

HEALTH LITERACY AND THE USE OF CONTRACEPTIVES AMONG WOMEN IN TUDUN KAURI COMMUNITY OF NASARAWA STATE, NIGERIA

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ABSTRACT

Contraceptive use remains suboptimal in many rural Nigerian communities, largely due to limited health literacy that constrains women's ability to make informed reproductive health decisions. This study examined the influence of health literacy on contraceptive use among women of reproductive age in Tudun Kauri Community of Lafia Local Government Area, Nasarawa State, Nigeria. The study was anchored on the health belief model and the theory of planned behaviour, which jointly explain how knowledge, perceptions, social norms, and perceived control shape contraceptive behaviour. A descriptive survey design was adopted. Quantitative data were collected from 368 women aged 15 to 49 years using structured questionnaires, complemented by interviews. Data were analysed using descriptive statistics and thematic content analysis. The findings revealed that although many women had some access to contraceptive information and interacted with health providers, substantial gaps existed in their ability to independently read and fully understand health information, instructions, and side effects. Low formal education, inadequate locally adapted materials, and poor comprehension of information in local languages limited effective and sustained use. Women with higher health literacy demonstrated better decision making and continuity of use. Health literacy emerged as a significant determinant of contraceptive use, extending beyond access to information to include comprehension, cultural relevance, and effective communication. The study recommends strengthening adult and reproductive health literacy programmes, improving culturally appropriate and locally translated contraceptive materials, enhancing provider communication skills, and engaging community and religious leaders to support informed family planning practices in rural settings.

Keywords: Health literacy; Contraceptive use; Reproductive health; Rural women; Family planning

INTRODUCTION

Contraceptive use is a fundamental component of family planning and reproductive health, enabling women to control fertility, prevent unintended pregnancies, and enhance overall well-being. Effective use of contraceptives requires access to accurate health information and the ability to make informed decisions regarding reproductive choices. Health literacy, defined as the capacity to obtain, understand, evaluate, and apply health information, is critical in facilitating these decisions (Baker, Parker, Williams & Clark, 2016). In the context of reproductive health, higher levels of health literacy are positively associated with improved knowledge of contraceptive methods, their benefits, and potential side effects, which can result in more consistent and effective use (Vaughn, Oser & Howard, 2017). Conversely, limited health literacy can create barriers, including misconceptions about safety, confusion regarding access, and low adoption of available methods (Haider, Kaur & Kaur, 2021).

Global evidence underscores the influence of health literacy on contraceptive use. In developed countries, such as the United States and the United Kingdom, widespread access to healthcare services facilitates contraceptive uptake, yet disparities persist due to uneven health literacy levels (Kapp & Curtis, 2019; Seward, McCabe & Jones, 2021). Similarly, in Asian contexts including India, China, Japan, and Indonesia, variations in health literacy significantly affect contraceptive knowledge and adoption, particularly among rural populations where education and health infrastructure may be limited (Bhatia & Cleland, 2017; Feng & Dibley, 2018; Situmorang & Pattinasarany, 2023). These patterns indicate that access alone is insufficient; comprehension and effective application of health information remain pivotal in promoting contraceptive use. In African countries, health literacy continues to shape reproductive health outcomes, interacting with cultural beliefs, socio-economic factors, and access to education. Countries such as Kenya, South Africa, and Ghana have implemented family planning programmes aimed at improving knowledge and access, yet challenges persist in rural areas where misinformation, stigma, and socio-cultural norms hinder utilization (Njogu & Mutua, 2016; Bashir, Thapa & Saha, 2023; Osei, Poku & Yeboah, 2022). These findings highlight the critical role of health literacy in enabling informed decision-making and enhancing reproductive health outcomes.

In Nigeria, contraceptive use remains below global standards despite growing public health attention. According to the Nigeria Demographic and Health Survey (NDHS, 2023–2024), 15% of married women and 38% of sexually active unmarried women use modern contraceptives, with implants and injectables being most common among married women and male condoms among unmarried women (National Population Commission & ICF, 2023). Challenges to effective contraceptive use include low health literacy, cultural norms, misinformation, and limited access to reproductive health services. In rural communities, such as Tudun Kauri in Lafia Local Government Area of Nasarawa State, these barriers are often more pronounced, affecting women's capacity to make informed family planning choices (Adebayo, Abiola & Olajide, 2020; Okunola & Olayemi, 2020). Despite existing research on contraceptive use in Nigeria, there is limited empirical evidence on how health literacy specifically influences the adoption of contraceptives among women in rural communities such as Tudun Kauri. This study filled this gap by examining the relationship between health literacy and contraceptive use. The findings contribute to public health knowledge by identifying the specific literacy-related barriers to contraceptive uptake and providing evidence-based recommendations for interventions aimed at improving reproductive health outcomes among women in rural Nigerian settings.

