

Family Planning Utilization Among Women as a tool for Sustainable Human Development

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Article History	Abstract
Original Research Article	<p><i>One major public health challenge facing man globally today is that of ever increasing population that does not match with the available resources to sustain. There is a growing concern every nation especially the developing country on how to control their population increase and what best methods that can be used. The study presented a link between contraceptive use and birthrate reduction. Contraceptive is also known as birth control and fertility control is a method or device used to prevent pregnancy. The study specifically focused on methods such as implantable contraceptives and surgical means such as vasectomy in males and tubal ligation in females, the use of condoms, sponges and diaphragms, injections, vaginal rings, oral pills and withdrawal by the male before ejaculation and the attitude of some women react differently to the issue of contraceptive. The study found that educated women are more receptive to Family Planning utilization, religion was found to significantly negatively contribute to poor contraceptive use. Counsellors should engage in family counseling and educate married women on some safety methods while encouraging the teenagers to stay away from un-protective sex. Government should provide free medicals on contraceptive for both married women and unmarried women in order to control excessive birthrate.</i></p> <p>Keywords: Contraceptive, Women, Tools, Sustainable, Human Development.</p>
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<p>Copyright © 2026 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.</p> <p>Citation: Prof. Innime Righteous & Dr. Umasom Eromoni-John. (2026). Family Planning Utilization Among Women as a Tool for Sustainable Human Development. UKR Journal of Multidisciplinary Studies (UKRJMS), 2(2), 142-146.</p>	

Introduction

A major public health challenge facing man globally today is that of ever increasing population that does not match with the available resources to sustain. That is why every nation is very much concerned with how to control their population increase. While many options have been advocated, a common approach all over the world today is the encouragement of the use of contraceptives by married couples and single individuals for sexual intercourse. Sexual intercourse without contraceptives is the primary cause of unwanted pregnancy and many young females' with unwanted pregnancies decide to end them by abortion (Bankole, Hussain, Okonofua & Wuif 2019).

The highest maternal mortality ratio in Sub-Saharan Africa is recorded in Nigeria, which also has one of the highest burdens of maternal mortality globally. Unsafe and illegal abortions are responsible for 20—40% of the

approximately 60,000 maternal deaths registered annually in Nigeria (WHO, 2015). This underscores a serious public health problem associated with insufficient SRH services and reluctance in attaining safe family planning options.

We estimate that increasing contraceptive use among sexually active young men and women in Nigeria could play an important role in reducing unintended pregnancies, unsafe abortions, and maternal mortality. National survey data show that more than 60% of women with unplanned pregnancies are not using any contraceptive method. Also Nigeria and all over the world, high fertility rate and exponential population growth have remained major socio-economic challenge factors that underline the ready access to quality sexual reproductive health information and services.

Conceptual Clarification

Contraceptive

Contraceptive also known as Birth control and fertility control, is a method or device used to prevent pregnancy (Medicine Net, 2012). Furthermore, the researcher also see contraceptive as the use of strategies and products to space birth and regulate pregnancy. Recent research indicates that over 100 million young women have need for modern contraception. (Bongaarts, 2011). As a result of over 80 million unplanned pregnancies which occur yearly worldwide, they have been increased rates of forced abortion, maternal mortality, and infant mortality. Preventing unplanned pregnancy is highly cost effective in comparison with the costs of unwanted births at both the local and national level. (Creels & Perry, 2013). In addition, contraceptive need is usually higher in societies with high rates of gender inequality, poverty and illiteracy. In these societies, repeated conception makes it problematic for women to contribute to economic development and self-improvement (Ibnouf, Van den Borne, & Maarse, 2017). A Kenyan study indicated that, contraceptive use varied in terms of women's demographic and socioeconomic variables as well as woman's perception of the quality, friendliness of staff and campaign of providers. Qaisar, Evidence shows that community-based projects are effective to boost family planning service uptake, and Bano et al. Areas of influence include partner approval, quality and availability of services, health care provider-demeanor and friendliness of providers, knowledge about available contraceptives by women. Particularly distance to service providers, income level and religious beliefs also influence contraceptive behavior.

