive use (63.4% reporting a negative influence) supports findings by Al-Sheyab et al. (2021) and Adebowale et al. (2023), who identified traditional beliefs and religious practices as key barriers to reproductive health initiatives in many sub-Saharan African communities.

### **Education and Counseling on Reproductive Control Measures**

The study found that 70.1% of women had received counseling or education on family planning, with healthcare providers being the primary source of information (78.3%). This is consistent with previous studies, such as Adebowale et al. (2023), which highlighted the critical role of healthcare providers in offering education and counseling on family planning options. The satisfaction with the information received was generally high, with 79.2% of respondents either satisfied or very satisfied. However, a significant minority (20.7%) expressed dissatisfaction, suggesting room for improvement in the quality and comprehensiveness of counseling provided, as also noted by Atuhiare et al. (2021).

### **Barriers to Utilization**

The barriers identified—cultural/religious beliefs, cost, and lack of information—are consistent with findings from multiple studies (Ajayi et al., 2018; Fadeyibi et al., 2022). Cultural beliefs, cited by 73.2% of women, continue to be a major hindrance to family planning uptake, reflecting the persistent cultural resistance to contraception in many Nigerian communities. Similarly, cost remains a major obstacle, as highlighted by Morhason-Bello et al. (2022) and Fadeyibi et al. (2022), which further underscores the need for policies that reduce the financial burden on women seeking reproductive control methods.

## **CONCLUSION**

This study highlights significant gaps in the knowledge, perception, and utilization of reproductive control measures among women in Ede South, Osun State, Nigeria. While awareness of contraceptive methods is high, understanding of their proper use is limited, suggesting a need for more comprehensive education. Barriers such as cost and cultural beliefs continue to impede access to and utilization of contraceptives. Despite these challenges, the utilization rate remains relatively high, particularly for oral contraceptives and injectables. The findings emphasize the crucial role of healthcare providers in educating and counseling women on family planning, though further improvement in counseling quality is necessary.

### **Recommendations**

1. Healthcare Provider should provide comprehensive, community-based education on contraceptive methods to bridge the gap between awareness and proper use.
2. Government should address financial barriers by subsidizing contraceptive costs and improving distribution systems.
3. Cultural Sensitivity: Engage community and religious leaders in promoting family planning to overcome cultural resistance.
4. Healthcare Provider Training: Continue professional development for healthcare providers to improve counseling quality and effectiveness.

5. Policy Support: Advocate for policies that ensure affordable and equitable access to reproductive health services for all women.

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