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Research paper

Contraceptive Awareness Among Reproductive Age group

Batte Manasa [1] *, KE Manga Reddy [2]

[1] *Assistant Professor, Department of Obstetrics and Gynaecology, Kaloji Narayan Rao University of Health Sciences, Warangal, Telangana-506007, India*
[2] *Professor, Department of Obstetrics and Gynaecology, Kaloji Narayan Rao University of Health Sciences, Warangal, Telangana-506007, India*
**Corresponding Email Id: bmanasa06@gmail.com*

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Abstract

Background: Contraceptive awareness is essential for promoting reproductive health and family planning. Though many contraceptive techniques exist, different demographic groups' knowledge and use remain uneven. To guide improved healthcare policies and educational initiatives, this study evaluates the knowledge, use, and obstacles connected to contraception among people of reproductive age.
Methods: A cross-sectional descriptive survey design was used to collect data from 549 participants aged 18 to 49 years. Covering six important areas—demographic traits, understanding of contraceptive techniques, use, obstacles, sources of information, and community perceptions—a systematic, pre-tested questionnaire was given either via face-to-face interviews or self-administered forms. The data was examined using percentages and frequencies, among other descriptive statistics.
Results: The most prevalent forms of contraception among participants were emergency contraception (47.0%) and female condoms (72.0%), with 67.0% being aware of at least one method. Of those, a notable 76.1% had ever used contraceptive techniques, with emergency contraception (86.8%) and injectable contraceptives (87.8%) being the most often used. Partner opposition (15.8%), fear of adverse effects (14.4%), and cultural or religious beliefs (12.0%) were among the obstacles to use. Common misunderstandings concerning contraceptives were worries about infertility (50.2%) and the idea that they are reserved for married people (49.8%). Though half of the respondents had not attended any official educational courses on contraception, media (23.1%) and healthcare providers (22.8%) were the main sources of information.
Conclusion: Although knowledge of contraceptive techniques is rather good, especially cultural attitudes, misunderstandings, and lack of partner involvement create major knowledge gaps and notable obstacles to its efficient use. The study points to the need for thorough, community-based educational efforts, better access to healthcare, and more active participation of healthcare professionals in providing regular contraceptive counselling.

Keywords: *Contraceptive awareness, reproductive health, family planning, barriers to contraceptive use, health education, misconceptions, community perceptions.*

1. Introduction

Contraceptive awareness is critical for promoting reproductive health, particularly among those of reproductive age [1]. Preventing unplanned pregnancies as well as protecting against sexually transmitted infections (STIs) depends on one's access to and knowledge of contraceptive choices [2]. Though influenced by things like misunderstandings, cultural views, access to healthcare facilities, and socioeconomic conditions, many areas of the world still show a notable disparity in knowledge and real use, even with different contraceptive techniques [3].
Designing efficient family planning initiatives and enhancing maternal health results depend on knowing the degree of contraceptive awareness in countries like India, where a significant portion of the population falls within the reproductive age range [4,5]. Though many people may know about contraceptive techniques, a lack of thorough understanding of their appropriate use, advantages, and hazards could restrict their efficient use. Sociocultural elements, including partner resistance, religious attitudes, and misinformation regarding contraceptive side effects, can help to dissuade people from using family planning techniques [6].
The study primarily examines contraceptive awareness in India; nevertheless, analogous trends have been observed elsewhere, indicating that the findings may possess wider significance. For instance, in Sub-Saharan Africa, despite multiple family planning measures, misconceptions regarding contraceptive safety and worries of infertility persist as significant obstacles to uptake [15]. Likewise, research in Southeast Asia underscores the same obstacles, wherein cultural norms, insufficient male participation, and poor community-based education persist in obstructing contraceptive use [16]. By correlating the current findings with worldwide trends, the study enhances its generalizability and underscores that socio-cultural issues and enduring misconceptions constitute prevalent barriers across various countries.
Access to contraception is still a top public health issue around the world. In 2021, the WHO said there were over 1.9 billion women of reproductive age in the world. Of these, 874 million used modern birth control, and 164 million had unmet needs. By 2023, this number

