



Factors Affecting the Practice of Birth Spacing among Women attending Post Natal Clinic in Zango Primary Health Care Bauchi

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Abstract: In Nigeria, the fertility is currently 5.71% birth per woman and it's one of the 7 largest in the world and the 3rd largest in Africa. The effective use of modern contraceptive methods by women of reproductive age in Nigeria is affected by many factors including prevalent negative attitudes and perceptions about some methods, inadequate knowledge about the various methods, unavailability, accessibility, complexity as well as strong cultural and religious oppositions to modern contraceptive methods. A cross-sectional descriptive design survey was carried out among women of reproductive age at Sabon Gari Primary Healthcare Center Dass. A total of 200 respondents were recruited for the study. A self-constructed questionnaire was used for data collection. Data were analyzed using SPSS version 20.0 and data were presented in frequency tables, percentages, graphs and pie charts. The results showed that 200 (100%) had used birth spacing and most 120 (60%) had used birth spacing for more than 4 months, 150 (75%) reported that non availability of birth spacing affected its utilization, 160 (80%) agreed that someone's earning affected birth spacing practices among women, 150 (75%) agreed that unemployment hindered the practice of birth spacing, 120 (60%) were discouraged by their friends from using the birth spacing method they were using, 160 (80%) reported experiencing side effects of the methods they were using, 150(75%) were due to lack of formal education, 140 (70%) respondents reported that their husbands did not know about their current use of birth spacing, 180 (90%) reported that their culture did not promote the use of birth spacing among women, 170 (85%) reported that their religion did not support the use of birth spacing among women.

Keywords: Fertility rate; Modern contraceptives; Birth spacing; Cultural and religious barriers; Women of reproductive age.

Introduction

Birth spacing refers to the time from ones' child birth until the next, preventing unwanted pregnancies or secure wanted pregnancy (Johansson et al., 2025; Olirik et al., 2025). After a live birth, the recommended interval before attempting the next pregnancy is at least 24 months in order to reduce the risk of adverse

maternal, perinatal and infants outcomes. Birth spacing could be achieved thorough adequate and effective use of various birth spacing methods including natural and modern/artificial birth spacing methods (Almutairi et al., 2025; Kalhor et al., 2025). Modern family planning is a means of preventing pregnancy that involved some kind of device or medication and includes non-hormonal birth control methods such as condoms,

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diaphragms, cervical caps and spermicidal gels (Jacobsson et al., 2025). Others included foams and inserts, copper Intra-Uterine Devices (IUDs), as well as hormonal contraceptives including birth control pills, Depo Provera injections, implants, emergency contraception and pills (Jiwani et al., 2025; Sharma & Bhuyan, 2025).

Globally, there are still unmet needs for birth spacing among couples especially in developing countries, where a scarcity of resources and information, cultural and political barriers, and societal attitudes or misconceptions add up to place a heavy burden on all women's health, with unwanted pregnancies, unsafe abortions, maternal mortality and Human Immunodeficiency Virus - 1 (HIV-1) infection still leading causes of death in women (Lin et al., 2025; Sarkodie et al., 2025). However, effective Birth spacing use worldwide is affected by several factors such as lack of knowledge about the methods, complexity, availability and affordability of the methods, negative attitudes and perceptions of couples towards modern contraceptive methods (M. Babiker, 2025).

In Africa, the effective use of modern contraceptive methods by women of reproductive age is severely affected by inadequate knowledge about the methods, their application, socio cultural and economic status of the couple as well as religious orientation of the couple, unwanted side effects, inconvenience of the chosen methods, and media scares about safety of hormonal based methods were some of the issues that limited their acceptability (Nyasulu et al., 2025; Osman et al., 2025).

In West Africa, (Ayele et al., 2025) revealed that effective utilization of modern contraceptive methods is affected by many factors including inadequate knowledge about birth spacing methods, poor attitudes and perceptions towards birth spacing, availability and accessibility of birth spacing methods, inadequate knowledge about its application and lack of support among many other factors. In Nigeria, National Demographic Health Survey (Gudeta et al., 2025) shows that the fertility rate was 5.71%, and it is one of the highest in the world, and the 3rd highest overall in Africa, yet only an estimated 31% of reproductive age women used family planning (Tawfiq et al., 2025). The effective use of modern contraceptive methods by women of reproductive age in Nigeria is affected by many factors including prevalent negative attitudes and perceptions about some methods, inadequate knowledge about the various methods, unavailability, accessibility and complexity as well as strong cultural and religious opposition to modern contraceptive methods (Altamimi et al., 2025; Diamond-Smith et al., 2025).

