
Family Planning Services an Exploration of Students at York, the Way Forward

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Abstract: *Family planning is the process of determining a person's desired number of children, whether or not they want any at all, and when they want to have them. Financial conditions, employment or career considerations, and marital status are some of the elements that may influence family planning decisions. Therefore, promoting reproductive health and empowering people to make knowledgeable decisions about their reproductive options depend on the provision of inclusive and easily assessable family planning services. Participants in this study were expected to be well-informed on family planning options, including intrauterine copper devices, hormonal methods, oral contraceptive tablets, and barrier techniques. As they talked about their experiences with contraceptives, the participants emphasized that they favored barrier techniques over hormonal methods because they were worried about potential side effects. The study also found that personal, cultural, and religious beliefs may have an impact on the use of family planning services. Additionally, practical hurdles such as limited time and significant wait-time at healthcare facilities were also viewed as a possible hindrance to the acceptance of family planning options available. The findings from this study will enrich the understanding of the encounters of these students with family planning and can be utilized to improve reproductive healthcare services, enhance present practices and provide the basis for subsequent research.*

Keywords: Family decisions, contraceptive tablets, hormonal methods, reproductive health

INTRODUCTION

Everyone has the right to the greatest sexual and reproductive health care available, as well as the freedom to choose when and how many children they wish to have without facing prejudice, violence, or injustice. Inadequate or improper family planning techniques, as well as negative attitudes and behaviors regarding the techniques, are the main health problems in most countries. These factors result in unintended births and increased rates of mother and infant death. (Nazli et al., 2018). Unwanted pregnancy can result from rape, non-use of contraceptive services, and contraceptive failure. Unwanted pregnancies can lead to

abortions, which, particularly in developing nations, can have serious, long-term negative health effects, such as infertility and maternal mortality (Kasonde et al., 2022). Family planning is defined by the World Health Organization (WHO) as a couple's ability to anticipate and achieve their desired number of children, including the timing and spacing of deliveries. It is accomplished by treating infertility and using contraceptive measures.

Therefore, family planning encompasses a range of methods and resources designed to help people make educated decisions about their fertility and reproductive health. Consequently, preventing unintended pregnancies, controlling the timing of births, and improving the overall well-being of people and households (WHO, 2020). Contraceptive treatment and knowledge are essential to everyone's health and human rights. Preventing unwanted pregnancies has the advantage of reducing maternal disease and the number of pregnancy-related fatalities. Delaying pregnancy in young women who are more vulnerable to health problems from early childbirth and preventing pregnancy in elderly women who are also more vulnerable are two significant health benefits of family planning. By reducing the number of unwanted pregnancies, contraception also reduces the need for dangerous abortions and the spread of HIV from mothers to their babies. It can also support girls' education and enable women to participate more fully in society, particularly through paid employment. Estimates from 2017 indicate that 214 million women in poor nations who are of reproductive age lack access to contraception (WHO, 2023). This is caused by a number of factors, such as restricted access to contraception, a small selection of methods, side effect fear or experience, cultural or religious resistance, subpar services, and gender-based hurdles. (WHO, 2023). The purpose is to investigate female York St. John University students' experiences with family planning methods.

In 1936, Family Planning was established. The Sex Hygiene and Birth Regulation Society was its original name. Contraception was simple and inconsistent back then. During this period, women frequently died as a result of illicit abortions. According to a 1937 government investigation known as the McMillan Inquiry, at least one in five pregnancies resulted in an abortion, and most women who died as a result of illegal abortions were married and had four or more children. He started advocating for the advantages of birth control (Family Planning, 2023).

The objective of this study is to explore the experiences of female York St John University students concerning family planning services According to Bansode et al. (2022), the term "contraception" can also refer to ways of managing fertility via preventing pregnancy. These techniques may be conventional or contemporary. The withdrawal approach, abstinence, calendar method, douche method, and vaginal sponge are examples of traditional techniques. The withdrawal method, also known as coitus interruptus, is arguably the oldest strategy used by couples to prevent having children. In order to deposit the semen outside of the genital canal, the penis withdraws from the woman's vagina right before ejaculation.

Methods of Family Planning: Women, men, or couples are at liberty to choose from many contraceptive methods to help them plan their families as contraceptive methods play a significant role in averting unintended pregnancies. These methods include

Intrauterine contraceptive devices (IUDs or IUCDs) are tiny, flexible plastic devices placed inside the uterus of a woman. The most popular IUDs are made of copper and function by keeping sperm from getting to an egg. IUDs can offer protection for five to twelve years, depending on the variety.

