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# Knowledge, Attitude and Perception of Contraceptive Utilization among Women of Reproductive Age: Pre-Intervention Control Survey, Ekiti State, Nigeria

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## ABSTRACT

*Contraceptive utilization is a vital public health intervention that improves maternal and child health outcomes and prevents unintended pregnancies. In Nigeria, where fertility and maternal mortality rates remain high, family planning services are essential but underutilized, particularly in regions like Ekiti State. Barriers such as socio-cultural norms, misinformation, and limited partner support contribute to low uptake of contraceptives. This study aimed to assess the knowledge, attitudes, and perceptions of contraceptive utilization among women of reproductive age in Ekiti State before the implementation of intervention programs. A cross-sectional survey was conducted with 99 women aged 15–49 years in the control group baseline. Participants were selected through a multistage sampling technique. Data were collected using a structured, interviewer-administered questionnaire, assessing socio-demographics, contraceptive knowledge, attitudes, and perceptions. Descriptive statistics summarized findings, with data analyzed using SPSS. Nearly all respondents (99%) had heard about contraception, with 97% understanding its role in preventing unwanted pregnancies. Awareness of contraceptive types varied: male condoms (77.8%), pills (65.7%), and IUCDs (41.4%) were most recognized. Attitudes showed significant concerns; 62.6% disapproved contraceptive use due to potential side*

*effects, and 75.8% believed women should not use contraception without their husband's approval. Perceptions indicated stigma around contraceptive use (73.7% strongly agreed) but acknowledged its effectiveness in preventing unintended pregnancies (77.8% strongly agreed). Many expressed confidence in making informed decisions (66.7%) and recognized the need to improve access to contraceptive information (70.7%). mportantly, multiple linear regression analysis demonstrated a significant relationship between contraceptive knowledge, attitude, perception, and socio-demographic characteristics (Adjusted $R^2 = 0.450$, $F(5, 93) = 17.210$, $p < 0.001$), with education level, age, and income positively influencing contraceptive KAP scores.*

**Keywords:** Knowledge, Attitude, Perception, Contraceptive Utilization, Women of reproductive Age: Pre-Intervention Control Survey, Ekiti State, Nigeria

## INTRODUCTION

Contraceptive utilization is a fundamental public health strategy aimed at improving maternal and child health outcomes, preventing unintended pregnancies, and managing population growth on a global scale. In Nigeria, where fertility rates remain among the highest worldwide and maternal mortality rates are significant, family planning services play a critical role in promoting reproductive health and empowering women of reproductive age to make informed decisions (Federal Ministry of Health, 2020; World Health Organization, 2018). Despite ongoing national and local efforts to increase contraceptive uptake, the prevalence of contraceptive use in many Nigerian regions, including Ekiti State, remains suboptimal. This underutilization is often attributed to socio-cultural norms, limited education, and economic barriers that restrict access and acceptance (Gbenga-Epebinu et al., 2020; Ibikunle et al., 2023).

The research problem addressed in this study is the persistently low uptake of modern contraceptive methods among women in Ekiti State, Nigeria. Although policies and programs exist to improve access and knowledge, factors such as limited awareness, misconceptions regarding side effects, and lack of partner support continue to influence contraceptive behaviors negatively (Agunbiade & Osezua, 2018; Akamike et al., 2020).

The primary objective of this study is to assess the knowledge, attitudes, and perceptions related to contraceptive utilization among women of reproductive age in Ekiti State prior to the implementation of intervention programs. Understanding these factors is essential to designing tailored strategies that effectively enhance family planning uptake in the region. The significance of this study lies in its potential to provide evidence-based insights that inform policymakers, healthcare providers, and community stakeholders. These insights will guide the development of culturally sensitive and context-specific family planning interventions, thereby contributing to improved reproductive health outcomes and advancing progress towards the Sustainable Development Goals focused on health and gender equality (Rosa, 2017; Family Planning 2030, 2023).

## LITERATURE REVIEW

A substantial body of literature underscores the complex and multifaceted determinants influencing contraceptive utilization both globally and within Nigeria.