Research Objectives

- i. Examine the ability to obtain health information on contraceptive use among women in Tudun Kauri Community of Lafia Local Government Area, Nasarawa State.
- ii. To determine respondents' ability to read health information on contraceptive use among women.
- iii. To determine the understanding of health information on contraceptive use among women.

LITERATURE REVIEW

Access to accurate health information significantly influences contraceptive use among women in Nigeria, with health literacy serving as a critical determinant of reproductive health outcomes. Studies indicate that women who can access and comprehend information about family planning are more likely to adopt modern contraceptive methods, reduce unintended pregnancies, and improve maternal health (Olayemi, Adeoye, & Odebiyi, 2020). However, disparities persist due to socio-economic status, educational attainment, and geographic location, limiting some women's ability to obtain relevant information (Ajayi, 2019). Furthermore, health communication strategies, including community-based education and media campaigns, have been shown to enhance knowledge and uptake of contraception, although their reach is often uneven across rural and urban populations (Oluwatosin & Oladipo, 2021). These findings highlight the need for targeted interventions that improve women's access to reliable health information as a pathway to informed contraceptive choices in Nigeria.

Women's ability to read and comprehend health information has demonstrated a critical influence on contraceptive use in Nigeria, particularly in rural and peri-urban settings. Health literacy, defined as the capacity to obtain, process, and understand basic health information, has been shown to significantly affect knowledge, attitudes, and behaviours related to family planning (Oladunni, Adebowale, & Adebayo, 2021). Fagbamigbe and Idemudia (2017) indicated that limited literacy skills constrain women's ability to interpret contraceptive instructions, assess side effects, and make informed reproductive health decisions. Furthermore, socio-demographic factors such as education level, age, and rural residency interact with literacy to shape contraceptive uptake, with women possessing higher educational attainment demonstrating better comprehension and utilization of family planning resources (Okereke, Iwuoha, & Eze, 2020). Evidence suggests that interventions targeting the improvement of health information readability, such as simplified instructional materials and visual aids, can enhance contraceptive knowledge and adherence among women with limited literacy (Adewale & Ojo, 2019). Understanding health information on contraceptive use among women in Nigeria has been a central concern in reproductive health research, given its influence on informed decision-making and family planning practices. Studies indicate that women's ability to access, comprehend, and apply health information significantly affects contraceptive uptake and continuation (Okigbo et al., 2018). Literacy levels, socio-cultural norms, and healthcare system barriers, including inadequate counselling and limited availability of reproductive health services, have been identified as critical determinants of women's capacity to understand and utilize contraceptive information effectively (Akinyemi et al., 2020; Isiugo-Abanihe et al., 2019). Furthermore, research highlights that digital and community-based health education initiatives can enhance comprehension and correct misconceptions about contraceptive methods, particularly among rural and less-educated populations (Adedini et al., 2018). Cross-sectional surveys and qualitative studies consistently show that women who actively seek health information and

receive tailored guidance from healthcare providers demonstrate higher knowledge, more positive attitudes, and greater uptake of contraceptive methods (Bankole et al., 2020).

THEORETICAL FRAMEWORK

The study was guided by the following theories; health belief model and theory of planned behaviour to explain the interactions between health literacy and the use of contraceptives among women in Tudun Kauri Community of Lafia Local Government Area of Nasarawa State.

Health Belief Model

The health belief model, developed in the 1950s by Hochbaum, Rosenstock, and Kegels, provides a framework for understanding health behaviours by emphasizing individuals' perceptions of risk, severity, benefits, barriers, cues to action, and self-efficacy (Rosenstock, Hochbaum & Kegels, 1952). In the context of Tudun Kauri Community in Lafia LGA, the model explains that women's contraceptive use is shaped by their understanding of susceptibility to unintended pregnancy, the potential consequences of unplanned pregnancies, and the benefits of contraceptive use. Women with higher health literacy are better positioned to evaluate these factors and navigate informational or cultural barriers, thereby enhancing their likelihood of adopting contraceptive methods. However, the HBM has been critiqued for its limited consideration of social, economic, and environmental influences, which are particularly salient in Tudun Kauri, where contraceptive decisions are strongly mediated by community norms, spousal approval, and religious beliefs (Janz & Becker, 1984).