Findings from the analysis of the drivers of modern contraceptive usage suggest that education is a strong predictor of both individual and regional utilization patterns. Some cultural practices like polygyny (which embodies large socio-cultural framework of pro-natalism) have previously been documented to discourage contraceptive adoption at regional level and highlights the reformist role of Traditions, which sustains traditional-led frameworks around reproductive behaviour [20]. While global contraceptive use has improved over the last decade, less progress is seen in Africa and some poorer populations. According to estimates, over 20% of women in sub-Saharan Africa wanting to limit childbirth do not use any form of contraception (Ibnouf et al., 2017).

Contraception is defined as a practice or use of method(s) which are intentional and not being able to conceive (Mturi & Hinde, 2012). Also, it has been defined as the intentional application of mechanisms or tools to prevent from becoming pregnant (Becker & Costostenbador, 2013).

Although many other factors contribute directly to fertility behavior, contraceptive use is one of the best-known proximate determinants of birth exposure (Bongaarts, 2011). It is also an important predictor of lower levels of fertility and hence serves as a common measure for assessing the performance of family planning programmes (Curtis & Netizel, 1996 in Bamiboye 2020). Contraceptive practice generally uses a diffusion process that starts with awareness and informed knowledge to attitude formation and usage in this order, across the population [16].

According to Mturi and Hinde (2012), approximately 92% of differences in fertility levels are attributable to differences in contraceptive use. This highlights the importance of contraception for fertility control, since it takes into account widespread use with lower fertility and birth spacing. In addition to its demographic effect, contraceptive use is also beneficial for health by improving maternal and child health outcomes through avoidance of high-risk pregnancies and through providing sufficient intervals between births.

However, its use of contraceptives varies according to the age group: younger women—especially those under 20 years old—are less likely to practice contraceptive methods. This trend has been linked to the limitations of access to reliable data alongside geographical, socio-cultural, and economic challenges. Some of those young women, however, feel less urgency to prevent unintended pregnancies. Women over 20 years old are more likely to be married and to use contraception mostly for birth spacing in many (sub-Saharan) African contexts, where unmarried women delay first pregnancies using contraceptives. Although family planning services are available to all women of reproductive age, an unfriendly or judgmental attitude on the part of some service providers is a barrier to unmarried young women accessing these services (Adesinyun, 2017).

Contraceptive can be broadly categorize into three namely traditional, natural and surgical contraceptive.

Traditional Contraceptive

According to Delano (2018), traditional contraceptive methods are defined as the following: Traditional practice, belief or custom that has been passed down through generations and whose content purpose or effective use is to prevent pregnancy. In the same, Sofowora (2013) refers to traditional contraceptives as "A body of knowledge and practices, whether expounded scientifically or not, generally obtained through observations and experiences passed down orally or by written documents. These methodologies are tightly woven into the fabric of cultural custom and have yet continued to impact conceptive practices in numerous societies.

Pre-modern birth control methods have existed since long before the modern scientific methods were found up to today, where they still are being used today and vary greatly in their origins corresponding with the socio-cultural realms born from. These practices are diverse across geographies and largely driven by local customs, beliefs, and historical experiences (World Health Organization, 2021). They are still very much a part of it, reflective of the cultural influences that pull and shape both reproductive practice in some communities.

Conventional devices of contraception are with herbal preparations, abortifacients and amulets (armlets, bands, padlocks or rings). Certain plant entities are thought to have contraceptive and abortifacient properties, functioning via mechanisms such as hindering implantation/chorion/syncytiotrophoblasts formation, or disturbing the hormonal balance of target uterine tissue; e.g., facilitating pre-implantation termination of gestation. Some substances are also known to impair male fertility due to their effects on sperm count, motility and viability (Ciganda & Laborde, 2003 cited by Adebisi & Alebiosu, 2014). The many techniques used today have a range of equivalences and affectivity/safety which are still the object of scientific and ethical discussion.

