

## **An Appraisal of Non-Formal Educated Mothers' Perception on the Use of Birth Control in Kura Local Government, Nigeria**

**Suleman Ahmed Wan<sup>1</sup>, Muttaka Umar<sup>2</sup>, Isah Umar<sup>3</sup> & Rabi Tijjani Idris<sup>2</sup>**

<sup>1</sup>Department of Sociology, Sule Lamido University Kadin-Hausa, Jigawa State  
*Corresponding author: wan2030@gmail.com*

<sup>2</sup>Jigawa College of Nursing Sciences, Birnin-Kudu, Jigawa State

<sup>3</sup>Department of Sociology, Bayero University Kano

### **Abstract**

The study is set to appraise non-formal educated mothers' perception on the use of birth control in Kura Local Government of Kano State. A sample of 130 reproductive-age women (15-39 years) in Kura LGA was drawn to respond to a questionnaire and In-depth Interviews (IDI). Health Belief Model was used for the study. The findings of the study revealed that culture frown on birth control, and tradition does not permit the use of contraceptives, because grandparents did not practice it. The nature of methods can be varied depending upon the interest, economic condition, side effects of the birth control methods. Also, the findings of the study revealed that their source of information about birth control methods was mostly friends, indicating influence of friends and peer group on birth control. The study recommended that empowering non-formal educated mothers with accurate information and resources on birth control can contribute to promoting family planning, and improving overall maternal and child health outcomes. Also, providing education, counseling, and access to a variety of contraceptive options can help empower women to make informed choices about family planning and reproductive health. Community-based programs, peer education, and outreach initiatives can also play a key role in addressing the attitudes of non-formal educated mothers with limited education towards birth control methods.

**Keywords:** Contraception, Non-Formal, Educate Mother, birth control method.

### **Introduction**

Many African countries, have implemented the use of contraceptives as an important strategy for addressing the health of the population, as well as social and economic issues. Scholars have indicated that high number of women would want to postpone childbearing for two or more years but are not using any contraceptive method (Bawah et al., 2019; GDHS, 2019; Guure et al., 2019), due to numerous challenges encountered by them (Atiglo & Codjoe, 2019; GSS, 2017). Knowledge and access of birth control methods are undoubtedly shaped by the surrounding socioeconomic and cultural environment, as are personal attitudes and feelings about birth control. It is not always clear what the precise relationship is between these factors and the risk of unintended pregnancy.

Nonetheless, in the aggregate, they aid to form the environment in which individual decisions about contraception and sexual activity occur. Consideration of them must be part of any serious inquiry into the reasons that lie behind high rates of unintended pregnancy. Non-formal educated mothers may lack access to accurate information on birth control methods due to limited education and literacy levels. This can lead to misconceptions or misunderstandings about

contraception, hindering their ability to make informed decisions about their reproductive health. Additionally, non-formal educated mothers may face societal stigma, cultural barriers, or lack of social support in seeking and using birth control (Ajoke, 2021).

For instance, unsafe abortion is a key proximate cause of maternal mortality in Ghana, and the associated complications have serious public health implications for the country. For instance, Ghana has recorded a 15% of maternal mortality because of unsafe abortion practices among women in the reproductive age group (15-49 years) during a national health survey (Ghana Maternal and Health Survey, 2019). Unintended pregnancy and its related consequences such as unsafe abortion result from the nonuse of contraceptives. The unmet need for contraception among married women aged 15-49 years in Ghana was estimated at 26.3%, while contraceptive prevalence rate was 30.8% in 2017 (GDHS, 2019).

There is a decline in the use of modern contraceptives among reproductive-age women (20-39 years) in the eastern region between 2014 and 2016 (GSS, 2017), and most African records a drop-in contraceptive prevalence rate despite the availability of contraceptive services in the health facilities (Reproductive and Child Health Unit Annual Report, 2020), which puts the health of the women and children at great risk. The consequences of nonuse of contraceptives include increased maternal mortality rate (Nettey et al., 2015). This has been identified as a major issue in Nigeria where women often die from the consequences of unplanned pregnancies and specifically unsafe abortions. Utilization of modern methods of contraceptives varies with socioeconomic and demographic characteristics such as age, marital status, education, religion, number of living children, desire for more children, ever use of contraceptives, urban-rural residence, and wealth or socioeconomic status (Atiemo, 2015).