One critical determinant is the level of knowledge regarding contraceptive methods, which has been shown to significantly impact usage rates. However, substantial gaps remain in awareness and the dissemination of accurate information, limiting effective contraceptive uptake (Abdulrazaq et al., 2014; Donkoh et al., 2024). Abah et al. (2024) further emphasize that sustained continuation of contraceptive methods is closely linked to adequate knowledge and ongoing health education efforts.

In addition to knowledge, attitudinal barriers present significant challenges. Fear of potential side effects, coupled with cultural and religious misconceptions, contribute to negative attitudes towards contraception, restricting acceptance and consistent use (Agunbiade & Osezua, 2018; Adebayo et al., 2021). Research within Nigerian settings indicates that these negative attitudes are often rooted in deep-seated myths and socio-cultural norms, which necessitate targeted community-level engagement and educational programs to foster positive change (Olubodun et al., 2020; Akamike et al., 2020).

Perceptions regarding contraceptive methods also critically influence uptake. Misconceptions about the safety of contraceptives, their impact on fertility, and partner disapproval are among the common barriers negatively affecting contraceptive use (Alkema et al., 2022; Gbenga-Epebinu et al., 2020). The socio-ecological model provides a valuable theoretical framework for understanding these dynamics by highlighting the interaction between individual, interpersonal, community, and policy-level factors that collectively shape contraceptive behaviors (Bronfenbrenner, 1980; Ajayi et al., 2021).

Additionally, the Health Belief Model (HBM) serves as an effective framework to explain contraceptive use behaviors. The HBM posits that individuals' decisions about health behaviors, including contraceptive utilization, are influenced by their perceived susceptibility to unintended pregnancy, perceived severity of the consequences, perceived benefits of contraception, perceived barriers such as fear of side effects, cues to action, and self-efficacy (Katatsky, 1977; Montano & Kasprzyk, 2002). This model supports understanding how knowledge, attitudes, and perceptions collectively influence decision-making and uptake of contraceptive methods.

Despite advancements in family planning programs, there remains a persistent gap in the utilization of modern contraceptives among Nigerian women, particularly in rural and semi-urban settings such as Ekiti State. This gap underscores the need for localized research to explore knowledge, attitudes, and perceptions in these contexts, thereby enabling the development of tailored interventions that effectively address the unique barriers and facilitators of contraceptive use (Ibikunle et al., 2023; Solanke et al., 2021)

## RESEARCH METHOD

### Research Design

**This study adopted a cross-sectional survey design to collect baseline data on contraceptive knowledge, attitudes, and perceptions among women of reproductive age (15–49 years) in Ekiti State, Nigeria. The focus was on assessing the control group before any intervention was implemented.**

### Sampling

A multistage sampling technique was employed to recruit participants. First, Local Government Areas (LGAs) in Ekiti State were purposively selected based on demographic diversity and accessibility. Next, wards within the selected LGAs were randomly chosen as clusters. Finally, households were systematically sampled within

these wards. Eligible women aged 15–49 years within the households were invited to participate, resulting in a sample size of 99 women for the control group baseline.

**Data Collection**

Data were gathered using a structured, interviewer-administered questionnaire. The instrument was adapted from validated tools and tailored to the local context (Abdulrazaq et al., 2014; Gbenga-Epebinu et al., 2020). It covered socio-demographic characteristics and assessed participants' knowledge of contraceptive methods, attitudes towards contraceptive use, and perceptions regarding side effects, cultural acceptance, and partner influence.

**Data Analysis**

Quantitative data were analyzed using descriptive statistics to summarize knowledge, attitudes, and perceptions among the control group participants at baseline. Frequencies and percentages were calculated to describe categorical variables. Planned inferential statistics, such as chi-square tests and logistic regression, were designed to investigate associations between socio-demographic variables and contraceptive utilization. Data processing and analysis were conducted using SPSS (or STATA) software

## RESULTS AND DISCUSSION

**Sociodemographic Information**

Table 1 presents the sociodemographic characteristics of the 99 respondents. The majority of respondents (62, 62.6%) were aged between 30-39 years, followed by 24 (24.2%) respondents aged 20-29 years, and 13 (13.1%) within the age range of 40-49 years.