A rapid population growth is a burden on the resources of many developing countries and Nigeria is

not an exception (Mengistie & Marine, 2025). Furthermore, uncontrolled/unlimited pregnancies also negatively impacted the health and quality of life of mothers, children and entire families (Alshahrani et al., 2025). Despite strong efforts by the Ministry of Health (MoH) and concerned Non-Governmental Organizations (NGOs) to promote access and utilization of family planning, its use by women of reproductive age is inadequate (Dewi Lieskusumastuti et al., 2025; Harris et al., 2025)

According to (Sisay et al., 2025), the use of modern family planning methods was adversely affected by many factors including inadequate knowledge on benefits of modern contraceptive methods. Nigeria was one of the countries with the highest birth rate and maternal and infant mortality rates. According to records at the family planning clinic, Bauchi Specialist (Sisay et al., 2025), the uptake of birth spacing methods by women remained low as evidenced by figures. However, despite the increasing trend, many women using various family planning methods reported at the clinic with pregnancies which pointed to the ineffective utilization of birth spacing (Sisay et al., 2025). The particular factors affecting acceptance of child spacing among women attending post-natal clinic in Zango PHC Bauchi were unknown.

Method

This study design is a cross-sectional descriptive survey. Cross-sectional and descriptive study is a study based on observations that take place in different groups at one time. Instead of performing an experiment, you would simply record the information that you observe in the groups you are examining (Dewi Lieskusumastuti et al., 2025; Sisay et al., 2025)

Research Setting

The setting is Zango PHC along federal low-cost Bauchi, Bauchi Local Government Area Bauchi State (Alshahrani et al., 2025).

Target Population

The populations for the study are women attending post-natal services in Zango PHC. Bauchi. The estimated population of women attending post-natal services is about 876 in the year 2022 according to the Hospital Record Book.

Sample Size

A sample size of 269 was drawn from size from the target population 876 base on Krejcie and Morgan table Ahmed, 2022

Sampling Technique

A simple random sampling was used the data was collected in five post-natal days until the total number of 269 women were selected.

Instruments for Data Collection

The instruments for data collection was self-designed, questionnaire. The questionnaire was consisting of four sections; A, B, C and D. Section A deals with Demographic Data, section B deals with the economic factors, section C deals with the social factors and section D deals with the cultural and religious factors. The questionnaires consist of Yes or No responses and Likert scale type of question of Strongly Agree [SA], Agree [A], Disagree [D], Strongly

Disagree [SD].

Validity of Instruments

The face and contents validity of questionnaire was check by two research expert from department of Nursing and one research expert from department of Midwifery Aliko Dangote College of Nursing Bauchi. Their criticism, advice and suggestions will be used in modifying the Instrument for data collection for the purpose of providing a valid questionnaire.

Reliability of Instruments

Reliability of the instrument was determining through test-retest method.

Methods of Data Collection

An introductory letter was collected from the college research committee and taken to the facility in charge in other to get permission to carry out the study. The researcher was administering the questioner herself with the help of research assistant and retrieve at the spot.

Method of Data Analysis

The researcher present the data obtained from the respondents after data sorting and cleaning using Charts, frequency, percentages and tables and data was interpreted and conclusion made into a written report. For inferential statistics chi-square tests was used. Chi-square is a statistical test that is used to compare observed data with data we would expect to obtain according to the objective.

Ethical Considerations

The researcher also sought for permission to carry out the study from the management of zango PHC, Bauchi, and a verbal consent was obtained from each participant before data was collected. Respondents received a detailed description of the research, confidentiality provisions and the fact that their participation was voluntary and they could withdraw at

any point if they so wish. The principle of privacy and confidentiality was upheld.

