

Exploration of Factors Responsible for Non-Uptake of Modern Contraceptives Among Women of Childbearing Age in Tertiary Healthcare Institutions in Southwest, Nigeria

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Abstract: *The uptake of modern contraceptives is pivotal in promoting women's reproductive health and controlling fertility rates, particularly in resource-constrained settings like Nigeria. Despite growing awareness and numerous governmental interventions, utilisation of modern contraceptives remains significantly low among women of childbearing age in tertiary healthcare institutions across Southwest Nigeria. This study explored the underlying factors responsible for the non-uptake of modern contraceptives among this demographic. Employing a qualitative phenomenological design, the study captured the lived experiences and perspectives of women attending child welfare clinics at three selected teaching hospitals in Ogun, Osun, and Ekiti States. Data were collected through focus group discussions (FGDs) with women who met strict inclusion criteria and were not currently using any form of contraception. Thematic content analysis of the discussions revealed two predominant themes: fear of adverse side effects and socio-cultural influences, including spousal disapproval. Participants expressed concerns about health complications such as excessive bleeding, fertility delays, and other physical discomforts, while also noting the influence of misinformation and prevailing community norms in shaping their reproductive decisions. The study concludes that a multifaceted approach is necessary to increase contraceptive uptake. Recommendations include intensifying culturally tailored health education programmes, promoting male involvement in reproductive health discussions, and integrating community-responsive counselling services in healthcare facilities. These strategies are essential*

to dismantling misconceptions, addressing socio-cultural barriers, and empowering women to make informed reproductive choices.

Keywords: Factors Responsible, Modern contraceptives, Non-uptake, Women of childbearing age

INTRODUCTION

The uptake of modern contraceptives is crucial for controlling fertility and promoting the overall health and well-being of women, particularly in low-resource settings. In Nigeria, particularly in tertiary healthcare institutions in the Southwest, a significant number of women of childbearing age still do not utilise modern contraceptive methods, despite widespread awareness and government interventions. One of the primary deterrents is the perceived side effects associated with contraceptive use, which either stem from actual experiences or are rooted in misconceptions and misinformation (Olusola, et al., 2021). These fears manifest in diverse cultural beliefs, such as the assumption that temporary prevention of pregnancy can cause permanent infertility or that hormonal contraceptives accumulate in the body and harm vital organs (Mwaisaka, et al., 2020). These myths significantly contribute to the discontinuation and non-uptake of contraceptives.

Several studies support these concerns. Richard et al. (2021) found that fear of side effects is a leading cause of discontinuation of contraceptive methods, resulting in a high rate of unintended pregnancies. Gali et al. (2021) further observed that nearly a quarter of women discontinued implant use prematurely, citing side effects, desire for pregnancy, and misinformation. Khulood et al. (2021) reinforced this by identifying global misconceptions about contraceptives' impact on fertility and health. When contraceptive information is not delivered by trained professionals, it paves the way for myths to thrive (Gbenga-Epebinu et al., 2020).

Several literature reveals a range of barriers to contraceptive uptake, emphasizing socio-cultural, economic, and informational influences. Ogunrinde and Gbenga-Epebinu (2020) found that while contraceptive awareness was high (98.6%) among women in a semi-urban community in Ekiti State, Nigeria, only 50.5% used modern methods. Key reasons for non-use included the desire for more children (39.5%), partner disapproval (25.5%), and fear of side effects (14.6%). Leah et al. (2020) in Ghana highlighted similar concerns, with 68.9% of women desiring to avoid pregnancy but having unmet needs, primarily due to fear of side effects stemming from both personal experiences and community rumours. Richard (2021), analysing the 2018 Nigerian Demographic and Health Survey, found that over 60% of women discontinued family planning despite not wanting more children, primarily due to side effects (15.2%) and method failure (12.9%). Socio-economic and cultural factors were significant contributors to this trend. Mekie et al. (2021) also linked early discontinuation of contraceptive implants in Ethiopia to side effects, desire for more children, and misconceptions, stressing the importance of pre-insertion counselling.