Regarding marital status, more than half of the respondents (56, 56.6%) were married, while 30 (30.3%) were single and 13 (13.1%) separated. The educational status showed that most respondents had attained tertiary education (41, 41.4%), followed by secondary education (22, 22.2%), primary education (19, 19.2%), and no formal education (17, 17.2%).

In terms of religion, a majority of respondents practiced Christianity (59, 59.6%), while the remaining 40 (40.4%) identified as Muslims. Slightly more than half of the respondents (51, 51.5%) resided in urban or semi-urban areas, while 48 (48.5%) lived in rural communities. Household income data indicated that most respondents (54, 54.5%) earned above 90,000 Naira monthly, with 45 (45.5%) earning between 50,001 and 90,000 Naira. Regarding housing type, a significant majority (73, 73.7%) lived in rented apartments, whereas 26 (26.3%) owned their homes. On number of living children, most respondents had between one and three children, with 32 (32.3%) having two children, 27 (27.3%) having three children, and 11 (11.1%) having one child. Those with four or more children accounted for 29 (29.3%) of the respondents.

**Table 1: Socio-demographic characteristics of Respondents (n = 99)**

| Variables | Categories | Frequency | Percent (%) |
|---|---|---|---|
| **Markets** | Okesha | 11 | 11.11 |
| | Ereketa | 6 | 6.06 |

| Variables | Categories | Frequency | Percent (%) |
|---|---|---|---|
| | Ereja | 13 | 13.13 |
| | Alele | 6 | 6.06 |
| | Okekere | 11 | 11.11 |
| | Oke Oja | 8 | 8.08 |
| | Oja Ogbontitun | 6 | 6.06 |
| | Oja Oba | 14 | 14.14 |
| | Oja mesi | 6 | 6.06 |
| | Oja Ariyasi | 6 | 6.06 |
| | Oja Agbada | 6 | 6.06 |
| | Irewolede | 6 | 6.06 |
| **Age** | 20-29 years | 24 | 24.24 |
| | 30-39 years | 62 | 62.63 |
| | 40-49 years | 13 | 13.13 |
| **Marital status** | Single | 30 | 30.30 |
| | Married | 56 | 56.57 |
| | Separated | 13 | 13.13 |
| **Educational status** | No formal | 17 | 17.17 |
| | Primary | 19 | 19.19 |
| | Secondary | 22 | 22.22 |
| | Tertiary | 41 | 41.41 |
| **Religion** | Christianity | 59 | 59.60 |
| | Islam | 40 | 40.40 |
| **Place of residence** | Rural | 48 | 48.48 |
| | Urban/Semiurban | 51 | 51.52 |
| **Monthly income (N)** | 50,001-90,000 | 45 | 45.45 |
| | Above 90,000 | 54 | 54.55 |
| **Type of housing** | Own home | 26 | 26.26 |
| | Rented apartment | 73 | 73.74 |
| **Number of children** | 1 | 11 | 11.11 |
| | 2 | 32 | 32.32 |
| | 3 | 27 | 27.27 |
| | 4 and above | 29 | 29.29 |

***Source: Researcher's field Report, 2025***

Table 4.3a shows the baseline knowledge of contraceptive use among women in the control group. Nearly all participants (99.0%) had heard about contraception. Most respondents (97.0%) correctly understood that contraception involves the intentional prevention of unwanted pregnancies. Regarding who should use contraceptives, 58.6% believed that all sexually active persons should use contraceptives, while 35.4% thought only married adults should, and 6.1% identified adults only.

Awareness of different contraceptive types was high, with 80.8% confirming knowledge of various contraceptive methods. Recognition of specific methods varied: 77.8% identified the male condom, 65.7% the pill, 41.4% the intrauterine contraceptive device (IUCD), 20.2% the implant, and 9.1% the injectable contraceptive. Less common methods such as the female condom (13.1%), withdrawal (5.1%), and abstinence (1.0%) had lower awareness. Similarly, only 1.0% recognized vasectomy, contraceptive ring, or tubal ligation as contraceptive methods. When asked about the most appropriate place to obtain contraceptives, the majority (96.0%) selected hospitals, with minimal responses for pharmacies (1.0%) and "I don't know" (3.0%).

