

# Motivational Counseling on Knowledge of Modern Contraceptives Methods among Reproductive Women in Selected Teaching Hospitals in Southwest, Nigeria

**Ranti Elizabeth Kehinde**

School of Nursing Sciences, Babcock University, Ilishan-Remo, Ogun State, Nigeria

**Christiana Olanrewaju Sowunmi**

School of Nursing Sciences, Babcock University, Ilishan-Remo, Ogun State, Nigeria

**Rafiat Anokwuru**

School of Nursing Sciences, Babcock University, Ilishan-Remo, Ogun State, Nigeria

**Abigail Adebisi Abioye**

School of Nursing Sciences, Babcock University, Ilishan-Remo, Ogun State, Nigeria

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**Abstract:** *Use of modern contraceptives saves lives by preventing unwanted and unplanned pregnancies in women of childbearing age globally. Despite its benefits, studies have revealed that inadequate knowledge is a major hindrance to its uptake. Hence, this study explored the impact of motivational counselling on knowledge of modern contraceptive methods among reproductive women using a qualitative participatory action research (PAR) approach. The study engaged women attending child welfare clinics at three teaching hospitals in South-West Nigeria: Olabisi Onabanjo University Teaching Hospital, UNIOSUN Teaching Hospital, and Federal Teaching Hospital, Ido Ekiti. Participants were women not currently using any form of contraception and were recruited using multistage and convenient sampling techniques. Data were collected through focus group discussions (FGDs), with sessions conducted in local languages to ensure inclusivity. The PAR cycle—comprising planning, action, observation, and reflection phases—guided the research process. Data were analysed using thematic content analysis. While participants had basic awareness of modern contraceptives, detailed knowledge—especially regarding the range and mechanisms of different methods—was limited. Post-intervention assessments revealed significant improvements in understanding and interest in uptake, as verified through follow-up discussions and clinic records. Motivational counselling positively influenced contraceptive knowledge among participants. It recommends the integration of dialogue-based counselling*

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*sessions into routine family planning services, especially in underserved areas. Additionally, sustained health education campaigns, the provision of culturally appropriate informational materials, and the incorporation of contraceptive education into maternal and child health services are advised to bridge the knowledge-to-practice gap and enhance informed decision-making among women.*

**Keywords:** contraceptive use, knowledge, modern contraceptives, motivational counselling, reproductive women

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## INTRODUCTION

Contraceptives offer significant health and social advantages for women, chiefly by preventing unintended and unplanned pregnancies, thereby reducing the need for unsafe and often illegal abortions, and lowering the risk of maternal deaths linked to complications from pregnancy and childbirth. Globally, an estimated 73 million induced abortions occur annually, with 61% of unintended pregnancies ending in abortion, frequently due to concerns over the perceived side effects of modern contraceptives (1). In 2020, nearly 800 women died daily from preventable causes associated with pregnancy and childbirth (2). Despite some progress, with modern contraceptive use among married women of reproductive age increasing from 55.0% to 57.1% between 2000 and 2019, a substantial gap remains. Of the 1.9 billion women aged 15–49 in 2019, 1.1 billion had a need for family planning, with 270 million having an unmet need (3).

The fundamental right of women to decide whether or not to become pregnant is often undermined. Globally, only half of women aged 15 to 49 make their own decisions concerning sexual and reproductive health; about a quarter cannot refuse sex, and nearly 10% cannot make decisions regarding family planning (4). In Nigeria, the willingness to use modern contraceptives remains low despite widespread awareness (5, 6). In 2018, over 83% of Nigerian women were not using any contraceptive method, with Yobe and Sokoto recording the highest rates of non-use, while Lagos had the lowest (3). Enhancing contraceptive use requires improved communication and mutual decision-making between rural men and women (7).