Nandrie (2020), in Tanzania, identified socio-economic factors such as low income and the influence of extended family (e.g., mothers-in-law) as critical barriers. Cultural preferences for traditional methods and community beliefs further hindered uptake. The study recommended culturally sensitive interventions and involvement of influential community members such as men and religious leaders. Githinji et al. (2015) observed in Kenya that myths and misconceptions, compounded by social network influences, deterred young women from using contraceptives. He recommended community-wide campaigns to address misinformation. Similarly, Khulood (2021) reported that Jordanian women faced barriers such as social pressure to bear male children, lack of counselling continuity, and anticipated or experienced side effects. These concerns highlight the importance of consistent, empathetic family planning services. Tekou (2018) examined men's roles in Togo and found they were often uninvolved due to misconceptions and limited service options. However, many expressed a willingness to engage when educated on the socioeconomic and health benefits of family planning. Interventions involving couples counselling and community role models were suggested.

Joseph (2022), using data from Nigerian Demographic and Health Surveys, showed that male socio-demographic characteristics had a greater impact on family planning decisions than female characteristics. Recommendations included region-specific strategies, literacy campaigns, and expanded counselling. Anik (2022), analysing data from over 100,000 women aged 15–24 across low- and lower-middle-income countries, found 37% were using modern contraception while 24% had unmet needs. Education, employment, media exposure, and decision-making autonomy were significant predictors, with regional variations. Stella et al. (2021), studying rural and urban areas of Oyo State, Nigeria, found higher contraceptive use in urban areas (61.8%) than in rural areas (38.2%). Access to information, education, and healthcare services played pivotal roles, highlighting the rural-urban divide in family planning access. Linnea et al. (2021) in Uganda demonstrated that beliefs significantly affected contraceptive use and continuation. Women who feared contraceptive-induced infertility or relationship conflict were less likely to use or continue contraception, while those who associated it with beauty preservation were more likely to persist. These insights underscore the value of promoting positive contraceptive narratives. Lastly, WHO (2022) reinforced earlier findings, showing that in South Asia and West-Central Africa, education, unemployment, and lack of media exposure were linked to unmet contraceptive needs (UNMC). Decision-making autonomy was often associated with higher UNMC, except in Southeast Asia. Poorer households in most regions faced higher unmet needs, emphasizing the need for tailored, multi-pronged interventions.

Access to accurate information plays a crucial role in encouraging uptake. Gbenga-Epebinu et al. (2022) found that women informed through mass media and family planning workers were more likely to use contraceptives. However, even in areas with awareness campaigns, such as Chake District-Pemba, uptake remains low (Rehema, 2023). Postpartum contraceptive uptake in low- and middle-income countries is also minimal due to underestimating pregnancy risk and lack of information (Dev et al., 2019). Adedokun (2020) advocate for timely counselling, especially before discharge and during child immunisation. Globally, there were 270 million women with

unmet contraceptive needs in 2019 (USAID, 2021). In Nigeria, although awareness is high, utilisation remains low, with more than 83% of women not using contraceptives in 2018 (United Nations, 2022). This discrepancy highlights a gap between knowledge and practice, often due to fear and misinformation (Mukanga, 2023). In Ekiti State, despite 98.6% awareness, only 50.5% used modern methods (Gbenga-Epebinu et al., 2021).

Despite educational efforts, the focus has often neglected side effects and their management. As Mukanga et al. (2023) suggest, integrating detailed, accurate counselling on potential side effects into routine family planning services is essential. Without addressing these concerns directly, the uptake of modern contraceptives will likely remain stagnant among women in tertiary institutions in Southwest Nigeria. The primary objective of this study was to explore the factors responsible for the non-uptake of modern contraceptives among women of childbearing age in tertiary healthcare institutions in Southwest Nigeria. Specifically, the study aimed to identify and establish the underlying reasons contributing to the non-utilisation of modern contraceptive methods by this demographic group among women of childbearing age.

