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Contraceptive Use Among Rural Dwellers of Ido Town, Ibadan: Implications for Social Work Practice

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Abstract
The study examined the impact of sex education and contraceptive usage among people of Ido Town, with a focus on contraceptive knowledge, social well-being, attitudes, and perception. The study was a cross-sectional survey design. Data were collected using a questionnaire from 400 people aged 15–49 through simple random sampling and Key Informant Interviews were conducted among Nurses/Matrons at PHC. The data collected were analyzed using frequency count, percentages, mean and standard deviation, while Key Informant Interviews were analysed thematically. The finding indicates that there is knowledge of contraceptive usage among people of Ido town since the weighted mean of 2.84 is high when compared to the 2.50 criterion mean. The result showed that the social well-being among people of Ido town, with a mean and standard deviation of 2.84 is high when compared to the 2.50 criterion mean. The result indicates that there were negative perceptions and attitudes towards contraceptive use in Ido town, with a weighted mean of 2.87, which is high when compared to the 2.50 criterion mean. Based on this, the study suggests that social workers, stakeholders and government should promote holistic sex education, strengthen male-inclusive family planning, leverage digital platforms, community-based educational outreach, and address gender disparities.

Keywords: sex education, contraceptive usage, residents, cultural belief, social work

Introduction

Contraception is the use of several devices and methods to prevent pregnancy, encouraging people to plan their households and control their reproductive health. Methods consist of preventive devices such as the use of condoms, hormonal methods (pills, implants, injections), intrauterine devices (IUDs), sterilization surgery, and attitudinal methods like fertility sensitisation. The best option relies on personal health, lifestyle, and needs, and visiting a health worker is advisable to get the correct method. Birth control devices are planned to avoid pregnancy or interrupt or cancel implantation and development. Pregnancy can be avoided by hormonally affecting the menstrual cycle (Oral contraceptive (OC) pills), by physically

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stopping the passageway (obstacle devices or sterilisation), or, less successfully, by avoiding sex during and immediately after ovulation periods or the withdrawal method. Implantation is affected through the use of external devices (intrauterine device {IUD}) or surgical removal (Salpingectomy or Vasectomy) **(**Hatcher, Kowal. Birth Control. In: Walker, Hall, Hurst,1990).

The World Health Organisation sees access and usage of contraceptives as a critical component of reproductive health because it gives individuals the ability to plan pregnancies and improve maternal health outcomes (World Health Organisation [WHO], 2023). Access to comprehensive sex education as well as subsequent usage remains a growing concern, and this is not to disapprove of the efforts of community health practitioners and other professionals, but to emphasise that despite various efforts to promote sex or sexual education, contraceptive usage remains relatively low, especially in rural areas. The current contraceptive methods play a significant role in lowering STDs, unwanted pregnancies, maternal complications and mortality rates throughout the world, and they have been continuously and thoroughly investigated. Close to 214 million women in developing countries who are of childbearing age and decide to stay away from having children, abstain from modern devices of contraception. WHO (2023) documented that 52 million unwanted pregnancies, 70 million maternal mortalities, and 36 million abortions were projected to be avoided if these women accepted the use of contraceptives (Sensoy et al., 2018).

The number of unwanted pregnancies among tertiary students globally is increasing yearly, even though these students are very much aware and understanding of both emergency contraception and new contraceptives (Gbagbo & Nkrumah, 2019). Many interconnected factors, from individual to government problems, are connected to the low use of contraception in tertiary schools. This eventually leads to high numbers of unwanted pregnancies, which are expected to have been a variable in between 8 and 30 million pregnancies worldwide yearly (Simegn, Tiruneh, Seid, Ayalew, 2020). Presently, over 200 million women, particularly adolescents in developing countries, prefer to stay away from getting pregnant but are not making use of modern contraceptives. The United Nations documents that to get the expected reduction in fertility by 2025, the rate of contraceptive use must be 66% –75% in Global North countries and 67% in low-income countries. Yet, only 43% of women of childbearing age in low-income countries presently use modern contraception (Hallidu & Sumaila, 2022). Virtually anywhere in the world, married or unmarried women of childbearing age between the ages of 15 to 49 years utilise contraceptives ordinarily (WHO, 2023). In 2017, 63% of women globally used contraceptives; in North America, Europe, Latin America, and the

Caribbean, this percentage was over 70%, whereas in the Middle East and Sub-Saharan Africa, it was around 25%. (United Nations. 2019).

