WOMEN CHARACTERISTICS AND ATTITUDES TOWARDS FAMILY PLANNING IN EKET SENATORIAL DISTRICT, AKWA IBOM STATE

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ABSTRACT

Population control measures have been intensified globally to checkmate the excessive exponential increase in human population against the non-exponential increase in resources resulting in unhealthy competition and other anti-social activities. Determinants of patronage of one method of family planning – contraceptives have to be identified. Women characteristics and utilization of family planning strategies in Eket senatorial district of AkwaIbom State has been investigated. The study sought to determine the influence of education background, occupation, age, marital status and parity on women's attitude towards the use of contraceptives. Four null hypotheses guided the study. Descriptive survey research design was adopted. 600 women were randomly selected from the local government areas that make up the study area. A 40 item structured questionnaire titled Contraceptives Utilization Attitude Index (CUAI) was designed by the researchers for data collection had a Cronbach Alpha reliability coefficient of 0.76. Data obtained were analyzed using the Analysis of Variance statistical technique. Findings of the study show that there is significant influence of educational background and age on the attitude of women towards utilization of contraceptive in communities of Eket Senatorial District. There was also observed no significant influence of women occupations and parity on their attitude towards utilization of contraceptives in communities of Eket Senatorial District.

KEYWORDS: Contraceptives, Parity, unintended pregnancies, population explosion, educational background.

INTRODUCTION

Intensive population control measures are needed to checkmate the excessive exponential increase in human population, which has resulted in several challenges facing society today. These include child trafficking, child labour, child abuse, drug addiction, malnutrition and teenage pregnancies. Population explosion spells danger, as available resources are not in equal exponential increase. The home economists, biologists and social scientists, share the view that the solution to the menace is not the high government spending on the campaign against child trafficking and child abuse as well as the rehabilitation of the victims but prevention, which is better than cure.

High fertility rate is another phenomenon that is affecting the family in view of the dwindling family income. Family needs are hardly sufficiently provided which is one of the major causes of family conflicts (Anyakohaand James, 2004). This has led to high rate of unintended pregnancies which has resulted in high mortality rate from unsafe abortions. Otoide, Orasanya

and Okonofua (2001) found out that over the last decades several studies have identified unsafe abortion as important challenge associated with women reproductive health in Nigeria. Induced abortion accounts for 20,000 of the estimated 50,000 maternal mortalities that occur in Nigeria each year (Akingba, 1979). To curb the ugly scenario painted above, according to Federal Ministry of Health (2020), in 2004, Nigeria put forward the National Policy on Population and Sustainable Development (NPPSD) which objectives were to reduce the population growth rate to 2% or less by 2015, reduce the total fertility rate by 0.6 every 5 years, reduce the maternal mortality ratio to 125/100,000 live births by 2010, and 75/100,000 live births in 2015. To achieve such objectives women of child bearing ages are expected to avoid unintended practices by any means. One of such measures taken to avoid unwanted pregnancies by women of child bearing age is the use of contraceptives. Despite efforts to bring contraception to the knowledge and use of every woman, the percentage compliance has been very low. According to Aduayi,Deji, Emmanuel andOwoeye (2017), only 24% of women of child bearing age were able to use contraceptives in Nigeria. Wang and Cao (2019) observed that the prevalence rates of nonuse of modern contraceptives among women of reproductive ages in Nigeria were, respectively, 91.8%, 90.6%, and 88.6% and those of unmet need were 14.2%, 16.6%, and 13.5% in the years 2003, 2008, and 2013 respectively. This high rate of nonuse of contraceptives was detrimental to government pursuit of maternal health safety in the country. Wang and Cao (2019) noted that the rates of nonuse of contraception are remarkably high among women in Nigeria with significant disparities across the six geopolitical zones and that efforts should be made to address the regional disparities in order to achieve the goals of universal coverage of family planning services in the country. The Federal Government of Nigeria in the Family Planning (FP) Blueprint (2014-2018), set an overarching goal of increasing Contraceptive Prevalent Rate (CPR) from 15% to 36% by 2018 (Federal Ministry of Health 2020). The NDHS (2018) report showed a national CPR of 18% and mCPR of 13% for all women and CPR and mCPR of 17% and 12% among married women respectively. Guttmacher Institute (2017) gave indices to the need for contraceptive utilization in Nigeria as it stated that if all unmet need for modern contraception in Nigeria were satisfied, unintended pregnancies would drop by 77%, from 2.5 million to 555,000 per year. As a result, the annual number of unplanned births would decrease from 885,000 to 200,000 and the number of abortions would drop from 1.3 million to 287,000. It has been established that the utilization of modern and traditional methods of contraception has led to a decrease in the rate of unintended pregnancies (Endriyas, Eshete, Mekonnen, Misganaw, Shiferaw and Ayele, 2017). It has also, led to the reduction of number of children raised per family in some countries which is and indicator of an increase in the quality of life index.

