

ACCESS TO INFORMATION AND PERCEPTION OF FAMILY PLANNING METHODS FOR MEANINGFUL DEVELOPMENT AMONG RURAL DWELLERS IN NIGER STATE, NIGERIA

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Abstract

This study aimed to study access to information and perception of family planning methods among rural dwellers in Niger State. The research aimed to ascertain the stipulations of Primary Healthcare Centre in rural communities rendering family planning in Niger State and family planning awareness of rural communities on benefits and methods available. The Lots Quality Assurance Survey method was adopted. Sixty (60) married women in six (6) settlements across six (6) Local Government Areas were sampled. Findings indicated that Primary Health facilities in rural communities rendered varieties of family planning services with options of injectables, pills, condom, implants and intrauterine devices (IUDs) respectively. Few facilities offered lactation amenorrhea method and female sterilisation but no health facility offered male sterilisation. A good number of respondents in rural communities are aware of family planning with injectable being most popular; however there is poor patronage of health facilities for family planning services because a high number of respondents believe family planning comes with a lot of side effects and a proportion of respondents have reservations on family planning due to religious beliefs. Although a good proportion of respondents believe family planning methods are easily accessible and effective; a high number of respondents are not currently on any family planning method.

Key Words: Access to Information; Family Planning Methods; Niger State; Perception; Rural dwellers.

Introduction

Family planning is a conscious effort by a couple to limit or space the number of children they have through the use of contraceptive methods (Wani *et al.*, 2019: World Health Organization, 2007). The global population today stands at 7.7 billion and is expected to reach 9 billion by the year 2045. Efforts to slow down population growth and reduce maternal and child mortality rate in Nigeria through family planning are not yielding the desired result as studies have shown (Ayodamola, 2018). Nigeria is the most populous country in Africa and the eighth globally. The National Population Commission estimates the country's population at 198 million. The United Nations' publication, World Population Prospects, predicts Nigeria is on course to become the third most populous country in the world by 2050 (Abubakar & Dano, 2018). To curtail the unsustainable population growth, especially through procreation, the federal government at the 2012 London Summit on Family Planning made a commitment to scale up promotion of family planning to Nigerians.

Family planning is important for the health of a mother and her children, as well as the family's economic situation. . Since parents are responsible for providing education, shelter, clothing and food for their children, family planning has an important long-term impact on the financial situation of any family. The reasons why family planning is considered necessary include; prevention of unwanted pregnancy, planning of family size, economics reasons, education of children, prevention of over population and reduction of maternal death (Omolase, Faturoti, & Omolase, 2009). In spite of these obvious merits, 87 per cent of women in Nigeria or their partners do not use modern or traditional contraceptives (Ayodamola, 2018). Earlier researches conducted, stated the level of awareness for family planning was high. However, recent study conducted by Duru *et al.*, (2018) revealed that despite the high level of awareness among rural women only 27.3% of rural women utilised family planning, making the situation a serious challenge in Nigeria. According to medical researches, it is ideal for a woman to wait for at least 18 months after the last birth before another conception. The World Health Organization (WHO) recommends that women wait at least 24 months after a livebirth before attempting a subsequent pregnancy to reduce the risk of adverse maternal, perinatal, and infant health outcomes (Ahrens *et al.*, 2019). However, due to lack of effective child spacing mechanism, most women conceive weeks or month after last birth. This study attempts to ascertain if dwellers of rural communities in Niger State are aware of the benefits of family planning, methods of family planning available at PHCs, perception of family planning in rural communities and reasons for poor coverage of family planning in rural communities in Niger State, Nigeria. Rural dwellers also known as rural communities are characterised by low population density relative to more urban areas, higher rates of poverty, unemployment and underemployment, and uninsured and underinsured compared to urban areas (Curtin and Cohn, 2019).

Family Planning Methods in Nigeria

Jesudemi, 2019 Identified 11 methods of family planning. The following were methods identified.