Gbenga-Epebinu et al. (8) found a high level of contraceptive knowledge (98.6%) in Ekiti State but only 50.5% actual use. Haakenstad et al. (9) reported low usage in Southern Nigeria due to misconceptions. Despite government efforts to ensure access to contraceptives, limited data exists on the effectiveness of motivational counseling in addressing fears of side effects. Motivational counseling, employed with a participatory action research design, engages women in discussions to correct misconceptions, enhance knowledge, and positively shift their perception of modern contraceptives. The reviewed studies collectively reveal a complex relationship between contraceptive knowledge and actual usage among women of reproductive age across different regions. Kaur et al. (10) found that women in Mosul, Iraq, demonstrated acceptable levels of knowledge and positive practices regarding contraceptive use. However, those with lower educational backgrounds required ongoing education and communication to encourage the

adoption of modern contraceptive methods. The study recommended programmatic interventions to enhance awareness, reduce side effects, and prevent unplanned pregnancies.

In Nigeria, multiple studies echoed similar findings. Tawose et al. (11) reported that while 82% of women in South-South Nigeria knew at least one form of contraception, the same proportion had never used any method. This discrepancy between knowledge and usage was influenced by several factors including education, age, marital status, place of residence, and wealth index. The likelihood of contraceptive use increased among those with higher education, working status, and greater household wealth. Thus, policy reforms are necessary to bridge the gap between awareness and practice. Ifeyinwa et al. (12) found high awareness (92.8%) and moderate knowledge (68.9%) among women in Osun State, yet only 33% were current users. Injectables and male condoms were the most common methods. Barriers to use included fear of side effects (45.2%), low perceived risk of pregnancy (35.7%), and spousal refusal (12.5%). The study highlighted that educational status and attitude were key predictors of uptake, underscoring the need for improved literacy and culturally sensitive interventions.

Similarly, Stella et al. (13) observed low contraceptive prevalence in a rural southern Nigerian community, with condom use being most common (33.3%). The cost of contraceptives, level of education, and informed choice were significant determinants of use. These variables should guide targeted intervention efforts. Leah et al. (14) reported that in Port Harcourt, 57.3% of women had poor knowledge and 47.1% had negative attitudes towards contraceptive use. Only 9.8% used contraceptives, mainly natural methods and male condoms. The low usage rate was primarily due to the desire for more children (36.3%). The study recommended intensified awareness campaigns to address misconceptions. In Uganda, (15) found that men had limited accurate knowledge and harboured fears about contraceptive side effects, indicating a need to incorporate men in reproductive health education to dispel myths and support family planning efforts.

The main objective of the study was to explore, using a qualitative participatory action research approach, the outcome of motivational counseling on the knowledge of modern contraceptive methods among women of childbearing age in a selected teaching hospital in South-West Nigeria.

## **METHODS**

The study adopted a qualitative participatory action research design to actively engage women of childbearing age in collaborative dialogue on issues related to contraceptive use. The study population comprised women within the reproductive age group who were not currently using any method of contraception and who attended child welfare clinics at selected teaching hospitals in South-West Nigeria. Over a six-month period, a total of 2,172 women visited the child welfare clinics across three selected teaching hospitals: Olabisi Onabanjo University Teaching Hospital, Sagamu (659 women); UNIOSUN Teaching Hospital, Osogbo (607 women); and Federal Teaching Hospital, Ido Ekiti (906 women). The inclusion criteria encompassed women of childbearing age attending the clinics, those who were not on any contraceptive method, were

present during the study, and were willing to participate. Excluded were women who were pregnant, above childbearing age, currently ill, or on a permanent method of contraception such as tubal ligation.

The sample size for the study involved groups of five to seven women participating in focus group discussions, with the principle of data saturation guiding the number of participants. A multistage sampling technique was adopted. In the first stage, three states—Ogun, Osun, and Ekiti—were randomly selected from the six states in South-West Nigeria using ballot papers. In the second stage, one teaching hospital from each selected state was randomly chosen: OOUTH Sagamu (Ogun), UNIOSUNTH Osogbo (Osun), and Federal Teaching Hospital Ido Ekiti (Ekiti). The third stage involved the purposive selection of child welfare clinics within these hospitals, as these clinics serve the target population. Finally, a convenient sampling technique was employed to select respondents from those present during data collection who met the eligibility criteria.

