

Socio-Cultural Factors Influencing Uptake of Long-Acting Reversible Contraceptives among Reproductive Women in Kenya

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Abstract:

Uptake of long-acting reversible contraceptives has been low among many women in Kenya. This has seen a surge in the number of unplanned pregnancies, which leads to continued poverty due to large sizes of families. This study therefore sought to establish the socio-cultural factors influencing the uptake of long-acting reversible contraceptives among women of reproductive age in Kenya. The study adopted descriptive cross sectional study design. The study was conducted in public hospitals in Kenya. The target population included the women of reproductive age of between 18 and 45 years. A sampling formula was used to identify the appropriate sample for the respondents. The 379 respondents identified were picked through simple random sampling. The data were collected using an interviewer-administered questionnaire. The collected data were analysed using descriptive statistics through SPSS version 26. The findings revealed that socio-cultural factors such as religious believe affected the uptake of long lasting reversible contraceptives among reproductive women in Kenya. The study concluded that through misconceived social cultural believes, the uptake of long lasting family planning methods/long-acting reversible contraceptives was minimal among reproductive women in Kenya. The study recommended the need for the government, the hospitals and other stakeholders to create awareness and education on the need for long-acting reversible contraceptives and other family planning methods among women. There is need for the communities to also embrace modern methods of family planning so as to stimulate their economic and social development.

Keywords:

Socio-Cultural Factors; Long-acting reversible contraceptives; Family Planning, Reproductive women

I. Introduction

In this 21ST Century, most developing countries globally are faced with the vitality of improving their economic growth and development. One of the major aspects that have led to slow growth of economy and the overall under development in these countries is the rapid increase in their population (USAID, 2016). Most governments in developing nations within Sub-Saharan Africa do spend highly on basic needs such as healthcare and feeding of their high population thus leaving very little amount of their expenditure for other development projects. Kenya being one of the developing countries also experiences such problems specifically in the low income families. As a way of controlling the growth of the population, both international and local, governments in collaboration with other Millennium development partners such as the donor nations have decided to emphasize on use of family planning methods so as to control their national growth rates (Kassa et al., 2014).

Most of the developing nations are enhancing the uptake of long term family planning methods among their citizens since they greatly reduce maternal mortality rate which still

remains a significant public health problem in Kenya (Kenya National Bureau of Statistics, 2015). It is estimated that if all women in need of contraceptives in Kenya were using them, the number of maternal deaths would be reduced by 40 %. However, contraceptive use in the country is too minimal and the unmet desire for family planning is among the highest in the world. An unmet need for family planning refers to women capable of reproducing who do not use contraception but wish to postpone their next birth for 2 or more years or to stop childbearing all together (Apanga & Adam, 2015).

Family planning is widely acknowledged as an important intervention towards reducing unnecessary growth of population of various nations. A good example of a case study is China One Child Policy, which was lately abolished by their national government but it greatly controlled their population growth to approximately 80% leading to a robust economical and development growth due to increased standards of living among its citizen (Wirsiy et al., 2018). From the case study, it is realized that long term family planning methods can greatly prevent unwanted pregnancies and unsafe abortions. Apart from that, some family planning methods such as condom usage can protect individuals from Sexually Transmitted Infections (STIs) including HIV/AIDS (Orach et al., 2015). Family planning has also been found to promote gender equality, education and economic empowerment especially among productive women. Despite all this enormous benefits of family planning services, their uptake still remains low in Sub-Saharan Africa, resulting to high rates of unwanted pregnancies, unplanned deliveries, unsafe abortions and maternal mortalities in Sub-Saharan Africa of which Kenya is no exception (MOH, 2017).

The low uptake of family planning methods globally and locally is largely blamed on numerous controllable factors. The creation of the awareness of the availability of family planning services has a great influence on the uptake of family planning services (Apanga & Adam, 2015). Additionally, even though some women are aware of the availability of family planning services, they are not properly informed about the various forms of family planning methods and how they work. Some of the women who seek family planning services are not adequately counseled on the side effects of some of the family planning methods. While analyzing the uptake of family planning methods in Uganda, researcher's contemplated that some women stopped using contraceptives after they experienced what they perceived were side effects of the contraceptives (Orach et al., 2015). Although most people are aware of the benefits of family planning services, they complain that it is difficult to access family planning services as such services are provided by health facilities that are far from their homes (Ochako et al., 2015).