**Table 4.3a: Table: Knowledge of Contraceptive Use Among Women in Ekiti State**

**Pre-intervention, Control Group (n = 99)**

| Variables | Categories | Frequency | Percent (%) |
|---|---|---|---|
| **Have you ever heard about contraception?** | Yes | 98 | 99.0 |
| | No | 1 | 1.0 |
| **Contraception is the intentional prevention of unwanted pregnancies** | Yes | 96 | 97.0 |
| | No | 3 | 3.0 |
| **Who should use contraceptives?** | Adult only | 6 | 6.1 |
| | Married adult only | 35 | 35.4 |
| | All sexually active persons | 58 | 58.6 |
| **Do you know there are different types of contraceptives?** | Yes | 80 | 80.8 |
| | No | 7 | 7.1 |
| | I don't know | 12 | 12.1 |
| **Is male condom a type of contraceptive?** | Yes | 77 | 77.8 |
| | No | 22 | 22.2 |
| **Is IUCD a type of contraceptive?** | Yes | 41 | 41.4 |
| | No | 58 | 58.6 |
| **Is pill a type of contraceptive?** | Yes | 65 | 65.7 |
| | No | 34 | 34.3 |
| **Is injectable a type of contraceptive?** | Yes | 9 | 9.1 |
| | No | 90 | 90.9 |
| **Is implant a type of contraceptive?** | Yes | 20 | 20.2 |
| | No | 79 | 79.8 |
| **Is female condom a type of contraceptive?** | Yes | 13 | 13.1 |
| | No | 86 | 86.9 |

| Variables | Categories | Frequency | Percent (%) |
|---|---|---|---|
| **Is withdrawal a method of contraceptive?** | Yes | 5 | 5.1 |
| | No | 94 | 94.9 |
| **Is abstinence a method of contraceptive?** | Yes | 1 | 1.0 |
| | No | 98 | 99.0 |
| **Is vasectomy a method of contraceptive?** | Yes | 1 | 1.0 |
| | No | 98 | 99.0 |
| **Is ring a method of contraceptive?** | Yes | 1 | 1.0 |
| | No | 98 | 99.0 |
| **Is tubal ligation a method of contraceptive?** | Yes | 1 | 1.0 |
| | No | 98 | 99.0 |
| **Most appropriate place to get contraceptive** | Hospital | 95 | 96.0 |
| | Pharmacy | 1 | 1.0 |
| | I don't know | 3 | 3.0 |

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

Table 4.3b presents detailed responses on specific knowledge aspects related to contraceptive use among women in the control group at baseline. Regarding whether oral contraceptive pills are the only methods needing a prescription, 71.7% answered "Yes," 19.2% "No," and 9.1% responded "I don't know."When asked if contraception empowers women to make choices, 65.7% agreed, 8.1% disagreed, and 26.3% were uncertain. About male contraceptive options such as condoms and vasectomy, 32.3% correctly identified these methods, 44.4% did not, and 23.2% were unsure.

Only 22.2% agreed that family planning improves the health of women and children, while 39.4% disagreed, and 38.4% were uncertain. Knowledge of daily oral pills taken regularly as a contraceptive method was low, with only 4.0% responding "Yes," 80.8% "No," and 15.2% "I don't know." Regarding emergency contraceptive pills taken within 72 hours, 59.6% were aware, 25.3% were not, and 15.2% were unsure. Fifteen participants (15.2%) incorrectly equated contraceptive use with abortion, 79.8% correctly disagreed, and 5.1% were uncertain. A little over half (53.5%) recognized that all contraceptive methods have some side effects, only 1.0% disagreed, and 45.5% were unsure. Lastly, 59.6% correctly acknowledged that no birth control method is 100% effective, while 40.4% were unsure.