The study employed focus group discussions (FGDs) as the primary instrument for data collection, adopting a participatory and culturally sensitive approach that enabled women of childbearing age to express their knowledge of modern contraceptive side effects. This method allowed for a collaborative inquiry between the researcher and participants, aimed at not only gathering information but also fostering empowerment and action. FGDs were conducted in selected teaching hospitals using a guide developed in line with the study's objectives. The guide, validated by experts in reproductive health, was pre-tested at Ekiti State University Teaching Hospital to enhance its reliability. Tools such as a digital audio recorder, field notes, and a demographic questionnaire helped capture nuanced responses. The researcher also played a central role in facilitating discussions and ensuring that language barriers were addressed through English and Yoruba translations.

Prior to data collection, ethical clearance was secured, and participants were recruited with informed consent. The process followed the Participatory Action Research (PAR) cycle, which included the planning, action, observation, and reflection phases. During the planning phase, the researcher trained assistants and coordinated logistics with hospital officials. Participants were recruited over one week, briefed on the study, and arrangements were made for meeting venues. The action phase entailed two FGD sessions: the first aimed at obtaining baseline data on contraceptive knowledge, and the second focused on motivational counselling to address misconceptions, provide factual information on side effects, and enhance contraceptive literacy. Demonstrations, pictorial aids, and interactive discussions were utilised, fostering a rich and inclusive environment. Each session lasted approximately 45 minutes, and discussions were transcribed within 24 to 72 hours to preserve the accuracy of participant responses.

In the observation phase, follow-up assessments were conducted at four and six weeks post-intervention to evaluate changes in perception and knowledge, using appointments and phone calls. A 12-week follow-up assessed actual uptake of contraceptive methods, corroborated through clinic records. The reflection phase involved a retrospective review of clinic attendance and uptake

of family planning methods over six months. This evaluation compared pre- and post-intervention data to gauge the effectiveness of the dialogue sessions. The methodology not only facilitated data collection but also aimed to influence behavioural change through education, participatory engagement, and reinforcement, thereby addressing the underlying concerns about knowledge of contraceptive among women of reproductive age.

The data gathered in this study was analysed using thematic content analysis, following Newell and Burnard's (2010) model, particularly the approach that allows themes to emerge from the data rather than being constrained by pre-set questions. This method enabled the researcher to uncover diverse opinions among women of childbearing age in line with the study's objectives. Braun and Clarke's technique was applied manually using In vivo coding, which facilitated the generation of themes, especially around perceived side effects of contraceptives, with data saturation ensured. The analysis process involved several stages including transcribing interviews in English, coding responses, categorising them into themes, and supporting findings with direct quotes. Ethical considerations were meticulously observed, with proposals and letters of introduction submitted to the Research Ethical Review Committees of OOUTH Sagamu, UNIOSUTH Osogbo, and Federal Teaching Hospital Ido-Ekiti, along with approval from Babcock University (NHREC/24/01/2020). Written or thumb-printed informed consent was obtained, and anonymity and confidentiality were ensured by using codes and pseudonyms. Participation was voluntary and participants retained the right to withdraw at any time without consequences. Data was stored securely on a password-protected personal computer. Participants were assured there was no risk or conflict of interest, and the study was intended to be of direct benefit to them through improved contraceptive knowledge and access.

## **RESULTS**

The socio-demographic characteristics of the respondents revealed a diverse representation in terms of age, ethnicity, religion, education, and family size. The participants' ages ranged from 19 to 47 years, with a majority falling within the 20–40 age bracket. Ethnically, most respondents were Yoruba, with a few participants from the Igbo and Ebara ethnic groups. In terms of religious affiliation, Christianity was the dominant religion among the respondents, while Islam was also represented to a lesser extent. Educational qualifications varied, including SSCE, NCE, OND, HND, Bachelor's degrees, postgraduate degrees, and diplomas. A significant number of respondents had attained tertiary-level education, showing a relatively educated sample group.