METHODS

This study adopted a qualitative phenomenological research design to explore and understand the lived experiences and perceptions of women of childbearing age regarding the non-uptake of modern contraceptives in tertiary healthcare institutions in Southwest Nigeria. The phenomenological approach was chosen because it allows for a deep exploration of individuals' subjective experiences and interpretations of specific phenomena, in this case, their reasons for not using modern contraceptives. This design enabled the researcher to gain insights into the personal, cultural, and social factors influencing contraceptive decisions directly from the perspectives of the women themselves. Data were collected using focus group discussions (FGDs), which provided a platform for participants to share their thoughts, concerns, and beliefs about modern contraceptive methods and their side effects. The discussions were conducted in a manner that encouraged openness, allowing for rich, detailed accounts that reflect the reality of the participants' experiences.

The population for this study comprised women of childbearing age who were attending child welfare clinics and were not currently using any method of contraception. These women were drawn from three selected teaching hospitals in Southwest Nigeria: Olabisi Onabanjo University Teaching Hospital (OOUTH), Sagamu, Ogun State; UNIOSUN Teaching Hospital (UNIOSUNTH), Osogbo, Osun State; and the Federal Teaching Hospital, Ido-Ekiti, Ekiti State. Within a six-month period, a total of 2,172 women of childbearing age attended child welfare clinics in these hospitals—659 at OOUTH, 607 at UNIOSUNTH, and 906 at the Federal Teaching Hospital Ido-Ekiti. The inclusion criteria for participation were: women of childbearing age attending child welfare clinics, not currently on any contraceptive method, present during the study period, and willing to participate. Excluded were pregnant women, women above childbearing

age, those who were ill, or those who had undergone permanent contraception such as tubal ligation.

For data collection, each focus group consisted of five to seven participants, with discussions continuing until data saturation was achieved in each setting. A purposive sampling technique was used to select participants who met the inclusion criteria and were able to provide relevant and meaningful insights. To select study settings, a multistage sampling approach was used. First, three states—Ogun, Osun, and Ekiti—were randomly selected from the six states in Southwest Nigeria using a ballot method. Second, one teaching hospital was randomly selected from each of the chosen states. Third, the child welfare clinic within each hospital was purposively selected due to its exclusive service to women of childbearing age. Lastly, participants were recruited conveniently from among eligible women available at the clinics during the study period. This layered selection ensured that the sample was both contextually relevant and representative of the study population.

In alignment with the phenomenological design adopted for this study, focus group discussions (FGDs) served as the primary instrument for data collection. This method allowed the researcher to gain deep insights into the lived experiences and perspectives of women of childbearing age concerning the non-uptake of modern contraceptives. An interview guide tailored to the research objectives was used to facilitate the discussions. The FGDs provided a platform for shared reflection, shaped by the participants' cultural and social realities. The researcher employed a digital audio recorder, field notes, and the focus group guide as tools to capture the data. Additionally, demographic information such as age, ethnicity, religion, educational qualification, and number of children was collected using a brief self-constructed questionnaire.

The focus group guide was validated through expert review. After a thorough literature review and alignment with the study objectives, it was presented to the research supervisor and experts in reproductive health for face and content validation. Any ambiguous or unclear questions were revised prior to data collection. To ensure the reliability of the instrument, a pre-test was conducted at Ekiti State University Teaching Hospital. This allowed for an assessment of the guide's clarity, relevance, and expected responses. Revisions were made where necessary, and member checking was employed post-interview to confirm that the transcriptions accurately reflected participants' meanings.