In addition, religious proclivity has been noted to be a major constrain to the uptake of family planning services in Africa (Ghulam et al., 2015). Some individuals also perceive that family planning services are meant for only married couples while others fear that they will become sexually licentious if they go for family planning services since they cannot become pregnant easily. In Kenya, some efforts have been made by the Kenyan government and non-governmental organizations through the implementation of various policies that improve the use of family planning services in the country (GOK, 2018). Although some accomplishments have been chucked in the creation of family planning awareness services in the country, the unmet need for family planning still remains high. A health survey done by Kenya Demographic Health Survey in the year 2014, observed that a large number of women have an unmet need for family planning as the acceptance rate for family planning services remains low. It is on this note the Kenyan Health Service argues that the lives of mothers and children will be improved and maternal mortality rate reduced if family planning acceptor rate is improved.

1.1 Statement of the Problem

According to the World Health Organization latest information concerning women fertility of the year 2016, about 214 million women of reproductive age especially in developing countries do not use modern contraceptive methods (WHO, 2016) even though they want to avoid pregnancy. It has also been reported that about 30% of all pregnancies among women in developing countries are unintentional, and more than half of these unintended pregnancies result in induced, and often unsafe, abortion (Ghulam et al., 2015). Studies done in different parts of globe noted that a large proportion of unintended pregnancy is due to poor use of short term methods (Bongaarts & Hardee, 2017; Mercer, Lu, & Proctor, 2019). In sub-Saharan Africa, studies have revealed that nearly half (47.8%) of women who had unintended births were using short-term contraceptives prior to their pregnancies, and that they had ineffective follow-up process and reluctant in upholding long-term family planning methods (United Nations Department of Economic and Social Affairs, 2020; Masiano, 2019). Long acting family planning methods are modern contraceptive methods that prevent pregnancy for more than one year and include intrauterine devices and implants. Despite their safety and efficacy, the methods are underutilized. In Kenya the use of modern methods has increased from 32% in 2003 to 53% in 2014 among married women aged 15–49 years, which has largely been driven by use of short-term methods. Uptake of LARC has steadily increased from 4.1% in 2003 to 13.3% in 2014 (KDHS, 2014). Kakamega County showed that only 20.6% used long acting method while 79.4% using short term. Despite governments' efforts both at the national and county levels in enhancing the accessibility to family planning services, the uptake still remains low. This study therefore sought to establish the socio-cultural factors influencing the uptake of long acting reversible contraceptives among women of reproductive age in Kenya.

1.2 Objectives of the Study

The main purpose for this study was to determine the influence of social cultural factors on uptake of long acting family planning methods among women of reproductive age in Kenya.

1.3 Significance of the Study

The study identified that, globally the uptake of implants and IUCDs procedures, is rejected by most women in developing countries due to misinformation and the existence of a high level of superstitions among the residents of such countries.

The study contributes towards the existing family planning works in most African countries in sub-Saharan region and results of the study underwrite the designing of family planning policies that could inspire the usage of LAFPMs. Furthermore, the study provides empirical literature on Kenya's family planning services in the north-eastern parts of the country upon which elaborate and articulate policy decisions that are friendly to the local residents can be made on demand for long term reversible contraceptives.

The study also recognizes that a proper mass education when carried out to the masses which is well captured and documented can be easily understood by the residents thus averting the population growth in the country since most of them will understand the importance of such LAFPMs. Additionally, the study stimulates further research in the area of family planning since it is specifically beneficial to the government and the NGOs/Donors that have incentives addressing family planning concerns.

II. Review of Literature

2.1 Uptake of Long-Acting Family Planning Methods

Studies in varied contexts have explored the uptake of Long-Acting Family Planning Methods (LAFPM) across the world. Tregear, Gavin, and Williams (2015) assessed the quality of long-term family planning methods and established that some of the mainly used methods included the use of implants which were found to be more effective and lesser destructive to the normal livelihoods of women. Their study further established that although adolescents groups had almost universal knowledge about LAFPM contraceptive methods, only 15 percent by that time used either implants or IUCDs. The corresponding figures for the adults and for the nation as a whole were 34.4 percent and 31.4 percent, respectively. Among the individual methods that were being used by the adolescents, pills usage was the most popular method, followed by the safe period. The study revealed that although adolescents had knowledge about LAFPM, usage of IUCDs was very low. One of the major weaknesses of the study was the methods used mainly concentrated on supply factors but not the demand factors of LAFPM. Given the inferences made in the study, it was necessary that demand factors regarding family planning services specifically long term contraceptives should be considered in examining their effect on their use.

