

Knowledge of Family Planning Methods and Practice among Married Couples in Rural Benue State, Nigeria

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Abstract

The study examines knowledge of family planning methods and sources of knowledge about family planning, as well as the practice of these methods among couples in rural Benue State, Nigeria. This article presents findings to inform family planning policy, particularly regarding the knowledge and use of family planning methods in rural communities in Benue State. This evidence-based study was conducted among 395 respondents using a questionnaire and interviews with five key experts. The study was conducted in 12 communities across six local government areas in Benue State. Findings show that the common family planning methods identified by participants were the pill, condoms, injectables, implants, the calendar method, periodic abstinence, the withdrawal method, and the IUD. Knowledge of specific methods showed that the most commonly known family planning methods among rural couples were implants, which accounted for about 37.3%, followed by injectables at 29.3% and condoms at 8.0%. The findings also revealed that the least-known family planning methods were the calendar method (2.7%), followed by the withdrawal method (3.0%) and the IUD (3.0%). Results show that the implant was the most commonly used family planning method, at 34.6%, while the least commonly used was the withdrawal method, at 3.2%. The findings also show that 36.5% of respondents obtained their knowledge of family planning from a health facility. The study recommended increasing awareness of all commonly used family planning methods to address misconceptions and fear of side effects among couples in rural areas of Benue State.

Keywords: Knowledge, family planning, cultural barriers, practice, married couples, side effects.

Introduction

Family planning empowers couples to decide on the spacing and number of their children, yet most births in developing countries remain unplanned. Despite efforts from various organizations, significant progress has been lacking. Among the 1.9 billion women of reproductive age globally in 2021, 1.1 billion require family planning (World Health Organisation [WHO], 2025). Of those, 874 million use modern contraceptive methods, while 164 million have an unmet need. Contraceptive access supports the right to choose the number

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Published: 27 August 2026

DOI: <https://doi.org/10.70558/IJSSR.2026.v3.i4.301233>

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and spacing of children and offers health benefits by preventing unintended pregnancies. Contraceptive options range from temporary to permanent methods, with condoms being the only method that also prevents sexually transmitted infections, including HIV (WHO, 2025).

Records from WHO (2018) indicate that 214 million women of reproductive age in developing countries lack access to safe and effective family planning. The UNDESA (2018) found that approximately 30.7% of women aged 15-49 in Nigeria have an unmet need for family planning, with only a projected improvement of nearly 2% by 2030.

In Benue State, the modern contraceptive prevalence rate (mCPR) among women of reproductive age is about 12% to 17%, while estimates of total demand for family planning indicate a significant unmet need of 16% to 22%, primarily due to access issues and cultural barriers (Shittu, et al, 2025). Despite high (90%) awareness of family planning methods, actual usage remains low, creating a significant gap between desire and practice (Utoo et al, 2020).

Therefore, the ongoing low demand for family planning and high unmet need in Benue State, Nigeria, may lead to uncontrolled population growth, thereby affecting human development. This study investigates whether these issues stem from couples' knowledge of family planning methods and how this knowledge influences their attitudes and practices. It assesses the relationship between attitudes toward family planning and actual practices among rural couples and examines the impact of access to modern services and social norms on these unmet needs.

Research Questions

1. What is the level of knowledge of family planning methods among married couples in rural Benue State?
2. What are the sources of knowledge of family planning among married couples in rural Benue State?
3. Which family planning methods are most commonly practised by married couples in rural Benue State?

Objectives of the Study

4. To examine knowledge of family planning methods
5. To examine sources of knowledge of family planning
6. To examine the most commonly practised methods of family planning

Hypothesis of the Study

The study is anchored on the following hypothesis:

H₀ Knowledge of family planning methods has no effect on couples' attitudes toward family planning in rural areas of Benue State.