Result and Discussion

This chapter presents the results obtained from field data collected from a total sample of 200 respondents. The findings are systematically analyzed and presented using frequency tables, percentages, and graphical illustrations. These analytical approaches were employed to enhance clarity and facilitate better interpretation of the data. The presentation of results is guided by the stated research objectives. In addition, the analysis addresses the research questions formulated for the study. The chapter begins with an overview of the demographic characteristics of the respondents. Social characteristics of the respondents are also presented as part of the preliminary analysis. This approach provides a comprehensive background of the study population. Understanding these characteristics is essential for contextualizing the subsequent findings. The demographic data highlight variations in age, gender, marital status, education, and occupation among respondents (Ning et al., 2025; Zaidan et al., 2025).

The social characteristics further explain the respondents' backgrounds and living conditions. Following this section, results related to the core variables of the study are presented. Each set of findings is clearly linked to the relevant research objective. This ensures coherence between the results and the purpose of the study. Overall, the chapter offers a structured and detailed presentation of the field findings (Ning et al., 2025; Yuan et al., 2025).

Socio demographic characteristics

Table 1 presents the socio-demographic characteristics of the respondents. Half of the respondents, 100 individuals (50%), were within the age range of 26–36 years, while 50 respondents (25%) were aged 15–25 years and 30 respondents (15%) were between 37–47 years; the smallest proportion, 20 respondents (10%), were aged 48 years and above, with a mean age of 32 ± 3 years (Mwinyi et al., 2025).

The majority of respondents were Muslims, accounting for 180 individuals (90%), whereas Christians constituted only 20 respondents (10%). In terms of ethnicity, most respondents were Hausa/Fulani, totaling 170 individuals (85%), followed by Yoruba with 20 respondents (10%), while Igbo represented the least group with 10 respondents (5%) (Purnomo et al., 2025).

Regarding marital status, 190 respondents (95%) were married, 8 respondents (4%) were divorced, and only 2 respondents (1%) were single. With respect to duration of marriage, the majority, 150 respondents (75%), had been married for 1–5 years, while 30

respondents (15%) had been married for 5–10 years and 20 respondents (10%) had been married for 10 years and above. In terms of educational attainment, most respondents, 90 individuals (45%), had primary education, followed by secondary education among 60 respondents (30%), Qur’anic or informal education among 30 respondents (15%), and tertiary education among 20 respondents (10%). Concerning occupation,

about half of the respondents, 110 individuals (55%), were self-employed, 56 respondents (28%) were housewives, and 34 respondents (17%) were civil servants. Finally, half of the respondents, 100 individuals (50%), had 3–4 children, followed by 50 respondents (25%) with 5–6 children, 30 respondents (15%) with 1–2 children, and the least proportion, 20 respondents (10%), had seven children or more.

Table 1. Socio Demographic Characteristics of Respondents (n=200)

Variables	Frequency (n=200)	Percentage (%)
Age		
15 - 25 years	50	25
26 - 36 years	100	50
37 - 47 years	30	15
48 years and above	20	10
Mean Age=32.1 ± 3years Approximately 32 ± 3 years		
Religion		
Islam	180	90
Christianity	20	10
Ethnic group		
Hausa/ Fulani	170	85
Yoruba	20	10
Igbo	10	5
Marital status		
Single	2	1
Married	190	95
Divorced	8	4
Level of education		
Primary	90	45
Secondary	60	30
Tertiary	20	10
Quranic/ Informal	30	15
Occupation		
Self employed	110	55
Civil servant	34	17
Student	-	-
House wife	56	28
Number of children respondents have		
1 - 2 children	100	50
3 - 4 children	50	25
5 - 6 children	30	15
7 children and more	20	10

Table 2 presents the distribution of respondents based on their use of birth spacing methods. All respondents, 200 (100%), reported that they had ever used birth spacing. The majority of respondents, 120 (68%), had used birth spacing for more than one year.

Meanwhile, 50 respondents (25%) had used birth spacing for a duration of 7 months to 1 year. The least proportion, 30 respondents (15%), had used birth spacing for less than 6 months. Half of the respondents, 100 (50%), reported using injectable methods for birth

spacing. In addition, 80 respondents (40%) used other modern contraceptive methods such as pills or implants. These findings indicate a high level of awareness and utilization of birth spacing methods among the study population.