- i. Condom; Condoms are available for both male and female providing great protection from pregnancy and STDs
- ii. Spermicide; Spermicide is a kind of birth control that has chemicals that stop sperm from reaching an egg. It is mostly used by women inserted in the 10 – 15 minutes before sex to prevent pregnancy. Spermicide do not provide protection from sexually transmitted infections (STIs) and are also not considered an effective form of contraception when used alone. It may produce side effects such as vaginal or penile irritation; may increase the risk of developing urinary tract infections (UTIs).
- iii. Diaphragm; the diaphragm is a barrier method of birth control mostly covering the cervix to physically prevent sperm from entering the uterus. It is moderately effective, with a one-year failure rate of around 12% with typical use. It is placed over the cervix with spermicide before sex and left in place for at least six hours after sex. When used correctly with spermicide, a diaphragm or cap is 92-96% effective at preventing pregnancy. This means that between 4 and 8 women out of every 100 who use a diaphragm or cap as contraception will become pregnant within a year.
 - Breastfeeding; Breastfeeding delays the return of periods, which can work as family planning. This is known as the lactational amenorrhea method (LAM). It is an effective pills with about 2 out of 100 people who use breastfeeding as birth control getting pregnant in 6 months.

- Contraceptives; Also known as Pill are a type female hormonal birth control method, it is very effective if administered as prescribed, but known to cause side effects such as Nausea, Headache, mood chase, sore and enlarged orifice.
- Implants; the birth control implant is a tiny, thin rod about the size of a matchstick inserted by a nurse or doctor into the arm. The implant releases hormones into the body that prevents pregnancy for up to 5 years. It is 99% effective and considered one of the best birth control methods. Implants do not protect against STDs.
- Injections; the contraceptive injection (Depo-Provera, Sayana Press or Noristerat) releases the hormone progestogen into the bloodstream to prevent pregnancy lasting for 8 or 13 weeks (depending on which injection administered). So you do not have to think about contraception every day or every time you have sex during this period. Side effects can include weight gain, headaches, mood swings, breast tenderness and irregular bleeding.
- IUCD; An Intrauterine Contraceptive Device (IUCD) is a device which is inserted into the uterus (womb) to prevent pregnancy. The commonly used IUCD are made of plastic wound with copper wire, often in the shape of a T. Insertion of the IUCD must be performed by a trained clinical professional, usually during the first 5 days of the woman's menses.
- Cervical Mucus Method (billings): also known as the ovulation method is abstinence from sex on unsafe (fertile) days, to use the cervical mucus method to prevent pregnancy, mucus is checked every day and the results written on a chart. The changes in your mucus help you figure out when you're going to ovulate and are able to get pregnant.
- Other Types of Family Planning:

Vasectomy: Permanent contraception for men who do not want any more children. This involves a trained doctor performing a procedure on the man that blocks the tubes carrying sperm from the testicles.

Tubal Ligation: Is a permanent contraception for women who do not want to get pregnant again. This involves a simple procedure that blocks the tubes that carry eggs to the uterus.

World Health Organization, (2018) described traditional methods of family planning as calendar method or rhythm method in which women monitor their pattern of menstrual cycle over 6 months, subtracts 18 from shortest cycle length (estimated 1st fertile day) and subtracts 11 from longest cycle length (estimated last fertile day). The couple prevents pregnancy by avoiding unprotected vaginal sex during the first and last estimated fertile days, by abstaining or using a condom. The second traditional method is withdrawal (coitus interruptus) in which man withdraws his penis from his partner's vagina, and ejaculates outside the vagina, keeping semen away from her external genitalia, preventing fertilisation (WHO, 2018).

According to Omolase *et.al.*, (2009), methods of family planning were estimated at Oral contraceptive (17%), IUCD (9%), Condom (74%), Injectable (29%), Vasectomy (3%), Withdrawal method (30%) and Vagina foaming tablets (16%). Ayodamola, (2018) stated that among those who use contraceptives in Nigeria, the most acceptable form is the injectable method, with about four per cent acceptance from women. This is followed by use of pills embraced by two percent and the use of implants which is embraced by one percent. The

three modern methods least accepted are female sterilisation, female condoms, and diaphragm/Foa/m/jelly which had 0.2, 0.1 and 0.1 percent acceptance respectively. The use of male condoms is also very low, with one per cent acceptance. However, it cannot be determined if the condoms are used for FP or disease protection. Another contraceptive method known as male sterilisation had zero acceptance in Nigeria.

Sources of Awareness of Family Planning Information

A research was carried out by Omolase *et.al.*, (2009) from their findings, the majority of the respondents (89%) were aware of family planning while the remaining 11% were not aware. 42 (47.2%) received information about family planning from health workers.