The National Demographic and Health Survey, 2018 (NDHS) document that women between the ages of 25 and 49 have had their first sexual intercourse before age eighteen, while 19% of them started sexual life experiences and became mothers before the age of 18. The sexual life activities are said to be much higher in rural areas than in urban areas. Therefore, the awareness of stakeholders in the country over this subject is getting more important by the day. It is common knowledge that scholars continue to engage with labels and primordial sentiments in an attempt to run away from debates when the issue of sexual and reproductive health is raised. However, evidence has it that adolescents with the right information on sex education may likely delay having sexual urges, knowing what may befall them once they start, or even engaging in contraceptive sexual usage. Adolescents can better prepare, manage themselves physically and emotionally as they mature, adolescence and adulthood, thereby minimising the vulnerability of violence, abuse, and exploitation.

In Nigeria, the term for the use of contraception in clinics and hospitals is "family planning", which makes it directed only towards married couples (not minding that millions of children in the country are born out of wedlock, and by teenagers). However, between 2015 and 2022, the percentage of unwanted pregnancies was pegged to be between 35 to 44% (Lamina, 2015). This may indirectly mean there is a significant gap between the level of sex education Nigerian boys and girls are exposed to. To put it in perspective, the uptake of vasectomies as a form of contraception among men is extremely low, with estimates indicating that less than 1% of men of reproductive age have undergone the procedure. Despite the awareness of vasectomy, various sociocultural factors significantly hinder its acceptance and practice. For instance, surveys reveal that only 27% of men in Nigeria are aware of vasectomy as a family planning option (FHI 360, 2020).

Sexual education is a critical aspect of public health concern, directing and solving various areas of human sexuality, including contraceptive methods, reproductive health and rights, and safe sexual practices. It is the provision of knowledge about body growth, sex, sexuality, and relationships, as well as skill development, to help adolescents in discussing sex and making informed decisions about their sexual life (Bridges, 2014). Sexual awareness is not only meant for adolescents but also for people who are within reproductive age brackets or who will be in the future (late childhood, teenagehood). Adebayo et al. (2023) see it as a means by which one prepares "individuals" with the knowledge, skills, and values to make thoughtful decisions pertaining to their sexual life and well-being.

Cultural beliefs and misconceptions cloud the procedure, as it is often associated with loss of masculinity and sexual function. Many men fear that a vasectomy will lead to demasculinization, painful sex, or a decrease in sexual satisfaction. These myths contribute to the stigma, making men reluctant to consider the procedure. Unintended pregnancies can be curbed by increasing the level of sex education in Nigeria as a whole at all levels, ensuring that a larger percentage of births in the country are intentional.

Complications from unprepared pregnancies and abortion were responsible for one of the top causes of death among young females globally, bringing to light the gender undertone of sex awareness in the country, only paying attention to females, while it takes two to tango. Details of sexual training by the United Nations is an instrument that characterises both sexes within sexual age brackets to have enough expertise on sex education; unfortunately, sex education itself is a grey area in Nigeria. In some communities in Nigeria, it is common to prevent adolescents from getting sexual awareness since it is wrongly believed that ignorance will foster keeping away from sex, and education will sustain it (Adebayo, et al., 2023).

Contraceptive techniques should be geared towards meeting personal needs, preferences, and health considerations, and access to different kinds of contraceptive alternatives enhances people's ability to make thoughtful decisions about their sexual health. Awareness of contraceptive techniques is paramount, as fake information can lead to poor usage or avoidance of these important facilities (Bongiorno, et al., 2017). This is where information technology is brought to bear, particularly in this electronic era of the 21st century. Recently, e-learning has become continually necessary in public health and family planning situations. Opportunity to electronic data expands worldwide, electronic education affects people's ability to seek, interpret, and utilise health information, including information on contraceptive alternatives. The internet and electronic health facilities have become important instruments for awareness about and opportunities for family planning services. However, a shortage of e-learning can affect the usage of and reliability of contraceptive information, particularly in areas where local means of communication may not resolve these issues holistically. It is crucial to look out for electronic information as a strong pillar in contraceptive usage, identifying the differences in electronic health access as it positively impacts reproductive alternatives and the general effectiveness of sex education programmes.