Barrier Method: Both male and female condoms, which physically prevent sperm from reaching an egg, and spermicides, which kill or harm sperm in the vagina, are examples of barrier approaches. The capacity of individuals to apply barrier techniques appropriately each time they have sex has a significant impact on their efficacy.

Fertility awareness methods: In order to use fertility awareness techniques, a couple must be aware of the days in a woman's menstrual cycle that are most likely to result in conception. The pair must refrain from having sex or utilize a barrier technique to avoid getting pregnant during these prime days.

Breastfeeding: If specific requirements are satisfied, breastfeeding offers contraceptive protection for the first six months following birth. The Lactational Amenorrhea Method, or LAM, is the name of this strategy.

Withdrawal: During intercourse, a male withdraws his penis and releases his sperm-containing ejaculate outside the woman's vagina. Withdrawal is one of the least effective forms of birth control for the majority of people.

Female and male sterilization: Sterilization is a permanent form of birth control for both men and women. Sterilization is a comparatively easy surgical technique that offers lifetime prevention of pregnancy. Men and women who are convinced they do not want further children should get sterilized.

Factors Influencing Attitude towards Family Planning

The attitudes towards the utilization of family planning methods are influenced by various factors as adopted by Sensoy et al., (2018) are:

Socioeconomic Factors: Since gender has a major impact on both men's and women's socioeconomic outcomes, it is imperative that existing societies broaden their objectives to include women's interests. The withdrawal method of birth control is the most popular method globally, and its use is linked to socioeconomic status and other relevant factors in developing countries.

Location: Almost all married or majority population people use contraceptives, but there are notable regional differences. The use of contraceptives was much lower in less developed countries (40%) and was especially low in Africa (33%), where 64% of married or in-union women between the ages of 15 and 49 used some form of contraception. The use of contraceptives is influenced by one's place of residence and is more common in urban than rural areas; urban women were found to be more likely to use family planning methods, had four or more children, and had a high level of education.

Age: A woman's age is important when deciding when to become pregnant and how long to wait after the birth of the subsequent child. When the average age is lower, the use of pills and condoms is more favored

because younger women have a greater desire for fertility than older women. The mother's age at her first birth has a significant impact on the quality of life for the mother and the child, the health of the mother and the child, and the degree of fertility.

Education: Women's education has a major influence on numerous health markers and is one of the most often studied factors impacting the use of contraception and unmet need. On the family planning attitude scale, women with one to three pregnancies who had completed elementary school or higher education and did not want to have any more children in the future scored higher. Sociocultural elements are key in this topic, and expanding access to schooling for women and promoting steady and continuous exposure will considerably enhance the usage of family planning. Visual and audiovisual stimuli are most accessible throughout the prenatal and postnatal periods.

In the context of family planning services, comprehensive sexual health education is crucial for providing accurate and evidence-based information about sexual and reproductive health. Adoption of this will promote prudent decision-making and prevent STDs and unintended pregnancies (CDC, 2021).

Challenges of Family Planning

United Nations Population Fund (2022) said globally, around 257 million women who want to avoid pregnancy are not using safe, modern methods of contraception. Among them, 172 million are using no method at all. Most women who do not want to become pregnant say they do not use modern contraception because of:

- o They are breastfeeding or postpartum and not menstruating (20%).
- o Infrequent sex or none at all (24%)
- o Opposition to contraception (23%)
- o Fear and experience of side effects (26%)

RESEARCH METHODOLOGY

This section of the study explains the technique used to investigate female York St. John University students' perceptions and experiences with family planning. This methodology emphasizes the methodical approach to data collection and analysis, ensuring precise and trustworthy results. The study region, research design, data source, sample and sampling process, data collecting and analysis method, ethical issues, and study constraints are all covered in this section.

Study Area

York St. John University London Campus is located next to East India DLR (Docklands Light Railway station) in the London Borough of Tower Hamlets. The London Borough of Tower Hamlets is a London borough covering much of the traditional East End. It was formed in 1965 from the merger of the former metropolitan boroughs of Stepney, Poplar, and Bethnal Green. It covers an area of 19.76 km² and the 2019 mid-year population for the borough is estimated at 324,745. The postcode for YSJU, London campus is E14 2BE.



Fig 1: Showing map of York St. John University, London.

Research Design

In order to produce a thorough knowledge of YSJ female students' experiences with family planning services, this study used a qualitative research approach and an interpretive research design. The qualitative research approach is suitable for this study since it allows for a thorough knowledge of the viewpoints, attitudes, and experiences of these students regarding the subject (Crewswell, 2013).

