

Practice of Family Planning and Factors Influencing the Utilization of Family Planning Among Pregnant Women Attending Antenatal at Bingham University Teaching Hospital in Jos, Plateau State, Nigeria

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Abstract

Integrating family planning during antenatal clinic provides opportunities for health education to increase utilization of family planning services after child birth. In spite of this opportunities, evidence suggests that improved awareness does not always translate into actual use of contraceptives after child birth because closely spaced pregnancies continue to be reported in many settings. This study assessed the practice, and factors influencing the use of family planning methods among pregnant women attending antenatal clinic at Bingham University Teaching Hospital, Jos.

Research method: *A descriptive cross-sectional design was adopted. The sample size was 133 and respondents were selected using systematic sampling technique. Data were collected using a structured questionnaire comprising quantitative items. The study response rate was 98.5% and resultant 1.5% attrition (fall out) rate. Data was analyzed using SPSS version 26, and results were presented using descriptive statistics such as frequency and percentage distributions.*

Results: *Findings revealed that all the respondents (100%) have heard of family planning methods, 75.6% of them indicated that they had previously used a family planning method and among the methods used, implants were the most (39.7%) common method. However, there was low consistency of utilization of the chosen method among the respondents as 58.0% of them indicated rarely in terms of consistency*

Conclusion: *The study concluded that most of the respondents had used family planning of which implant method was their common choice of family planning method. However, they were not consistent with their chosen method. The major factor affecting use was fear of side effects (84.0%), followed by husband/partner approval (70.2%). It is recommended that family planning education be strengthened during antenatal care with emphasis on male involvement to improve family planning uptake.*

Background

Family planning has increasingly become an essential public health strategy, focusing on lowering maternal mortality, preventing unintended pregnancies, and enhancing the well-being of women and families (World Health Organisation, 2025). Research consistently demonstrates that adequate intervals between pregnancies lower the risk of complications for both mothers and infants (Ni *et al.*, 2023). Closely spaced pregnancies are linked to higher risks of preterm birth, low birth weight, and various maternal health issues (Nukpezah *et al.*, 2024). Therefore, family planning is both a personal health matter and a significant public health issue.

Worldwide, 10% of women lack access to contraception, with even higher proportions in sub-Saharan Africa (Kraft *et al.*, 2022). The United Nations Population Fund estimated in 2022 that about 270 million women globally (12%) had unmet needs for contraception (Anenga *et al.*, 2026). Contraceptive use in sub-Saharan Africa is still below the global average, making the unmet need for family planning a significant public health issue. Research from various African nations **indicated** that modern contraceptive usage often stays under 30%, influenced by factors such as education, economic status, residence, and access to reliable information (Apanga *et al.*, 2020). While many communities have high awareness of family planning, consistent use remains limited. For example, a study in Uganda found that only 26.6% of women of reproductive age used modern contraceptives, despite widespread awareness revealing a persistent disconnect between knowledge and practice (Ochen & Primus, 2023).

A Nigerian study found that while 98.2% of participants were aware of family planning, only 50.5% actually used it (Anenga *et al.*, 2026). Various factors affect contraceptive use in Nigeria. For example, research shows that 76% of respondents believe village norms and culture discourage family planning, 73% reported their male partners do not approve, and 58.8% are deterred by fears of side effects (Bahago *et al.*, 2024; Anenga *et al.*, 2026).

Across many settings, including Nigeria, knowledge of family planning methods is widespread, but actual use is still limited. This gap indicates that cultural beliefs, partner involvement, service accessibility, education level, number of children, and the quality of counseling all significantly influence family planning uptake (Fasanu *et al.*, 2025; Ewemooje *et al.*, 2025; Olusegun, 2024). Therefore, this study was conducted to assess the practice of family planning and factors influencing the utilization of family planning among pregnant women attending antenatal at Bingham University Teaching Hospital, Jos, Plateau State. The objectives of the study were to assess the practice of family planning methods among pregnant women attending antenatal clinic at Bingham University Teaching Hospital, Jos and to identify factors affecting the use of family planning methods among pregnant women attending antenatal clinic at Bingham University Teaching Hospital, Jos in Plateau State, Nigeria.

Research Design

This study adopted a descriptive cross-sectional survey design. The setting of the study was Bingham University Teaching Hospital in Jos, Plateau State, Nigeria.