The number of children among respondents ranged from one to six, indicating a varied family size across the focus groups. Some women had large families with up to five or six children, while others had only one or two, reflecting differences in family planning choices or life stages. The predominance of Yoruba participants aligns with the regional demographics of the study location, suggesting a culturally homogeneous group with pockets of diversity. The representation of both Christian and Muslim participants allows for an understanding of potential religious influences on the participants' views or behaviours. Educational diversity also points to varying levels of

exposure to information and services, which could influence perspectives in the broader context of the study. Overall, the sample provides a reasonably comprehensive demographic spread, useful for qualitative insights.

**Table 1: Themes generated at the action phase**

S/N	Themes	Sub-Themes
1	Knowledge of modern contraceptives	Good knowledge on concept of modern contraceptive Deficient knowledge of the types of modern contraceptives Knowledge of the financial implication

Source: Fieldwork, 2024

**Table 2: Themes generated at the observation/reflection phase**

S/N	Themes	Sub-Theme
1	Improved knowledge of contraceptive	Full knowledge gained on concept of modern contraceptives Improved knowledge on the types of contraceptives

Source: Fieldwork, 2024

The analysis of the two tables reveals a progression in participants' understanding of modern contraceptives between the action phase and the observation/reflection phase. In Table 1, which reflects themes generated during the action phase, participants demonstrated a generally good knowledge of the concept of modern contraceptives but showed deficiencies in recognising the different types available. There was also awareness of the financial implications associated with contraceptive use, suggesting some level of practical engagement with the subject. However, by the observation/reflection phase, as shown in Table 2, there was a notable improvement in knowledge, with participants indicating a more comprehensive understanding of both the concept and the various types of contraceptives. This suggests that the intervention or activities undertaken during the action phase were effective in enhancing participants' awareness and understanding, leading to more informed perspectives by the time of reflection.

### **Theme 1: Knowledge of modern contraceptives**

#### *Good knowledge on concept of modern contraceptive*

The theme 1 focused on the knowledge of contraceptive among women of childbearing age. It was observed that majority of the women had general knowledge about modern contraceptives. They explained the way it prevents pregnancy and enable adequate space between children. They believe that contraceptives helps to plan ahead of giving bath to another child and to stop when the children are within the number the family desired. The following quote supported the theme:

**P3FG1** said:

“Hmm! I have heard a lot about family planning, it is a way of putting enough gap between children and prevent unwanted pregnancy, and they said it is good but me I’m afraid to do what will affect me especially the one they put inside the vaginal, I don’t want at all”

The effectiveness of modern contraceptives is the ability to decide the number of children to have and when to have them. Giving birth to a child should be by choice and not by chance. This is shown in the quote below:

**P5 FG2 said:**

“I know about family planning, they use to tell us in the hospital, even when someone has many children, they will ask her have you not heard of family planning? Family planning is good so that one can determine when to have another child and the number to have, it also prevents abortion”

Knowledge about contraceptives is available to every woman in Nigeria, almost every women has heard about contraceptives in one way or the other; people are not just willing and ready to adopt any of the methods. The knowledge were gained through television, social media, friends, child welfare clinic, neighbor, in school, community and people that have done family planning in the past. The following quote supported the theme:

**P4FG3: said:**

“When we talk about family planning no woman will say she has not heard of it they use to teach us in the clinic during antenatal and when we take our children for immunization, I was even thought in school we don’t just want to do because of the side effects“

**P1FG5: said:**

“Exactly, we have heard about it, they told us in the clinic to come and do family Planning when we take our baby for immunization, even during antenatal they also told us to go for family planning after our delivery, it is not a matter of hearing but what people faced after they do family planning, the side effects is bad”