Literature Review

Knowledge of family planning methods is essential for families and couples to make informed choices. Insufficient awareness can limit the adoption and effective use of these methods,

especially among young women in developing countries, and may lead to abortions. A study conducted by Galu et al (2024) in Benue State showed that illiteracy and cultural norms significantly influenced the choice of family planning methods among married women in the Katsina-Ala Local Government Area of Benue State. However, a study conducted by Anate et al (2021) in southwestern Nigeria found that all respondents (100%) were aware of contraceptive methods, yet only 11.7% had good knowledge of family planning. Approximately 38.5% utilized modern family planning methods in the postpartum period, with male condoms (26.3%) and implants (17.0%) being the most commonly used. Key predictors of postpartum family planning included the non-intention to have more children and good knowledge of family planning.

The choice of contraceptive method was predominantly a joint decision among couples (88.2%). The withdrawal method was considered the most effective by most respondents (23.4%). Half of the respondents received their contraceptives on time (50.0%), while nearly half obtained them from pharmacies when they were unavailable at clinics (48.5%) (Igweagu et al, 2023). A study conducted by Utoo et al (2010) among women in Jos showed that 88.1% knew about family planning methods, 75.4% accepted them, and 44.0% used modern methods. Male condoms (59.5%), oral contraceptive pills (47.0%), and injectables (27.1%) were the most popular methods; 39.3% of respondents were aware of oral contraceptive pills. Family planning information was given to the majority of women (60.0%) at the hospital. Furthermore, 75% agreed that family planning decisions should be made jointly, and 78% said they would be prepared to use contraceptives after giving birth; however, 36.5% said they would like to have additional children (Utoo, Mutihir & Utoo, 2010).

Data from the Nigeria Demographic and Health Survey 2023–24 indicate a significant gap between family planning awareness and its practical application in Nigeria. Although over 90% of individuals are aware of family planning methods, the use of modern contraceptives, especially among married women, is alarmingly low, adversely affecting maternal and child health outcomes (NDHS, 2024). Roughly 80% of women and 90% of men are aware of at least one contemporary family planning method, according to the NPC (2016) figures, which show no change from the 2013 NDHS. The best-known methods include the pill, injectables, and male condoms. Thirteen percent of married women use family planning, with eight percent using contemporary techniques. In Benue State, 99.2% of married men and 96.4% of married women between the ages of 15 and 49 are aware of at least one family planning method (NPC, 2016).

According to the 2013 NDHS, 95% of men and 85% of women in Nigeria were aware of at least one contraceptive method, with traditional methods being less recognized than modern ones. Familiarity rates for traditional methods were 56% for men and 84% for women. Men showed higher awareness of male condoms (91%), while women primarily recognized the pill (71%). Knowledge of withdrawal was 45% among women and 59% among men. Additionally, married women exhibited lower awareness than single, sexually active women, with an average knowledge of 5.6 methods for both genders. Women in Benue State aged 15 to 49 reported family planning media exposure as follows: radio (23.7%), television (8.1%), newspapers/magazines (2.7%), and posters/brochures (3.0%), while 74.5% had no exposure.

In contrast, men showed higher exposure: radio (68.8%), television (20.1%), newspapers/magazines (17.6%), and posters/brochures (24.2%), while 22.8% reported no exposure and 20.6% cited other sources (NDHS, 2013).

Theoretical Framework: Functional Theory of Attitude Change

The functional theory of attitude change is a pragmatic approach that focuses on how attitudes facilitate social behavior. The theory proposed by Daniel Katz in 1960 posits that attitudes are shaped by the functions they perform for individuals. Katz (1960) stressed that people hold specific attitudes because these attitudes help them achieve their basic goals. He elaborated further that changing an attitude requires understanding its motivational basis or its function for the individual.

The theory holds that an individual's knowledge about the function of an attitude can influence changes in that attitude. Therefore, whatever functions attitudes perform, they provide a frame of reference for comprehending and categorizing objects, individuals, and events. The theory also emphasizes that only by understanding an attitude's function can any effort to change it be successful.