Target Population

The target population for this study comprised of pregnant women who were attending the antenatal clinic at Bingham University Teaching Hospital (BHUTH), located in Jos North Local Government Area of Plateau State. The antenatal clinic holds once weekly, every Wednesday, and records an average attendance of approximately 150–200 pregnant women per clinic day (Clinic Register January, 2026). These attendees served as the accessible population for the study.

Sample Size Determination

The sample size was determined using Taro Yamane's formula. The formula is used to calculate sample size when it is not possible to study an entire known population, a small sample is taken. The sample size calculated for this study was 133.

Inclusion Criteria: Pregnant women attending antenatal clinic at Bingham University Teaching Hospital, Jos.

Exclusion Criteria: Pregnant women that were in acute pain or were ill during the data collection.

Sampling Technique: A systematic sampling technique was used for this study. Eligible participants were selected from pregnant women attending antenatal clinic visits at Bingham University Teaching Hospital, Jos. This method ensured a more structured and unbiased selection of respondents from the sampling frame.

To determine the sampling interval (nth), the total target population (N) was divided by the desired sample size (n).

$$nth = N/n$$

$$nth = 200/133$$

$$nth = 1.50 \approx 2$$

Therefore, a sampling interval of 2 was obtained. This implied that every 2nd eligible respondent was selected for participation in the study. The first participant was selected randomly from the first two eligible attendees, after which every 2nd respondent was subsequently recruited until the required sample size was achieved. This approach enhanced the representativeness of the sample while maintaining feasibility within the clinic setting.

Instrument for Data Collection: A self-structured questionnaire drafted from the literature reviewed was used. It comprised of three sections which focused on the sociodemographic characteristics of the respondents (6 items), practice of family planning methods (5 items) and factors affecting the use of family planning methods (6 items).

Validity of Instrument: Face and content validity were assessed by three jurors who are expert in research who vetted the research instrument for clarity, simplicity of language, appropriateness, relevancy and completeness/comprehensiveness. Their observations, corrections and suggestions were implemented. The content validity of the items was computed for scale level content validity indices: practice of family planning methods was 0.86 and factors affecting the use of family planning methods was 0.89. All items demonstrated acceptable (> 0.77) content validity index, indicating that the instrument has a good content validity and can be used in this research. This was in line with Vakili and Jahangiri (2018) who stated that acceptable items scores should be >0.79 .

Reliability of Instrument

The reliability of the instrument was established using Cronbach's alpha method, which measured the internal consistency of items within the questionnaire. A pilot test was conducted among 13 respondents at 563. Nigerian AirForce Hospital, Plateau State, Jos. The responses obtained were subjected to statistical analysis using SPSS version 26. The pilot test results showed that the Cronbach's alpha coefficient obtained for practice of family planning methods was 0.72 and factors affecting the use of family planning methods was 0.77. All the values were above the acceptable threshold of 0.70, indicating that the instrument was reliable and suitable for use in this study.

Method of Data Collection

The researcher was introduced to the respondents by the matron in-charge of the antenatal clinic, the researcher created good rapport with the respondents. Brief explanations regarding the study were given to the respondents and confidentially (the information provided was only for this study, names were not required on the consent forms but only signature to indicate acceptance and voluntary participation) was assured. The questionnaire was distributed by the researcher to the respondents who met the criteria. Clinic seating arrangement was used. The questionnaire was distributed systematically, until the sample size was attained. The respondents used their health talk/education session which was one hour to fill and return the questionnaires. The questionnaires were retrieved on the spot. After the retrieval of the questionnaire, the researcher appreciated all the respondents, **wished them safe delivery** and encouraged **them** to utilize family planning services.

Method of Data Analysis

Data collected from respondents were coded, entered in to excel sheet, cleaned and transferred to Statistical Package for the Social Sciences (SPSS) version 26 where the data was analyzed. Descriptive statistics was used to summarize the data. The results were presented in tables using frequency and percentage distributions.

Ethical Considerations

Ethical approval from the research setting was obtained from Bingham University Teaching Hospital in Jos, Plateau State via the Health Research Ethics Committee with approval number: NHREC/21/05/2005/01728. The ethical approval letter was presented to the in charge of antenatal clinic who gave administrative permission to collect data from the respondents. Informed consent (written) from the respondents were obtained before the administration of the questionnaire. Participation was voluntary and all respondents were informed of their right to withdraw from the study at any point without penalty and confidentially (the information provided was only for this study and names were not required or any form of identification) was assured and the instrument for data collection was destroyed by burning at the completion of the study.