Table 2. Economic factors affecting the practice of birth spacing

Responses	Frequency (n=200)	Percentage (%)
Yes	200	200
No	0	0
Total	200	100

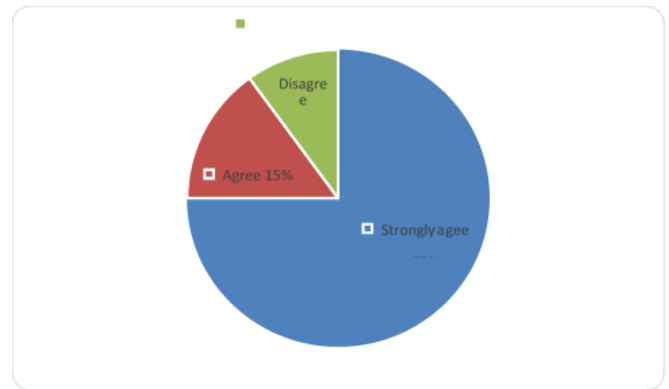


Figure 2. Economic factors affecting the practice of birth spacing

The majority of respondents 150 (75%) strongly agreed that non availability of birth spacing affected its utilization, 30 (15%) agreed that non availability sometimes affected the use of birth spacing while the least 20 (10%) disagreed. Most respondents 150 (75%) reported that they buy contraceptives while the least 50 (25%) did not buy contraceptives.

Table 5. Whether Respondents Purchased Contraceptives

Responses	Frequency (n=200)	Percentage (%)
Yes	150	75
No	50	25
Total	200	100

Out of the 50 respondents who buy contraceptives, most 30 (60%) said it costs more than 200 while the least 20 (40%) said it costs between 150 – 200.

Table 6. Cost of buying contraceptives n=50

Cost in Naira (N)	Frequency (n=50)	Percentage (%)
150 – 200	20	40
More than 200	30	60
Total	50	100

The majority of respondents 160 (80%) agreed that someone’s earning affected birth spacing practices among women while the least 40 (20%) disagreed.

Table 7. Whether someone’s earnings affect birth spacing practices.

Responses	Frequency (n=200)	Percentage (%)
Yes	160	80
No	40	20
Total	200	100

Most respondents 150 (75%) Strongly agreed that lack of employment hindered the practice of birth

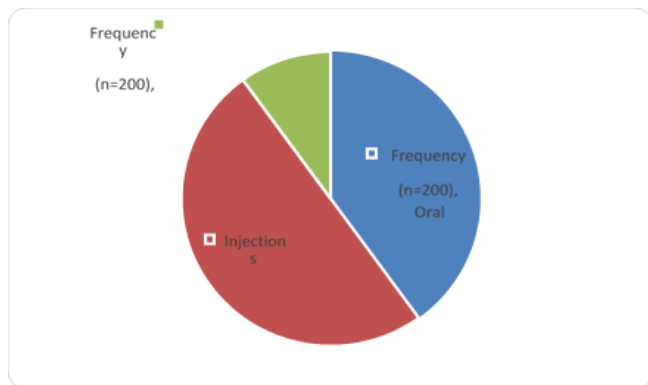


Figure 1. Type of birth spacing used by respondents

Table 3. Whether birth spacing is affordable in the community

Responses	Frequency (n=200)	Percentage (%)
Agree	50	25
Disagree	110	55
Strongly Disagree	40	20
Total	200	100

(40%) reported using oral contraceptives while the least 20 (10%) used condoms. Half of respondents 110 (55%) disagreed that birth spacing is affordable in the community, 50 (25%) agreed while the least 40 (20%) strongly disagreed.

Table 4. Availability of Birth Spacing in the Community

Responses	Frequency (n=200)	Percentage (%)
Sometimes	90	45
Always	60	30
Never	50	25
Total	200	100

Most respondents 90 (45%) reported that family planning was sometimes available in the community, followed by 60 (30%) who said it was always available while the least 50 (25%) said it was never available.

spacing among women, 30 (15%) who agreed that it hindered while the least 20 (10%) said they disagree.

Table 8. Whether lack of employment hindered the practice of birth spacing.