Natural Contraceptives

Natural contraceptives are defined by Kippley (2011) as a scientific approach of observing physiologic and biologic changes across the menstrual cycle of a woman to be aware of the fertile and infertile phases throughout each cycle.

Natural contraceptives relate to the procedures used in preventing or planning conception by detecting the fertile days of a woman (WHO, 2017). Natural contraceptives are numerous ways of contraceptive control that do not depend on a pharmaceutical or a physical device to be effective in avoiding conception (Farlex 2012).

Natural contraceptives are a kind of contraception that depends on abstaining from sexual intercourse during the fertile phase, which is identified through the observation and assessment of various body symptoms (Merriam-Webster 2016).

Natural contraceptives method is a method of contraceptive that does not use any drugs or devices. It also involves the monitoring of the bodily process before or during intercourse in order to minimize the chances of pregnancy.

Furthermore, like most contraceptive methods, natural contraceptive methods do not guarantee 100% prevention of pregnancy, yet they are used widely to prevent pregnancy. Some of the popular natural method of contraceptive under this phase are stated below.

Abstinence: The very safest form of contraception is not to have sex, since there are no penetrative sexual intercourse, and therefore pregnancy cannot occur. While it is important to promote abstinence—especially among adolescents—the World Health Organization (2015) states that this should be aligned with comprehensive sexual education, educating young people with the knowledge they need to make informed choices regarding their sexual and reproductive health. Still, sociologists and medical scholars contend abstinence might not be realistic for the long haul — particularly if it occurs in a marriage that otherwise presupposes sexual activity.

Withdrawal: The withdrawal method (also called the pull-out or coitus interruptus method) is a natural form of contraception that is largely reliant on the male partner's actions to withdraw before ejaculation occurs, thus preventing sperm from being deposited in or near the female reproductive tract. While this can be an effective way to reduce the chance of pregnancy and make time it is mainly seen as not as reliable because timing is very difficult, and small amounts of sperm may get through and fertilization can occur even after withdrawal. Little evidence no genuine couples can do this with success.

The withdrawal method, despite its limitations, is still estimated to be one of the most popular contraceptive methods in use around the world. Research suggests that its use is relatively common among younger populations, but there is little evidence for the effect of socio-economic status and education on adoption (Ramaswamy, 1976 in Uju, 2020). Moreover, a national sample found that nearly one-third of females aged 15–24 years reported having used the withdrawal method recently (Dude et al., 2013); although quality concerns exist regarding its effectiveness—it remains common.

Calendar Method: The calendar method/rhythm method is a natural family planning technique where the woman, based on the regularity and duration of her menstrual cycle, approximates her fertile and non-fertile periods. A woman can still track the days that are most likely to be connected with ovulation, and abstain from intercourse (viable sex) on those fertile days or use barriers methods. The success of this approach is highly dependent on the natural nature of the menstruation cycle and careful documentation over time.

Ovulation Tracking Method: A method of NFP is ovulation tracking, which tracks the physiological changes in one's own body (most commonly the cervical mucus) that can be used to predict ovulation. These changes are related to hormones, especially the concentrations of estrogen and progesterone. The woman can recognize the pattern of cervical secretions thoroughly, from all data become to know whether unprotected intercourse or protected is

necessary by identifying the fertile phase during her cycle. This technique needs a really unique knowledge of your entire body along with thorough day-to-day monitoring.

Tangentially, thick or sticky cervical mucus usually indicates a move towards fertility mode and that you should not have unprotected intercourse. Clear mucus that is stretchy is generally associated with peak fertility, which typically only lasts about four days before the cycle resumes into safer periods. Other physical symptoms can include mild abdominal or back pain and tenderness of the breasts at ovulation. Although these approaches are inexpensive and noninvasive, their success relies on regular practice; as well as a good understanding of cues from your body.