Reasons for not using Contraceptives

An in-depth interview was carried out by Ajayi *et.al.*, (2018), among South Western Nigerian women and 2 major reasons were identified to be the reasons why women do not use contraceptives. The reasons are discussed below:

1. Fear of side effects; this was the most reported reason for non-use of contraception and modern contraception in particular. Some women believe that modern contraceptives are harmful to the body and as such fails to use contraceptives or rely on less effective traditional family planning methods. The side effects identified are dangers they believe a woman's body undergo, some are scared of injectable and implant. Many participants opined that modern family planning methods could result in irregular menses, bleeding, swollen stomachs, weight gain or loss, delayed return to fertility and causes vaginal odour. Weight loss, swollen stomach, continuous bleeding, headache and fainting". Inability to conceive for several years after its use meaning its' impossible to birth a child when ready. Loss of weight. Some women were not using any contraceptive methods or were using traditional family planning methods. They believed that modern family planning was best suited to limiting the number of children. Thus, they would only use modern family planning methods when they wanted to stop having children.
2. Lack of access: limited access to family modern contraception in the community health center, modern family planning is free but not sufficient.

Misconception about Family Planning detriment to services

According to Ayodamola (2018), family planning experts blame the low acceptance of contraceptives in Nigeria on misconception and lack of knowledge of the various options available. One of the major challenges many women have is the misconception about family planning. He said misinformation prevents them from seeking family planning when they need it because many women are scared of hormonal imbalances, but as a general rule, family planning does not cause hormonal imbalance. Instead, some form of family planning helps to regularise woman's menstrual period. Though few women complained of irregular periods after using any contraceptive method and this stops almost immediately. The attitude of health workers has been another challenge. Some healthcare providers are biased and also have limited perception about family planning. This bias prevents them from either offering family planning services or makes them give wrong information to women seeking the services. Health providers are said to be generally biased about providing family planning to women especially if they are unmarried. It should be pointed out that in most cases the bias stems out of religious inclination or cultural beliefs. This limiting perception about FP endangers women's lives as this drives them to terminate unwanted pregnancies through dangerous unsafe procedures. There is a dire need for government to step up advocacy and educating Nigerians on the merit of using Family Planning method. Although many NGOs advocate Family Planning, Nigerians are not embracing the use largely due to cultural beliefs, misconception about its effect on their health and physique and based on religious beliefs. To

ensure a larger acceptance, there is a need for government and CSOs to involve traditional, religious and society influencers in the campaign (Ayodamola, 2018).

Culture, religious misconceptions hindering family planning in Nigeria

Most men do not concern themselves with family planning programmes, which they have left to the women (Ayodamola, 2018). Experts and health workers explained the reasons why it is difficult getting Nigerians to embrace contraceptives. Martha Zdikko, a community extension worker in charge of a primary health care centre in Dakwa in the Federal Capital Territory, said though there is a gradual acceptance of family planning methods by women in the community, the decision to participate is mainly left to the men. "We most times want them (women) to come to the facility with their husbands before we put them on any family planning method. This is because in this area, the women cannot solely make that decision. It often leads to problem when they adopt a family planning option without the knowledge of their spouses. Based on geopolitical zones, women from the North-east and North-west (92 per cent) constituted the highest percentage of those who do not use any form of contraceptives. The rate of none use of contraceptives among women is also lower in urban areas than in rural areas, with 78.9 to 90 percent respectively. Survey also showed that most of the women who do not use any form of contraceptives were those within the high fertility age band (15-29). Among the three major ethnic groups, the Hausas are the least group who uses any form of contraceptive. 92 per cent of sexually active Hausa women were not using any contraceptive followed by Igbo which was 77 per cent and Yoruba 72 per cent respectively. Non usage averages 84 per cent among the other ethnic groups. The three states in Nigeria with the highest prevalence of non-usage of contraceptive were Jigawa, Ebonyi and Yobe with 98, 97 and 96 per cent respectively. According to the report, the acceptance of modern contraceptive methods was higher among people with higher and secondary school education.