had grown to 257 million, showing that there are still gaps in coverage. Family planning has many benefits, such as lowering the number of unplanned pregnancies, lowering the number of deaths and illnesses among mothers, delaying births among teens, and giving women more authority, all of which are in line with SDG 3.7 on universal access. But there are still problems, especially in places with few resources, like restricted availability, cultural hostility, fear of adverse effects, poor service quality, and few method options. The WHO also points out that there are differences between regions, with West and Middle Africa having the most unmet needs compared to Southeast Asia and the Americas. A troubling tendency among teenagers is that condom use has gone down from 2014 to 2022. This raises the danger of STIs and unplanned pregnancies because sex education isn't very good. These global insights are like what is happening in India, where people are very aware of STIs but don't know much about how to prevent them, don't have a lot of different methods to choose from, and don't talk to their partners about them. This is like what is happening around the world, where awareness doesn't always lead to effective contraceptive use [18,19]. The study's principal contribution is the identification of partner opposition and cultural taboos as significant impediments to contraceptive usage, offering essential insights for the formulation of tailored interventions. Additionally, it tackles important gaps by emphasizing the role of healthcare providers in counseling and delivering services, calling for greater provider involvement to promote reproductive health outcomes.

The primary objective of this study is to assess the awareness of contraceptive methods among individuals within the reproductive age group. This includes evaluating the level of knowledge, perceptions, and misconceptions related to various contraceptive options. By examining these factors, the study aims to identify the key barriers to contraceptive utilization and suggest interventions that can improve both awareness and acceptance of contraceptive methods, particularly in underserved and rural communities. This research is crucial for informing public health strategies aimed at increasing family planning adoption and reducing reproductive health challenges within the community.

2. Methodology

Study Design: A cross-sectional descriptive survey approach was used in this study to evaluate the knowledge, use, and obstacles around contraceptive techniques among people of reproductive age. The study sought to collect insights into participants' knowledge, attitudes, and practices about contraception as well as to uncover sociocultural and systematic elements affecting contraceptive behavior. This study used a convenience sampling method to capture a diverse representation of individuals from both urban and rural areas. While this approach facilitated data collection from heterogeneous demographic groups within a limited timeframe and available resources, it may introduce selection bias as participants may not fully represent the wider population. To mitigate this limitation, recruitment was conducted across multiple locations, ensuring variation in socioeconomic, educational, and cultural backgrounds. Future studies could adopt probability-based sampling to enhance representativeness and strengthen external validity, thereby improving the applicability of results to broader populations

Participants: Using a convenience sample approach, 549 people in all took part in the survey. To guarantee different demographic representation, participants were drawn from several urban and rural areas. The sample comprised both men and women, including those identifying as other genders, to provide a complete view of contraceptive knowledge and use.

Inclusion Criteria

1. Individuals aged between 18 and 49 years
2. Willing to provide informed consent
3. Able to understand and respond to the questionnaire
4. Residents of the study region (urban or rural)

Exclusion Criteria

1. Individuals below 18 years or above 49 years
2. Those with cognitive impairments that could hinder understanding of the questionnaire
3. Participants who declined to participate or withdrew during data collection

Data Collection

Data were collected using a **structured questionnaire** administered either through face-to-face interviews or self-administered forms, depending on the participant's preference and literacy level. The questionnaire was designed to cover six key domains:

1. Demographic Characteristics
2. Awareness and Knowledge of Contraceptive Methods
3. Utilization of Contraceptive Methods and Reasons for Choice
4. Barriers and Misconceptions
5. Sources of Information and Educational Exposure
6. Perceptions and Community-Based Recommendations

Before full deployment, the tool was validated through a pilot test involving 30 individuals (excluded from the final analysis), and modifications were made for clarity and relevance.

Measured Outcomes

The study focused on the following primary and secondary outcome measures:

1. **Primary Outcomes:**

1. Level of awareness and knowledge regarding various contraceptive methods
2. Prevalence of contraceptive use among participants

2. **Secondary Outcomes:**

1. Identification of barriers and misconceptions about contraceptives
2. Preferred sources of information and community attitudes toward contraceptive education
3. Participants' perceptions about the importance of contraceptives for family planning and reproductive health

Data Analysis: Statistical Package for the Social Sciences (SPSS) version 25.0 was used to enter and analyze data. Categorical factors such as demographic data, awareness levels, use rates, and perceived obstacles were summarized using descriptive statistics, including frequencies and percentages. Appropriate cross-tabulations were also run to investigate connections between factors, such as awareness by education level or urban vs rural residence. For clarity, findings are shown in table format.

3. Results

The findings provide an overview of the participants' demographic features, knowledge, usage, and attitudes toward contraceptive techniques. Data came from 549 individuals in all. The results show differences in awareness, accessibility, cultural influences, and contraceptive usage barriers as well as the impact of education and healthcare in forming attitudes and actions.