Theory of Planned Behaviour

The theory of planned behaviour, developed by Ajzen in 1985, complements the HBM by integrating social and control dimensions into behavioural prediction, emphasizing attitudes, subjective norms, and perceived behavioural control (Ajzen, 1991). Applied to contraceptive use in Tudun Kauri, TPB illustrates how health literacy informs women's attitudes toward contraceptives, enhances their ability to navigate social pressures from family and community leaders, and strengthens their perceived control over accessing and using contraceptives effectively. While TPB addresses some limitations of the HBM by incorporating normative and external factors, it is not without critique, as it may underrepresent emotional, cultural, and structural barriers influencing behaviour (Sniehotta, Presseau & Araújo-Soares, 2014). Integrating HBM and TPB provides a comprehensive analytical lens, highlighting that promoting contraceptive use requires not only improving individual knowledge but also engaging community norms and structural conditions, thereby demonstrating the interplay between health literacy, perception, and social context in shaping reproductive behaviours.

METHODS

The study employed a descriptive research survey design, selected for its capacity to collect unbiased primary data from a large population efficiently and cost-effectively. The study was conducted in Tudun Kauri Community, Lafia Local Government Area, Nasarawa State, a densely populated area with diverse cultural, socioeconomic, and educational characteristics. The community is strategically positioned within the state capital, providing access to major markets, schools, and health facilities, and is characterized by a mix of urban and semi-urban features that influence residents' access to health information and services.

The study population comprised women of reproductive age (15–49 years) in Tudun Kauri, as this group is the primary user of contraceptive methods and most affected by issues relating to

reproductive health. Given the absence of precise demographic data, the sample size was determined using Cochran's formula, assuming maximum variability in contraceptive knowledge, resulting in 384 respondents for the quantitative component, with an additional twelve participants for qualitative interviews, yielding a total of 396 respondents. A multi-stage sampling technique was employed, beginning with purposive selection of the community, followed by census sampling of all streets, systematic random sampling of households, and random selection of eligible women within households. Quota sampling was used to ensure equitable representation across the community's nine streets.

Data collection involved both quantitative and qualitative methods, using structured questionnaires and in-depth interviews, respectively. Questionnaires were developed based on the study objectives, covering socio-demographic characteristics, ability to obtain, read, and understand health information related to contraceptive use. In-depth interviews provided additional insights from key informants. The instruments underwent face and content validation and reliability was confirmed through a pilot study and split-half reliability test. Quantitative data were analysed using SPSS version 21, while qualitative data were subjected to content analysis. Ethical considerations were strictly observed, including informed consent, confidentiality, anonymity, and voluntary participation, ensuring the protection of participants' rights throughout the study.

FINDINGS

From the 384 questionnaires administered, 368 (96%) were duly returned, while 16 (4%) were either incomplete or missing, reflecting a high response rate. Therefore, the analysis was carried out using the 368 properly completed questionnaires.

Table 1: Distribution of respondents by socio- demographic characteristics

Variables	Frequency	Percentage	Mean	STD
Age				
15-24	56	15.2	34.06	8.32
25-31	77	20.9		
32-39	128	34.8		
40-49	107	29.1		
Marital Status				
Married	212	57.6		
Single	95	25.8		
Separated	32	8.7		
Widowed	8	2.2		
Divorced	21	5.7		
Educational background				
None formal education	169	45.9		
Primary education	59	16.0		

Secondary education	100	27.2
Tertiary education	40	10.9
Religion		
Christianity	198	53.8
Islam	150	40.8
Africa Traditional Religion	20	5.4
Occupation		
Farming	117	31.8
Trading	72	19.6
Civil service	47	12.8
Artisan	53	14.4
House wife	79	21.5

Source: Field work, 2025

The respondents were predominantly women aged 32-39 years and mostly married, with nearly half lacking formal education. Christianity and Islam were the main religions, and most women were engaged in farming or domestic roles. These socio-demographic factors suggest that age, marital status, low literacy, religious beliefs, and occupation may significantly influence health literacy and contraceptive use, highlighting the need for targeted, context-sensitive interventions.