Basal body Temperature Tracking Method

A BBT tracking method is a natural contraception method that relies on measuring small variations in a woman's resting body temperature. Basal temperature generally increases about 0.5°C during ovulation and stays high until the next menstrual cycle begins. Monitoring daily temperature measurements can help a woman determine when she is fertile and prevent unprotected intercourse during this time. In this method, sexual intercourse is often ruled out from the first day of menstruation until at least three days after the increase in temperature; the effectiveness is that it requires a consistent recording over time.

Lactation Amenorrhea Method

One more natural method of contraception is the lactational amenorrhea method (LAM) in which some women may be protected from getting pregnant so long as they breastfeed solely. Basically, it takes advantage of the physiological effects of breast feeding, as an asserting amount of nipple stimulation will subdue some or all of the hormones that cause ovulation by means of hypothalamic signaling. So, ovulation and periods are temporarily delayed. It is known to be very effective for up to six months postpartum as long as breastfeeding is continued regularly and exclusively. To be sure, LAM is widely seen as a low-cost and fairly simple option for birth spacing, especially in environments where the availability of more modern contraceptive approaches may be restricted.

Surgical Contraceptives

Surgical Contraceptives from Farlex (2016) is a contraceptive option for people who do not want children in the future. It is considered permanent because reversal requires major surgery that is often unsuccessful.

Surgical contraceptives is a method of contraceptive that involves the use of medical techniques that intentionally

leaves a person unable to reproduce or bear children (Wikipedia, 2018).

Surgical Contraceptives involve the use of surgical procedure for male or female sterilization. This includes vasectomy in which a man undergoes surgery in order to stop the production of sperm and tubal ligation which involves cutting the fallopian tubes and then tying and cauterizing the ends so as to prevent the egg from leaving the tube to the uterus where it can be fertilized. It is a permanent way of preventing pregnancy where reversal is generally difficult or impossible.

Advantages of Contraceptives

The following are the advantages of contraceptive.

1. Contraceptive reduces pregnancy related morbidity and mortality.
2. It reduces the risk of developing certain reproductive cancers.
3. It can be used to treat many menstrual related symptoms and disorders.

Disadvantages of Contraceptives.

The disadvantages of contraceptives are

- 1). Nausea
- 2). Breast tenderness
- 3). Amenorrhea
- 4). Headaches / migraine
- 5). Change in sexual desire
- 6). Depression
- 7). Change in appetite or weight gain.
- 8). Irregular bleedings.

Recommendations

- 1) Efforts should be made by civil society organization as well as the government to provide accurate and age-appropriate information, from the earliest age possible on various contraceptive methods available, the benefits of each and the side effects so as to enable women make informed choice about them.
- 2) Comprehensive sexuality education programme should be instituted and promoted in both school and non-school setting, which should include various contraceptive methods for both male and females, so that positive attitude can be enhanced as well as usage.

Suggestions

1. Beyond providing information, government and non governmental actors should make the various contraceptive available at

minimal cost, as exorbitant cost can be a deterrent in the uptake of contraceptives.

2. The federal government should build reproductive health centers, where family planning education would be given to couples and students on the choice of family planning for both educated and non-educated couples.
3. Training should be provided to traditional birth attendants, as well as Orthodox health care officials on the different contraceptive methods. This would enable them provide accurate information to their clients and patients on the best methods to utilize based on their current situation and needs.

Counselling implications

1. Counselling centers should be established in every local government area secretariat where professional counsellors should be employed to engage married and single women and contraceptive issues
2. Counsellors should work with other health personnel in mass campaign on need for preventive measures on teenage pregnancy and over population
3. Counsellors should engage in family therapy this is because some husband need to allow or permit their wives on contraceptive use.

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