Noting that the 2014 – 2018 goal was not achieved and achievable, the Government in the Family Planning Blueprint (2020 – 2024) was committed to achieving a modern contraceptive prevalence rate of 27% among all women aged 15–49, regardless of marital status, by the year 2024 which represents a projected 3% annual growth from the present national mCPR.The promotion of effective contraceptive use among Nigeria women is a major challenge if their health is to be improved (Otoide et al, 2001). Given that Nigerian youths are now marrying lately, are increasingly interested in acquiring a formal education and are increasingly having premarital sex; it is clear that allowing the existing gap between contraceptive need and contraceptive utilization will result in dramatic rise in the prevalence of unintended pregnancies and unsafe abortions (Feyisetan and Penley, 1989). This will further shoot up overall levels of maternal mortality in Nigeria.

There have been reported poor attitude of rural population in general and rural women in particular towards utilization of contraceptive (Osaro, Tobin-West and Mezie-Okoye, 2017;

Otoide, et al 2001). Level of patronage of family planning services is low especially in rural areas for several reasons. In the rural areas of Eket Senatorial district of AkwaIbom State, the level of patronage, according to Etokidem, Ndifon, Etowa and Asuquo (2017) is much lower, requiring reasons for such low usage of contraceptives. This may be connected to the attitude of the women towards the health provision. To ensure attainment of the goal of improving on the prevalent rate of modern contraception among women, the factors that hinder the attainment of the goal of 2014 – 2018 should be identified. Mohammed, Woldeyohannes, Feleke and Megabiaw (2014), identified the factors that influence women's knowledge and use of contraception which are multifaceted and challenging to be associated with socio-demographic, socio-cultural, socio-economic, source of information and family planning variables. Dambo, Jeremiah and Wallymahmed (2017), noted that factors associated with the low contraceptive prevalence level include; cultures that are highly supportive of large family size, myths and misconceptions about contraception, gender inequity, inadequate access to FP services, poor quality of services and inadequate demand creation efforts. Other factors may include poor education, lack of enlightenment, religious belief, family size, sex of siblings and marital status. The level of education has greater impact on the knowledge and utilization of family planning technique adopted by a particular individual (Sewenson, Thang, Nhan, andTieu 1993; AgyeiandMigade, 1995; Sinha, 1997). The more educated people are, the more they are able to evaluate the importance of contraceptive, while those without meaningful education saw it as expensive, against the will of God and sometimes painful and makes sexual intercourse non pleasurable (Sinha, 1997). Oni & McCarthy (1990) had investigated the influence of level of education on contraceptives utilization by women in Ilorin metropolis and found a prevalence rate of 15% among women with primary education, 20% among those with secondary education and 40% among those with post-secondary education. Sinha (1997) had noted that the highly educated one is, the more the person is aware of the practice and proper utilization of any method of contraception and the lower the failure rate. This is so because education helps the user to read with understanding the literature attached to any contraceptive device.