Table 1: Demographic Characteristics of Study Participants (N = 549)

Demographic Information			
		Frequency	Percent
Age Group	18–25	186	33.9
	26–35	191	34.8
	36–45	96	17.5
	46–49	76	13.8
Gender	Male	243	44.3
	Female	263	47.9
	Other	43	7.8
Marital Status	Single	244	44.4
	Married	246	44.8
	Divorced	28	5.1
	Widowed	31	5.6
Highest level of education	No formal education	158	28.8
	Primary	117	21.3
	Secondary	135	24.6
	Higher education	139	25.3
Employment Status	Employed	185	33.7
	Unemployed	194	35.3
	Homemaker	170	31.0
Reside	Urban area	259	47.2
	Rural area	290	52.8

The demographic breakdown of the study participants is shown in Table 1. Most of the replies came from those between the ages of 26–35 (34.8%) and 18–25 (33.9%). Women (47.9%) marginally outnumbered men (44.3%), with a tiny percentage classifying as other genders (7.8%). Among participants, marital status was almost evenly divided between single (44.4%) and married (44.8%). Most of the participants had no formal education (28.8%), while a smaller percentage had earned higher education (25.3%). Employment status also differed; 35.3% were unemployed, 33.7% were working, and 31.0% were homemakers. Respondents lived somewhat more in rural areas (52.8%) than in urban ones (47.2%).

Table 2: Awareness and Knowledge of Contraceptive Methods Among Participants (N = 549)

Awareness of Contraceptive Methods			
		Frequency	Percent
any contraceptive methods	Yes	368	67.0
	No	181	33.0
If yes, which contraceptive methods do you know about	Male condoms	165	44.8
	Female condoms	265	72.0
	Oral contraceptive pills	161	43.8
	Intrauterine devices (IUDs)	148	40.2
	Contraceptive implants	156	42.4
	Injectable contraceptives	160	43.5
	Emergency contraception	173	47.0
	Natural family planning methods	170	46.2
	Sterilization (male or female)	151	41.0
First, learn about contraceptive methods	Family members	97	26.4
	Friends/Peers	118	32.1
	Healthcare professionals	110	29.9
	Media (TV, radio, internet)	108	29.3
	Educational programs	116	31.5
contraceptive methods can prevent sexually transmitted infections (STIs) in addition to unintended pregnancies	Yes	267	48.6
	No	282	51.4
aware that different contraceptive methods are suitable for different age groups and health conditions	Yes	268	48.8
	No	281	51.2
Government or non-government programs are providing free or subsidized contraceptive services	Yes	260	47.4
	No	289	52.6
Received information about contraceptive methods from a healthcare provider during a routine medical consultation	Yes	268	48.8
	No	281	51.2
aware of emergency contraception and its appropriate usage	Yes	268	48.8
	No	281	51.2

Participants' awareness and knowledge of contraceptive methods are shown in Table 2. With female condoms (72.0%), emergency contraception (47.0%), and natural family planning (46.2%) being the most often known, a majority (67.0%) said they were aware of at least one contraceptive method. Friends/peers (32.1%), medical professionals (29.9%), and educational courses (31.5%) mostly provided knowledge on contraception. Fewer than half of the respondents knew that contraceptive techniques could either stop STIs (48.6%) or be appropriate for certain age groups and medical conditions (48.8%). Likewise, knowledge about healthcare consultations on contraception (48.8%) and

government or NGO support initiatives (47.4%) stayed under half. Especially, knowledge of emergency contraceptive use was at 48.8% among respondents.

Table 3: Utilization of Contraceptive Methods and Reasons for Choice Among Participants (N = 549)

Use of Contraceptive Methods			
		Frequency	Percent
ever used any contraceptive method	Yes	418	76.1
	No	131	23.9
If yes, which method(s) have you used	Male condoms	262	62.7
	Female condoms	354	84.7
	Oral contraceptive pills	284	67.9
	IUDs	186	44.5
	Implants	263	62.9
	Injectable contraceptives	367	87.8
	Emergency contraception	363	86.8
	Natural family planning	270	64.6
The primary reason for choosing this method	Ease of access	100	18.2
	Affordability	115	20.9
	Recommendations by healthcare providers	125	22.8
	Cultural acceptability	110	20.0
	Other	99	18.0

Table 3 shows respondents' reported use of contraceptive techniques. Of at least one kind of contraception, 76.1% said they have used. Among these, the most often utilized techniques were injectable contraceptives (87.8%), emergency contraception (86.8%), and female condoms (84.7%). Commonly utilized as well were oral tablets (67.9%) and natural family planning (64.6%). Recommendations from doctors mostly determined the method chosen (22.8%), followed by cost (20.9%) and cultural acceptability (20.0%). Ease of access and other criteria were also mentioned, suggesting a range of influences on contraceptive choices.