Ethical approval was obtained from Babcock University Health Research Ethics Committee and from the ethical boards of each selected hospital. Participants were briefed on the study's purpose, and informed consent—either written or via thumbprint—was obtained. All participants were assured of confidentiality and anonymity, with pseudonyms used during transcription and reporting. Participation was voluntary, and participants were informed of their right to withdraw at any point without consequence. Data from FGDs were transcribed and translated into English, where necessary. Thematic content analysis, as described by Newell and Burnard (2010), was used to analyse the data.

RESULTS

Description of the Socio-demographic Characteristics of the Respondents

The socio-demographic characteristics reveal a rich diversity in age, religion, educational attainment, and number of children among the participants. The women involved in the study were mostly of Yoruba ethnicity, with only a few participants identified as Igbo or Epira. This reflects the ethnic composition of the study area, which is predominantly Yoruba. The ages of participants ranged from 19 to 47 years, suggesting that the study captured a broad spectrum of women in their reproductive years. In terms of religion, Christianity was the dominant faith among respondents, although a considerable number of Muslim women also participated, ensuring some religious diversity in the perspectives shared

Educational levels varied significantly, ranging from Senior Secondary Certificate Examination (SSCE) holders to individuals with postgraduate degrees. This indicates that the study captured voices from women with differing levels of educational exposure, which may influence their understanding and attitudes toward contraceptive use. Similarly, the number of children among participants ranged from one to as many as six, which may also reflect variations in family planning practices or contraceptive access and beliefs. The inclusion of such diverse demographic variables enriches the qualitative data gathered, allowing for deeper phenomenological interpretation of the social and cultural contexts that shape contraceptive decision-making. Overall, this broad spectrum of backgrounds strengthens the credibility of the study's findings, ensuring that a wide range of lived experiences were represented and explored through the focus group discussions.

Table 1: Themes generated at the action phase

S/N	Themes	Sub-Themes
1	Reasons for non-uptake of modern contraceptives	Infertility after use of contraceptive Death due to side effects Feeling unwell
2	Social and cultural influence on contraceptive use	Spouse disapproval of contraceptive use Lack of community support

Theme 1: Reasons for non-uptake of modern contraceptives

Infertility following use of contraceptive

The use of modern contraceptives as explained by the participants is associated with delay in fertility and inability to bear children any longer. The perceived Side effects of modern contraceptives was given by the participants as the reason they don't want to do family planning. Also family planning should not be prescribed for a woman with one or two children. The following quotes demonstrates participant's responses:

P7FG8 said:

"The first time I did implant, I was losing weight, when I removed it though I became pregnant immediately but I started having miscarriage, I have decided that till I complete my family I will not do family planning, I don't want any delay when I want to get pregnant again"

P2 FG10 said:

"Have seen some people around me when they do family planning they don't conceive again after they have stopped the family planning I am not doing because this is my first child I still want a baby more, I don't want family planning for now. Family planning should not be prescribed to first timer mothers the person should give birth to the number of children she desire and stop"

Despite the delay in conception given by the participants, they also mentioned that some women who are currently on a method of contraceptives still become pregnant unknowingly to them. This was shown in the excerpt bellow:

P3 FG4 said:

"Family planning don't work at times, why are we still seeing people on family planning and they still get pregnant? I know of three people that did family planning and they got pregnant, I also heard from people that they have also seen people on family planning and they become pregnant"

Death due to side effects

Participants regarded the consequences of the side effects of contraceptives has been detrimental to continues human existence. A prolonged side effect was mentioned by the participant as one of the factors that can cause death. In the instance of excessive bleeding, there will be shortage of blood in the body and the person can die. The quote bellow supported the theme:

P4FG13 said:

"I was given tablet in the hospital, it made me to be vomiting and I was feeling dizzy, my mother in-law said I should stop taking the tablet because one can die as a result of too much vomiting, I have no option than to stop"

P5FG13 said:

"A woman on family planning and is losing too much blood is very bad, blood is what make someone to be alive, they say blood is life, if the blood continue to be wasting, it can make someone to die because blood will finish in the body"

Feeling unwell

Feeling of unwell when a woman is on modern contraceptives was one of the reasons women gave for not adopting a contraceptive method. Participants said when women are on contraceptives they don't usually feel the Normal way they use to feel, some will complain of headache, dizziness, mood swings. The effects of contraceptives on the body is unbearable and causing discomfort. This was shown in the quotes bellow.