Responses	Frequency (n=200)	Percentage (%)
Strongly agree	150	75
Agree	30	15
Disagree	20	10
Total	200	100

A total of 60 (30%) respondents mentioned unemployment as an economic factor affecting practice of birth spacing among women, 50 (25%) reported high cost of methods, 40 (20%) reported poverty, 30 (15%) mentioned unavailability of required methods while the least 20 (10%) reported lack of support from partner. Social factors affecting the practice of birth spacing among women

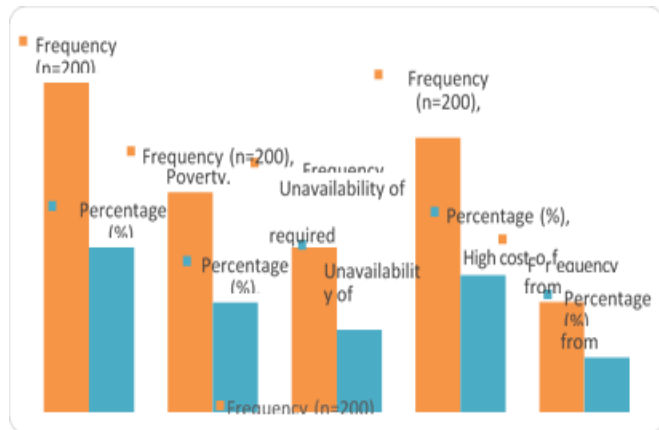


Figure 3. Economic factors affecting the practice of birth spacing

Table 9. Whether birth spacing use was comfortable for respondents

Responses	Frequency (n=200)	Percentage (%)
Yes	60	30
No	140	70
Total	200	100

The majority of respondents 140 (70%) reported that birth spacing use was not comfortable for them, while the least 60 (30%) said it was comfortable.

Table 10. Why respondents are comfortable using birth spacing.

Responses	Frequency (n=200)	Percentage (%)
Very effective	60	30
Health hazard	140	70
Total	200	100

Table 11. What respondents' friends said about birth spacing?

Responses	Frequency (n=200)	Percentage (%)
They talk good about it	80	40
They discourage me from using It	120	60
Total	200	100

Most respondents 120 (60%) reported that their friends discouraged them from using the birth spacing methods they were using while the least 80 (40%) said their friends talked good about it. The majority of respondents 160 (80%) reported experiencing side effects of the methods they were using while the least 40 (20%) did not experience any side effects of the methods they were using.

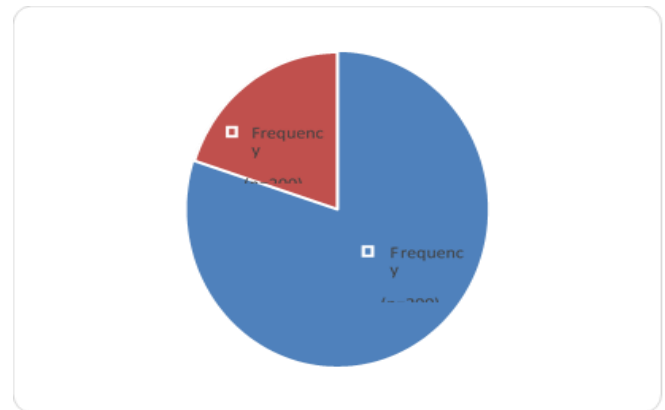


Figure 4. Distribution of respondents who experienced any side effects of methods used

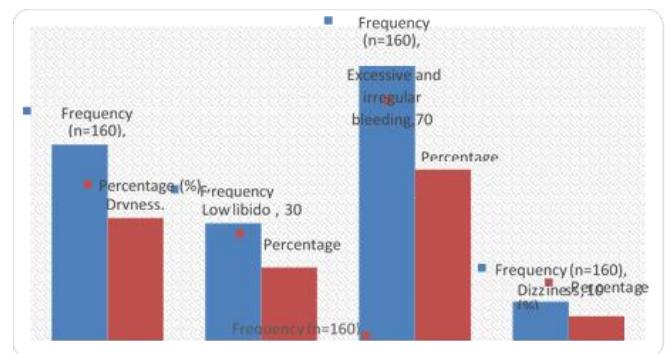


Figure 5. Side effects of birth spacing respondents experienced

Out of the 160 respondents who reported experiencing side effects of birth spacing, most 70 (43.7%) reported experiencing excessive and irregular bleeding, 50 (31.3%) who mentioned dryness, 30 (18.7%) mentioned low libido while the least 10 (6.3%) reported dizziness.