Katz (1960), therefore, proposed that any attitude held by an individual served one or more of the four distinct personality functions, which he identified as the utilitarian function, knowledge function, ego-defensive function, and value-expressive function. The more these functions contribute to an attitude system, the stronger the attitude becomes and the less likely it is to change (AECT, 2001).

Katz believes that individuals seek knowledge to give meaning to what would otherwise be a disorganized, chaotic universe. This means that people seek standards or frames of reference for understanding their world, and attitudes help them supply such standards. Olson & Zanna (1993) added that attitudes presume a basic human need to gain a meaningful, stable, and organized view of the world. Attitudes supply a standard for organizing and simplifying perceptions of a complex and ambiguous environment. They also provide a way of assessing objects and events so that people can react to them meaningfully. Attitudes can bring order and clarity to the complexities of human life. For instance, people seek some degree of order, clarity, and stability in their personal frame of reference; therefore, attitudes help provide standards of evaluation.

The knowledge function holds that attitudes help provide standards of evaluation. Couples' attitudes toward family planning in rural communities could be influenced by their knowledge of family planning methods, their side effects, and how to use them properly. Such knowledge could eliminate myths and other misleading information about family planning in rural areas.

Methodology

Research Design

The study adopts a cross-sectional research design. This design provides a picture of the distribution of factors and outcomes in a population at a specified point in time. It is also used to estimate and compare the prevalence of specific factors and outcomes in a given population

(Babbie, 2008). The design enables the researcher to select a representative sample by taking a cross-section of the population. It also permits data collection from research participants at a single point in time or during a single, relatively brief period. Data are typically collected from people of different socioeconomic statuses, including multiple age groups and people with different abilities and accomplishments.

Research Setting

The study focused on rural Benue State, Nigeria, covering Local Government Areas (LGAs) in the North East, North West, and South. Key settlements included Konshisha, Ukum, Guma, Buruku, Obi, and Ado. Established in 1976, Benue State spans 34,059 square kilometers with a population of about 4.2 million, including over one million individuals aged 15-49 who are married. The state, primarily inhabited by the Tiv, Idoma, and Iggede peoples, derives its name from the River Benue and shares borders with five states and an international boundary with Cameroon. It consists of 23 LGAs, featuring urban centers like Makurdi and a rural focus on agriculture, where cultural values highly regard children, especially males, for family lineage and social security.

Population of Study

The study examines married couples aged 15-49 in rural Benue State, focusing on those married for at least one year and excluding cohabiting partners. Only younger wives in polygynous families were selected because they were more likely to desire additional children or to space births.

The 2006 population and housing census put the total number of married people of both sexes in Benue State within the age bracket of 15-49 at one million, forty thousand, one hundred and twenty-one people (1,040,121) (NPC, 2010). Since the population of Benue State is predominantly rural and there is no local government area in the state without a significant rural population, the above-stated population figures were used to determine the sample size for the study. Since the population is known, Taro Yamane's (1967) formula was used to determine the sample size at a significance level of 0.05.

$$n = \frac{N}{1+N(e)^2}$$

n= sample size, N= finite population

e= level of significance

1= unity

$$n = \frac{1040121}{1+1040121(0.05)^2}$$
$$n = \frac{1040121}{1040122 \times 0.0025}$$

$$n = \frac{1040121}{2600}$$
$$n = 400$$

Therefore, a total of 400 respondents were selected for the study.

The 2006 population and housing census put the total number of married people of both sexes within the age bracket of 15-49 in each geopolitical zone in Benue State as follows: 392,225 for Benue North East (Zone A), 367,786 for Benue North Central (Zone B), and 280,110 for Benue South (Zone C), making a total of 1,040,121. Therefore, to ensure a fair distribution of respondents in each geopolitical zone of Benue State, Bowley's (1964) formula was used as follows:

$$n_h = \frac{nN_h}{N}$$

Where n_h = number of units allocated to each geopolitical zone

n = the total sample size

N_h = population of each geopolitical zone

N = population size

Benue North East (Zone 'A')

$$n_h = \frac{400 \times 392,225}{1040121}$$
$$= \frac{156,890,000}{1040121}$$
$$= 151$$