Results

133 questionnaires were distributed to the eligible respondents using the face-to-face method. 131 questionnaires were adequately filled and returned while 2 of the questionnaires were not returned. Therefore, the study response rate was 98.5% and resultant 1.5% attrition (fall out) rate.

Table 1: Respondents' Socio-Demographic Characteristics (n = 131)

Variables	Frequency	Percentages (%)
Age (Years)		
18-27	40	30.5
28-37	67	51.2
38-47	21	16.0
48 years and above	3	2.3
Marital status		
Single	10	7.6
Married	117	89.3
Divorced	2	1.5
Widowed	2	1.5
Religion		
Christianity	99	75.6
Islam	28	21.4
Traditional	4	3.1
Others	-	-
Level of Education		
No Formal Education	3	2.3
Primary	15	11.5
Secondary	41	31.3
Tertiary	72	55.0
Occupation		
Civil servant	62	47.3
Business/Trader	17	13.0
Farmer	13	10.0
Housewife	18	13.7
Student	21	16.0
Others	-	-
Gestational age		
First trimester	77	58.8
Second trimester	35	26.7
Third trimester	19	14.5

The results showed that a little more than half (51.2%) of the respondents were aged 28–37 years, majority of them (89.3%) were married and mostly (75.6%) Christians. 55.0% of the respondents had tertiary education and mostly (47.3%) civil servants. In addition, the findings showed that a little more than half (58.8%) of the respondents were in their first trimester.

Table 2: Practice of Family Planning Methods (n=131)

Variables	Frequency	Percentage (%)
Have you heard of family planning methods?		
Yes	131	100.0
No	00	0.0
Have you ever used any family planning method before?		
Yes	99	75.6
No	32	24.4
If yes, which method did you use?		
Pills	21	16.0

Injectables	22	16.8
Implants	52	39.7
Intrauterine Device (IUD)	18	13.7
Condoms	13	9.9
Natural methods	5	3.8
Are you currently using any family planning method?		
Yes	00	0.0
No	131	100.0
How consistently do you use your chosen family planning method?		
Always	00	0.0
Sometimes	21	16.0
Rarely	76	58.0
Not Applicable	34	26.0

From table 2 above, it showed that all the respondents (100%) have heard of family planning methods, majority (75.6%) of them indicated that they had previously used a family planning method and among the methods used, implants were the most (39.7%) common method. All the respondents (100%) indicated that they were not currently using any family planning method. In terms of consistency in using the chosen family method, the majority (58.0%) of them indicated rarely, suggesting generally low consistency of utilization.

Table 3: Factors Affecting the Utilization of Family Planning Methods (n=131)

Variables	Frequency (F)	Percentage (%)
Accessibility of family planning services		
Very easy	72	55.0
Easy	27	20.6
Difficult	32	24.4
Very Difficult	00	0.0
Attitude towards family planning		
Positive	69	52.7
Negative	62	47.3
Fear of side effects from family planning methods		
Yes	110	84.0
No	12	9.2
I don't know	09	6.9
Husband's approval		
Yes	92	70.2
No	39	29.8
I don't know	00	0.0
Confident in Decision making		
Very confident	12	9.2
Confident	23	17.6
Not confident	96	73.3
Negative attitude from healthcare providers		
Yes	22	16.8
No	109	83.2

Table 3 above showed that a little more than half (55%) of the respondents indicated that accessibility of family planning services was very easy to them and 52.7% of them had a positive attitude towards family planning. Also, it showed that majority (84%) of the respondents indicated that fear of side effects from family planning methods affected their utilization. Furthermore, 70.2% of the respondents' indicated that utilization of family planning method depended on their husband's approval while 73.3% of the respondents indicated that they had no confidence in decision making on family planning. More than three-quarters (83.3%) of the respondents indicated that there was no negative attitude from healthcare provider **that could** affect the utilization of family planning services.