The theoretical orientation for this study was anchored on the Health Belief Model (HBM), which was developed in the early 1950s by three social psychologists, Hochbaum, Rosenstock, and Kegels, to explain the

widespread failure of individuals to accept screening tests for early detection of disease (Hochbaum, et al., 1974). Initially, it was formulated to understand the public's response to tuberculosis screening programmes; the model has since evolved and been applied across various health domains, including vaccination uptake, smoking cessation, and, importantly, reproductive health and contraceptive use. Over the years, the HBM has undergone refinements to accommodate new insights into health-seeking behaviour.

Social workers play a crucial role in promoting sexual health education and well-being by facilitating access to contraception. They can act as educators, counsellors, and advocates, working with individuals, families, and communities to address sensitive issues connected with sexuality and reproductive health. In the context of sex education and contraceptive usage, social work as a professional discipline play a key role in educating, facilitating, mediating, coordinating, and advocating on behalf of clients in healthcare setting in the utilisation of health seeking behaviours on the sex education and contraceptive usage to solve personal, group, and community health problem, in preventing unwanted pregnancies, child spacing and more importantly to avoid risky health behaviour particularly among adolescents and women of reproductive age who attends ante natal and post-natal clinic at the primary health care facilities (Adeoti, 2019).

Unprepared pregnancies are connected to more health risks for both the mother and the babies because it is less likely that particular pregnancies receive enough prenatal care, which may result in complications. This is not to mention the economic ramifications of unprepared pregnancies, which cannot be exaggerated, particularly in a highly inflated economy as intimidating as Nigeria's. Continuous cycles of unwanted pregnancies lead to multidimensional poverty within households and communities, reducing chances for unborn children, amongst others, including a continuous request for quack abortion in a country where abortion is not supported by law and countless child welfare problems. Against this backdrop, this study seeks to answer the following research question: What is the level of sex education and contraceptive use among residents of Ido Local Government? What is the level of sex education and social well-being among residents of Ido Local Government? What are the perceptions and attitudes towards the use of contraceptives among residents of Ido Local Government? It is hoped that the answers to these questions will clarify the use of contraceptives among rural dwellers of Ido Town, Ibadan, and show the implications for social work practice among rural dwellers of the Ido community area of Oyo State.

Methodology

Research design

This study adopted a descriptive research design, and it used both quantitative and qualitative methods of data collection.

Study area

The study location is Ido Local Government Area, Ibadan, Oyo State. This is one of the local governments outside the Ibadan metropolis; it is a rural area. It has ten (10) wards, people of reproductive age between 15-49 years who reside in the Ido community, regardless of their ethnic background, from a representative sample of the population, which was used for generalisation on the entire population. It provided insights into current patterns and relationships within Ido Local Government and also allowed the researcher to systematically gather information and study variables, with the possibility of interpreting and discussing reports as found without manipulation.

Sample Procedure

A multi-stage sampling technique was adopted; a stratified sampling technique was adopted to stratify Ido into ten (10) wards; and a simple random sampling technique was used to select 20 adolescents of reproductive age from each of the Primary Health Centres (PHCs) in all the ten wards, making a total of four hundred (400) respondents. Finally, the purposive sampling technique was used to select one Nurse/Matron in each of the ten PHCs, totaling ten (10) participants for the qualitative study. Questionnaires were administered to the adolescents of reproductive age across the ten wards, while key informants were used for eliciting information from the Matron/Nurses in each of the ten PHCs. Ten (10) Key Informant Interviews (KIIs) were conducted among Nurses/Matrons who worked with the PHCs in the ten wards. The draft questions and KII guide were validated using both face and content validity. For reliability, a pilot test to evaluate the instrument clarity and appropriateness was done before final administration.