Women's age was found to be an important predictor to contraceptive use (Ejembi, Musa, & Abdulahi, 2004; Fasuba & Ojo, 2004). Zlidar et al. (2003) observed that fertility rate differs by women's age. They observed that contraceptive use among married women usually rise from low levels at ages 15 – 19 years to a peak at ages 30 – 39 and then fall. Age therefore is one of the factors which along with others, has been found to determine utilization of contraceptives. Other researchers had contrary results. Endriyas et al. (2017) observed that women in the age range of 35 to 39, 40 to 44 and 45 to 49 years were 52% [AOR 95% CI 0.31–0.89], 29% [AOR 95% CI 0.15–0.54] and 29% [AOR 95% CI 0.09– 0.86] respectively, less likely to use contraceptive methods as compared those in age range of 15 to 19 years. This was in tandem with the findings of Mohammed, Desalegn, Amsaluand, Megabiaw (2014) & Hailu (2015).

The influence of occupation of women on the use of contraceptives has been understudied by many researchers. Ejembi et al (2004) found an association between occupation and contraceptive utilization at $p = 0.01$. Ainsworth, BeegleandNyamete (1995) observed that occupations which tended to allow women leisure time and freedom tended to favour contraception. This is because time is needed to consult practitioners and counselors of contraceptive use. Larsen and Raggers (2001) observed a gap between the peasants in sub Saharan Africa and the highly placed workers in contraceptives utilization. These factors may be different for the different geographical regions of Nigeria just as other health indices are. The

above justifies the need to investigate the influence of women demographic characteristics on their attitude towards contraceptives utilization.

Since there have been reported frequent cases of unwanted pregnancy and, unsafe abortion, delivery of deformed babies (which is mostly caused by attempted but unsuccessful abortion) has created problems to the victims (or mothers) as well as the offspring in Eket senatorial district of AkwaIbom State, factors responsible for such need tobe identified. In addition, there are cases of birth of children out of wedlock that lead to child abuse, child abandonment and child delinquency. High incidence of maternal mortality due to excessive child bearing is also frequent. Increased cases of sexually transmitted diseases and HIV/AIDS are becoming serious health problems in the area. The use of contraceptive especially condom is regarded as reliable largely in preventing sexually transmitted diseases and HIV/AIDS. High population growth rate, with its attendant social problems such as unemployment, lack of accommodation, food scarcity, explosion in school enrolment, scarcity of health facilities and supplies, environmental degradation, child labour, street children, stealing, drug addiction, prostitution and suicide, is causing the society nightmares. All these could be traceable to uncontrolled child bearing, which the use of contraceptive can prevent.

The serious nature of the above problems and the recent increase in their occurrence in Eket senatorial district is casting doubt on the efficacy of family planning programme in the area. The question is what are the characteristics that influence the attitudes of women in rural communities in Eket senatorial district towards contraceptive utilization? This is the main issue, which necessitated this study to investigate how educational background, age, occupation and parity influence the utilization of contraceptive by women in rural areas of AkwaIbom State.

HYPOTHESES

This study was set to test the following hypotheses;

- H_o: there is no significance influence of educational background on the attitude of women towards utilization of contraceptive in communities of Eket Senatorial District.
- H_o: there is no significance influence of women occupations on their attitude towards utilization of contraceptives in communities of Eket Senatorial District.
- H_o: there is no significance influence of age on attitude of women towards utilization of contraceptives in communities of Eket Senatorial District
- H_o: there is no significance influence of number of children on women attitude towards utilization of contraceptives in communities in Eket Senatorial District

MATERIALS AND METHODS

A cross sectional descriptive survey design was adopted to investigate the attitude of women towards contraceptive utilization across a population of women in Eket Senatorial District of AkwaIbom State. To obtain adequate information from across section of the people at a given time, a survey is usually the best option.