Table 2: Distribution of respondents on ability to obtain health information and contraceptives use among women

Questions	Yes	No	Not sure
	F (%)	F (%)	F (%)
Do you have access to information about contraceptives in your community?	217 (59.0)	103 (28.0)	48 (13.0)
Do you know where to find reliable information about contraceptives?	195 (53.0)	111 (30.2)	62 (16.8)
Do you feel comfortable asking healthcare providers about contraceptive methods?	191 (51.9)	115 (31.3)	62 (16.8)
Is there enough health information on contraceptives in your community?	187 (50.8)	111 (30.2)	70 (19.0)
Have you ever stopped using contraception because of inadequate information on how to use it properly?	203 (55.2)	141 (38.3)	24 (6.5)
Does information about contraceptive options provided during antenatal care increase contraceptive use in Tudun Kauri Community?	208 (56.5)	112 (30.4)	48 (13.0)
Are women in Tudun Kauri Community more likely to use contraceptives if they receive information about the benefits of family planning?	250 (67.9)	82 (22.3)	36 (9.8)

Source: Fieldwork 2025

The distribution of respondents' responses indicates that majority of the women reported having access to contraceptive information in their community (59.0%), knowing where to find reliable information (53.0%), and feeling comfortable asking healthcare providers about contraceptives (51.9%), while around half believed there is sufficient health information available (50.8%). Notably, 55.2% of respondents reported discontinuing contraceptive use due to inadequate guidance on proper usage, suggesting gaps in practical knowledge. Furthermore, more than half indicated that information received during antenatal care (56.5%) and awareness of family planning benefits (67.9%) positively influence contraceptive use. These findings imply that access to information alone is insufficient; comprehension, trust in healthcare providers, and the quality of information are critical for effective contraceptive uptake. In the course of the interview, some participants expressed that: A 42 years Imam narrated that:

Information is available at the clinic, yes, but whether it reaches everyone is another matter. Many women here rely on what they hear from other women or what their husbands allow them to know. We religious leaders need to be better informed ourselves so we can guide our congregation correctly. When asked whether he had access to information about contraceptives in his community, a 44-year-old father of three responded that:

Honestly, not much. Men do not usually talk about these things openly. I have seen some posters at the clinic when I took my child for immunization, but nobody explained anything to me. I think if I wanted information, I would not know where to start or who to ask without feeling embarrassed.

Another 58 year's female Traditional Birth Attendant posited that;

I receive some training from the health center occasionally, but it is not regular. Most of what I know, I learned from experience and from attending workshops years ago. The young women ask me questions, but sometimes I am not confident about the new methods. We need more updated information.

In addition, when interviewees were asked whether they felt comfortable discussing contraceptive methods with healthcare providers, some replied that:

No, not at all. To begin with, I am not even sure if I am supposed to be asking such questions is that not meant for women? Second, if I go to the clinic asking about family planning, people will think there is a problem in my marriage or that I am trying to control my wife. Men need separate counselling sessions where we can ask freely. (Male; Age, 38; Layin Baba Sale street).

Table 3: Distribution of respondents on ability to read health information and contraceptives use among women

Questions	Yes	No	Not sure
	F (%)	F (%)	F (%)
Do women in Tudun Kauri Community have access to written health information about contraceptives?	205 (55.7)	143 (38.9)	20 (5.4)
In your opinion, are written materials about contraceptives designed in a way that is easily/ understandable for women in Tudun Kauri?	211 (57.3)	126 (34.2)	31 (8.4)
Are women in Tudun Kauri Community able to read health information on their own?	91 (24.7)	205 (55.7)	72 (19.6)
Are women who can read health information more likely to make informed contraceptive choices?	204 (55.4)	110 (29.9)	54 (14.7)
Do women who can read health information discuss contraceptive options more with healthcare providers?	205 (55.7)	102 (27.7)	61 (16.6)
Does the ability to read health information reduce misconceptions about contraceptives?	248 (67.4)	90 (24.5)	30 (8.2)
Do you think that the availability of health information in local languages will improve contraceptive use?	198 (53.8)	139 (37.8)	31 (8.4)
Is there sufficient written information about contraceptives available in Tudun Kauri	147 (39.9)	172 (46.7)	49 (13.3)

Community?