Source of Data, Sample and Sampling Technique

The study's primary source of data was the sampled female students, regardless of their discipline, who were interviewed using focused group discussions and in-depth interviews. Two focused group discussions with ten participants each and in-depth interviews with five female students who had used contraceptives and one who had not allowed the participants to freely express themselves.

Purposive, or convenience, sampling was used to select the sample, which consisted solely of female students enrolled at YSJ University. Participants were contacted through word-of-mouth and WhatsApp messages, and data was collected online via WhatsApp after the participant was encouraged to find a comfortable and private place to stay in order to avoid any restrictions. The researcher and participants agreed on the date and time of the focus group discussions and interviews, and semi-structured interviews were used to give the participants the freedom to express their opinions. A total of 16 students participated in this study. 5 participants were in each focus group discussion while 6 students were interviewed to have an in-depth knowledge of the topic.

Method of Data Analysis

The conversations were taped, and the transcriptions reflect that. Following many readings of the transcribed material, codes were created. Following the organization of these codes and the development of themes from them, thematic data analysis was used. To do this, the transcript was divided into four columns. The researcher's question is represented by column 1, the respondents' answers are represented by column 2, the code is represented by column 3, and the theme is represented by column 4. The

experiences and perspectives of the participants were methodically and suitably examined based on the themes.

Ethical Consideration

Ethical consideration for this study was obtained from the School Research Ethics Committee (SREC) of York St John University London, which oversees research ethics applications on all postgraduate and undergraduate courses across the School.

RESULTS

This section presents the findings on the perception and experience of female York St John University students. These findings from the data collected via focus group discussions and in-depth interviews were concisely presented according to their themes and analyses appropriately. This section will also discuss the demographic characteristics of the participants and the themes generated from the interviews and focus group discussions.

Demographic Characteristics of Study Participants: At the time of data collection, participants' ages ranged from 25 to 40 years, and a total of 26 students participated in this study. 20 participants were married while 6 participants were not. 21 participants were from Nigeria, 4 participants from Nepal and 1 participant from Sri Lanka. All the married participants were from a monogamous family setting. The highest number of children the Participants had was 4. Among the 6 participants who were not married, 2 were single mothers and had one child each.

The generated themes include:

Theme 1: Fear of Side Effects: This highlighted the participants' perceived fear of the possible side effects associated with the use of contraception. This was identified during the focus group discussion as it was gathered that all the participants were aware of family planning practices. 25 of the participants agreed to have used modern contraceptives and one participant said she has not used any form of contraceptive before, when asked how she intends to prevent pregnancy after she's done with her family size, she replied...*I will use the calendar method and hope it works* (Neha, 33 years). Most of the participants complained of weight gain, headache, mood swings, weak hands seen after Implan on is put in, stomach pain and irregular menstruation.

Olive, 30 years, who said she used implants last year but stopped narrated how she always felt like she was going to collapse whenever she was on her period as she bleeds heavily which usually lasts for ten days instead of her usual monthly flow of five days and she always looked pale.

5 participants said they will encourage the use of modern family planning methods as it reduces the number of unwanted pregnancies and sexually transmitted diseases.

One of the participants who use only condoms but said she got a bad review from her friend who used hormonal contraceptive method said *I am sitting on the fence as I am yet to see a positive review of implants* (Karolina, 27 years).

The participants all said they will use these modern methods of family planning except two participants, who said they will stick to the traditional method of family planning to prevent pregnancy in the future.

Theme 2: Perceived Barriers to Family Planning Services: This deals with the experience and potential barriers faced by the participants in accessing available family planning methods. These are discussed under the following sub-themes:

Cultural and religious barriers: the participants described that cultural and societal norms influence their perception and acceptance of the available family planning services. This can be influenced by traditional beliefs, cultural values, and religious perspectives. For instance, the Roman Catholic participants disclosed that they are not allowed to use any other form of contraception except for natural methods. *'I know for sure that we Catholics are only allowed to use either the withdrawal method or calendar monitoring methods of family planning (Lovelyn, 30 years)*

Personal beliefs and values: these were identified to influence the decision of participants in the uptake of family planning. Some of the participants expressed the need to have stable partnerships and achieve a level of financial security before contemplating motherhood and as such it is paramount for them to use the available family planning methods for the prevention of pregnancy while others believed it was their partner's decision on the number of children they are to have. *'I believe men are the head of the family and should decide how many children we should have. This is my conviction.'* (Queen, 33)

Practical barriers: some of the participants highlighted that they envisaged several barriers to accessing the available family planning services. This includes time constraints due to family engagements, work, and academic engagements. They also pointed out long waiting periods for appointments to be a form of hindrance. However, only one participant agreed to have accessed family planning services in the United Kingdom but that was only for enquiries and there was no barrier encountered while accessing the family planning service. Other participants said they have not tried accessing family planning services as a student in the United Kingdom.