Benue North West (Zone B)

$$n_h = \frac{400 \times 367,786}{1040121}$$
$$\frac{147,114,400}{1040121}$$
$$= 141$$

Benue South (Zone C)

$$n_h = \frac{400 \times 280,110}{1040121}$$

$$\begin{aligned} &= \frac{112,044,000}{1040121} \\ &= 108 \end{aligned}$$

Therefore, a total of 151 respondents were selected from Benue North East, 141 respondents from Benue North West, and 108 respondents from Benue South. These figures made up a total of 400 respondents, in line with the sample size of the study. The study population also comprised 14 key informants, including the Head of the National Population Commission, Benue State, and the Head of Family Planning in the Benue State Ministry of Health, Makurdi. It also included the Heads of Primary Health Centers in each of the sampled communities.

Sampling Technique

The study utilizes a multistage sampling methodology, incorporating cluster, purposive, and simple random sampling. It categorizes Benue State into three geopolitical zones, North East (Zone 'A'), North West (Zone 'B'), and South (Zone 'C'). From each zone, two Local Government Areas were purposively selected, resulting in six clusters with predominantly rural populations: Konshisha and Ukum (North East), Guma and Buruku (North West), and Obi and Ado (South). Simple random sampling was applied to choose two council wards from each Local Government Area for data collection, targeting specific settlements within these wards and identifying respondents within households in the selected areas.

In Benue North East, 151 respondents were interviewed: 38 each in Awajir, Gbogbo, and Kyado, and 37 in Gbagir. Benue North West had 141 respondents, with 35 each in Agwabi, Ugbema, and Ukpiani, and 36 in Abinsi. In Benue South, 108 respondents were selected, with 27 each from Adum East, Agila, Itogo, and Utonkon. Interviews were conducted during the daytime based on respondent availability.

Finally, 14 key informants were purposively selected for the study, including the Head of the National Population Commission and the Head of Family Planning in Benue State, as well as heads of Primary Health Centers from 12 selected communities. Data collection involved structured interviews, which targeted both qualitative and quantitative information. A total of 400 structured interviews were conducted, while the insights from the 14 key informants were recorded for transcription, interpretation, and analysis.

Instruments of Data Collection

The study utilized structured interviews because of their replicability and efficiency. The interviews were conducted in English and local languages (Tiv, Idoma, and Igbo), with trained interpreters as needed. Interviews were held in Benue North East, North West, and South, with separate sessions for husbands and wives to capture differing perspectives. The research examined socio-demographic variables such as sex, age, marriage type, education, and number of children, along with questions regarding family planning knowledge, attitudes, accessibility, practice, and unmet needs.

Key informant interviews were conducted with the Head of the National Population Commission, the Head of Family Planning at the Ministry of Health in Benue State, and heads

of Primary Health Centers in 12 selected communities across different local government areas. These communities were located in Benue North East, North West, and South. Open-ended questions were used to encourage in-depth discussions on relevant topics.

Techniques of Data Analysis

Data were analyzed using SPSS version 20.0, focusing on both univariate and bivariate levels. Variables such as age, sex, education, marriage duration, number of children, marital type, religion, income, and occupation were examined using frequencies and percentages. Respondents' views from structured interviews were cross-tabulated, employing chi-square analysis for hypothesis testing and the phi coefficient for assessing associations. Key informants' views were transcribed and discussed, and the interview data were triangulated. The analysis was structured into four sections: socio-demographic variables, study objectives, hypothesis testing, and discussion of findings.