According to a study done in Gambia in the year 2000, it was revealed that the demand for mobilization intervention procedures and methods, such as provision of family planning counseling, had a statistically significant positive effect on the non-users' adoption of modern LAFPM contraceptives. On the other hand, continuous implementation of interventions, such as availability of community health nurse and provision of logistic support designed to improve access to services, offered no additional benefit (Margaret et al. 2000). It was also observed from the study that the principal barriers for increased contraceptive use of IUCDs in rural Gambia were psychosocial matters that could be overwhelmed through village-based interventions designed to provide socially appropriate counseling for potential LAFPM users. Apanga and Adam (2015) did a baseline survey of African women aged 15 - 49 years in a rural area of Natal/KwaZulu of South Africa, and assessed the extent to which IUCDs were used, reasons for the method choice, and the unmet demand for their need. The results revealed that IUCDs were used most since they were considered to be convenient, safe, and effective or could be used secretly without the knowledge of the sex partner. The study established that the decision to use this method was due to the recommendations of a health worker at the clinic. It was also established in the study that the need by women for secrecy precluded the use of the condoms, which required the cooperation of the partner.

In Nigeria, Stephenson et al. (2017) did a study on the determinants of LAFPM usage among women of reproductive age. Given the dichotomous nature of the responses on the use of modern long term contraceptives, a binary logistic regression model was used. Data was collected from 408 women of ages between 15 and 49 years. The study revealed that although knowledge of contraceptive methods was high among these women, only 30 percent ever used either implants or IUCDs as a form of long term precaution. The study further showed that knowledge of a method and number of children ever born did not significantly impact on the use of modern long term contraceptive methods in the Osun State.

Locally, Kamuyango et al. (2020) assessed the trends and contributing factors to contraceptive use in Kenya. Their study focused on a large population-based survey 1989 to 2014. The findings revealed that the use of contraceptives in Kenya as a family planning method was gaining popularity and more women were upholding the methods as a way of

reducing unplanned pregnancies. Further, the authors established that there were some factors leading to poor uptake of family planning methods most of them being social-cultural and lack of adequate awareness.

2.2 Social Cultural Factors Influencing Uptake of LAFPM

Generally, there are certain cultural factors that would affect the use of IUCDs contraceptives by women in the society. These factors are pointed by various scholars and they are; polygamy, religion and child preference. Long Acting Family Planning Methods (LAFPM) of commonly known as Long-Acting Reversible Contraceptives are substantially lower among women in polygamous marriages than among those in monogamous ones (Baschieri, 2013). The study suggests that characteristics of polygamous couples have caused polygamous women to be more resistant to implants use than monogamous women. The other socio-cultural factor is religion. There is some link between religious values and use of IUCDs as the former can influence a woman's decision on the method of LAFPM to use (Ochako et al., 2015). It also observes that religious systems that associate with pronatalism as divine blessing and infertility as a curse could motivate reversals in fertility preferences. A shift towards large fertility preferences among Muslims in Kenya was observed and a rise in certain Pentecostal movements, especially among young people and the link with doctrines opposed to modern contraceptive use within Zambia.

In Swaziland, some Muslim women do not accept the birth that occurs as fatalism even though religious beliefs emphasized the spiritual importance of progeny, to them it signifies humility. Child preference (gender) has also been termed as a major socio-cultural factor affecting adoption of LAFPM (Golden et al., 2015).

2.3 Theoretical Review

The study was anchored on Andersen's Behavioral Model. The Behavioral Model of Health Services (ABM) was first brought forward by Andersen (1968). The model is a three stage cycle that helps organizations determines the best training strategies for their daily needs. It also focuses on an individual tendency for the long usage of acute health care services such as IUCDs and their enabling factors for their own sake. More ever, the framework helps in understanding reasons why people use health services in measuring their reasonable accessibility aiding in the development of policies that can be used to improve admittance to long term family planning services especially IUCDs. ABM theory was majorly implemented in China to control population growth rate of the nation in the One Child Policy. The policy has been beneficial in terms of curbing population growth, aiding economic growth, and improving the health and welfare of women and children.