The findings of this research offer a profound discovery concerning the exploration of students experiences of family planning by The result illustrated a significant level of awareness of family planning methods by the students with a majority adopting the barrier method due to its perceived safety and the fear of the side effects associated with the use of hormonal methods of contraception. The generated themes can therefore foster appropriate recommendations, proffers solutions to the identified barriers and bring about an overall promotion in reproductive health.

Although most of the participants were yet to access family planning services in the United Kingdom, they however identified cultural and religious beliefs, personal beliefs and values, as factors that can influence the uptake of family planning by individuals. They also disclosed that practical barriers such as time constraints and the long appointment waiting period can form hindrances to the uptake of family planning. They however did not see language as a barrier to the uptake of family planning services as recent hospital appointment bookings now ask if the patient/client will require an interpreter. Contrary to

the findings of this study, Gele (2020) reported that several barriers to the uptake of family planning services were identified, including language problems, lack of adequate information, religious beliefs, gender roles and social pressure.

CONCLUSION

This study detailed how female York St. John University students interacted with family planning services, emphasizing their comprehension, awareness, investigation, and use of contraception. The study's findings addressed all of the research questions by showing how participants saw family planning, emphasizing it as a strategy used to avoid unintended pregnancies. The study's most popular type is the barrier approach, which participants said they favored mostly because of its apparent lack of negative effects, ease of access, and user-friendliness.

RECOMMENDATIONS

students should have access to comprehensive sexual health programs that provide accurate and current information about family planning techniques in order to address cultural and societal influences, encourage healthy relationships, and give them the power to make decisions about their reproductive health. However, infertility and family planning should be discussed with the spouse in attendance. This allows both parties to work toward the same goal. For example, we heard about a participant whose husband was initially uncomfortable with her using a family planning method until the doctor explained its benefits and positive effects on the wife

REFERENCES

- Bansode, O. M., Sarao, M. S., and Cooper, D. B. (2022) *Contraception* StatPearls Available at: <https://www.ncbi.nlm.nih.gov/books/NBK536949/> (Accessed 26 April 2023)
- Family Planning (2023) Our History Available at: <https://www.familyplanning.org.nz/about/ourhistory#:~:text=Family%20Planning%20was%20set%20up,to%20die%20from%20illegal%20abortions> (Accessed 11 March 2023).
- Gele, A. A., Musse, F. K., Shrestha, M., & Qureshi, S. (2020) 'Barriers and facilitators to contraceptive use among Somali immigrant women in Oslo: A qualitative study' *PloS one* 15 (3) e0229916
- Kasonde, M.E., Bwalya, B.B., Nyirenda, E.T., Mapoma, C. C., Sikaluzwe, M., Chimpinde, K., and Songolo, G. I. (2022) 'Association between sexual violence and unintended pregnancy among married women in Zambia' *BMC Public Health* 22 (1491)
- Nazli, Sensoy., Yasemin, Korkut., Selcuk, Akturan., Mehmet, Yilmaz., Canan Tuz and Bilge Tuncel (2018) Factors Affecting the Attitudes of Women toward Family Planning Available at: <https://www.intechopen.com/chapters/58916> (Accessed 2 March 2023).
- Sensoy, N., Korkut, Y., Akturan, S., Yilmaz, Mehmet., Tuz, Canan and Tuncel, Bilge (2018) *Factors Affecting the Attitudes of Women toward Family Planning* Family Planning InTech [Online] Available at: <https://www.intechopen.com/chapters/58916> (Accessed 16 March 2023)

World Health Organization (2023) Contraception Available at: https://www.who.int/health-topics/contraception#tab=tab_1 (Accessed 6 March 2023).

World Health Organization (2020) High rates of unintended pregnancies linked to gaps in family planning services: New WHO study Available at: <https://www.who.int/news/item/25-10-2019-high-rates-of-unintended-pregnancies-linked-to-gaps-in-family-planning-services-new-who-study> (Accessed 1 March 2023).

World Health Organization (2020) Family planning/contraception methods Available at: <https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception> (Accessed 1 March 2023).