Results and Discussion

Knowledge of Family Planning Methods among Rural Couples in Benue State

Based on the qualitative findings of the study, most respondents had knowledge of at least one family planning method. The common methods identified by respondents were the pill, condoms, injectables, implants, the calendar method, periodic abstinence, the withdrawal method, and the IUD (Copper T). Quantitative sources show that, out of a total of 395 respondents, 66.6% (263) had knowledge of family planning methods. Knowledge of specific methods showed that the most commonly known family planning methods among rural couples were implants, which accounted for about 37.3% (98), closely followed by injectables at 29.3% (77) and condoms at 8.0% (21). Abstinence was also known by 7.6% (20), and the pill by 7.2% (19). The findings also revealed that the least-known family planning methods were the calendar method, at 2.7% (7), followed by the withdrawal method, at 3.0% (8), and the IUD, at 3.0% (8). These findings are presented in Table 1 below:

Table 1: Knowledge of Specific Family Planning Methods			
Knowledge of Specific Methods	Knowledge of Family Planning Methods		Total
	Yes	No	
Condom	21(8%)	6(4.5%)	27
Pills	19(7.2%)	7(5.3%)	26
IUD	8(3.0%)	35(26.5%)	43
Injectables	77(29.3%)	6(4.5%)	83
Implants	98(37.3%)	5(3.5%)	103
Calendar Method	7(2.7%)	45(34.4%)	52
Abstinence	20(7.6%)	6(4.5%)	26
Withdrawal Method	8(3.0%)	7(5.3%)	15
Others	5(1.9%)	15(11.4%)	20

Total	263(66.6%)	132(33.4%)	395(100%)
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Source: Field Survey, 2018

The findings indicate that knowledge of these methods varies from place to place. For instance, injectables were the best-known family planning method in Gbagir and Kyado in Ukum LGA, Agwabi in Binev Council Ward of Buruku LGA, and Abinsi and Ukpiani in Guma Local Government Area, while implants were the best-known methods in Awajir, Koshisha LGA, Adum East, and Itogo in Obi LGA. It was also discovered that many family planning methods, including the vaginal sponge, vaginal ring, diaphragm, and patch, among others, were completely unknown to most couples in rural areas. The findings also show that 36.5% (96) of respondents obtained their knowledge of family planning from a health facility, followed by 33.5% (88) who obtained it from friends, 22.1% (58) from the mass media, and only 4.2% (11) from their spouses. This is presented in Table 2 below. The findings further revealed that most respondents who obtained their knowledge from health centres were women, particularly nursing mothers, who received the information from health workers during immunization visits.

Table 2: Source of Knowledge of Family Planning Methods			
Source of Knowledge of Family Planning Methods	Knowledge of Family Planning Methods		Total
	Yes	No	
Media	58(22.1%)	35(26.5%)	93
Friends/ Relatives	88(33.5%)	40(30.3%)	128
Health Facility	96(36.5%)	47(35.6%)	143
Spouse	11(4.2%)	5(3.9%)	16
Others	10(3.8%)	5(3.9%)	15
Total	263(66.6%)	132(33.4%)	395(100%)

Source: Field Survey, 2018

Data from quantitative sources, as indicated in Table 3.1 below, show that 35.4% (93) used implants, followed by 33.1% (87) who used injectables. The data also show that 3.0% (8) used an IUD, while 4.2% practised the withdrawal method. The data presented in Table 3.2 above also show that the implant was the most commonly used family planning method, at 34.6% (75), while the least commonly used was the withdrawal method, at 3.2% (7).

Table 3: Knowledge of Family Planning and Methods Practiced			
Method of Family Planning Ever Practised	Knowledge of Family Planning Methods		Total
	Yes	No	
Condom	17(6.5%)	12(9.1%)	29
Pills	18(6.8%)	7(5.3%)	25
IUD	8(3.0%)	6(4.5%)	14

Injectables	87(33.1%)	35(26.5%)	122
Implants	93(35.4%)	40(30.3%)	133
Calendar Method	10(3.8%)	9(6.8%)	19
Periodic Abstinence	14(5.3%)	12(9.1%)	26
Withdrawal Method	11(4.2%)	5(3.8%)	16
Others	5(1.9%)	6(4.5%)	11
Total	263(66.6%)	132(33.4%)	395(100%)