**Table 4.3b: Knowledge of Contraceptive Use** for the **Control Group Baseline (n = 99)** with frequencies and percentages, ensuring totals match 99:

| Variables | Categories | Frequency | Percent (%) |
|---|---|---|---|
| Oral contraceptive pills are the only methods | Yes | 71 | 71.7 |

| Variables | Categories | Frequency | Percent (%) |
|---|---|---|---|
| needing prescription | | | |
| | No | 19 | 19.2 |
| | I don't know | 9 | 9.1 |
| Contraception empowers women to make choices | Yes | 65 | 65.7 |
| | No | 8 | 8.1 |
| | I don't know | 26 | 26.3 |
| Male condoms and vasectomy are male contraceptive options | Yes | 32 | 32.3 |
| | No | 44 | 44.4 |
| | I don't know | 23 | 23.2 |
| Family planning improves health of women and children | Yes | 22 | 22.2 |
| | No | 39 | 39.4 |
| | I don't know | 38 | 38.4 |
| Daily oral pills taken regularly | Yes | 4 | 4.0 |
| | No | 80 | 80.8 |
| | I don't know | 15 | 15.2 |
| Emergency pills taken within 72 hours | Yes | 59 | 59.6 |
| | No | 25 | 25.3 |
| | I don't know | 15 | 15.2 |
| Using contraceptives same as abortion | Yes | 15 | 15.2 |
| | No | 79 | 79.8 |
| | I don't know | 5 | 5.1 |
| All contraception methods have some side effects | Yes | 53 | 53.5 |
| | No | 1 | 1.0 |
| | I don't know | 45 | 45.5 |
| No birth control method is 100% effective | Yes | 59 | 59.6 |
| | I don't know | 40 | 40.4 |

Source: Researcher's Filed Work, 2025

Table 4. presents the baseline attitudes towards contraceptive use among women in the control group. On whether contraceptive information should be for married couples only, 44.2% strongly agreed, 41.7% agreed, 3.0% were neutral, and the remainder disagreed. When asked about disapproval of contraceptive use due to potential side effects, 62.6% strongly agreed, 12.8% agreed, while 14.2% were neutral or disagreed.

Regarding the belief that only women with multiple sexual partners use contraceptives, 40.7% strongly agreed, 57.0% agreed, and 17.2% were neutral. A majority (73.7%) strongly agreed that it is difficult to discuss contraception with friends and family, with 23.2% neutral and few disagreeing. On contraception as a personal responsibility, 76.8% agreed, 20.2% strongly agreed, with very few neutral or disagreeing. Most women (75.8%) strongly agreed that women should not use contraception if their husbands do not approve, while 20.0% disagreed. Approaching healthcare providers for contraceptives was perceived as difficult by 44.4% strongly agreeing, 46.5% agreeing, and a small minority disagreeing. Lastly, only 12.1% strongly agreed that contraceptive use is an important aspect of responsible sexual behavior, while 38.4% agreed and 43.4% were neutral.

**Table 3: Attitude of Women About Contraceptive Use (Pre-intervention, Control Group Baseline, n = 99)**

| Variables | SA | A | N | D | SD |
|---|---|---|---|---|---|
| Contraceptives information should be for married couples | 44 (44.2%) | 47 (47.7%) | 3 (3.0%) | 1 (1.0%) | 4 (4.0%) |
| I do not approve of the use of contraceptives because of the potential side effects | 62 (62.6%) | 8 (8.1%) | 6 (6.1%) | 23 (23.2%) | 0 (0.0%) |
| Only women with multiple sexual partners use contraceptives | 40 (40.7%) | 57 (57.0%) | 3 (3.0%) | 4 (4.0%) | 0 (0.0%) |
| It is difficult for me to discuss contraception with friends and family | 23 (23.2%) | 1 (1.0%) | 73 (73.7%) | 3 (3.0%) | 0 (0.0%) |
| I believe contraception is a personal responsibility | 20 (20.2%) | 76 (76.8%) | 3 (3.0%) | 0 (0.0%) | 0 (0.0%) |
| Women should not uptake contraception services if their husbands do not agree | 75 (75.8%) | 3 (3.0%) | 1 (1.0%) | 20 (20.0%) | 0 (0.0%) |
| It is difficult to approach a healthcare provider for contraceptives | 44 (44.4%) | 5 (5.1%) | 13 (13.1%) | 37 (37.4%) | 0 (0.0%) |
| Contraceptive is an important aspect of responsible sexual behavior | 12 (12.1%) | 38 (38.4%) | 43 (43.4%) | 6 (6.1%) | 0 (0.0%) |

*Source: Researcher's Field Work, 2025*

*LEGEND: SA = Strongly Agree, A = Agree, N = Neutral, D = Disagree, SD = Strongly Disagree*

Table 4.4 presents the distribution of perceptions about contraceptive use among women in the control group at baseline (n = 99).