P4FG2 said:

"The person that has headache will be dull, they cannot do their daily activities as expected of them, someone bleeding will have pain, this is affecting people decision to do family planning, I don't want any problem for myself, I better not do anything called family planning"

P11FG2 said:

"When I was using tablet, I was having headache and feeling nauseated, to eat was a problem, I was not the usual person I used to be, because of that I can't do family planning again. When some people even do family planning they always say they are not fine"

P4FG3 said:

"When I was on family planning I discovered there are changes in my body system, I was losing weight so I removed it. It will surely affect their daily activities they will be conscious of themselves saying hope I'm not stained with blood, they will not have the ability to move freely up and down"

Theme 2: Social influence on contraceptive use

Spouse disapproval of contraceptives

The uptake of modern contraceptives among the participants was said not to have been supported by their spouses. They related the fair their spouses has about the side effects of modern contraceptives, they gathered this experience from what they see around and the complaint some of their friends shared with them, this has prevented them from having adequate support from their spouses. Some are also particular about the look of their wives and they don't want any deviation from such. The quote bellow supported the theme:

P1 FG4 said:

"My husband did not support family planning because of the experience he heard from people, his friend's wife did implant and was bleeding for a long time, my husband really get worried and he said nothing like family planning, he also said he did not want me to add weight because of that I cannot do family planning "

P5 FG8 said:

"My husband said I should not do family planning, he did not want anything to happen to me, he likes my stature and he didn't want me to add weight that will make me look like an amoeba, so I should not do family planning"

Lack of community support

The participants offered valuable insight to the fact that community influence is one of the reasons they don't want to do family planning. Participants said, they are being prevented from adopting contraceptives because people keep sharing their experience whether real or imagined. They put fair in their minds, when they hear about family planning, they see it as a no go area. The following quotes supported the theme:

P5 FG12 said:

"I heard negative news about family planning, they said I should run away from family planning because of the side effects, some people get sick and add weight, and some lose lots of blood. They also said if they burry anyone with IUD the person will not go to heaven and me I want to go to heaven"

P4 FG1 said:

"People in the community said if this is your first child, do not do family planning because the person will later start looking for pregnancy, it is only good for someone who did not want to give birth again they said family planning has side effects I should not do it"

P4FG8 said:

"They said IUD use to prick the husband during sexual intercourse, as a result they don't enjoy it, sex should be enjoyed by couples at all time, for me and my husband sex is like a food we should enjoy it and nothing should prevent the satisfaction we derive from it"

DISCUSSION OF FINDINGS

The findings of this study provide a comprehensive understanding of why many women of childbearing age are not adopting any form of modern contraceptives, despite their availability and public health advocacy. A central theme that emerged from participants' narratives was the adverse side effects associated with modern contraceptive methods, which not only disrupt daily routines but also cause fear and anxiety. Several participants voiced concerns about delays in the resumption of fertility after discontinuation, and even fears of death, which they believed could result from prolonged use. They also mentioned symptoms such as excessive bleeding, headaches, dizziness, weight gain, and lower abdominal pain, all of which deterred them from using or continuing contraception. These findings align with those of Mukanga (2023) in Kitwe District, Zambia, where the fear of unpleasant side effects was a key reason for contraceptive discontinuation and method switching. Similarly, Linnea et al. (2022), in a study in Ethiopia, observed that many users, especially those using implants or injectables, reported abnormal bleeding as a frequent and distressing side effect, and a significant number of women also expressed concern about side effects they had never even experienced.