The study area is Eket Senatorial District in Akwa Ibom State. Eket Senatorial District consists of 12 local government areas which include; Eastern Obolo, Eket, Esit Eket, Ibeno, Ikot Abasi, Mbo, Mkpat Enin, Okobo, Onna, Oron, Udung Uko, and Urue Offong/Oruko local government areas. These local government areas make up the Eket Senatorial District. Eket Senatorial District also known as Eket Senatorial District, which comprises of 3 ethnic groupings in Akwa Ibom State. These ethnic groups include Ibibio, Oro, and Ekid. The local government areas that make up the Ibibio ethnic group in Eket Senatorial District include; Onna, Ikot Abasi, and Mkpat Enin. The local government areas that make up the Oro ethnic groups include; Oron,

Mbo, Okobo, Obolo, Udung Uko, and Urue Offong/Oruko. Ekid ethnic groups comprises of Eket, Ibeno, Eastern Obolo and Esit Eket local government areas. This senatorial district is referred to as the oil producing Senatorial district of Akwa Ibom State.

In Eket Senatorial District, each of the constituent local government areas host at least five Primary Health Centres, which provide family planning services. There are eight (8) secondary health facilities located within the senatorial district. These hospitals provide antenatal care, post-natal care, gynecological services and family planning services to the women. There are two health care outlets operated by companies to cater for their workers and the people of the communities, which they are located within the areas and the senatorial district. This makes Family Care Services readily available in the senatorial district, for people who require access and use.

The population of this study consisted of all females of childbearing age, irrespective of marital status, residing in the urban and rural areas of Eket senatorial district. They are estimated to be 263141 women according to projection of Akwa Ibom State Ministry of Economic Planning based on 2009 population census.

The stratified sampling technique was used to select 600 women from the twelve local government areas that make Eket Senatorial District as the local government areas were stratified based on 3 ethnic grouping found within the senatorial district. 50 women were purposively selected within the considered age cohorts and gender through snowballing sampling technique from each local government area in the senatorial district.

Researchers developed a close-ended questionnaire titled – "Contraceptive Utilization Attitude Index" (CUAI) for data collection. The instrument was reviewed by experts for content validity before used in data collection for the study. The questionnaire consisted of two sections: A and B. Section A contained demographic information of the study respondents while section B consisted of 40 items in a five-point rating scale, for measuring respondents' attitude toward contraceptive utilization.

The questionnaire was administered by the researchers and research assistants directly to the study respondents between June and August 2019. Research assistants were trained on how to handle the items for all categories of respondents. Collation of data, scoring and analysis were done by the researchers. The Analysis of Variance ANOVA statistical technique using the IBM SPSS package was adopted to test the hypotheses where relevant and the independent test was adopted for dichotomously varying quantities. Results are presented on tables and charts for ease of understanding in figures 1 - 5.

RESULTS

Data presentation and analysis

Data obtained from 600 study respondents sampled from Eket Senatorial District were analyzed statistically with ANOVA by the researchers through the use of SPSS. Study variables like educational background, occupation of women, age of women, and number of children were analyzed as factors influencing the use of contraceptive among women of reproductive age in Eket Senatorial District and the SPSS results of ANOVA according to the stated hypotheses are given below:

H_o1: there is no significance influence of educational background on the attitude of women towards utilization of contraceptive in communities of Eket Senatorial District.

Table 1: Showing descriptive analysis between educational statuses and use of contraceptives among Eket Senatorial District women

Descriptive

Educational Status	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Min	Max
					Lower Bound	Upper Bound		
Primary	340	1.58	.494	.027	1.53	1.64	1	2
Secondary	225	1.52	.501	.033	1.45	1.59	1	2
No Education	22	1.73	.456	.097	1.53	1.93	1	2
Tertiary	10	1.30	.483	.153	.95	1.65	1	2
Post Tertiary	2	1.00	.000	.000	1.00	1.00	1	1
Total	599	1.56	.497	.020	1.52	1.60	1	2

Source: Researchers; SPSS analysis (2021)

The analysis of table 1 shows the means, standard deviations, standard errors and the 95% confidence interval of the means of the respondents in accordance to their educational statuses. The respondents with primary education had mean (1.58) and standard deviation (0.494), secondary had mean (1.52) and standard deviation (0.501), no education had mean (1.73) and standard deviation (0.456), tertiary had mean (1.30) and standard deviation (0.483), and post tertiary mean (1.00) and standard deviation (0.000).