Table 12. Shows what the respondents did about it (n=160)

Responses	Frequency	Percentage (%)
Discontinue use	120	75
Visit health centre to speak	40	25
Total	160	100

Out of the 160 respondents 120 (75%) discontinue using the contraceptives while 40 (25%) visit health center to speak with the practitioner. Most respondents 60 (30%) recommended providing sensitization and health education to women about birth spacing, 50 (25%) recommended ensuring availability of all methods, 40 (20%) recommended subsidizing the costs of methods, 30 (15%) encouraging male partner involvement while the least 20 (10%) recommended addressing/adjusting cultural and religious views about birth spacing.

Table 13. Recommendations to improve utilization of birth spacing among women

Recommendations	Frequency (n=200)	Percentage (%)
Provide sensitization and health education to women about birth spacing	60	30
Ensure availability of all methods	50	25
Subsidize the costs of methods	40	20
Encourage husbands involvement	30	15
Address/adjust cultural and religious views	20	10
Total	200	100

Results showed that half of the respondents 100 (50%) were in the age range of 26 – 36 years, followed by 50 (25%) who were in the age range of 15 – 25 years, which demonstrated that all the respondents were of reproductive age and hence needed to ensure they possessed adequate knowledge about the use of birth spacing. The majority of the respondents are muslims; this is not surprising because Bauchi State is a predominantly a Muslim state with about 95% beings Muslims (Abhadionmhen et al., 2025).

The majority of respondents 190 (95%) were married which implied that since they were married, they would be able to receive support from their partners to ensure use of birth spacing. However, this was not the case in this study as some respondents did

not receive support while others never discussed the use of birth spacing with their partners. Most respondents 90 (45%) had attained primary level education, which implied that since most respondents had attained little or informal education; they may not possess sufficient knowledge about the importance of effective use of birth spacing.

Most respondents 110 (55%) were self-employed which implied that since most respondents were gainfully employed, they would be in better position to access and utilize birth spacing services in their communities and hence ensure adequate utilization. This study was in line with (Akkhaphan et al., 2025) who revealed in their study about contraception, unwanted pregnancies and induced abortion in Kathmandu Valley that one of the major factors influencing the effective use of oral contraceptives by women of reproductive age was area of residence and employment status. The majority of respondents 100 (50%) had 3 – 4 children, 50 (25%) who had 5 – 6 children while the least 20 (10%) had 7 children and more. This demonstrated that most respondents had already passed the threshold of 3 children and hence needed to ensure effective use of birth spacing methods and services to have manageable families (Alwahaibi et al., 2025; Koning et al., 2025)

Economic Factors Affecting the Practice of Birth Spacing among Women. All of the respondents 200 (100%) had ever used birth spacing, 120 (60%) had used birth spacing for more than 1 year, 50 (25%) had used birth spacing for 7months 1 year while the least 30 (15%) had used it for less than 6 months. This showed that respondents were knowledgeable about birth spacing, hence promoting its use. This study was in contrast with Ratcliffe, Hill, Dibba and Walraven, (2010) whose study in Bangladesh revealed inadequate knowledge about birth spacing use and ineffective utilization of oral contraceptives. Most respondents 110 (55%) disagree that birth spacing is affordable in the community, 150 (75%) strongly agree that non availability of birth spacing always affected its utilization, which Implied that non availability of birth spacing was one of the factors affecting the utilization of birth spacing services. This study was in line with Bhasin, Pant, Mehta and (Akkhaphan et al., 2025) whose study about the prevalence of usage of different contraceptive methods in East Delhi, India revealed that inadequate access to birth spacing services and professionals was one of the influencing factors to effective use of oral contraceptives by women of reproductive age.