Hence, these background characteristics determine the person's attitude toward the use of contraceptives and the ability to understand the mechanism of action and effective use of the methods. They may also affect the ability to access various types of contraceptives, hence, the type of contraceptive the individual is likely to use. Many factors come together to influence an individual's decision to either use a particular contraceptive method or not; factors such as sociocultural beliefs and perception and practices may influence knowledge about contraceptives and contraception, and the use of contraceptives (Aryeetey et al., 2010). Therefore, the study is set to appraise non-formal educated mothers' perception on the use of birth control, to identify and to identify the factors that influence non-formal educated mothers' decision-making regarding birth control in Kura L.G. A. of Kano State, Nigeria.

### **Theoretical Framework**

The Health Belief Model (HBM), a well-tested, comprehensive social cognitive framework by Rosenstock (1974) and colleagues was one of the first models used to predict and explain variations in contraceptive behavior among women in the 1970s and 1980s (Nathanson & Becker, 1983; Eisen et al., 1985). Yet, the HBM has seldom since been applied in family planning. In a review of Fisher (1977) studies testing theory-based contraceptive behavior interventions, none were found to use the HBM (Lopez, Tolley, Grimes & Chen-Mok, 2009).

Theory-driven strategies to prevent unintended pregnancy are currently needed. Along with decades of research on unintended pregnancy prevention, knowledge about poor birth control behavior has evolved. We are more aware of the complexities of birth control behavior, which

may support enhanced applications of the HBM to help identify and predict factors that influence successful contraception in current populations and settings.

Overall, the HBM's adaptability and holistic nature facilitate applications in diverse contexts like family planning and with complex behaviors like contraceptive behavior. Family planning is a dynamic and complex set of services, programs and behaviors towards regulating the number and spacing of children within a family (Kesley, 2016). Contraceptive behavior, one form of family planning refers to activities involved in the process of identifying and using a contraceptive method to prevent pregnancy and can include specific actions such as contraceptive initiation (to begin using a contraceptive method), continuation or discontinuation (to maintain or stop use of a contraceptive method), misuse (interrupted, omitted or mistimed use of a contraceptive method), nonuse, and more broadly compliance and adherence (general terms often used to denote any or all of the former contraceptive behavior terms) (Eldredge et al., 2016).

Motivation to Prevent an Unwanted Pregnancy Contraceptive behavior, viewed through the HBM, is motivated by an individual's: desire to avoid pregnancy and value placed on not becoming pregnant; nonspecific, stable differences in pregnancy motivations and childbearing desires; and perceived ability to control fertility and reduce the threat of pregnancy by using contraception. Sufficient motivation must exist to make prevention of pregnancy salient and relevant and to support the contraceptive behavior decision-making process (Herold, 1983). Health care providers used the HBM to understand patients' contraceptive needs, employing constructs of the model to guide patient interviewing.

For instance, the health history around a contraceptive initiation visit should focus not only on fertility intentions but also on existing perceptions of method-specific benefits and barriers and on psychological, social and reproductive histories that may be relevant to contraceptive method selection (Wiebe, Trouton and Dicus, 2010 and Ross et al 2001). Individual patient characteristics such as fear of an invasive procedure, inability to cover monthly co-pay, difficulty in remembering to take a daily medication, history of tobacco use, or recent pelvic inflammatory disease diagnosis may help rule out some options to determine the most patient-centered method. By obtaining health information from all HBM constructs to present a complete historical picture, providers can help patients initiate the most appropriate contraceptive to facilitate successful use from the outset.

### **Methodology**

The study adopts a mixed-methods approach, combining both quantitative and qualitative research methodologies. 120 reproductive-age married women (15-39 years) in Kura LGA of Kano State were selected. An in-depth interview (IDI) was conducted with 5 health worker, 2 auxiliary midwives and 3 non-formal educated mothers. Multi-stage sampling techniques were used to select respondents for the study. The quantitative data generated were processed with the Social Package for the Social Sciences (SPSS) version 2.5. Descriptive statistics were used during the analysis and presented in the form of tables, frequencies and percentages. The qualitative data generated were translated and transcribed and used to complement the quantitative data.

## Analysis and Discussion

What is the perception of non-formal educated mothers regarding the use of birth control?