Discussion of Major Findings

Practice of Family Planning Methods among pregnant women attending Antenatal

The finding of the study revealed that all respondents (100%) have heard of family planning. The result of this study was in agreement with a cross-sectional study conducted by Nagudi (2023) on factors influencing utilization of family planning methods among women of reproductive age (15-49) attending Fort Portal Regional Referral Hospital in Uganda, revealed that 99.7% of the respondents have heard of family planning. This study finding was also in consistent with a descriptive cross-sectional study conducted by Okonkwo *et al.* (2023) on factors affecting the utilization of family planning services among rural women, Enugu in Nigeria revealed that all the participants (100%) have heard of family planning.

This study finding revealed that 75.6% of the respondents had previously used a family planning method. This was in line with a descriptive cross-sectional study conducted by Koroma *et al.* (2022) to assess the knowledge, attitude, and practice of family planning among 180 women of reproductive age (15–49 years) attending hospitals and clinic centers in rural Western, Sierra Leone which revealed that 68.3% of the respondents had used contraceptives. However, this study finding was contrary to the finding of Okonkwo *et al.* (2023) on factors affecting the utilization of family planning services among rural women in Nsukka LGA of Enugu State in Nigeria, that revealed that 48.0% of the respondents had used a family planning method. The finding of this study revealed that implants were the most (39.7%) common family method used by the respondents. Hakizimana and Odjidja (2021) study on Beyond knowledge acquisition: factors influencing family planning utilization among women in conservative communities in Rural Burundi was dissimilar to the finding of this study as the most prevalent contraceptive method (40%) was the injectable followed by implants used by 24.6% of women. Also, this study finding was not in agreement with the finding of Bahago *et al.* (2024), a cross-sectional descriptive survey on assessment of factors affecting family planning practice among women attending Antenatal Clinic at General Hospital Kontagora, Niger State, Nigeria, which revealed that 80% of the respondents indicated the use of oral contraceptive pills as the common family planning method. This study finding revealed that all the respondents (100%) were not currently using any family planning method as at the time of the study. This was similar to the findings of Okonkwo *et al.* (2023) which revealed that 53.7% of the respondents were not currently using any family planning method as at the time of the study. In terms of consistency in using the chosen family planning method, the majority (58.0%) of them indicated that they were rarely consistent which implied low consistency of utilization. This was similar to Nagudi (2023) study finding that revealed 99.4% of respondents agreed that family planning of choice was available and that they are in consistent with it.

Factors Affecting the Utilization of Family Planning Methods among pregnant women attending Antenatal

The finding of this study on accessibility of family planning services revealed that 55% of the respondents considered it very easy to access. This was in agreement with Ekpenyong *et al.*

(2018) finding on factors influencing the utilization of family planning services among women aged 15–45 years in Bauchi Local Government Area, Bauchi State, Nigeria revealed that 75% of the respondents were able to access family planning services. This was also similar with the finding of Okonkwo *et al.* (2023) that revealed that accessibility of family planning services was 75% among the respondents. A cross-sectional descriptive survey finding by Bahago *et al.* (2024) on assessment of factors affecting family planning practice among women attending antenatal clinic at General Hospital Kontagora, Niger State, Nigeria was in contrast with the finding of this study as 73% of the respondents reported that family planning services were not easily accessible.

The result of this study revealed that 52.7% of the respondents had a positive attitude towards family planning. This was similar with a descriptive cross-sectional study conducted by Okafor *et al.* (2022) to assess attitude, prevalence, and factors affecting contraceptive use among women attending postnatal care in a tertiary health facility in Jos North Local Government Area, Plateau State, Nigeria. The findings revealed that 64.8% of respondents had a positive attitude towards family planning. 84% of the respondents in this study revealed that fear of side effects from family planning methods affected their utilization. Okonkwo *et al.* (2023) finding was in line with the finding of this study as 80.7% of the respondents indicated fear of side effects affected their utilization of family planning. This study finding was also similar with the finding of Ezirim *et al.* (2023) on the factors influencing family planning service utilization among rural women in Oyo State, Nigeria revealed fear of side effects (65.63%), was the main factor affecting the utilization of family planning methods among the respondents. Anenga *et al.* (2026), finding on factors influencing the uptake of family planning services among women attending Antenatal Clinic at Major Health Facilities in Zaria, Nigeria agreed with this study finding as 58.8% of the respondents indicated fear of side effects affected their utilization of family planning. The finding of this study revealed that 70.2% of the respondents indicated that utilization of family planning method depended on their husband's approval. This was similar to Ekpenyong *et al.* (2018) study that found out that 84.4% of women's use of family planning services depended on husband's acceptance of the method. Also, Hakizimana and Odjidja (2021) finding revealed that slightly more than half (51.2%) of the respondents indicated that decision-making on family planning was mainly influenced by husbands or partners which was in line with this study's finding.