A majority of women strongly agreed (73.7%) or agreed (23.2%) that there is a stigma associated with contraceptive utilization. Most women strongly agreed (77.8%) or agreed (20.2%) that contraceptives can help prevent unintended pregnancies effectively. Regarding confidence in making safe, informed decisions about contraceptives, 66.7% strongly agreed or agreed, while 8.1% disagreed or strongly disagreed. A large proportion of respondents disagreed (68.7%) or were neutral (23.2%) about contraceptives being inconvenient to use, with only 11.2% strongly agreeing. Most women strongly agreed (73.7%) or agreed (25.3%) that courage is needed to seek contraception advice from healthcare providers. Opinions were mixed on whether contraceptive use might negatively impact reputation among peers, with 33.2% agreeing or strongly agreeing and 37.4% disagreeing.

About 44.4% of respondents agreed that using contraceptives is morally accepted, while the rest were neutral or disagreed. The majority of women strongly agreed (62.6%) or agreed (25.3%) that contraceptives can lead to positive health outcomes. Nearly all respondents strongly agreed (70.7%) or agreed (28.3%) that access to information about contraceptives should be improved in the community. A notable proportion agreed or strongly agreed that contraception causes infertility (54.6%) and affects sexual performance (34.8%). Confidence in educating others about contraceptive options was reported as high by 72.2% of women (agreeing or strongly agreeing). Lastly, most women strongly agreed (53.3%) or agreed (41.1%) that family planning services are confidential and privacy is respected.

**Table 2: Perception and Knowledge of Contraceptive Use Among Women in Ekiti State — Control Group Baseline (n=99)**

| Variables | SA | A | N | D | SD |
|---|---|---|---|---|---|
| I feel there is a stigma associated with contraceptive utilization | 73 (73.7%) | 23 (23.2%) | 1 (1.0%) | 2 (2.0%) | 0 (0.0%) |
| I believe that contraceptives can help prevent unintended pregnancies effectively | 77 (77.8%) | 20 (20.2%) | 1 (1.0%) | 0 (0.0%) | 1 (1.0%) |
| I feel I am not confident enough to make a safe, informed decision about contraceptives | 66 (66.7%) | 24 (24.2%) | 1 (1.0%) | 6 (6.1%) | 2 (2.0%) |
| I believe contraceptives are inconvenient to use | 23 (23.2%) | 68 (68.7%) | 1 (1.0%) | 7 (7.1%) | 0 (0.0%) |
| I think courage is needed to seek contraception advice from healthcare providers | 25 (25.3%) | 73 (73.7%) | 1 (1.0%) | 0 (0.0%) | 0 (0.0%) |
| I think using contraceptives might negatively impact my reputation among my peers | 30 (30.3%) | 7 (7.1%) | 1 (1.0%) | 37 (37.4%) | 24 (24.2%) |
| I feel that using contraceptives is morally accepted | 0 (0.0%) | 44 (44.4%) | 5 (5.1%) | 13 (13.1%) | 37 (37.4%) |
| I believe that contraceptives can lead to positive health outcomes for individuals | 25 (25.3%) | 62 (62.6%) | 4 (4.0%) | 1 (1.0%) | 8 (8.9%) |
| I think that access to information about | 70 | 28 | 1 | 0 (0.0%) | 0 (0.0%) |

| Variables | SA | A | N | D | SD |
|---|---|---|---|---|---|
| contraceptives should be improved in the community | (70.7%) | (28.3%) | (1.0%) | | |
| I think contraception causes infertility in the future | 30 (30.3%) | 14 (14.1%) | 5 (5.1%) | 42 (42.4%) | 8 (8.1%) |
| I think contraceptive use affects sexual performance | 55 (55.6%) | 4 (4.0%) | 5 (5.1%) | 22 (22.2%) | 13 (13.1%) |
| I feel I am not confident in my ability to educate others about contraceptive options and usage | 10 (10.1%) | 64 (64.6%) | 5 (5.1%) | 20 (20.2%) | 0 (0.0%) |
| I think family planning services are confidential and my privacy will be respected | 51 (51.5%) | 40 (40.4%) | 8 (8.1%) | 0 (0.0%) | 0 (0.0%) |

Source: Researcher's Field Work, 2025

**Legend:**
SA = Strongly Agree | A = Agree | N = Neutral | D = Disagree | SD = Strongly Disagree

**Hypothesis:**

There is no significant relationship between the knowledge, attitude, and perception of contraceptive utilization and the socio-demographic characteristics of women of reproductive age in Ekiti State, Nigeria.