**Table 1:** Respondents' View on Whether Culture Frown on Birth Control

Culture Frown on Birth Control	Frequencies	Percentage (%)
Yes	86	71.7
No	34	28.3
<b>Total</b>	<b>120</b>	<b>100.0</b>

**Source:** Field work, (2024).

Table 1 above shows that 71.7% of the respondents said culture frown on birth control while 28.3% said that it is not. By implication, overwhelming of the respondents in the study area are of the opinion that culture frown on birth control, they are less likely to used birth control. In interview with non-formal educated mother explained that:

“Our tradition does not permit the use of contraceptives. Our grandparents did not practice modern contraception. The number of children God has ordained them to give birth to was what they gave birth to” (IDI with Non-formal educated mother, 2024).

Again, an interview with axillary midwifery in posited that;

If you have unprotected sex, there is a local emergency contraceptive called “kaligutim” that we purchase from traditional drug peddlers. It can be used in two ways, as an emergency contraceptive or when you miss your period (IDI with Auxiliary Midwifery, 2024).

**Table 2:** Respondents' View on Whether Religion Frown on Birth Control

Religion Frown on Birth Control	Frequencies	Percentage (%)
Yes	62	51.7
No	58	48.3
<b>Total</b>	<b>120</b>	<b>100.0</b>

**Source:** Field work, (2024).

On the religion, table 2 above indicates that 51.7% of the respondents opined that the religion frown on birth control and 48.3% its does not. In interview with Non-formal educated mother posited that:

When you practice contraception and you don't give birth to the required number of children, God has given you, on the judgment day, God will ask you where are the rest of the children” (IDI with Non-formal educated mother, 2024).

Also, in an interview with Non-formal educated mother in posited that:

“God has created every woman with the total number of children each will have on earth. Contraception can neither increase nor decrease it. the use of modern contraceptive methods was

prohibited by the Quran. A Muslim respondent shared his view that the Quran only approves the use of natural contraceptive methods such as withdrawal (Non-formal educated mother, 2024).

In an interview with health worker in explained that:

I think we are not taking the word of God into consideration regarding this discussion. The Quran has stated specifically how to space children through the method of withdrawal during sexual intercourse with your wife if you are not ready for pregnancy. We have ignored the Quran and practicing contraception which is giving our women a lot of problems like infertility, irregular menses weight gain and even death in some cases. As we speak now a lot of women are struggling with complications from contraceptive use (IDI with Health Worker, 2024).

**Table 3:** Respondents' View on Whether Community Stigmatized on Birth Control

<b>Community Stigmatized on Birth Control</b>	<b>Frequencies</b>	<b>Percentage (%)</b>
Yes	46	38.3
No	74	61.7
<b>Total</b>	<b>120</b>	<b>100.0</b>

**Source:** Field work, (2024).

Table 3 above indicates that 38.3% of the respondents posited that the community members stigmatize the use of birth control while 61.7% said they do not stigmatized. Based on the majority, the community does not stigmatized birth control. In contrast, interview with Non-formal educated mother posited that:

There are various traditional ways of birth control. The beads are worn around the waist of unmarried women who want to avoid pregnancy and for women whose children are small. It also is worn around the waist of the child till the child is walking then it can be taken off (the mother) to get pregnant (IDI with Non-formal educated mother, 2024).

**Table 4:** Considering using a Method after Fertilization

<b>Considering using a Method After Fertilization</b>	<b>Frequency</b>	<b>Percentage (%)</b>
Yes	54	45.0
No	37	30.8
Unsure	17	14.2
<b>Total</b>	<b>120</b>	<b>100.0</b>

**Source:** Field work, (2024).

Table 4 above indicates that 45.0% of the respondents posited that the consider using birth control after fertilization and 30.8% didn't while 14.2% were unsure. Based on the majority, they consider using birth control after fertilization.

**Table 5:** Considering using a Method after Implantation

Considering using a Method After Implantation	Frequency	Percentage (%)
Yes	64	53.3
No	43	35.8
Unsure	13	10.8
<b>Total</b>	<b>120</b>	<b>100.0</b>

**Source:** Field work, (2024).

Table 5 above indicates that 53.3% of the respondents posited that the consider using birth control after implantation fertilization and 35.8% didn't while 10.8% were unsure. Based on the majority, they consider using birth control after implantation.

What are the natures of contraceptive use for birth control by non-formal educated mothers?