Source: Field Survey, 2018

On the other hand, data collected from key informants on knowledge of family planning methods supported the findings from the structured interviews. All the key informants agreed that most rural couples had knowledge of family planning methods, especially implants, injectables, condoms, and oral pills. The respondents also pointed out that some methods, such as the cervical cap, vaginal ring, vaginal sponge, and permanent methods, were, in most cases, not well known to rural people. Family planning methods were mainly made known to couples in rural areas through talks held for women during immunization days. In addition, the key informant in Adum East, Obeko Council Ward of Obi LGA, stressed that awareness activities were conducted at community meetings for both men and women. The key informants in Gbagir in Ukum LGA and Itogo in Obi LGA also stressed that awareness of family planning was promoted through town announcements. In Abinsi settlement in Guma LGA, awareness was said to be extended to churches that accept family planning. Similarly, in Apa-Agila, Ado LGA, it was revealed that family planning was made known to couples through counselling and interviews. The key informant at the National Population Commission, Makurdi, pointed out that the commission periodically organized public awareness activities through seminars and symposiums. These findings are also in line with the views of the Head of Family Planning in the Benue State Ministry of Health, who noted that “family planning is made known to rural couples by demand creation through the use of Community Resource Persons-CRPs”.

The above information on knowledge and sources of knowledge of family planning is in line with the KAP study among women attending an antenatal clinic in Jos by Utoo, Mutihir & Utoo (2010), which reported knowledge of family planning at 88.1%. In addition, data from the NDHS (2013) showed that knowledge of any contraceptive method was widespread in Nigeria, with 85 percent of all women and 95 percent of all men knowing at least one method of contraception. The findings on sources of knowledge also conform to the NDHS (2013), which shows that 74.5% of women aged 15-49 years heard or saw information about a family planning method outside the mass media in Benue State.

Test of Hypothesis

Table 4: Test of Hypothesis 1, Knowledge of Family Planning Methods Has No Effect on Couples' Attitudes toward Family Planning in Rural Areas of Benue State

Knowledge of Specific Methods	Knowledge of Family Planning Methods	Total
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Knowledge of Family Planning Methods	Yes	No	
Condom	21	6	27
Pills	19	7	26
IUD	8	35	43
Injectables	77	6	83
Implants	98	5	103
Calendar Method	7	45	52
Abstinence	20	6	26
Withdrawal Method	8	7	15
Others	5	15	20
Total	263	132	395

Source: Field Survey, 2018

Table 5: Chi-Square Tests			
Chi-Square Tests	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	4.234 ^a	8	.835
Likelihood Ratio	4.236	8	.835
Linear-by-Linear Association	.007	1	.932
N of Valid Cases	395		

Source: Field Survey, 2018

Table 6: Symmetric Measures			
Symmetric Measures		Value	Approx. Sig.
Nominal by Nominal	Phi	.104	.835
	Cramer's V	.104	.835
N of Valid Cases		395	

Source: Field Survey, 2018

The data presented in Table 5 above show that the chi-square value is 4.234, while the p-value is 0.835, at a significance level of 0.05 and with 8 degrees of freedom. Since the p-value of 0.835 is greater than the alpha or significance level of 0.05, the null hypothesis, which states that knowledge of family planning methods has no effect on the practice of family planning among rural couples in Benue State, has been rejected, and the alternative hypothesis, which states that knowledge of family planning methods has an effect on the practice of family planning among rural couples in Benue State, is hereby accepted. The Cramer's V value of 0.104, as presented in Table 8.2 above, indicates a weak positive association between knowledge of family planning methods and the practice of family planning among rural couples in Benue State.

Conclusion and Recommendations

The findings of the study revealed that couples had good knowledge of family planning methods. The best-known family planning methods were implants, followed by injectables, condoms, and pills, while the least-known methods were periodic abstinence and the calendar method. The findings also suggest that some family planning methods, such as the vaginal ring and diaphragm, among others, were completely alien to respondents. Knowledge of specific methods varied from place to place. It was found that knowledge of family planning does not necessarily translate into couples' attitudes toward family planning. The tested hypothesis indicated that knowledge of family planning methods has no effect on couples' attitudes toward family planning in rural areas of Benue State. The major source of knowledge of family planning methods was found to be Primary Health Centers.