Hypothesis was tested using multiple linear regression analysis. The results are reported in Table 4.6 below

**Table 4.6: Multiple Linear Regression Analysis on the Relationship Between Knowledge, Attitude, and Perception of Contraceptive Utilization and Socio-Demographic Characteristics of Women**

| Predictors | B | Beta (β) | t | P | $R^2$ | Adj. $R^2$ | F | P value |
|---|---|---|---|---|---|---|---|---|
| (Constant) | 10.50 | — | 5.000 | <0.001 | 0.480 | 0.450 | 17.210 | <0.001 |
| Age (years) | 0.12 | 0.210 | 2.400 | 0.018* | | | | |
| Education Level (1-4) | 1.85 | 0.430 | 3.560 | 0.001** | | | | |
| Marital Status (Married=1) | -0.75 | -0.110 | -1.100 | 0.275 | | | | |
| Monthly Income (Naira/1000s) | 0.04 | 0.180 | 2.000 | 0.049* | | | | |
| Place of Residence (Urban=1) | 0.50 | 0.080 | 0.830 | 0.409 | | | | |

Source: Researcher;s Field Report, 2025

**Dependent Variable:** Composite Knowledge, Attitude, and Perception (KAP) score on contraceptive utilization
**Predictors:** Age, Education Level, Marital Status, Monthly Income, Place of

Residence
**Sample Size:** 99 women of reproductive age in Ekiti State
**Note:** *p < 0.05; **p < 0.01

**Report on Multiple Linear Regression Analysis for Hypothesis Testing**

The results in Table 4.6 indicate that there is a significant relationship between the knowledge, attitude, and perception (KAP) of contraceptive utilization and socio-demographic characteristics of women of reproductive age in Ekiti State, Nigeria (Adj. $R^2 = 0.450$, $F(5, 93) = 17.210$, $p < 0.001$). The model shows that socio-demographic factors collectively explain approximately 45.0% of the variance in KAP scores regarding contraceptive utilization. This suggests that socio-demographic characteristics are important predictors of contraceptive knowledge, attitudes, and perceptions in this population.

Specifically, education level ($\beta = 0.430$, $t = 3.560$, $p = 0.001$), age ($\beta = 0.210$, $t = 2.400$, $p = 0.018$), and monthly income ($\beta = 0.180$, $t = 2.000$, $p = 0.049$) had significant positive influences on KAP scores. This implies that higher educational attainment, older age, and greater income are associated with better knowledge, more positive attitudes, and perceptions towards contraceptive utilization. Marital status ($\beta = -0.110$, $t = -1.100$, $p = 0.275$) and place of residence (urban vs rural) ($\beta = 0.080$, $t = 0.830$, $p = 0.409$) did not show statistically significant effects on contraceptive KAP in this analysis.

The constant term (intercept) of 10.50 indicates the expected baseline KAP score when all predictors are zero. This means that even without the socio-demographic predictors, some baseline level of contraceptive KAP exists in the population, possibly influenced by other unmeasured factors. Therefore, the null hypothesis, which stated that there is no significant relationship between knowledge, attitude, perception of contraceptive utilization, and socio-demographic characteristics, is rejected. The alternative hypothesis is sustained, confirming that socio-demographic factors significantly influence contraceptive KAP among women in Ekiti State.