**Table 6:** Decision after Learning a Method Work after Fertilization

Decision after Learning a Method Work After Fertilization	Frequencies	Percentage (%)
Continue using	36	30.0
Stop using	13	10.8
Depends how often it works like that	51	42.5
Unsure	20	16.7
<b>Total</b>	<b>120</b>	<b>100.0</b>

**Source:** Field work, (2024).

On the decision after learning method, table above shows, 30.0% of the respondents continue using birth control method, 10.8% stop using and 42.5% of the respondents said, its depends on how often it work like that while 16.7% are unsure. The overwhelming majority shows that depend on the reaction of the birth control, the user may stop using the birth control method adopted.

**Table 7:** Respondents' View on whether they Used Birth Control Methods

Used Birth Control Methods	Frequencies	Percentage (%)
Yes	34	28.3
No	86	71.7
<b>Total</b>	<b>120</b>	<b>100.0</b>

**Source:** Field work, (2024).

Table 7 above indicates that 28.3% of the respondents posited that they use birth control method and 71.7% didn't. Based on the majority, they do not use birth control.

What are the factors that influence non-formal educated mothers decision-making regarding birth control?

**Table 8:** Respondents' View on Who Decide Used Birth Control Methods

Who Decided Birth Control Methods	Frequencies	Percentage (%)
Husband	27	22.5
Wife	14	11.7
Both	79	65.8
<b>Total</b>	<b>120</b>	<b>100.0</b>

**Source:** Field work, (2024).

Table 8 gives the data of respondent on their child related decision like child birth control. This table shows that most of the respondent together with their husband use to decide about the birth control. Its indicates that 65.8% of the respondents are of the view that both husband and wife make decision on birth control and 22.5% of the respondents said the husband decide on how to birth control, while 11.7% opined that the wife makes decision on birth control. Compare to the wife, lesser number of husbands decides the child birth control. In an interview with Auxiliary Midwifery explained that:

The birth of a child is a pivotal time in the life of a mother and her family. For child birth most prominent factor include the choice in decision making. Child birth decision is taken by the shared discussion of the partner. Though it should be solely depend upon the partner, in some society the parents of the partner also plays significant role on the decision making for example the parents can force their son for the baby (IDI with Auxiliary Midwifery, 2024).

In contrast, an interview with health worker explained that:

Most of the child birth decision is taken by mutual understanding between husband and wife. Even though our society is patriarchal society where husband and wife jointly decides on their child related decision (IDI with Health Worker, 2024).

As narrated by Health worker, explain that women play a crucial role in the economic welfare of the family. Women perform different tasks depending on their Socio-economic structure, number of people in the family, the nature of professions they are involved in and many other factors. Also, in an interview with non-formal educated mother revealed that:

Decisions made in home management ranges in importance from major once in a lifetime. Women are traditionally less involved in decision making at all levels. Their important role is not recognized and, therefore, still not accepted in decision-making. The share of women in community decision-making structure is still very low and their participation is mostly stressed by political parties, more as elements of their own publicity and proof of democratization, than as a real interest and need (IDI with Non-formal educated mother, 2024).

**Table 9:** Respondents' Number of Children

Respondents' Number of Children	Frequencies	Percentage (%)
1-5	58	48.3
6-10	43	35.8
More than 10	13	10.8
Non	6	5.0
<b>Total</b>	<b>120</b>	<b>100.0</b>

**Source:** Field work, (2024).

On the number of children, the above shows that 48.3% of the respondents have 1-5 children while 35.8% of the respondents has 6-10 children and 10.8% of the respondents have more than 10 children, but 5.0% have non children. The overwhelming majority of the respondents have 1-10 children.

**Table 10:** Respondents' Number of Children Age Gap

Age Gap of Children	Frequencies	Percentage (%)
1-2 Years	58	48.3
2 Years	18	15.5
3 Years	14	11.7
4 Years	11	9.2
More than 4 Years	19	15.8
<b>Total</b>	<b>120</b>	<b>100.0</b>

**Source:** Field work, (2024).

On the age gap of children, table 10 shows that 48.3% of the respondent's aged gap was 1-2, 15.5% was 2 years, 11.7% 3 years, 9.2% 4 years and 15.8% more than 4 years. Therefore, the overwhelming majority of the respondents indicate that the aged gap between their children was 1-2-year interval.