Instrumentation

A structured questionnaire was adapted to gather information on participants' sociodemographic factors, knowledge of sex education, social well-being, perceptions and attitudes and contraceptive usage among adolescents of reproductive age. The questionnaire included closed-ended questions, asking respondents to select options that best represent their views or responses in provided spaces in accordance with the study's objectives, while the Key Informant Interview Guide was used for the qualitative data in line with the study objectives

Method of data collection

Data were collected with the use of the questionnaire and key informant interviews with the help of two trained research assistants. After the respondents completed their questionnaires, the questionnaires were collected for analysis. Where participants are unable to fully understand English, the research assistants provided verbal interpretation in the local language. They ensured consistency in interpreting the questions and maintained neutrality throughout the process. Respondents were encouraged to ask for clarification if they did not understand any part of the questionnaire. This approach improved the quality and validity of the data while considering the linguistic diversity of the study population.

Data analysis

The data generated were analysed with the use of NVIVO 10 software. Particular attention was paid to phrases with contextual or special connotations for sex education. The research questions were analysed using frequency counts and percentages for the demographic data, means and standard deviation were used for the research objectives. Data from KIIs were categorised along themes and patterns related to the study objectives. Data were analysed thematically.

Ethical Consideration

Ethical approval was obtained from the University of Ibadan Social Sciences Research Ethical Review Board.

Results

Table 1: Socio-demographic characteristics of respondents

Socio-demographic		Frequency (N=328)	Percentage
Age	15-19	61	5.3
	20-24	187	46.7
	25-34	118	29.5
	35-44	16	4.0
	44 + and above	18	4.5
Sex	Male	209	52.3
	Female	191	47.7
Marital status	Single	328	85.5
	Married	54	13.5
	Separated/Divorced	4	4.5
Educational status	Secondary school certificate	44	11.0
	University/Poly/College	356	89.0
Religion affiliation	Christian	342	85.5
	Islam	54	13.5
	Traditional	4	1.0
Ethnic group	Yoruba	207	63.1
	Hausa	76	23.2
	Igbo	41	12.5
	Others	4	1.2
Levels of Income	Less than 30000	86	21.5
	30,000-69,000	146	36.5
	70,000-149,000	130	32.5
	150,000 and above	38	9.5
Location	Rural	258	64.5
	Urban	142	35.5

Source: Author's Field Survey, 2024

Table 1 shows that a good number of the participants, 187 (46.7%), were between 20 to 24 years, while 16 (4.0%) of the respondents were between 35 to 44 years of age. This therefore indicates that more respondents were between 20 and 24 years old. A majority of 209 (52.3%) of the respondents were male, and 191 (47.7%) of the respondents were female. Most of the respondents, 328 (82.0%), were single, while 18 (4.5%) were

separated/divorced. This therefore reveals that the majority of the respondents were adolescents and single. Most (89.0%) of the respondents hold higher certificates, while 44 (11.0%) are secondary school certificate holders. The majority, 342 (85.5%) were Christians, while 4(1.0%) practised traditional religion. A substantial number, 146 (36.5%) of the respondents earn between N30,000 and 69,000, while 38 (9.5%) earn N150,000 and above. This therefore reveals that the majority of the respondents earned low salaries monthly. More than half, 258 (64.5%), were from rural areas, while 142 (35.5%) were from urban areas. This therefore shows the majority of the respondents are from the rural areas.