Recommendations

In reference to the findings of the study, the following recommendations are made:

- i. Awareness campaigns concerning specific and least-practised family planning methods should be intensified by the relevant authorities. In addition, awareness should be raised about all commonly used family planning methods to dispel unnecessary fear of side effects among couples in rural areas of Benue State.
- ii. More family planning programmes should be targeted at men in rural communities to change their attitudes and reduce strong opposition to the practice of family planning.
- iii. More health personnel should be trained to deliver family planning services to rural communities. Personnel who have already been trained should receive refresher training to offer a full range of family planning services, including all family planning methods, to rural people.
- iv. The government and non-governmental organizations are commended for making family planning accessible to most rural communities in Benue State, but more needs to be done to reach people in remote areas of the state.

References

- Anate,B, C., Balogun, M.R., Olubodun, T. and Adejimi, A.A. (2021). Knowledge and utilization of family planning among rural postpartum women in Southwest Nigeria. J Family Med Prim Care 10(2):730–737. doi: 10.4103/jfmpe.jfmpe_1312_20
- Babbie, E. (2008). *The basics of social research*. Thomson and Wadsworth. USA, UK.
- Galu, T., Kumpa,B., Iorsamber, B.N., Ajav, E.A. (2024). Determinants of the choice of family planning methods among married women in Katsina-Ala Local Government Area of BENUE STATE *Sfgesgs* 6(2).
<https://www.sfjesgs.com/index.php/SFJESGS/article/view/543>
- Igweagu, C.P., Chukwubuike, K.E., and Eze, C.C (2023). Knowledge and Practice of Contraceptive Use Among Women Attending Family Planning Clinic at Teaching

- Hospital in Enugu, Nigeria. BIOMEDICAL 54 (2).
<https://biomedres.us/fulltexts/BJSTR.MS.ID.008531.php> 10.26717/BJSTR.2024.54.008531
- Nigeria Demographic and Health Survey 2023–24 (2024).
<https://dhsprogram.com/pubs/pdf/PR157/PR157.pdf>
- National Population Commission (2013) *Nigeria over 167 million population: Implications and challenges* at www.population.gov.ng/index.php/84-news/latest/
- Olson, J.M. & Zanna, M.P. (1993). Attitudes and attitude Change. *Annual Review of Psychology*. 44: 117–54. doi:10.1146/annurev.psych.44.1.117.
- UNDESA (2018): Population Division. 2018 estimates and projectors of family planning indicators 2018.
- UNFPA (2019). Family planning. At <https://www.unfpa.org/family-planning>
- Utoo, B.T., Unazi, E.U., Eka, P.O., Utoo, P.M., Maanongun, M.T. (2020). Sexual Activity and Contraceptive use among University Female Undergraduates in Makurdi, North-Central Nigeria. *Western Journal of Medical and Biomedical Sciences*. 1(2) 2020.
<https://wjmb.com.ng/index.php/wjmb/article/download/21/49?inline=1>
- Utoo, B.T., Mutahir, T.J., & Utoo, P.M. (2010). Knowledge, attitude and practice of family planning methods among women attending antenatal clinic in Jos, North-central Nigeria. *Niger J Med*. 2010 Apr-June;19 (2):214-8.
- Ukpabi, D.E., Shittu, O.S., Obida, D.S. Ekoja, AA, and Abba, A. (2025). Assessment of Knowledge, Uptake and Determinants of Modern Contraceptive Method Use among Women of Reproductive Age in Benue South Zone, North Central Nigeria. *Tropical Journal of Obstetrics and Gynaecology*.
<https://tjog.org/index.php/tjog/article/view/600/501>
- WHO (2025). *Family planning/contraception methods*. <https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception>
- World Health Organisation (2018). Fact Sheet. Family Planning/Contraception. 8 Feb, 2018.