*Deficient knowledge on the types of modern contraceptives*

Despite a considerable knowledge of contraceptive among the participants, it was still observed that they do not have the in-depth knowledge of the various types of modern contraceptive methods, this was confirmed in their responses relating to the various types of modern contraceptives. Most of the women were only able to mentioned implant, injectable and IUD, some mentioned only injectable and IUD while some mentioned Oral pills and implants, none of them

were able to give all the methods of modern contraceptives. The following quotes demonstrated the assertion of the respondent:

**P4 FG3** said:

“I don’t really know much about family planning, there is one they said they use to insert into the vaginal and it usually cause pain for some people, I think the name is IUD, I cannot say much about it. They said there is one that is tablet that the person will be taken every. Also, someone told me that somebody did the one they use to put in the hand and was bleeding, I think that’s all I know”

**P6 FG3** said:

“I don’t know of any type because have not done family planning in the past, I only know that family planning prevents Pregnancy, my friend told me that people use to complain when they do family planning and I have also heard from someone that did, because of that if they mention family planning I don’t put my mind there”

#### *Knowledge of the financial implication*

Modern contraceptives is believed to help space children, determine the number of children to have, and also prevents unwanted pregnancy. The participants admitted that uptake of modern contraceptives will help in determining and have the number of children the family can adequately care for. They mentioned how limited resources will be inadequate for a large number of family and the impact it will have on the nutritional status of the family. This was supported by the following quotes:

**P5FG8** said:

“ Now, let’s think about the good part of it, family planning makes women to get pregnant when you desire it, one will be able to eat what someone wish to eat not that you eat Eba in the morning, Garri in afternoon, and the person will be able to cater for the family and herself”

**P4FG10** said:

“If someone do family planning it will enrich our pocket considering the economic situation of the country, now that things are very expensive, dollar going up every day. We will spend less because children are not many, it will be convenient to eat and spend as we like”

**P6 IN FG8** said:

“We will be able to take care of those children because they will not be too many, they will go to schools of our choice not anyhow school because we cannot pay the amount that is needed for all of the children. We will also be able to provide all that they need at every point in time”

***Thematic Analysis at the observation and reflection phase***

**Theme: Improved in knowledge of modern contraceptives**

The theme focuses on assessing the effectiveness of the motivational counseling through dialogue with the participants on knowledge of modern contraceptives shedding light on participants' perspectives and the knowledge they acquired. Participants offered valuable insights into the impact of the intervention, showcasing a range of experiences and learnings. The participants highlighted the effectiveness of the teaching sessions, expressing additional knowledge gained about modern contraceptives relating to its function and mechanism of action. This quote supported the theme:

**P3FGH1** said:

“I’m so delighted to be in a teaching section like this, where they teach about side effects of family planning it has improved my knowledge more than it was before, I can explain the function of modern family planning, the way it inhibits fertilization and prevent pregnancy”

Despite the participants have knowledge of modern contraceptives they still learn new ideas about the duration of each methods and its effectiveness.

***Acquired knowledge on the types of modern contraceptives***

The effectiveness of the dialogue session was seen in the ability of the participants to mention the types of modern family planning. Prior to the dialogue, participants were unable to name all the types of contraceptives methods. This is shown in the following quotes:

**P3FG7** said:

“The teaching on family planning was educative and very interesting, before I don’t know all the types of family planning that we have, I only know pills and injection form but now I can mention all the types of family planning that is available”

**P6FG3** said:

“Wow! The lecture was effective, all the hidden fact about modern contraceptives was revealed, I don’t know that the implant can be on for five years that means less stress of going to clinic for continuation of method, ones implant is inserted it will last for five years”

**P1FG9** said:

“I am now an educator who can teach people about modern contraceptives, the knowledge I have before was shallow compare to now, I can’t explain all the methods that we have but now I have all at my finger tip”