Source: Fieldwork 2025

The distribution of responses indicates that a majority of women reported having access to written health information on contraceptives (55.7%) and perceived these materials as understandable (57.3%), yet only a minority (24.7%) were able to read the information independently. More than half of respondents agreed that the ability to read health information enables women to make informed contraceptive choices (55.4%), discuss options with healthcare providers (55.7%), and reduces misconceptions about contraceptives (67.4%). Additionally, over half believed that availability of health information in local languages would enhance contraceptive use (53.8%), whereas less than half considered that sufficient written information exists in the community (39.9%). These findings imply that while written contraceptive materials are available and generally considered understandable, low literacy levels among women limit their effective utilization. When asked whether women in Tudun Kauri Community have access to written health information on contraceptives, several participants in IDI noted that:

Access is very limited. We have some posters on the walls of our family planning unit, but they are mostly in English with a few in Hausa. The challenge of distribution, we do not have enough materials to give women to take home. Most of our health education happens verbally during antenatal care or family planning visits. We receive pamphlets from the State Ministry of Health maybe twice a year, and they finish within weeks. Women who visit our facility see the information, but those who do not come have no access at all. (Nurse; Age, 46; Tudun Kauri community clinic).

To buttresses the above statement, a 31 years mother of one from Sandaji Primary School Street in IDI stated that:

I have seen some papers with pictures at the clinic when I took my baby for immunization, but they did not give me any to bring home. Sometimes health workers come to our market to talk about family planning, but they just talk they do not give us anything to read. My neighbour said she got a small book about child spacing from an NGO last year, but I have never seen it. If there are written materials, I do not know where to find them.

When asked whether, in her opinion, written materials on contraceptives are presented in a manner that women in Tudun Kauri can easily understand, a 40-year-old nurse from the community health center explained that:

Honestly, no. Most materials we receive are designed at the state or federal level without consideration for the local context. They use medical terminology that even educated women struggle with. The pictures are sometimes not culturally appropriate, showing women in dress styles that do not reflect our community. The Hausa translations are often poor, literal translations that do not capture the meaning properly. For a community where many women have only Quranic education or no formal schooling, these materials are too complex. We need materials with more illustrations, simple Hausa, and culturally relevant examples.

Table 4: Distribution of respondents on understanding health information and contraceptives use among women

	Yes F (%)	No F (%)	Not sure F (%)
Do women in Tudun Kauri Community understand the importance of contraceptive use for family planning?	171 (46.5)	148 (40.2)	49 (13.3)
Is the health information provided about contraceptives clear and easy to understand?	183 (49.7)	112 (30.4)	73 (19.8)
Do you understand written instructions on contraceptive packaging?	167 (45.4)	157 (42.7)	44 (12.0)
Do women understand the potential side effects of their chosen contraceptive methods?	156 (42.4)	118 (32.1)	94 (25.5)
Do women in Tudun Kauri understand how to use contraceptives effectively?	192 (52.2)	137 (37.2)	39 (10.6)
Do you understand the health benefits of contraceptive use?	200 (54.3)	120 (32.6)	48 (13.0)
Is health information about contraceptives available in local languages understood by women in Tudun Kauri?	113 (30.7)	177 (48.1)	78 (21.2)

Source: Fieldwork 2025

The responses indicate that just over half of the women reported understanding how to use contraceptives effectively (52.2%) and recognized the health benefits of contraceptive use (54.3%), while slightly fewer understood the importance of contraceptive use for family planning (46.5%) or written instructions on packaging (45.4%). Nearly half considered the health information provided as clear and easy to understand (49.7%), but understanding of potential side effects was lower (42.4%). Notably, only 30.7% reported understanding contraceptive information available in local languages, with 48.1% indicating they did not, and 21.2% uncertain. These findings imply that while general comprehension of contraceptive use and benefits is moderate, significant gaps remain in understanding instructions, side effects, and information in local languages. The interviewees were asked whether women in Tudun Kauri Community understand the importance of using contraceptives for family planning. The views they shared during the discussions indicated that:

Yes, I understand now. After my last pregnancy, the nurse explained that spacing children helps me recover my strength and gives each child proper attention. My neighbour had children too close together and struggled to feed them all. Family planning helps us take care of our health and our children better. (Female; Age, 34 years; Ungwan Mai Dunama Street).

Similarly, a medical personnel aged 53 years from Tudun Kauri PHC posited that:

Understanding is gradually improving. Women now know that contraceptives can prevent unwanted pregnancies, reduce risks during childbirth, and help them pursue education or work. However, about some still confuse family planning with permanent sterilization, which we need to address.

When asked whether women understand the possible side effects of the contraceptive methods they choose, a 33-year-old mother of three from NBS Tudun Kauri explained that:

Yes, the nurse told me I might experience irregular bleeding with the injection. She said it is normal and will regulate after few months. When it happened, I was not scared because I was prepared. Understanding this beforehand made me continue using it instead of stopping.