Initially, the theory was used in analyzing individuals by the framework exploring Chinese conditions that could enable them utilize IUCDs available within the health care services. According to ABM, the likelihood for the access and use of LAFPM services among the Chinese depends on diverse components for the depended the environment, population characteristics, perceived health status and consumer satisfaction, and the interaction between all these segments (Pilar et al., 2020).

In sum, the model positions environmental aspects (external environment and health system) and individual features (predisposition of people to use long acting family planning services, factors that enable or impede this use, a person's perception of need for usage) both combined to influence personal health practices and health service use), thus influencing Chinese reproductive health status outcomes (Wirsiy et al., 2018). ABM indicates that the

main factors that predicts contraceptive use and uptake of family planning services include: health system factor: time for clinic; predisposing factors: number of children, age, education, religion, depression, contraceptive knowledge, attitudes toward contraceptive use; enabling factors: income, self-efficacy toward contraceptive use, prior use of contraceptives, location of delivery; relationship factors: relationship control, dominance in decision making, perceived partner attitudes toward family planning, history of abuse, communication with partner about contraceptives, male/female differences in fertility desires; need factor: perceived need of family planning (Babitsch, Gohl & von Lengerke, 2014).

2.4 Conceptual Framework

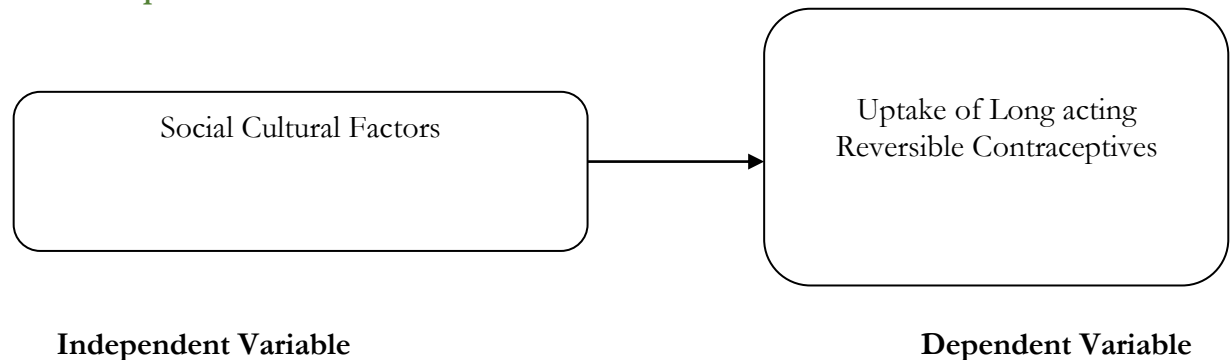


Figure 1. Conceptual Framework

III. Research Methods

3.1 Research Design

The study used a descriptive cross-sectional research design consisting of surveys and fact-finding inquiries to describe the existing state of affairs (Sekaran & Bougie, 2016). Descriptive cross-sectional research design is chosen for this study since it allows the researcher to examine and investigate the study phenomenon extensively and report in accordance with the current status of the variables once a meaningful and in-depth understanding of the factors influencing the uptake of Long-Acting Reversible Contraceptives (LARC). The design also helped in providing facts and suggestions on major connections between the factors identified and how they affect uptake of LARC.

3.2 Target Population and Sampling

The target population for the study was the reproductive women aged between 18 and 45 years seeking family planning services in Kenya. A population of 7,598 women was targeted. The study used a sampling formula by Yamane (1967) to establish the appropriate sample size. The sampling formula is highly recommended for population below 10,000 respondents.

The formula is as follows:

$$n = N / \{1 + N(e)^2\}$$

Where:

N is the number of elements in the population,

n sample size and

e the error (0.05)

$$\text{Sample size} = 7598 / 1 + 7598(0.05)^2$$

$$n = 379$$

The sample size for the study was therefore 379 respondents. Simple random sampling technique was used whereby the respondents upon identification were sampled randomly until the 379th respondent was picked. This ensured that every respondent in the sampling frame (7598) had an equal opportunity to be included in the study thus minimizing biasness.

3.3 Data Collection and Analysis

The study used interviewer-administered questionnaires to collect quantitative data. The questionnaire mainly consisted of closed ended questions and the research assistants were required to assist the respondents in filling the questions only in cases whereby the respondent is not able to fill alone. The data collected were sorted, coded, cleaned and counter checked for accuracy and incomplete data was corrected in order reduce errors after analysis. The quantitative data were analyzed using Statistical Package for Social Sciences (SPSS) version 26.