The finding of the study revealed that 73.3% of the respondents had no confidence in decision making on family planning. This was similar to the finding of Anenga *et al.* (2026) which revealed that 52.8% of the respondents indicated that partner disagreement would affect their decision on family planning. The finding of this study revealed that 83.2% of the respondents did not agree that negative attitude from healthcare providers affect the utilization of family planning services. This finding was dissimilar to the finding of Okonkwo *et al.* (2023) that reported 60.7% of the respondents indicated that unwelcoming attitude of family planning service providers affects utilization of family planning services.

Conclusion

Most of the respondents had used family planning of which implant method was their common choice of family planning method. However, they were not consistent with their chosen method. Fear of side effects from the family planning methods, husband's approval of family planning and lack of confidence in family planning decision making were the major factors affecting the utilization of family planning among the respondents.

Recommendations

Based on the findings of the study, the following recommendations are made:

Healthcare providers especially the midwives, nurses, and doctors should educate women during antenatal and post-natal clinics on the different methods of family planning, the need to be consistent with the choice of method and to seek counseling whenever they want to change their chosen method. Family planning services should actively involve male partners through couple counseling sessions and community-based sensitization programme to improve spousal support and acceptance of family planning. Healthcare workers should adopt individualized, client-centered counseling approaches that build confidence and support informed decision-making among women.

Contributions to Knowledge

This study contributed that fear of side effects from the family planning methods (84.0%) and husband's approval (70.2%) were the most significant factors affecting family planning utilization in the study population.

Suggestions for Further Studies

1. Similar studies should include male as part of the respondents to assess utilization and factors affecting utilization of family planning methods.
2. Research should be conducted to evaluate the effectiveness of different counseling strategies used by healthcare workers in family planning uptake.

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Appendices

Participant Information Sheet

Introduction

You are invited to participate in a research study entitled “practice and factors affecting utilization of family planning among pregnant women attending antenatal clinic at Bingham University Teaching Hospital, Jos”. Before you decide whether or not to participate, it is important that you understand the purpose of the study and what your participation will involve. Please read the information below carefully. If there is anything you do not understand, you may ask the researcher for clarification.

Purpose of the Study: to assess the practice and factors affecting utilization of family planning among pregnant women attending antenatal clinic at Bingham University Teaching Hospital, Jos. The information obtained will help improve understanding of factors that influence family planning utilization and may contribute to improving reproductive health education and services.

Procedures

If you agree to participate in this study, you will be asked to complete a structured questionnaire that contains questions about your background information and your practices related to family planning and factors affecting utilization of family planning. This will take approximately 10–15 minutes.

Participation: Your participation in this study is entirely voluntary. You are free to decide whether or not to take part in the study. If you decide to participate, you may withdraw from the study at any time without any penalty or loss of benefits. Your decision to participate or not to participate will not affect the healthcare services you receive at the hospital.

Risks or Discomfort: There are no anticipated physical risks associated with this study. Some questions may require you to share personal opinions about family planning.

Benefits: your participation will contribute to knowledge that may help improve family planning education and maternal healthcare services in the future.

Confidentiality

Confidentiality: All information collected during this study will be treated confidential. You will not be required to write your name or any identifying information on the questionnaire. The information obtained will be used only for research purposes. All completed questionnaires will be kept destroyed at the completion of the research

Consent Statement

I have read and understood the information provided above regarding this study. I have had the opportunity to ask questions and have received satisfactory answers. I voluntarily agree to participate in this study.

Participant's Signature/Thumbprint: _____

Date: _____

Researcher's Signature: _____

Date: _____

QUESTIONNAIRE

Research Title: Practice and Factors influencing utilization of Family Planning Among Pregnant Women Attending Antenatal Clinic at Bingham University Teaching Hospital, Jos, Plateau State

Instruction: Please tick (✓) the option that best represents your answer. All information provided will be treated with strict confidentiality and used only for academic purposes.