These apprehensions, as demonstrated in this study, reflect the women's negative attitudes towards contraceptive use, which is well explained through the Theory of Reasoned Action. According to this theory, an individual's behaviour is influenced by their attitudes — in this case, the negative feelings associated with side effects significantly hindered contraceptive uptake. Moreover, the belief among some participants that the absence of menstruation — a possible effect of some hormonal contraceptives — could lead to fibroids or abdominal swelling, further entrenched their reluctance. This highlights the urgent need for improved education and counselling about the side

effects and safety of various contraceptive methods to reduce fear and misinformation. Gali et al. (2021) also found that irregular bleeding was a common reason for early removals of contraceptive implants, corroborating the significance of this concern among users.

Another critical theme that emerged was the socio-cultural influence on women's contraceptive choices. The lack of spousal and community support significantly impacted the decision-making process. Many participants revealed that their husbands discouraged them from using contraceptives, often out of concern for the side effects and a desire to protect their partners. This dynamic reflects the subjective norms described under the Theory of Reasoned Action and Planned Behaviour, where the social environment—including partners, family, and community members—shapes an individual's behavioural intentions. Women often gave weight to what their spouses or community believed about contraceptive use, neglecting the personal and health-related benefits. Patience et al. (2022) similarly reported that spouse disapproval and limited community endorsement significantly reduced uptake rates.

Supporting this, Ifeyinwa (2020), in her study in Ebonyi State, Nigeria, found that both male and female participants cited poor partner support as a major barrier to contraceptive adoption in rural communities. Cultural narratives around the side effects of modern contraception, combined with anecdotal experiences of users within the community, perpetuate fear and discourage uptake. Miranda (2019) identified a similar pattern across sub-Saharan Africa, where cultural restrictions, the need for partner consent, misconceptions, and the perceived economic value of large families contributed to the underuse of modern contraception. Moreover, Richard (2021) reported that over 60% of Nigerian women had discontinued family planning due to adverse side effects and showed no intention of having more children, further substantiating the pressing need for targeted health education and male involvement in reproductive health discussions.

CONCLUSION

the findings of this study underscore the complex interplay between perceived side effects, socio-cultural influences, and partner dynamics in shaping contraceptive use among women of childbearing age. The widespread fear of adverse health outcomes—such as excessive bleeding, fertility delays, and other physical discomforts—demonstrates how negative attitudes, driven by misinformation or lived experiences, serve as major deterrents to the adoption of modern contraceptive methods. Moreover, the significant role of male partners and community norms, as highlighted through the Theory of Reasoned Action, illustrates how social pressures and lack of spousal support further compound the issue, often outweighing the personal health benefits of family planning. These findings point to the urgent need for comprehensive health education interventions that not only address misconceptions about contraceptive side effects but also actively involve men and community leaders to foster supportive environments. Empowering women with accurate information and enabling shared decision-making with their partners may ultimately improve the uptake and sustained use of modern contraceptives, thereby enhancing reproductive health outcomes in the studied population.

Recommendations

1. There is a clear need to intensify public health campaigns that address misconceptions about the side effects of modern contraceptives. These programmes should provide evidence-based information on the temporary nature and variability of side effects, reassure women about the return of fertility after discontinuation, and debunk myths linking contraceptive use to conditions like fibroids. Such education should be culturally sensitive and delivered in local languages through trusted community health workers, religious leaders, and women's groups to foster greater understanding and acceptance.
2. Since partner disapproval emerged as a major barrier to contraceptive uptake, targeted interventions should be developed to actively engage men in family planning education. Workshops, couple-based counselling sessions, and community dialogues can help reshape male perceptions, dispel fears about side effects, and promote shared responsibility in reproductive health decisions. Engaging men will not only improve spousal communication but also enhance partner support, which is vital for the sustained use of contraceptives.
3. Family planning services should be tailored to accommodate the cultural and emotional concerns of women. Health providers must be trained to offer empathetic, non-judgmental, and personalised counselling that acknowledges fears about side effects and addresses socio-cultural resistance. Incorporating testimonies from satisfied users and providing follow-up care to manage any side effects can build trust and encourage women to initiate and continue contraceptive use. This approach would also reinforce positive attitudes toward family planning within the broader community.