IV. Results and Discussion

4.1 Response Rate and Demographic Results

The study sought to determine factors influencing the uptake of long acting family planning methods among women of reproductive age in Kenya. The study obtained a response rate of 71.2%. This was considered a representative for the sample size since it exceeded the 60% threshold. The instrument of the study passed the reliability and the validity tests. The demographic results on the other hand revealed that most of the surveyed respondents had some background education and were aged between 30 and 40 years. Majority of the respondents had sought family planning services at least once. The results implied that diversity among the respondents was obtained an indication of the attainment of diverse responses in the responses to the main study questions.

4.2 Social Cultural Factors

The study sought to determine the influence of social cultural factors on uptake of long acting family planning methods among women of reproductive age in Kenya. The respondents required to indicate their level of agreement or disagreement based on a five-points Likert' scale. The findings are as shown in Table 1.

As the findings portray, most of the surveyed respondents agreed that their religion does not allow women to practice family planning as shown by a mean of 3.28 and a standard deviation of 1.56. Most of the respondents (mean = 3.24; standard deviation = 1.52) agreed that their religion dictates how we should practice any form of family control method. They also stated that the traditional marriages in our community do not allow use of family planning. The respondents however disagreed that marriages used in their community allowed couples to freely decide their family issues. This is evidenced by a mean of 2.02 and a standard deviation of 1.93. They however agreed that the community prefers boys to girls and that they would have as many children in order to have my preferred child as shown by a mean of 3.56 and 3.20 respectively. The findings further revealed that majority of the respondents agreed that they believed that the uptake of family planning had been influenced by their cultural practices and believes. This is an indication that the respondents confirmed that the cultural practices had made them deviate from the uptake of long lasting family planning methods.

Table 1. Descriptive Results on Social Cultural Factors

Statement	SD	D	N	A	SA	Mean	Std. Dev.
Our religion does not allow women to practice family planning	23.0%	12.1%	8.6%	26.4%	29.9%	3.28	1.56
The religion dictates how we should practice any form of family control method	21.3%	16.1%	6.9%	28.7%	27.0%	3.24	1.52
The traditional marriages in our community do not allow use of family planning	24.7%	20.1%	5.2%	28.2%	21.8%	3.02	1.53
The marriages used in our community allow couples to freely decide their family issues	44.7%	30.1%	5.2%	8.2%	11.8%	2.02	1.93
The community prefers boys to girls	21.3%	9.2%	0.6%	29.9%	39.1%	3.56	1.58
I would have as many children in order to have my preferred child	11.5%	19.5%	20.7%	33.3%	14.9%	3.20	1.24
I believe that the uptake of family planning has been influenced by our cultural practices and believes	47.8%	17.2%	15.5%	5.1%	14.4%	2.10	1.94

4.3 Uptake of Long Acting Family Planning Methods

The study sought to establish the uptake of long acting family planning methods among women of reproductive age in Kenya. The respondents were asked to indicate their level of agreement or disagreement on statements drawn from specific aspects of uptake of LAFPM. A five-point Likert's scale was adopted where 1 = strongly disagree, 2= disagree, 3= neutral, 4= agree and 5= strongly agree. The findings are as shown in Table 2.

The findings revealed that half of the respondents agreed that they were aware of several methods of family planning that available in the local clinics (mean = 3.10, standard deviation = 1.51). They however disagreed that they had visited a clinic previously to undergo a family planning instillation as shown by a mean of 2.52 and a standard deviation of 1.46. The respondents further disagreed that they had managed to space the gap between my children. This is shown by a mean of 2.51 and a standard deviation of 1.42. This is an indication that uptake of long acting family planning methods was not effective and most women were not able to control the number of children and space between children.

The findings further revealed that majority of the respondents were of the opinion that they would not refer my friends/family to family planning clinics (mean = 2.95; standard deviation = 1.47). Most of the respondents agreed that their spouse/partners were ready to support them in adopting the family planning methods (mean = 3.12) and most of them would reconsider their decision to have family planning in future as shown by a mean of 3.28 and a standard deviation of 1.15. The findings imply that family planning among the women in Kenya is still minimal and many are not ready for family planning.