Knowledge of Sex Education and Contraceptive Usage

Table 2: Knowledge of Sex Education and Contraceptive Usage

S/N	Item Description	SA (%)	A (%)	D (%)	SD (%)	$\overline{X}$	S. Dev.
1	I have heard of birth control before I married	239 (59.8)	37 (9.2)	87 (21.8)	37 (9.2)	3.20	1.07
2	I know that contraceptives are also called family planning	194 (48.5)	103 (25.8)	57 (14.2)	46 (11.5)	3.11	1.03
3	I know that contraceptives are used to prevent unplanned pregnancies.	144 (36.0)	135 (33.8)	52 (13.0)	69 (17.2)	2.88	1.08
4	I am familiar with more than three types of contraceptive methods	145 (36.2)	87 (21.8)	93 (23.2)	75 (18.8)	2.76	1.13
5	I know that contraceptives have side effects	110 (27.5)	158 (39.5)	75 (18.8)	57 (14.2)	2.80	0.99
6	Vasectomy is the best method of contraception for men	134 (33.5)	134 (33.5)	72 (18.0)	60 (15.0)	2.86	1.04
7	I understand how contraceptive methods prevent pregnancy	144 (36.0)	134 (33.5)	57 (14.3)	65 (16.2)	2.89	1.06
8	I know how to correctly use a condom	112 (28.0)	105 (26.3)	114 (28.5)	69 (17.2)	2.65	1.06
9	I am confident that if contraceptives are used correctly, they can prevent pregnancies.	111 (27.8)	93 (23.3)	134 (33.5)	62 (15.5)	2.63	1.04
10	I know that condoms, when used correctly, can prevent pregnancy to 99%	131 (32.8)	77 (19.2)	105 (26.2)	87 (21.8)	2.63	1.15
	TOTAL					**28.41**	
	N=400, Weighted mean=2.84					**2.84**	**1.06**

Source: Author's Field Survey, 2024

Table 2 shows that there is a high level of knowledge of contraceptive usage among residents of Ido Local Government. The table showed a mean of 2.84 of the obtainable 4.00. It showed that there is knowledge of contraceptive usage among residents of Ido Local Government, since the weighted mean of 2.84 is high when compared to the 2.50 criterion mean.

Information about sexual education is a major determinant in the usage of contraceptive methods in order to prevent unwanted pregnancy and for child spacing. Among the respondents, it was documented that most people who are educated are more likely to utilise contraceptives, while those with a low level of education might not. The above quantitative finding was supported by narratives from the qualitative reports on the level of sex education and contraceptive usage among residents who are of reproductive age in the study area.

A Matron opined that:

> Most residents who are literate and reside at Apete community in Ido local Government had knowledge about sex education and make use of contraceptive methods because of its importance to them in terms of preventing unwanted pregnancies and to serve as birth control mechanism. One of the participants opined that having many children now is very difficult in terms of care because the cost of foods and cost of training the children from Primary to the University levels are very high, while the uneducated ones did not care about the usage of contraceptive and they are not bother whether they attends school or not, raising children is utmost important to them **(KII, /Matron, Apete PHC)**

A Nurse says:

> Majority of the women of reproductive age that visited our clinic on the issue of contraceptive usage are incline to use contraceptive because of their knowledge as a preventive mechanism against unwanted pregnancy while the illiterate women that had low knowledge of contraceptive usage did not support the usage, thereby had many malnourished and unkept children. They were not even care whether these children go to school or not, their concern is about the number of children they procreated. **(KII, /Nurse, Ologuneru, PHC)**

Contraceptive Use and Social Well-being

Table 3: Contraceptive Use and Social Well-being

S/N	Item Description	SA (%)	A (%)	D (%)	SD (%)	$\overline{X}$	S. Dev.
1	I believe sex education programs are adequate in my community.	135 (33.8)	96 (24.0)	125 (31.2)	44 (11.0)	2.80	1.02
2	Using birth control complicates my relationship with my family	181 (45.2)	112 (28.0)	59 (14.8)	48 (12.0)	3.07	1.03
3	I feel supported by my partner/ family when making decisions about using contraceptives	119 (29.8)	133 (33.2)	93 (23.2)	55 (13.8)	2.79	1.01
4	I feel a sense of belonging in my community, talking about sexual and reproductive health	145 (36.3)	114 (28.5)	84 (21.0)	57 (14.2)	2.87	1.06
5	Contraceptives are affordable in my community.	154 (38.5)	104 (26.0)	52 (13.0)	90 (22.5)	2.80	1.17
6	With my level of income, I can afford three or more types of contraceptives	139 (34.8)	132 (33.0)	50 (12.4)	79 (19.8)	2.83	1.11
7	I am generally satisfied with my sexual and reproductive health and wellbeing	105 (26.2)	168 (42.0)	44 (11.0)	83 (20.8)	2.74	1.06
	N=400, Weighted mean=2.84					**2.84**	**1.065**

Source: Author's Field Survey, 2024

Table 3 depicts the social well-being among residents of Ido Local Government. The Table showed a mean of 2.84 of the obtainable 4.00. It showed that the social well-being among residents of Ido Local Government, with a mean and standard deviation of 2.84 is high when compared to the 2.50 criterion mean.