The majority of respondents 160 (80%) agreed that someone’s earning affected birth spacing practices among women, 150 (75%) agreed that lack of employment hindered the practice of birth spacing among women. This implied that employment status and poverty both greatly affected the utilization of birth

spacing services among women of reproductive age group. This study was in agreement with (Engdawork et al., 2025) who mentioned in a study about population size as a cause of poverty and the utilization of contraception, findings revealed that socio economic factors such as poverty and the lack of money for purchasing birth spacing and for transport to health centers where birth spacing methods were offered affect the effectiveness of oral contraceptives by women of reproductive age. A total of 60 (30%) respondents mentioned unemployment as a factor affecting practice of birth spacing among women, followed by 50 (25%) who reported high cost of methods, 40 (20%) reported poverty, 30 (15%) mentioned unavailability of required methods while the least 20 (10%) reported lack of support from partner. This showed that respondents were aware of the various socio economic factors affecting utilization of birth spacing services. This study was not different from the one by (Avelino et al., 2025; Zaidan et al., 2025) who stated that access to family planning and other health care services was not equal across different social groups and poverty had been found to be a major factor influencing the effective use of oral contraceptives by women of reproductive age. Many users suffering poverty were often not able to purchase and maintain the required doses for the required duration and this interfered with family planning use (Engdawork et al., 2025). Social Factors Affecting the Practice of Birth Spacing Among Women

The majority of respondents 140 (70%) reported that birth spacing use was comfortable for respondents which implied that since most respondents considered their birth spacing not comfortable, it could lead to improved utilization of family planning among women of child bearing age. Most respondents 120 (60%) reported that their friends discouraged them from using the birth spacing methods they were using and this could affect the utilization of birth spacing services. The majority of respondents 160 (80%) reported experiencing side effects of the methods they were using, out of the 160 respondents who reported experiencing side effects of birth spacing, 70 (43.7%) reported experiencing excessive and irregular bleeding, followed by 50 (31.3%) who mentioned dryness, 30 (18.7%) mentioned low libido while the least 10 (6.3%) reported dizziness. This implied that since most respondents experienced side effects of birth spacing, it could lead to poor utilization of birth spacing, most of the respondents 120 (75%) discontinue the use only 40 (25%) visits health care centre to speak with the provider.

Most respondents 150 (75%) strongly agreed that lack of formal education always affected use of birth spacing among women, which was supported by Olaitan, (2011) whose study about teenage pregnancy and risk-taking, birth spacing use and risk factors,

results showed that one of the major factors influencing the effective utilization of oral contraceptives by women of reproductive age was lack of knowledge, education and sensitization on birth spacing and its objectives and benefits.

The majority of respondents 120 (60%) had received sensitization about the use of family planning which implied that since most respondents had received sensitization, it would contribute to increased utilization of family planning. This study was opposed by (Koning et al., 2025), whose study about teenage pregnancy and risk-taking, family planning use and risk factors, results showed that one of the major factors influencing the effective utilization of oral Contraceptives by women of reproductive age was lack of knowledge, education and sensitization on family planning and its objectives and benefits. Results from the study showed that most respondents 140 (70%) initiates the use of birth spacing reported that their husbands did not know about their current use of birth spacing which implied that since respondents' husbands were not aware of their partners' use of birth spacing, they may not ensure that adequate support is given to them. This study was in agreement with (Koning et al., 2025; Lopes et al., 2025) who documented that poor communications and transport infrastructure is a serious factor that influenced the effective use of oral contraceptives by women of reproductive age.

Poor communications and transport infrastructure could prevent access to reproductive health services in rural areas especially for women who usually had to depend on their husbands and partners for transport to access SRH services (Ayesh et al., 2025). Most of the respondents 160 (80%) discussed the use of birth spacing with their husband/partners, which implied that lack of discussion and support from partners affected utilization of birth spacing. This study was in line with a study by (Ayesh et al., 2025) who documented that poor communications and transport infrastructure is a serious factor that influenced the effective use of oral contraceptives by women of reproductive age. Poor communications and transport infrastructure could prevent access to reproductive health services in rural areas especially for women who usually had to depend on their husbands and partners for transport to access SRH services (Dires et al., 2025).