Another respondent said:

Partially. They told me about headaches and mood changes with the pills, but when I started gaining weight, I did not know if it was the pills or my eating habits. I wish they had explained all possible side effects more completely. I stopped using it because I was worried.

DISCUSSION

The findings on the ability of women to obtain health information and its relationship to contraceptive use in Tudun Kauri Community indicate a nuanced interplay between access, awareness, and utilization of contraceptives. A majority of respondents reported having access to information about contraceptives and knowing where to obtain reliable guidance, which aligns with studies that emphasize the critical role of health literacy in promoting family planning practices (Okonofua, 2018; Akinyemi et al., 2020). Similarly, many women indicated comfort in consulting healthcare providers about contraceptive methods, corroborating evidence that positive interactions with health professionals enhance contraceptive uptake (Oye-Adeniran et al., 2016). Additionally, information received during antenatal care was perceived to influence contraceptive adoption, reflecting findings that structured health education in clinical settings increases informed reproductive choices (Olagbuji et al., 2021). However, a notable percentage of the respondents reported insufficient information or uncertainty about contraceptive use, and some indicated discontinuation due to inadequate guidance, which is consistent with literature highlighting barriers such as misinformation, social stigma, and limited health communication strategies in rural communities (Ezeh et al., 2019; Ajayi et al., 2020). This duality suggests that while health information positively affects contraceptive use, gaps in knowledge and accessibility persist, underscoring the need for targeted interventions that enhance community-level reproductive health education and strengthen provider–patient communication.

The findings on the relationship between the ability to read health information and contraceptive use among women in Tudun Kauri Community reveal a nuanced dynamic. Majority of the respondents reported that women have access to written health information and that such materials are generally understandable, suggesting alignment with Onasoga et al. (2014); Bankole (2015) that highlights the importance of accessible and comprehensible health communication in promoting informed contraceptive decisions. Moreover, the data indicate that women who can read health information are more likely to make informed choices, discuss contraceptive options with healthcare providers, and hold fewer misconceptions about contraceptives, supporting Abiodun et al. (2016); Adebowale et al., 2019) emphasizing literacy as a critical determinant of reproductive health outcomes. However, despite general access, a substantial proportion of women reported difficulties in independently reading health information, and some respondents indicated insufficient written materials, which contrasts with assertions in Akinyemi et al. (2020); Chandra-Mouli et al. (2017) that increased availability alone guarantees improved contraceptive uptake. These findings suggest that while literacy and the

availability of materials positively influence contraceptive use, barriers such as limited reading skills and inadequate coverage of health information in local languages persist, highlighting the need for tailored strategies that combine education, culturally appropriate materials, and provider engagement to enhance reproductive health outcomes in rural Nigerian contexts.

CONCLUSION

In conclusion, the study established that health literacy is a critical determinant of contraceptive use among women in Tudun Kauri Community of Lafia Local Government Area, with clear evidence that the ability to obtain, read, and understand health information shapes informed decision making, continuity, and effective use of contraceptive methods. Although access to contraceptive information and interaction with health care providers exist within the community, significant gaps persist in women's independent reading ability, comprehension of instructions, side effects, and interpretation of information presented in local languages, largely due to low formal education and poorly adapted communication materials. Guided by the health belief model and the theory of planned behaviour, the findings highlight that knowledge alone is insufficient without addressing perceived barriers, social norms, and women's perceived control over reproductive choices.

RECOMMENDATIONS

Based on the findings of this study, the following recommendations were made;

Government and health agencies should expand reproductive health education through community outreach, radio programmes, and mobile platforms. Primary Health Centres should be adequately equipped and staffed to provide regular and culturally sensitive family planning counselling. Stronger collaboration among the Ministry of Health, NGOs, and community leaders is necessary to reach remote households with accurate contraceptive information.

Adult literacy programmes should target women of reproductive age to strengthen their ability to understand health information. Contraceptive materials should be simplified, translated into local languages such as Hausa, and supported with visual aids for non-literate women. The Ministries of Education and Health should integrate reproductive health literacy into community learning programmes to improve both general and health specific knowledge.

The Nasarawa State Ministry of Health should promote client centred communication to improve women's understanding of contraceptive use and side effects. Health workers should be trained in interpersonal communication to support interactive and effective counselling. Community based education and public campaigns should address myths and misinformation using culturally acceptable approaches.

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