Women and men of reproductive age today are familiar with searching for information on social media about contraceptive usage, especially those who are not prepared to get married, in order to prevent unwanted pregnancy and to remain safe. Some of the respondents believed that there are some medical conditions one needs to avoid, for instance, gonorrhea, syphilis, HIV/AIDS, and other communicable diseases. It was noted that most people who are well socialised are more likely to utilise contraceptives, while the unsocialised or with poor digital literacy might not aware of any health

information about contraceptive usage. The above quantitative finding was corroborated by narratives from the field.

A Matron opined that:

> Majority of the clients that comes to our primary healthcare centre concerning contraceptive usage get information from social media and Facebook and they were ready to utilize contraceptive as a mean of curbing unwanted children, while the uneducated show apathy towards contraceptive usage because they live in rural communities where internet facilities are lacking, and some of them did not have Android phones where such information and picture can be found. **(KII, / Matron, Akufo PHC)**

A Nurse says that:

> Large number of the men and women of reproductive age that visit the clinic on contraceptive usage particularly those with school-certificate education were eager to use it because they came about these information from media print, WhatsApp, and other mediums of communication, while those clients without social connection and poor social life are not ready to accept contraceptive usage because information is far away from them particularly in the rural setting they lives **(KII, /Nurse, Akufo/Idigba/Araromi PHC)**

Perceptions and Attitudes Towards Contraceptive Usage

Table 4: Perception and attitude towards contraceptive usage

S/N	Item Description	SA (%)	A (%)	D (%)	SD (%)	$\overline{X}$	S. Dev.
1	I believe contraceptives are for both men and women	122 (30.5)	142 (35.5)	60 (15.0)	76 (19.0)	2.78	1.08
2	I feel contraceptives are very important to prevent unwanted pregnancies	133 (33.2)	155 (38.8)	39 (9.8)	73 (18.2)	2.87	1.07
3	I can discuss the use of contraceptives with my partner without fear or shame.	167 (41.8)	128 (32.0)	36 (9.0)	69 (17.3)	2.98	1.09
4	I can go to the hospital/clinic to get a method of contraception without fear or shame.	128 (32.0)	144 (36.0)	47 (11.8)	81 (20.2)	2.80	1.10
5	Using contraceptives can cause infertility	135 (33.8)	134 (34.2)	56 (14.0)	72 (18.0)	2.84	1.08
6	I choose my method of contraception by myself	128 (32.0)	119 (29.8)	65 (16.2)	88 (22.0)	2.72	1.13
7	My method of contraceptives was chosen for me by medical personnel after thorough tests.	170 (42.5)	97 (24.3)	68 (17.0)	65 (16.3)	2.93	1.11
8	I believe men should not know about contraceptives.	170 (42.5)	99 (24.8)	86 (21.5)	45 (11.2)	2.99	1.04
9	I will use contraceptives in the future	139 (34.8)	117 (29.2)	85 (21.2)	59 (14.8)	2.84	1.06
10	I worry that using birth control makes it seem like I am sleeping with a lot of people	171 (42.8)	93 (23.2)	81 (20.2)	55 (13.8)	2.95	1.08
	N=400, Weighted mean=2.87					**2.87**	**1.08**

Source: Author's Field Survey, 2024

Table 4 shows the perception and attitude towards contraceptive usage in Ido Local Government. The table showed a mean of 2.87 of the obtainable 4.00. It showed that there were perceptions and attitudes towards contraceptive

usage in Ido Local Government, with a weighted mean of 2.87, which is high when compared to the 2.50 criterion mean.

The perception of rural men and women towards contraceptive usage has mixed views and opinions, especially concerning the use of condoms. They expressed views that labelled the user as a promiscuous and ungodly person. There are also negative perceptions and bad attitudes towards men and women using contraceptives; however, a few among them who are literate see it differently. They expressed such views as prevention of unwanted pregnancies and child spacing, especially now that the cost of food has gone up in the market, and the cost of training children is also very high. Some respondents believed that those who use it are prostitutes who engage in commercial sex work. The above quantitative finding was in line with the narratives from the field on the perceptions and attitudes towards the usage of contraceptives among the women of reproductive age in the community.