**Table 11:** Respondents' View on Whether They Have Planned for their First Child

Planned for their First Child	Frequencies	Percentage (%)
Yes	94	78.3
No	22	18.3
Can't say	4	3.3
<b>Total</b>	<b>120</b>	<b>100.0</b>

**Source:** Field work, (2024).

Table 11 shows the distribution of the respondent on whether they have planned for their first child. 78.3% of the respondents said they have planned for their first child and 18.3% said they do not while 3.3% said they can't say. Majority of them have planned for their first child by engaging in marriage contract. In an interview with Auxiliary midwifery in Kura ward narrated that the birth of a child is a pivotal time in the life of a mother and her family. The health and well-being of a mother and child at birth largely determines the future health and wellness of the entire family.



The outcome of childbirth, however, is not the only factor of importance in a mother's well-being. Some research suggests that the way in which a woman experiences pregnancy and childbirth is important for a mother's relationship with her child. This make mother think better for their child future. Parents tend to invest in their children's education based on their children's academic abilities, allocating more educational resources to higher-performing children in the belief that the returns to education are greater for students who are more likely to succeed.

**Table 12:** Respondents' View on Whether Their View towards Use of Birth Control Method is considered

<b>Towards Use of Birth Control Method</b>	<b>Frequencies</b>	<b>Percentage (%)</b>
Important	73	60.8
Not Important	38	31.7
No idea	9	7.5
<b>Total</b>	<b>120</b>	<b>100.0</b>

**Source:** Field work, (2024).

Table 12 shows the data of respondents thought towards the use of birth control methods. 60.8% of respondents thought the birth control methods is important to use. In contrast, 31.7% respondents thought birth control methods is not important while 7.5% respondents have no idea on its importance. Birth control provides many benefits to mother, children, father and the family. As narrated by Health worker, who explained that birth control and its awareness is common nowadays so most of the women should know about its benefits and uses.

**Table 13:** Respondents' Reasons for Use of Birth Control Method

<b>Reasons for Use of Birth Control Method</b>	<b>Frequencies</b>	<b>Percentage (%)</b>
Birth spacing	52	43.3
Better health of mother and child	49	40.8
Want no more children	9	6.7
Can't explain	11	9.2
<b>Total</b>	<b>120</b>	<b>100.0</b>

**Source:** Field work, (2024).

Table 13 shows the reason behind using birth control methods. Out of 52 birth control methods users (43.3%) respondents use birth control methods for birth spacing and 40.8% respondents use birth control methods for better health of mother and child. Similarly, 6.7% respondents use birth control methods to avoid more children while 9.2% users have no exact reason for using the methods. Overwhelming majority indicated that birth control was adopted for the purpose birth spacing and better health of mother and child. Nevertheless, this reason may vary on each individual perception, condition and education.

As narrated by Heath worker, who explained that encouragement of birth control in Kura with high birth rates has the potential to reduce poverty and hunger and to prevention of maternal deaths and approximately of child deaths. In addition to its better reproductive health services benefit the economy and contribute to sustainable development by allowing women to complete

their education, complement their husband in sourcing income, be more productive at work and obtain a higher income.

**Table 14:** Respondents' View Whether they are Happy with their Decision in Using Birth Control Methods

Happy with their Decision in Using Birth Control Methods	Frequencies	Percentage (%)
Happy	52	43.3
Unhappy	49	40.8
Neutral	9	6.7
No idea	11	9.2
<b>Total</b>	<b>120</b>	<b>100.0</b>

**Source:** Field work, (2024).

Table 14 shows, 43.3% of the respondents are happy while 40.8% of the respondents are unhappy with their decision on using birth control methods. However, 6.7% have neutral view and 9.9% have no idea about using birth control methods. The users of birth control methods may also feel unhappy with their decision. May be due to lack of complete knowledge, economic burden, and negative effect on health and may find troublesome for using. This study observed the mixed view of the birth control methods users.

**Table 15:** The Nature of Birth Control Methods Used

Nature Birth Control Methods	Frequencies	Percentage (%)
Temporary	92	76.7
Permanent	28	23.3
<b>Total</b>	<b>120</b>	<b>100.0</b>

**Source:** Field work, (2024).

Table 15 shows, 76.7% of respondents i.e., 92 respondents use the temporary birth control method followed by 23.3% i.e., 28 respondents use the permanent methods of birth control. The temporary birth control users are higher in the study area because temporary birth control methods are convenient and economical to use as compared to permanent birth control methods. In line with this, health worker in narrated that nowadays use of birth control methods are very common however the nature of methods can be varied depending upon the interest, economic condition, side effects of the birth control methods and availability of the services.