Table 2: Showing ANOVA analysis between educational statuses and use of contraceptives by women in Eket Senatorial District

ANOVA

Educational Status

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	2.445	4	.611	2.499	.042
Within Groups	145.318	594	.245		
Total	147.763	598			

Source: Researchers; SPSS analysis (2021)

The hypothesis test of the influence of educational status on use of contraceptive by women from Eket Senatorial District differs between the educational statuses (groups). Different educational statuses which include primary, secondary, tertiary, post tertiary and no educational status were considered as different groups. The ANOVA result suggests as shown in Table 2 that the use of contraceptives based on educational status according to scores, differs significantly across the primary, secondary, tertiary, post tertiary and no education groups with $f_{4,594} = 2.499$, $p = 0.042$. According to the rules in interpreting ANOVA, $p = 0.042$ shows that there exits significance difference between the various educational statuses in use of contraceptives among women in Eket Senatorial District. Therefore, the null hypothesis is rejected to show that there is significance influence of educational background on the attitude of women towards utilization of contraceptive in communities of Eket Senatorial District.**H_o2:** there is no significance influence of women occupations on their attitude towards utilization of contraceptives in communities of Eket Senatorial District.

Table 3: Showing descriptive analysis between occupation of women and use of contraceptives among Eket Senatorial District women

Descriptives

Occupation

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Min	Max
					Lower Bound	Upper Bound		
Farming	270	1.59	.537	.033	1.52	1.65	1	3
Trading	311	1.60	.592	.034	1.54	1.67	1	3
Unemployed	4	1.25	.500	.250	.45	2.05	1	2
Medical profession	12	1.83	.389	.112	1.59	2.08	1	2
Public Servant	3	1.33	.577	.333	-.10	2.77	1	2
Total	600	1.60	.564	.023	1.55	1.64	1	3

The analysis of table 3 shows the means, standard deviations, standard errors and the 95% confidence interval of the means of the respondents in accordance to their occupation. The respondents with farming as an occupation had mean (1.59) and standard deviation (0.537), trading had mean (1.60) and standard deviation (0.592), unemployed (1.25) and standard deviation (0.500), medical profession had mean (1.83) and standard deviation (0.389), and public servant (1.33) and standard deviation (0.577).

Table 4: Showing ANOVA analysis between occupation of women and use of contraceptives by women in Eket Senatorial District

ANOVA
Occupation

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1.401	4	.350	1.102	.355
Within Groups	189.184	595	.318		
Total	190.585	599			

The hypothesis test of the influence of occupational status on use of contraceptive by women from Eket Senatorial District does not differ between the occupational statuses (groups). Different occupational statuses which include farming, trading, unemployed, medical profession and public servant were considered as different groups. The ANOVA result as shown in Table 4 suggests that the use of contraceptives based on occupational status according to scores, does not differ significantly across farmers, traders, unemployed, medical professionals and public servant's groups with $f_{4,595} = 1.102, p = 0.355$. According to the rules in interpreting ANOVA, $p = 0.355$ shows that there does not exit significance difference between the various occupational statuses in use of contraceptives among women in Eket Senatorial District. Therefore, the null hypothesis (H_o2) is accepted that there is no significance influence of women occupations on their attitude towards utilization of contraceptives in communities of Eket Senatorial District.