A Nurse opined that:

> Men and women of reproductive age had poor perception and negative attitude towards the usage of contraceptive, they believe that such people that use several forms of contraceptive were promiscuous, and they flite around with men and more importantly their socio-cultural belief system, the fear of contracting any medical condition in the process predominate their thoughts while the more educated among them use the contraceptive method to control birth and for preventing unwanted pregnancies and for controlling birth without any negative thoughts or negative attitudes **(KII, /Nurse, Ilaju PHC)**

A Matron says that:

> Several women of reproductive age who comes to the clinic on the issue of contraceptive usage have the fear of using contraceptive because most of them belief it is against their religion doctrine since the community is more of rural area who are predominantly farmers while the few elites respond to the usage of contraceptive as a better option of controlling unnecessary children one might not be able to take care **(KII, /Nurse, Akinware PHC)**

A Nurse said:

> Majority of the women that attended pre and post-natal clinic in our clinic did not support the use of contraceptive because it is regarded as ungodly for any human being to engage in pre-marital sexual activity that were not ordained by God. The primary health centre at Idi Iya/Erinwusi is rural of the rural area of Ido Local Government. The few educated residents of reproductive age were more scientific in their thinking and they show interest in the usage of contraceptive usage **(KII, /Nurse, Idi Iya /Erinwusi PHC)**

Discussion

The result showed that there was a statistically significant relationship between the level of knowledge of sex education and contraceptive usage. The results corroborated with the findings of Afolabi, et al., (2021), who revealed that women with secondary or higher education were twice as likely to use modern contraceptive methods compared to those with no formal education. Education remains a key factor affecting the level of knowledge of sex education and contraceptive usage. Urban residents generally have higher educational levels of attainment, which correlates with greater knowledge of and willingness to use contraception. In a similar vein, Odeyemi and Oyedeji, (2018) explored barriers to contraceptive use in rural communities. Their research identified cultural beliefs, fear of side effects, and lack of spousal support as predominant factors limiting contraceptive uptake in local areas. In contrast, urban respondents were more influenced by concerns over the financial cost of contraception and the stigma associated with unmarried individuals accessing contraceptives.

The result also revealed that there was a statistically significant relationship between social well-being and contraceptive usage. Results support the finding of Eniola, et al., (2020). who found that young adults in urban areas of Nigeria who possess higher levels of digital literacy are more likely to utilise online resources to learn about contraception. Internet education has become a significant determinant in encouraging reproductive health, especially in promoting access to information about contraceptive methods. In the same vein, Ibrahim and Yakubu (2020) paid attention to the influence of social media as a source of contraceptive information. The research highlighted that platforms like Facebook and WhatsApp have become popular and useful for spreading reproductive health education.

Lastly, the result indicated that there was a statistically significant relationship between perception, attitude and contraceptive usage. The result was in line with the findings of Balogun and Bankole (2020), who documented that the attitudes of rural and urban populations in Nigeria towards contraceptive usage are shaped by various socio-demographic variables. Research shows a significant difference in contraceptive awareness and usage between rural and urban populations. Adebayo, et al., (2021) opined that urban women were three times more likely to have ever used contraceptives than rural women.

The finding speaks volumes about Health Belief Model (HBM), which was developed in the early 1950s by three social psychologists Hochbaum, Rosenstock, and Kegels, who used it to explain the widespread failure of individuals to accept screening tests for early detection of disease (Hochbaum and Rosenstock, 1974). This model was formulated to

understand the public's response to tuberculosis screening programmes, the model has therefore been used to understand how people of reproductive age in Ido Local Government respond to the utilisation of contraceptive methods as a preventive mechanism, such as vaccination uptake, and more importantly, reproductive health and contraceptive use. Most men and women of reproductive age are more likely to utilize contraceptive usage because of the benefit they derive from it, while the rural residents with low exposure to education, low digital literacy, and low social status show apathy towards the use of contraceptives on account of perceived susceptibility, perceived severity, and barriers to taking action in terms of cost and distance to the primary health centre where they will receive information about and utilization of contraceptives from their home distance.