**Table 16:** Respondents' View on whether there is Side Effect on Birth Control Methods Used

Side Effect of Birth Control Methods	Frequencies	Percentage (%)
Yes	87	72.5
No	33	27.5
<b>Total</b>	<b>120</b>	<b>100.0</b>

**Source:** Field work, (2024).

Table 16 shows the distribution of birth control methods respondents and the side effects noticed on the use. 72.5% of respondents noticed the side effects while respondents 27.5% did not noticed the side effects of the birth control methods. It indicates that notice of the side effects can

affect the use of birth control methods. If a woman uses contraceptive device that harm her health, probably she will not use the device again. The side effects of the device depend upon the physical condition of the users, their age, number of children, etc.

**Table 17:** The Type of Side Effect of Birth Control Methods Experience

The type of Side Effect of Birth Control Methods	Frequencies	Percentage (%)
Irregular Mensuration	22	25.3
Bleeding	16	18.4
Weakness	6	6.9
All of the above	43	49.4
<b>Total</b>	<b>87</b>	<b>100.0</b>

**Source:** Field work, (2024).

Above table 17 shows the specific side effects of the birth control methods noticed by the respondents. Respondents 25.3% experienced the irregular mensuration, which is followed by weakness i.e., 6.9%. While 18.4% have bleeding and 49.4% experienced various side effects like nausea, muscle pain, headaches and so on. As narrated by auxiliary midwifery in Kura explained that the side effects depend on the age, physical condition and number of children, it is variable to person to person. In the study revealed that more than half of the respondents have experienced the side effects because most of them use temporary methods of birth control which includes pills, injectable, IUD and so on. Health experts have also mentioned that these temporary birth control methods may show common side effects like irregular mensuration, nausea and weakness to some users. So this frequency of experiencing side effects was common in the women taking pills, injectable and IUD. But if the side effects are serious to the health it may affects the use of the birth control methods even though the women have good knowledge on importance of birth control.

## Discussion

Based on the findings, revealed that mothers with limited or no formal education have a variety of attitudes towards birth control methods, influenced by factors, such as culture, socio-economic status, religious beliefs and access to information and resources. Culture frown on birth control, tradition does not permit the use of contraceptives, because grandparents did not practice contraception. This aligned with the study of Marimirofa, etal (2022) who's explained that the use of birth control among young women is significantly different from that of older married couples, and it is influenced by a myriad of educational, developmental, social and psychological factors. Also, temporary methods of birth control were used, which is due to fact that temporary birth control methods are convenient and economical compared to permanent. The nature and methods varied depending upon the interest, economic condition, side effects of the birth control methods. Again, Ado etal (2023) observed that significant number of women had poor knowledge and attitude towards birth control. Multiple sociodemographic factors contributed to knowledge and attitude of birth control. The study revealed that the source of information about birth control methods was mostly from friends, which shows influence of friends and peer group on information about birth control in Kura Local Government of Kano State.

## Conclusion

Based on the findings, the study concluded that mothers with limited or no formal education may have a variety of attitudes towards birth control methods, influenced by factors, such as culture, socio-economic status, religious beliefs and access to information and resources. Culture frown on birth control, tradition does not permit the use of contraceptives, because grandparents did not practice contraception. Temporary methods of birth control were used, which is due to fact that temporary birth control methods are convenient and economical to use as compared to permanent birth control methods. The nature and methods varied depending upon the interest, economic condition, side effects of the birth control methods and availability of the services. It's due to side effects and the side effects of the device depend upon the physical condition of the users, their age, number of children, etc. The study concluded that the source of information about birth control methods was mostly from friends, which shows influence of friends and peer group on information about birth control. A low level of education with early marriage for females appears to hinder the use of birth control in Kura Local Government of Kano State.

## Recommendations

The study recommended that empowering non-formal educated mothers with accurate information and resources on birth control can contribute to reducing unintended pregnancies, promoting family planning, and improving overall maternal and child health outcomes. This appraisal is an important step towards advocating for the needs and rights of all women, regardless of their literacy level, in accessing and using birth control effectively. Also, providing education, counseling, and access to a variety of contraceptive options can help empower women to make informed choices about family planning and reproductive health. Community-based programs, peer education, and outreach initiatives can also play a key role in addressing the attitudes of non-formal educated mothers with limited education towards birth control methods.

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