H_o3: there is no significant influence of age on attitude of women towards utilization of contraceptives in communities of Eket Senatorial District

Table 5: Showing descriptive analysis between age cohort of women and use of contraceptives among Eket Senatorial District women

Descriptive
Age

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Min	Max
					Lower Bound	Upper Bound		
16 - 20	340	1.67	.796	.043	1.59	1.76	1	4
21 - 25	225	1.83	.817	.054	1.72	1.94	1	4
26 - 30	22	2.18	.958	.204	1.76	2.61	1	4
31 - 35	10	1.90	.738	.233	1.37	2.43	1	3
36 - 40	2	2.00	.000	.000	2.00	2.00	2	2
Total	599	1.76	.814	.033	1.69	1.82	1	4

Source: Researchers; SPSS analysis (2021)

The analysis of table 5 shows the means, standard deviations, standard errors and the 95% confidence interval of the means of the respondents in accordance to age. The respondents between ages 16 - 20 had mean (1.67) and standard deviation (0.796), 21 - 25 had mean (1.83) and standard deviation (0.817), 26 - 30 had mean (2.18) and standard deviation (0.958), 31 - 35

had mean (1.90) and standard deviation (0.738), and 36 – 40 had mean (2.00) and standard deviation (0.000).

Table 6: Showing ANOVA analysis between age cohort of women and use of contraceptives by women in Eket Senatorial District

ANOVA
Age

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	7.897	4	1.974	3.019	.018
Within Groups	388.517	594	.654		
Total	396.414	598			

Source: Researchers; SPSS analysis (2021)

The hypothesis test of the influence of age cohort on use of contraceptive by women from Eket Senatorial District differs between the age cohorts (groups). Different age cohorts which include 16 – 20, 21 – 25, 26 – 30, 31 – 35, and 36 - 40 were considered as different groups. The ANOVA result as shown in Table 6 suggests that the use of contraceptives based on age cohorts according to scores, differs significantly across the different age cohorts with $f_{4,594} = 3.019$, $p = 0.018$. According to the rules in interpreting ANOVA, $p = 0.018$ shows that there exists significance difference between the various age cohorts in the use of contraceptives among women in Eket Senatorial District. Therefore, the null hypothesis (H_o3) is rejected to show that there is significance influence of age on attitude of women towards utilization of contraceptives in communities of Eket Senatorial District.

H_o4: there is no significant influence of number of children on women attitude towards utilization of contraceptives in communities in Eket Senatorial District

Table 7: Showing descriptive analysis between number of children and use of contraceptives among women from Eket Senatorial District

Descriptive
Number of Children

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Min	Max
					Lower Bound	Upper Bound		
0 - 2	340	1.58	.587	.032	1.52	1.64	1	5
3 - 4	225	1.62	.771	.051	1.52	1.72	1	5
5 - 6	22	1.91	.426	.091	1.72	2.10	1	3
7 - 8	10	1.80	.422	.133	1.50	2.10	1	2
9 above	2	2.00	.000	.000	2.00	2.00	2	2
Total	599	1.61	.657	.027	1.56	1.66	1	5

Source: Researchers; SPSS analysis (2021)

The analysis of table 7 shows the means, standard deviations, standard errors and the 95% confidence interval of the means of the respondents in accordance to number of children own by the women. The respondents who had 0 - 2 children had mean (1.58) and standard deviation (0.587), those with 3 – 4 had mean of (1.62) and standard deviation (0.771), 5 - 6

children had mean (1.91) and standard deviation (0.426), 7 - 8 number of children had mean (1.80) and standard deviation (0.422), and 9 children and above had mean (2.00) and standard deviation (0.657).

Table 8: Showing ANOVA analysis between number of children owned by the women and use of contraceptives by women in Eket Senatorial District

ANOVA

Number of Children

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	2.964	4	.741	1.724	.143
Within Groups	255.403	594	.430		
Total	258.367	598			

Source: Researchers; SPSS analysis (2021)

The hypothesis test of the number of children owned by women on use of contraceptive by women from Eket Senatorial District does not differ between the different numbers of children as owned by the women (groups). Different numbers of children owned by women which include 0 - 2, 3 – 4, 5 – 6, 7 - 8, and 9 above number of children were considered as different groups. The ANOVA result as shown in Table 8 suggests that the use of contraceptives based on number of children as owned by the women according to scores, does not differ significantly across various number of children as owned by the women with $f_{4,594} = 1.724$, $p = 0.143$. According to the rules in interpreting ANOVA, $p = 0.143$ shows that there does not exit significance difference between the various number of children owned by women and the use of contraceptives among women in Eket Senatorial District. Therefore, the null hypothesis (Ho) is accepted that H_o4: there is no significance influence of number of children on women attitude towards utilization of contraceptives in communities in Eket Senatorial District.