The implication of the findings of this study in social work practice is that there should be significant practical, theoretical, and policy in the context of sex education, contraceptive usage, social well-being and digital literacy among the rural dwellers of Ido, Ibadan. Social workers must be conscious of the enabling laws, social policies, legislation, and the principles and values of social work practice. Hence, they stand the chance of productive intervention for curbing the issue of rampant abortion and other gynaecological issues among the young adolescents in the country. Nigerian social workers as advocates need to be more prepared to educate and enlighten the public on the importance of contraceptive use in order to avoid risky health behaviour and complicated abortion among people of reproductive age.

Social well-being emerged as a critical factor influencing contraceptive behaviour, particularly among younger participants. Attitudes towards contraception highlighted persistent cultural and religious barriers, especially among male respondents, who often displayed greater resistance due to societal expectations. The study exposes the need for holistic, culturally sensitive sex education programmes that integrate digital platforms and emphasise male-inclusive family planning. It highlights disparities in contraceptive options for men compared to women, urging collaborative efforts to develop innovative male contraceptive methods.

Finally, the findings provide insights for social workers, policymakers, educators, and health practitioners to improve sex education programmes and contraceptive access, particularly in areas where there is a need for improved reproductive health outcomes. In addition, the result will positively influence community leaders and traditional rulers on behaviours related to family and sexual health, contraceptives, within their communities, as well as professionals in direct social work practice who

provide everyday support to individuals facing reproductive health challenges, unintended pregnancies, or those in need of sex education counselling will find this research useful in their engagement.

The reproductive justice is a convergence of social movement, theory, and practice, well in tandem with social work's mission and values. This paper argues further that it is essential for social work to make progress in reproductive justice to truly address the problem of closing the reproductive health gap. The paper concludes with a request and suggestions for social work to front reproductive justice in research, practice, and education efforts by focusing on the pursuit of health equity. In line with Ejim and Okoye's (2025) suggestions, there is a need for a call to action among social workers in the country as an empowering and enabling profession geared toward supporting oppressed and vulnerable individuals. Strong advocate on behalf of and on the rights of the vulnerable, to push for the implementation of the policies and laws, and to educate the public as much as possible on the rights of the vulnerable. Social workers must equally rise to educate and advocate for the use of contraceptives in preventing unwanted births and controlling the birth rate among young adolescents of reproductive age.

Based on these findings of this study, the study recommends that male-inclusive family planning should be strengthened. Policymakers should encourage male involvement in family planning by promoting awareness of male contraceptive methods and addressing societal stigma. Promotion of community-based outreach & expansion of access to contraceptives: primary health centres should organise more regular community outreach programs that provide sex education and family planning services in culturally sensitive ways and not only for antenatal visits alone. Community leaders and religious figures should be involved to enhance acceptance and participation, as they're critical. Social workers, policymakers, traditional rulers, and leaders in the community should encourage a community-based approach to sex education devoid of sentiments and stereotypes, established in research for family, sexual health, and contraceptive usage, with the understanding that individual and family perceptions are closely related to their social well-being. Enhance capacity training for healthcare providers: Healthcare providers should receive continuous training on delivering unbiased, culturally sensitive contraceptive counselling. This includes training on how to communicate effectively with men and addressing misconceptions about male contraceptive methods, and also leveraging digital platforms and incorporating digital literacy in schools. Digital tools and social media should also be integrated into sexual and reproductive health campaigns. Content creators, influencers, and healthcare professionals should be

supported to share accurate information about contraceptive methods and safe sex practices. Finally, policymakers should allocate more resources to reproductive health initiatives, ensuring that sex education and contraceptive services are accessible and affordable for all. Strengthening collaborations between public health bodies, educational institutions, and non-governmental organisations can enhance the effectiveness of these interventions.

Conclusion

The study concludes that there is a significant relationship between the level of sex education and contraceptive usage. Residents with higher exposure to sex education demonstrated improved contraceptive knowledge and practices. Social well-being significantly influences contraceptive usage, with supportive environments and family engagement enhancing positive outcomes, perceptions and attitudes toward contraceptives are crucial determinants of usage. This depicts the critical need for targeted interventions to address these sociocultural barriers that place the burden of sexual responsibility on women.

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