REFERENCES

- Anik, A.I., Islam, M.R., & Rahman, M.S. (2022). Association between socioeconomic factors and unmet need for modern contraception among the young married women: A comparative study across the low- and lower-middle-income countries of Asia and Sub-Saharan Africa. *PLOS Glob Public Health* 2(7): e0000731. doi:10.1371/journal.pgph.0000731
- Anthony, I. A., Adeniyi, O.V., & Akpan, W. (2018). Use of traditional and modern contraceptives among childbearing women: findings from a mixed methods study in two southwestern Nigerian states *BMC public health* 18, 1-9, <https://scholar.google.com>
- Adedokun, R.A., Abdus-Salam, T. B., Morhason-Bello I., & Ojengbede, O. (2020). Resumption of sexual intercourse and family planning use among postpartum women attending infant welfare clinics in Ibadan, southwest Nigeria—a cross-sectional study *Nigerian journal of clinical practice* 23, 1648-55, 202
- Dev, R., Kohler, P., Feder, M., Jennifer, A. U., Nancy, F. W., & Alison, L. D. (2019). A systematic review and meta-analysis of postpartum contraceptive use among women in low- and middle-income countries. *Reproductive Health*. [https://doi.org/10.1186/s12978-019-0824-](https://doi.org/10.1186/s12978-019-0824-4)

- Githinji, F., Maru, S., Karimi, P., Rutungwa, E., & Kayitare, E. (2022). Factors affecting provision of female family planning commodities in public health facilities in Kajiado County. *Kenya Journal of Pharm Policy and Practice*. <https://doi.org/10.1186/s40545-022-00488-y>
- Ifeyinwa, C. A., Ugochukwu, C. M., Ijeoma, N. O., Chika, J. A., Benedict, N. A., Chukwuma, D. U., & Chinyere, O. M. (2020). Perception, pattern of use, partner support and determinants of uptake of family planning methods among women in rural communities in Southeast Nigeria *Contraception and Reproductive Medicine* 5 (1), 1-8, <https://doi.org/10.1186/s40834-020-00120-x>
- Joseph, I. A., Tochukwu, G. O., Fredrick, O. A., & Anthony, O. A. (2021). Couples' social characteristics, family planning, and unwanted pregnancy risk: Evidence from two Nigerian Demographic and Health Surveys *African Journal of Reproductive Health* 25 (3), 51-59, <https://scholar.google.com>
- Khulood, K. S., Yousef, S. K., Al-Sheyab, N., Mohammad, A., Kelley, R., Halasa-Rappel, Y.A., & Heath P. (2021). Perceived barriers of using modern family planning methods among women in Jordan: a qualitative study *International Journal of Community Based Nursing and Midwifery* 9 (4), 278, *Intl J Community Based Nurs Midwifery*. 2021 Oct; 9(4): 278–288. doi: 10.30476/ijcbnm.2021.88675.1531
- Stella, E. M., Edith, A.M., Tarimo, A., Fredrick, M., Shigeko, H. (2020). Barriers to the uptake of modern family planning methods among female youth of Temeke District in Dar es Salaam, Tanzania: A qualitative study *Sexual & Reproductive Healthcare* 24, 100499, <https://scholar.google.com/>
- Leah, A. S., Maya, J. S., Nathaniel, E. N., Eric A. Joy N. B., Seth O., Melissa, H. W. (2020). Side effect concerns and their impact on women's uptake of modern family planning methods in rural Ghana: a mixed methods study *BMC women's health* 20, 1-8, 2020 <https://scholar.google.com>
- Linnea, A. Z., Dana, O.S., Celia, K., Shannon, N. W., Caroline, M., Simon P.S. K., & Fredrick M. (2021). Family planning beliefs and their association with contraceptive use dynamics: results from a longitudinal study in Uganda *Studies in family planning* 52 (3), 241-258, 2021 <https://doi.org/10.1111/sifp.12153>
- Mekie, M., Addisu, D., Taklual, W., & Melkie, A. (2021). The level of unmet need for family planning and its predictors among HIV-positive women in Ethiopia: A systematic review and meta-analysis. *Biomed Res Int*. <https://doi.org/10.1155/2021/3139272>
- Mukanga, B., Mwila, N., Nyirenda, H.T. Victor D. (2023). Perspectives on the side effects of hormonal contraceptives among women of reproductive age in Kitwe district of Zambia: a qualitative explorative study. *BMC Women's Health* 23, 436 <https://doi.org/10.1186/s12905-023-02561-3>
- Mwaisaka, J., Gonsalves, L., Thiongo, M. & Peter, G. (2020). Exploring contraception myths and misconceptions among young men and women in Kwale County, Kenya. *BMC Public Health* 20, 1694 <https://doi.org/10.1186/s12889-020-09849-1>
- Nandrie, J. J. (2020). Factors affecting uptake of modern family planning services in Kishapu rural district, Tanzania URI: <https://www.suaire.sua.ac.tz/handle/123456789/3527>