Table 2. Descriptive Results on Uptake of Long Acting Family Planning

Statement	SD	D	N	A	SA	Mean	Std. Dev.
I know several methods of family planning that available in the local clinics	22.4%	17.8%	9.8%	27.0%	23.0%	3.10	1.51
I have visited a clinic previously to undergo a family planning instillation	35.1%	20.1%	18.4%	10.3%	16.1%	2.52	1.46
I have managed to space the gap between my children	33.3%	22.4%	17.8%	12.1%	14.4%	2.51	1.42
I would refer my friends/family to family planning clinics	25.3%	17.8%	9.2%	31.0%	16.7%	2.95	1.47
My spouse/partner is ready to support me in adopting the family planning methods	22.4%	15.5%	7.5%	36.8%	17.8%	3.12	1.45
I will reconsider my decision to have family planning in future	9.2%	17.8%	19.0%	43.7%	10.3%	3.28	1.15

4.4 Correlation Analysis

The correlation analysis results are as shown in Table 3. As the results portray, social cultural had a correlation coefficient of 0.878 and a P-value of $0.000 < 0.05$. This implies that social cultural factors had a strong and positive significant correlation with the uptake of long acting reversible contraceptives among women in Kenya.

Table 3. Correlation Results

		Uptake of LAFPM	Social Cultural Factors
Uptake of LAFPM	Pearson Correlation	1	.878**
	Sig. (2-tailed)		.000
	N	270	270
Social Cultural Factors	Pearson Correlation	.878**	1
	Sig. (2-tailed)	.000	
	N	270	270

4.5 Regression Analysis

A regression analysis was carried out to establish the statistical relationship between social cultural factors and uptake of long acting reversible contraceptives among women in Kenya. The model analysis was done and the output presented through the model summary, the ANOVA test and the regress coefficients. The findings are as shown in Table 4.

As the model summary results portray, the R-square for the model was 0.832. This is an implication that as a result of the combined effect of level of knowledge, individual perceptions, and social cultural factors, 83.3% of the variation in the uptake of long acting family planning methods was obtained.

The ANOVA results on the other hand revealed that the F-value for the model was 1316.598 at a significant level of $0.000 < 0.05$. This is an indication that the model would significantly predict the relationship between the variables and the at least one of the three variables (uptake of long acting family planning methods) had significant influence on the uptake of long acting family planning methods.

The regression coefficients further revealed that social cultural factors had a significant influence on the uptake of long acting reversible contraceptives among women. The Beta coefficient was 0.320 which is an indication that a unit change in the social cultural factors would influence the uptake of long acting reversible contraceptives among women by 32.0% at a significant t level of $0.000 < 0.05$.

Table 4. Relationship between Socio-Cultural factors and reversible contraceptives among women

Model Summary						
Model	R	R Square	Adjusted R Square		Std. Error of the Estimate	
1	.912 ^a	.832	.828		.42003	
a. Predictors: (Constant), Individual Perceptions, Level of Knowledge, Social Cultural Factors						
ANOVA						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	147.459	1	147.459	1316.598	.000 ^b
	Residual	29.816	268	.112		
	Total	177.275	269			
a. Dependent Variable: Uptake of LAFPM						
b. Predictors: (Constant), Individual Perceptions, Level of Knowledge, Social Cultural Factors						
Regression Coefficients						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.041	.111		0.371	.711
	Social Cultural Factors	.320	.079	.319	4.038	.000
a. Dependent Variable: Uptake of Family Planning Methods						

V. Conclusion

The study sought to determine the influence of social cultural factors on uptake of long acting family planning methods among women of reproductive age in Kenya. The descriptive analysis of the results revealed that most of the women were of the opinion that their religion does not allow women to practice family planning. They also indicated that their religion dictates how we should practice any form of family control method. The respondents disagreed that marriages used in their community allowed couples to freely decide their family issues. The findings further revealed that the community prefers boys to girls and that they would have as many children in order to have their preferred child. The results from the inferential analysis revealed that social cultural factors had a strong and significant correlation with the uptake of long acting family planning methods.

The study concluded that the social cultural factors had a significant influence on the uptake of long acting family planning methods. The social and cultural beliefs such as religious beliefs, cultural practices and existing social norms have a role to play in the uptake of long acting family planning methods.

The study recommends that the societies through the leaders ought to integrate modernity in their social cultural practices so as to ensure the continued progress and transformation of the communities. Through education of the community members on the merits surrounding long acting family planning methods that overrides the social culture beliefs, the women in these communities will embrace the LAFPM.

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