Statement of the Problem

The overall family planning use in survey conducted was low, (27.3%) despite a reported high awareness and knowledge about family planning in both localities. Family planning utilisation was found to be higher among women from urban communities than those from rural communities of the state. Researches have shown highest awareness but low utilization of contraceptives making the situation a serious challenge. The proportion of respondents who were currently using at least one family planning method was low. Most of women in reproductive age group know little or have incorrect information about family planning methods. Even when they know the name of some of the contraceptives, they do not know where to get them or how to use them. Statistics from the 2016/17 Multiple Indicator Cluster Survey (MICS) indicates that only 11 percent of women of ages 15 to 49, currently married or in union, use the method in the country. The statistics reveals that much needs to be done, especially in the northern part of the country to make Nigerian women embrace modern contraceptives (Ayodamola, 2018). These women have negative attitude about family planning, whereas some have heard false and misleading information, the current study aimed in assessing the Impact, Accessibility and Awareness of Family Planning Methods in Rural Communities in Niger State. This study attempts to ascertain the level of awareness of family planning among rural women of child bearing age, benefits of family planning, methods of family planning available in PHCs, the perception of family planning by rural communities, reasons for low patronage and the coverage of family planning among women of child bearing age in Niger State. LQAS survey method will be used to sample 60 respondents across six LGAs in Niger State to ascertain the research questions.

Objectives of the Study

The aim of this study is to determine accessibility and awareness of family planning methods in rural communities in Niger State. To achieve this aim, the following specific objectives are formulated to:

1. examine the extent to which rural health facilities are providing family planning services.
2. explore and understand the perceptions of rural communities regarding family planning.
3. identify the family planning methods that rural communities in Niger State are aware of.
4. identify and analyse the reasons why rural communities in Niger State do not patronize health facilities for family planning.

Research Questions

The following questions were asked and answered in the study;

1. Are rural health facilities rendering Family planning services?
2. What are rural communities' perception about having family planning?
3. What family planning methods are rural communities in Niger State aware of?
4. What are the reasons why rural communities in Niger State do not patronize Health Facilities for Family Planning?

Methodology

This study adopted survey research design method. The survey research design is considered appropriate for collection of information from a pool of respondents. Survey research design will enable measurement of impact, accessibility and awareness of family planning methods. Check and Schutt (2012) as cited in Ponto (2015) defined survey research as the collection of information from a sample of individuals through their responses to questions. The primary purpose of this survey research design is to obtain describing characteristics of a large sample of individuals of interest relatively quickly. Survey method helps to obtain opinions on which base programmes or products for a population or group. Niger State is located in the central part of Nigeria with its state capital in Minna. The 2020 estimated census population projected Niger State as having a total population of 6,308,295 and women of child bearing age as 1,387,825. Niger State consists of 25 local government areas.

Table 1: List of six (6) wards sampled in six (6) local government areas

SN	LGA	WARD	SETTLEMENT	NUMBER OF SAMPLE
1	Bosso	Chanchaga	Angwan Hausawa	10
2	Chanchaga	Tudun Wada	Maje	10
3	Paiko	Chimbi	Pulluko	10
4	Wushishi	Akari	Katsinawa B	10
5	Rafi	Chikin Gari	Bakoshi	10
6	Bida	Masaga	Emi Alh. Ndagiaba	10
			TOTAL	60

Source: WHO master list of settlement for Niger State (2020)

Procedure

The research instrument used for the study was self-designed questionnaire with adopted four Likert's scale. The researcher considers the use of questionnaire as the main instrument for data collection because it is the most appropriate method for gathering information from a large population.

Data Analysis

Data collected was analysed using descriptive analysis and inferential statistics such as frequency counts, percentages and mean to analyse variables.

Results and Interpretation

Table 2: Health Facility rendering Family Services in Community Catchment Areas

	Frequency	Cumulative Percentage
Yes	6	100%
No	0	0%

Six (6) health facilities were visited in each community sampled to ascertain if they render family planning services. Table 2 shows all health facilities within the rural communities' visited offers family planning.

Table 3: Rural Communities' Perception about having Family Planning

	Frequency	Cumulative Percentage
It is safe and healthy	19	31.6%
It is effective	20	33.3%
It is harmful	14	23.3%
Others (against their religion)	7	11.6%

A good number of respondents believe family planning is healthy, safe and effective however 30% of responders believed it is harmful with 17% others having indifferent perception about family planning.

Table 4: Awareness of Family Planning by Rural Communities in Niger State

	Frequency	Cumulative Percentage
Yes	51	85%
No	9	15%

Table 4 shows that 85% of women in rural communities are aware of family planning while 15% are not aware, this is a good percentage.