- Olusola, P. A., Akinyemi, A. A., Adeyemi, S. A., & Tolulope, A. (2021) Utilization of Long-Acting Reversible Contraceptive (LARC) Methods in a tertiary hospital in southwestern Nigeria: A Mixed Methods Study *Journal of Obstetrics and Gynecology of India* 71, 173-180, <https://scholar.google.com>
- Patience, O. O., John, J. E., Komommo O. O., & Praise, A. U. (2022). Demographic Features of Users and Uptake of Intrauterine Contraceptive Device (IUCD) and Reasons for Removal at University of Calabar Teaching Hospital, Nigeria: A 5-year Review *International journal of medicine and health development* 27(4) www.ijmhdev.com
- Gali, N., Muluemebet A., & Afework, T. (2021). Discontinuation rate and associated factors among contraceptive implant users in Kersa district, southwestern Ethiopia. *PMCID: PMC8479286* *PMID: 34604397*
- Rehema, A. A., Emmanuel, I. S., & Chunxiang, Q. (2023). Uptake of modern contraceptive methods among women of reproductive age (18-45) at Chake District-Pemba Tanzania *Contraceptive and repro* <https://doi.org/10.21203/rs.3.rs-2831639/v1>
- Richard, D. A., Michae, T.O., & Ojo, T.F. (2021). Family planning method discontinuation among Nigerian women: evidence from the Nigeria demographic and health survey 2018 *Journal of Taibah University Medical Sciences* 18 (1), 117-124 <https://scholar.google.com/>
- Tekou, B. K., Karen, W., Eralakaza, O. B., Marthe Adjoko E Mensah, Jacques E., Sheila M., Annette, B., & Ndola, P. (2018). Engaging men in family planning: Perspectives from married men in Lomé, Togo *Global Health: Science and Practice* 6 (2), 317-329, <https://scholar.google.com>
- UNFPA. (2022). State of world population report, seeing the unseen: The case for action in the neglected crisis of unintended pregnancy. New York: UNFPA. https://www.unfpa.org/sites/default/files/pub-pdf/EN_SWP22report_0.pdf
- WHO (2022). Family planning and comprehensive abortion care toolkit for the primary health care workforce: volume 2 Program me and curriculum development guide <https://www.who.int/publications/i/item/9789240063907> World Health Organization (2022). Emergency Contraception [/news-room/fact-sheets/detail/emergency-contraception](https://www.who.int/news-room/fact-sheets/detail/emergency-contraception) <https://www.who.int>