

Prevalence and Factors Associated with the Use of Contraceptives Among Women of Reproductive Age in Selected Rural Communities in AMAC, Abuja

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ABSTRACT

Introduction: Contraceptive use is essential for reproductive health, allowing women and couples to plan their families responsibly. Despite global progress, low- and middle-income countries, particularly in sub-Saharan Africa, still experience low uptake due to socio-cultural and economic barriers. In Nigeria, only about 17–25% of women use any contraceptive method, with rural areas facing even greater challenges of access and misinformation. These gaps contribute to high maternal mortality, unsafe abortions, and population growth pressures, highlighting the urgent need for improved family planning services.

Methodology: The study was conducted in Jiwa, a rural community within Abuja Municipal Area Council (AMAC), FCT, known for its agrarian lifestyle and limited access to healthcare. A cross-sectional mixed-methods study involving women aged 18–49 years who had lived in Jiwa for at least six months and provided informed consent. Data were collected from 308 questionnaires (298 completed), along with interviews and FGDs, using multistage stratified sampling. Quantitative data were analyzed with SPSS, qualitative data with NVivo 12, and ethical approval was secured from Bingham University, ensuring confidentiality and voluntary participation.

Results: The prevalence of current contraceptive use among women of reproductive age in rural Abuja communities was 37.6%, indicating moderate uptake but highlighting a substantial unmet need. The most commonly used contraceptive methods were injectables (18.8%) and implants (14.1%), with health centers and pharmacies identified as the main sources of supply. Socio-demographic factors significantly associated with contraceptive use included higher educational attainment, formal employment, higher household income, Islamic faith, and fewer living children. Major barriers to contraceptive use were fear of side effects (33.6%), partner opposition (36.2%), high cost (39.6%), and socio-cultural beliefs, along with limited spousal support (63.8%) and economic vulnerability. Qualitative findings revealed widespread misinformation, strong spousal influence, and underscored the need for community-based education and awareness creation to improve contraceptive access and utilization.

Conclusion: Contraceptive use in rural Jiwa remains moderate but hindered by socio cultural, perceptual, and economic factors. Addressing these barriers through targeted interventions, male involvement, and sustained community education is essential to improve contraceptive access and utilization among rural women in Nigeria.

Recommendations: Based on the findings of this study, the following public health interventions were recommended: Community based campaigns should be implement to debunk myths by using communities head and religious leader and testimonials from satisfied users. There should be more advocacy for policies that will ensure the availability of a wide range of affordable through public health systems.

Keywords: Contraceptive Use, Prevalence, Rural Women, Nigeria, Socio-Demographic Factors, Barriers, Reproductive Health, Family Planning, Mixed-Methods