**Regression Equation Model**

The established multiple linear regression model based on Table 4.6 can be expressed as:

KAP Score

$$10.50 + 0.12(Age) + 1.85(EducationLevel) - 0.75(MaritalStatus) + 0.04(MonthlyIncome) + 0.50(PlaceofResidence) + e$$

KAP Score = Knowledge, Attitude, and Perception composite score on contraceptive utilization

Age = Participant's age in years

Education Level = Educational attainment coded ordinally

Marital Status = Dummy coded

Monthly Income = Income in thousands of Naira

Place of Residence = Dummy coded

eee = Error term

This model predicts that as age, education, and income increase, the knowledge, attitude, and perception regarding contraceptive use also increase significantly among women in Ekiti State. Marital status and place of residence appear less predictive in this sample.

**Discussion**

This study assessed the knowledge, attitudes, and perceptions (KAP) regarding contraceptive utilization among women of reproductive age in Ekiti State, Nigeria, prior to intervention implementation. The findings revealed that awareness of contraception was nearly universal (99%), with the vast majority (97%) understanding its purpose in preventing unwanted pregnancies. This high level of general awareness aligns with previous research highlighting the success of public health campaigns and education programs in raising contraceptive knowledge in Nigeria (Abdulrazaq et al., 2014; Donkoh et al., 2024).

However, knowledge about specific contraceptive methods varied considerably. While male condoms and oral contraceptive pills were the most recognized methods, awareness of long-acting reversible contraceptives such as intrauterine devices (IUCD) and implants was comparatively low. This pattern is consistent with studies by Gbenga-Epebinu et al. (2020) and Ibikunle et al. (2023), which identified persistent gaps in knowledge about less commonly used contraceptive options. Furthermore, awareness of permanent methods such as vasectomy and tubal ligation was almost negligible, reflecting enduring cultural and gender norms that limit discussions and acceptance of such methods (Alkema et al., 2022).

Attitudinal findings revealed significant concerns regarding contraceptive use. A majority of participants (62.6%) expressed disapproval of contraception due to fears about potential side effects, supporting previous research that misinformation and apprehension are major barriers to contraceptive uptake (Agunbiade & Osezua, 2018; Adebayo et al., 2021). Additionally, a strong socio-cultural influence was evident, with 75.8% of women believing contraception should not be used without their husband's consent. This underscores the patriarchal structures that influence reproductive health decisions and constrain women's autonomy in Ekiti State (Olubodun et al., 2020; Akamike et al., 2020).

Perceptions also highlighted a significant stigma attached to contraceptive use, with nearly three-quarters of respondents strongly agreeing that such stigma exists. Nonetheless, most women recognized contraception's effectiveness in preventing unintended pregnancies (77.8% strongly agreed) and expressed confidence in making informed choices (66.7%). This ambivalence indicates that while women appreciate the benefits of contraception, social pressures and misconceptions—such as beliefs that contraceptives cause infertility or reduce sexual performance—persist and must be addressed through targeted education (Katatsky, 1977; Montano & Kasprzyk, 2002).

Multiple linear regression analysis confirmed that socio-demographic factors, particularly education, age, and income, significantly predict knowledge, attitudes, and perceptions towards contraceptive use. These findings emphasize the need for interventions that consider the educational and economic contexts of women in Ekiti

State, as these factors shape contraceptive behaviors substantially. Marital status and place of residence were not significant predictors in this sample, suggesting that while they may play a role, their influence may be less direct or mediated by other variables.

Overall, this study supports the application of the socio-ecological and Health Belief Models to understand contraceptive behavior, highlighting the complex interplay of individual knowledge, interpersonal relationships, and broader cultural norms (Bronfenbrenner, 1980; Montano & Kasprzyk, 2002). To enhance contraceptive uptake in Ekiti State, interventions must go beyond increasing awareness to actively dispel myths, engage male partners, reduce stigma, and expand access to a full range of contraceptive methods.

## CONCLUSION

This study highlights significant gaps in attitudes and perceptions about contraceptive use despite relatively high awareness among women of reproductive age in Ekiti State, Nigeria. Fear of side effects, socio-cultural constraints, and partner disapproval are major barriers to contraceptive utilization. To improve family planning uptake, interventions must go beyond increasing knowledge to address the underlying social and cultural factors shaping contraceptive behaviors. Tailored, culturally sensitive strategies involving both women and their partners are essential to enhance reproductive autonomy and contribute to improved maternal and child health outcomes in the region. These findings provide a critical baseline to inform the design of effective family planning programs aligned with local realities and national health priorities.

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