The majority of respondents 120 (60%) reported that they were not encouraged by their partners to use birth spacing which implied that the lack of support from their partners could lead to poor utilization of birth spacing women of reproductive age. This study was in line with another study by (Dires et al., 2025) about birth spacing and antiretroviral therapy integration pilot study in cross river state, Nigeria, that lack of encouragement and support from male partners had

been found to be a major factor influencing the effective use of oral contraceptives by women of reproductive age. This resulted into irregular, ineffective utilization of birth spacing services, thus influencing the effective use of the methods.

Results showed that 70 (35%) respondents mentioned lack of knowledge about birth spacing as a social factor affecting the practice of birth spacing among women, followed by 60 (30%) who reported complexity of some methods, 40 (20%) lack of support while the least 30 (15%) reported unavailability of methods. This showed that respondents were aware of the social factors affecting utilization of birth spacing services. This study was in agreement with (Abhadionmhen et al., 2025; Akkhaphan et al., 2025) who reported in his study that female education is a major determinant on the effective utilization of family planning services. An increase in the level of female education led directly to more awareness, knowledge and effective use of oral contraceptives by women of reproductive age as well as influence women's reproduction.

Cultural and Religious Factors Affecting the Practice of Birth Spacing Among Women

The majority of respondents 140 (70%) reported that their culture did not promote the use of birth spacing among women, 180 (90%) reported that their culture had a negative cultural view of birth spacing which demonstrated that cultural factors greatly affected the practice of birth spacing in the study setting. This study finding was consistent with (Muhammad et al., 2025) who mentioned in a study about the social-cultural factors in decisions related to fertility among the Suri ethnic group in Ethiopia that cultural factors were major factors influencing the effective use of oral contraceptives by women of reproductive age.

The majority of respondents 170 (85%) reported that their religion did not support the use of family planning among women, 160 (80%) reported that their religious view of birth spacing was negative which demonstrated that respondents' religion greatly affected the utilization of birth spacing. This study was in agreement with (Gebremariam et al., 2025; Ghosh, 2025) who stated in their study about the factors related to the uptake of birth spacing by clients of catholic health units in Lagos, Nigeria findings showed that religion and religious affiliation played a serious role in hindering the effective use of birth spacing services. It was further observed that some religions did not promote the use of birth spacing and the lack of backing from religious leaders hindered the use of oral contraceptives by women of reproductive age.

Results of this study showed that most respondents 70 (35%) mentioned misconception about

contraceptive use as a cultural and religious factors affecting the practice of birth spacing, 60(30%) who reported decision making position, 50 (25%) lack of male involvement, this implies how traditional practices and belief influences effective utilization of birth spacing services. This study was in agreement with Mathews, (Gebremariam et al., 2025) reported that in many countries it was a standard practice to seek the services of traditional healers over public health services providers that due to misconception that birth spacing methods can cause infertility and can harm the woman uterus. Most respondents 60 (30%) recommended providing sensitization and health education to women about birth spacing, 50 (25%) who recommended ensuring availability of all methods, 40 (20%) subsidizing the costs of methods, 30 (15%) encouraging male partner involvement. This demonstrated that respondents were aware of what could be done to improve the utilization of birth spacing among women of reproductive age.

Results showed that 20 (10%) respondents recommended addressing/adjusting cultural and religious views about birth spacing which implied that cultural views were some of the factors which affected utilization of birth spacing services. This study was in line with other studies which documented how traditional practices and beliefs influenced/interfered with the effective utilization of family planning services. (Abu Shqara et al., 2025; Fernandes et al., 2025) reported that in many countries it was standard practice to seek the services of traditional healers over public health service providers, in particular for Sexual and Reproductive Health (SRH) issues.

Conclusion

The study found out that respondents faced various economic factors affecting the practice of birth spacing among women. Some of which are unavailable of birth spacing facilities in the community, lack of employment high cost of methods, poverty, and lack of support from partner. Social factors affecting the practice of birth spacing among women include poor motivation from partners, experiencing side effects of the methods which include excessive and irregular bleeding, dryness, low libido and dizziness. Others included lack of formal education. Cultural and religious factors which affected the practice of birth spacing among women are a negative cultural view of birth spacing and lack religious support.

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Conflicts of Interest

The authors declare no conflict of interest.

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