Table 5: Methods of Family Planning Rural Communities in Niger State are aware of

SN	Methods	Frequency	Cumulative Percentage
1	Injectable	43	72%
2	Pill	38	63%
3	Condom	42	70%
4	Implant	22	37%
5	IUD	12	20%
6	LAM	8	13%
7	Female Sterilization	19	32%
8	Male Sterilization	0	0%
9	Others	0	0%

The knowledge about the different methods of family planning are as indicated in table 5. The percentages stated are the proportion of the respondents who knew about the different methods: injectable condoms and pill have the highest popularity among rural women:

Comparing researchers findings with Omolase *etal.*, (2009) findings, Oral contraceptive (17%), IUD (9%), Condom (74%), Injectable (29%), Vasectomy (3%), Withdrawal method (30%) and Vagina foaming tablets (16%), this research found pills to be 63%, IUD 20%, condom 70% and injectable 72%. The reasons why respondents considered family planning necessary included prevention of unwanted pregnancy (37%) and planning of family size (27%) (Omolase *etal.*, 2009)

Table 6: Reasons for Poor Patronage of Health Facilities for Family Planning in Communities

SN	Methods	Frequency	Cumulative Percentage
1	Fear of side effects	34	57%
2	No access to HF	3	5%
3	Not aware of family planning	7	12%
4	Proximity to Health Centre	5	8%
5	Non availability of family planning	5	8%
6	Attitude of health workers	10	17%
7	Religious beliefs	28	47%
8	High cost of services	0	0%

A good number of respondents who do not use family planning were non complaint because of the fear of side effects and religious beliefs.

Table 7: Family Planning Accessibility in Rural Communities in Niger State

	Frequency	Cumulative Percentage
Yes	48	80%
No	9	15%

Table 8: Family Planning Status

	Frequency	Cumulative Percentage
Yes	29	48%
No	31	52%

In Nigeria, the most populous country in Africa, fewer than one out of every five married women use family planning. An additional 16 percent of women want to delay or limit childbearing, but are not using contraception (USAID, 2015). However this research shows 52% of women in rural communities are currently not on any family planning method.

Table 9: Family Planning Method Used

SN	Methods	Frequency	Cumulative Percentage
1	Injectable	11	18%
2	Pill	7	12%
3	Condom	8	13%
4	Implant	7	12%
5	IUD	1	2%
6	LAM	2	3%
7	Female Sterilization	0	0%
8	Male Sterilization	2	3%
9	Others	10	17%

Summary of Research Findings

Most respondents were aware of family planning and the main source of awareness was health workers. The level of education significantly affected the awareness about family planning. The knowledge about the different methods of family planning except condoms was generally low.

Conclusion

The research work investigated the accessibility and perception of family planning methods in rural communities in Niger State. Sixty married women in six Local Government Areas were randomly selected and sampled to determine family planning accessibility and perception. In conclusion, sampled rural communities rendered varieties of family planning services with options of injectables, pills, condom, implants and intrauterine Devices (IUD) respectively. Few facilities offered lactation amenorrhea method (LAM) and female sterilization but no health facility offered male sterilization. A good number of respondents in rural communities are aware of family planning with injectable being most popular; however there is poor patronage of Health Facilities for family planning services because a high number of respondents believe family planning comes with a lot of side effects and a proportion of respondents have reservations on family planning due to religious beliefs. Although a good proportion of respondents believe family planning methods are easily accessible and effective, a high number of respondents are not currently on any family planning method.

Recommendations

1. Though 85% of the respondents are aware of family planning, There is need to create more awareness on the benefits of family planning amongst the rural communities through health education by the Government. This can be achieved through creating health information centres in rural communities with the sole responsibility of sensitizing rural women with required information needed for economic development.
2. Advocacy campaign to ensure Government supports sensitization of community leaders, religious leaders, influential persons, heads of households and women in rural communities on benefits of family planning. This can be a collaborative effort between Niger State ministry of information, Ministry of education and ministry of women affairs and social development. This is to encourage the population who are noncompliant because of their beliefs.
3. The need for creation of awareness on different methods of family planning among rural communities by discussing the benefits, possible side effects and how side effects can be avoided. The Government in collaboration with the media and Niger State ministry of information, Ministry of education and ministry of women affairs and social development should support this.
4. The media should play a more prominent role in enlightening the populace about family planning.
5. Sensitization of religious leaders, traditional leaders and influential persons on benefits of family planning as their influence will go a long way in changing perception of family planning use in rural communities. Also it will boost the coverage of family planning use. This should be a collaborative effort between Niger State ministry of information, Ministry of education and ministry of women affairs and social development.

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