SECTION A: SOCIO-DEMOGRAPHIC CHARACTERISTICS

1. Age (Years): 18–27 ☐ 28–37 ☐ 38–47 ☐ 48 and above ☐
2. Marital Status: Single ☐ Married ☐ Divorced ☐ Widowed ☐
3. Religion: Christianity ☐ Islam ☐ Traditional ☐ Others _____
4. Level of Education: No formal education ☐ Primary ☐ Secondary ☐ Tertiary ☐
5. Occupation: Civil servant ☐ Business/Trader ☐ Farmer ☐ Housewife ☐ Student ☐ Others _____
6. Gestational age: First trimester ☐ Second trimester ☐ Third trimester ☐

SECTION B: PRACTICE OF FAMILY PLANNING METHODS

7. Have you heard of family planning methods? Yes ☐ No ☐
8. Have you ever used any family planning method before? Yes ☐ No ☐
9. If yes, which method did you use? Pills ☐ Injectables ☐ Implants ☐ IUD ☐ Condoms ☐ Natural methods ☐ Others _____
10. Are you currently using any family planning method? Yes ☐ No ☐
11. How consistently do you use your chosen family planning method?
Always ☐ Sometimes ☐ Rarely ☐ Not applicable ☐

SECTION C: FACTORS AFFECTING THE USE OF FAMILY PLANNING METHODS

12. Accessibility of family planning services
Very easy ☐ Easy ☐ Difficult ☐ Very Difficult ☐
13. Attitude towards family planning.
Positive ☐ Negative ☐
14. Fear of side effects using family planning?
Yes ☐ No ☐ I don't know ☐
15. Husband's approval affect the use of family planning
Yes ☐ No ☐ I don't know ☐
16. How confident are you in your ability to decide on using family planning independently?
Very confident ☐ Confident ☐ Not confident ☐
17. Have you ever experienced any negative treatment or discomfort from healthcare providers when seeking family planning services?
Yes ☐ No ☐



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DR. JAMES AGADA
Board Chairman
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PROF. STEPHEN AJEN ANZAKU
Chief Medical Director
MBBS, FWACS, FRCOG, FICS, Cert. LMIH (USA), JP

HEALTH RESEARCH ETHICS COMMITTEE

NHREC/21/05/2005/01728

25th March, 2026

NOTICE: OF APPROVAL AFTER REVIEW BY THE HEALTH RESEARCH ETHICS COMMITTEE.

RE: KNOWLEDGE, ATTITUDE AND PRACTICE OF FAMILY PLANNING AMONG PREGNANT WOMEN
ATTENDING ANTENATAL CLINIC AT BINGHAM UNIVERSITY TEACHING HOSPITAL, JOS, PLATEAU
STATE.

Name of Principal Investigator:
Address of Principal Investigator:

Enenmor Blessing Chukwudumebi
Department of Nursing Sciences
Faculty of Allied Health Sciences
Ahmadu Bello University Zaria Kaduna
State.

Name and address of Supervisor:

Mrs. Juliana Tsiamu
Department of Nursing Sciences
Faculty of Allied Health Sciences
Ahmadu Bello University Zaria Kaduna
State.

Date of receipt valid application:

16th March, 2026

Date of when final determination of research was made: 25th March, 2026

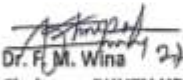
This is to inform you that the research described in the submitted protocol, have been reviewed and approved by the Health Research Ethics Committee (BHUTH).

This approval is for four month duration, effective when this letter was received. If there is delay in starting the research, please inform the HREC so that the dates of approval can be adjusted accordingly.

Note that no participant accrual activity related to this research may be conducted outside of these dates. All informed consent forms used in this research Must carry the HREC assigned number and duration of HREC approval of the study. In a multiyear research, endeavor to submit your annual report to the HREC early in order to obtain renewal of your approval to avoid disruption of your research.

Find attached a report format to be used in writing your report.

The National Code for Health Research Ethics requires you to comply with all institutional guidelines, rules and regulations and with tenets of the code. The HREC reserves the right to conduct a compliance visit at your research site without previous notification


Dr. F. M. Wina
Chairman BHUTH HREC

DR. NUHU TUMBA
Chairman, Medical Advisory Committee
MBBS, FWACS

MR. ZACHARIA MUSA LENKA
Director of Administration
BSc, MNIM, IHSAN. Cert. Public Procurement

Jesus said "I have come in order that they might have life, in all its fullness" (John 10:10T.EV)