## **DISCUSSION OF FINDINGS**

The findings of the study demonstrate an improvement in knowledge levels regarding modern contraceptives following the motivational counseling that involved dialogue between the participants and the researcher. Though the participants has a basic knowledge of modern contraceptive but not in detail especially those regarding the types of modern contraceptives as they were unable to mention all the types of modern contraceptives. This aligns with the results of previous studies, supporting the idea that targeted health education programs can effectively enhance awareness and understanding of modern contraceptives, this was evidence in the current study, participants were able to explain contraceptives in details, and the various types. Uthman, et al. (16) in their study on the relationship between knowledge and the actual use of contraceptives among childbearing women in South-South Nigeria, revealed that eighty-two per cent of the respondents knew at least one form of contraception. Contraceptive knowledge was high but did not translate into actual practice among childbearing women in the setting, this is related to the current study, and participants have basic understanding of modern contraceptives but refuse to adopt a method due to the perceived side effects. A similar study conducted by (17) among childbearing women in southwestern Nigerian, also indicated that knowledge of any methods of contraception was almost universal among the participants.

Also, a study conducted by (18) on modern contraception among women of reproductive age-group in Osun State, Nigeria, indicate that the majority of the respondents were aware of family planning. The need to increase contraceptive literacy was essential, in the current study participants demonstrate improve knowledge of modern contraceptives after the dialogue session. The dialogue between the participants and the researcher served as a motivation to comply which corrected misconception, wrong perception and lead to an intention to uptake contraceptives. Mukanga (19) study on perspectives on the side effects of hormonal contraceptives among women of reproductive age in Zambia and it was find out that the participants demonstrated a considerable amount of knowledge of family planning, recounting the economic and health benefits, this was supported by the current study, participants gave insight into how contraceptive uptake promote financial stability.

The study finding is in contrast to the report of the study conducted by (20) in Port Harcourt, Nigeria, which revealed that the women had poor knowledge towards contraceptives. Participants in the current study confirmed that everyone has basic knowledge of contraceptives and the motivational intervention lead to improvement in their level of understanding. This is in line with the theory of reason action which assumes that people are rational and make decision based on the information available to them, the dialogue session served as a means of providing information that promote intention to uptake a method of contraceptive.

The current findings are consistent with the literature, emphasizing the effectiveness of motivational counseling on improving knowledge of contraceptives, particularly women of

childbearing age, expression of the participants on knowledge of contraceptive after the dialogue session was evidence of the effectiveness. The literature cited supports the notion that interventions contribute significantly to improving knowledge levels regarding modern contraceptive. It emphasizes the importance of targeted health education programs in promoting knowledge of contraceptives. These results contribute to the growing body of evidence supporting the efficacy of motivational counseling in addressing modern contraceptives related knowledge gap.

## CONCLUSION

The findings of this study revealed that the motivational counseling on modern contraceptives has effectively enhanced knowledge of modern contraceptives.

## Recommendations

1. Given the positive impact of motivational counselling in improving participants' knowledge of modern contraceptives, it is recommended that such intervention be sustained and scaled up across different communities. Health authorities and non-governmental organisations should incorporate structured dialogue-based counselling sessions into routine family planning services, particularly in rural and underserved areas. These sessions should go beyond the basic explanation of contraceptives to provide in-depth information about all available methods, their mechanisms, benefits, and potential side effects to empower individuals to make informed choices.
2. The findings suggest that misconceptions and fear of side effects remain significant barriers to the uptake of modern contraceptives. Therefore, it is essential to implement continuous community-based health education campaigns that specifically target prevailing myths and misinformation. These campaigns should be culturally sensitive and delivered through trusted community health workers or peer educators to increase acceptability and understanding among community members, especially women of reproductive age.
3. To bridge the knowledge-to-practice gap identified in the study, health facilities and family planning providers must ensure that comprehensive, easy-to-understand informational materials (such as leaflets, posters, and audiovisual resources) are made available in local languages. This can help reinforce what is taught during counselling sessions and serve as a reference for those seeking clarity outside of structured interventions. Additionally, integrating contraceptive education into existing maternal and child health services can maximise reach and effectiveness.

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