DISCUSSIONS

Emergence from the analysis of findings of the study variable shows that ANOVA of hypothesis 1, $p = 0.042$ shows that there exists significance difference between the various educational statuses in use of contraceptives among women in Eket Senatorial District. This implies that women in Eket Senatorial District have access to contraceptives and their level of educational attainment is a determinant factor on their level of usage of contraceptives. Finding gives credence to Sewenson, Thang, Nhan and Tieu (1993); Agyeiand Migade (1995); and Sinha (1997) who in their studies agreed that the level of education has greater impact on the knowledge and utilization of family planning technique adopted by a particular individual.

Further findings of hypothesis 2 of the study through ANOVA $p = 0.355$ shows that there does not exist significance difference between the various occupational statuses on the use of contraceptives among women in Eket Senatorial District. This implies that women in Eket or Eket Senatorial District have access to contraceptives use and reproduction health care service despite their occupations. This finding disagree with Ainsworth, Beegle and Nyamete (1995) who observed that occupations tended to allow women leisure time and freedom tended to favour contraception. This is so because, in Eket Senatorial District women use contraceptives despite their occupations and time which they engaged in their various occupations.

Emerging from the analysis of Hypothesis 3 by ANOVA, $p = 0.018$ shows that there exists significance difference between the various age cohorts in the use of contraceptives among women in Eket Senatorial District. This implies that age cohort is a determinant factor in the use of contraceptives among women from Eket Senatorial District. Women use contraceptives mostly within their reproductive age period. This finding agrees with Zlidar et al. (2003) who observed that fertility rate differ by women's age and use of contraceptives. They observed that contraceptive use among married women usually rises from low levels at ages 15 – 19 years to a peak at ages 30 – 39 and then fall.

Equally, the finding corroborates that of Osemwenkha (2004) who found peer group influence (r = .80) and convenience (r = .77) as a significant factor in determining contraceptive utilization among educated women in Edo state, Nigeria. Findings emerging from the study through ANOVA analysis of hypothesis 4, $p = 0.143$ shows that there do not exist significant difference between the various number of children owned by women and the use of contraceptives among women in Eket Senatorial District. This is at variance with the findings of Mohammed et. al (2014) who in their study found that number of living children was significantly associated with the use of modern contraceptives. This finding implies that women within Eket Senatorial District do not consider number of children as a factor to determine their use of contraceptives. Findings also revealed that families in Eket Senatorial District in Akwa Ibom State especially those of the rural communities do decide on numbers of children they want to have and in some cases the sex of their children therefore, most of them will do everything possible to have them and may have more children than they intended to as they are considered a source of help for their economic activities like farming, fishing and trading.

CONCLUSION

This research work sought to examine the influence of women characteristics on their attitudes towards the utilization of contraceptive in rural communities in Eket senatorial district. A cross sectional descriptive survey design was adopted to investigate the attitude of women towards contraceptive utilization across 263141 populations of women in Eket Senatorial District of AkwaIbom State out of which 600 study samples were engaged in the study. Researchers developed questionnaire titled – "Contraceptive Utilization Attitude Index" (CUAI) for data collection with 40 items in a five-point rating scale, for measuring respondents' attitude toward contraceptive utilization in order to achieve four research objectives. Analysis of Variance "ANOVA" statistical technique was adopted to test four hypotheses using SPSS. Findings show that there is significant influence of educational background on the attitude of women towards utilization of contraceptive in communities of Eket Senatorial District, there is no significant influence of women occupations on their attitude towards utilization of contraceptives in communities of Eket Senatorial District; there is significant influence of age on attitude of women towards utilization of contraceptives in communities of Eket Senatorial District, and there is no significant influence of number of children on women attitude towards utilization of contraceptives in rural communities in Eket Senatorial District.

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