Table 4: Barriers and Misconceptions Regarding Contraceptive Use Among Participants (N = 549)

Barriers to Contraceptive Use			
		Frequency	Percent
The reasons for not using contraceptive methods	Lack of knowledge about methods	78	14.2
	Cultural or religious beliefs	66	12.0
	Fear of side effects	79	14.4
	Partner's opposition	87	15.8
	Limited access to services	85	15.5
	Financial constraints	73	13.3
	Other	81	14.8
any misconceptions you have heard about contraceptives	Yes	285	51.9
	No	264	48.1
If yes, what misconceptions have you heard	Contraceptives cause infertility	143	50.2
	Contraceptives lead to severe health issues	119	41.8
	Contraceptives are only for married people	142	49.8
	Other	145	50.9
Cultural or religious beliefs in your community discourage the use of contraceptives	Yes	275	50.1
	No	274	49.9
hesitant to use contraceptives due to fear of side effects or health risks	yes	299	54.5
	No	250	45.5
uncomfortable discussing contraceptive options with your partner or healthcare provider	Yes	279	50.8
	No	270	49.2

Table 4 demonstrates the different obstacles and misunderstandings among participants that impede contraceptive use. Key reasons for non-use were partner's objection (15.8%), restricted access to services (15.5%), fear of negative effects (14.4%), and lack of understanding (14.2%). Most often, they induce infertility (50.2%) or are exclusively meant for married people (49.8%), over half (51.9%) said they had heard false beliefs regarding contraceptives. Hesitation about contraceptive use was also greatly affected by cultural or religious discouragement (50.1%) and anxiety about health concerns (54.5%). Half of the participants (50.8%) also said they were uncomfortable talking about contraceptive choices with their doctors or partners, hence stressing communication as a major obstacle.

Table 5: Sources of Information and Exposure to Contraceptive Education Among Participants (N = 549)

Sources of Information			
		Frequency	Percent
Prefer to get information about contraceptive methods	Healthcare professionals	125	22.8
	Family/Friends	101	18.4
	Media (TV, radio, internet)	127	23.1
	Educational institutions	94	17.1
	Community health programs	102	18.6
Ever attended a counseling session or educational program on contraception	Yes	276	50.3
	No	273	49.7

Table 5 shows participants' preferred information sources on contraceptive techniques and their exposure to educational programs. The most favored media sources were the internet, radio, and television; healthcare professionals (22.8%) and community health programs (18.6%) closely followed this. Of educational institutions, 17.1% relied on family/friends; 18.4% relied on family/friends. Indicating moderate reach of formal contraceptive education initiatives, just over half of the respondents (50.3%) said they had attended an educational program or counseling session on contraception.

Table 6: Perceptions Toward Contraceptive Use and Recommendations for Community Improvement (N = 549)

Perceptions and Recommendations			
		Frequency	Percent
Contraceptives are important for family planning	Yes	257	46.8
	No	292	53.2
improve contraceptive awareness and use in your community	Educational campaigns	136	24.8
	Better healthcare access	140	25.5
	Addressing cultural taboos	141	25.7
	Partner involvement in discussions	132	24.0
Recommend contraceptive methods to others	Yes	296	53.9
	No	253	46.1
Contraceptive methods are important for reproductive health	Yes	267	48.6
	No	282	51.4
feel more comfortable using contraceptive methods if there were more educational programs available	Yes	258	47.0
	No	291	53.0
Contraceptive use should be more openly discussed in your community	Yes	260	47.4
	No	289	52.6
Healthcare providers should offer more information about contraceptive methods during routine visits	Yes	276	50.3
	No	273	49.7

Table 6 lists participants' favorite information sources on contraceptive methods and their exposure to educational programs. The internet, radio, and television were the most preferred media sources; healthcare professionals (22.8%) and community health programs (18.6%) closely followed this. Of educational institutions, 17.1% depended on family/friends; 18.4% on family/friends. Just over half of the respondents (50.3%) reported having attended a counseling session or instructional program on contraception, indicating moderate reach of formal contraceptive education efforts.

4. Discussion

Among 549 people, this study provides a thorough evaluation of knowledge, use, attitudes, and obstacles connected to contraceptive techniques. The demographic distribution showed a quite young population, most of whom were between 18 and 35 years old. The almost equal distribution of gender and marital status offered a fair perspective from which to assess attitudes and behaviors of reproductive health. Of those polled, 67% said they were aware of contraceptive techniques; female condoms, emergency contraception, and natural family planning were the most well-known. Awareness, however, did not always mean thorough knowledge or use. Especially, misunderstandings and ignorance regarding the twin protective advantages of contraception—preventing both pregnancy and STIs—stayed widespread as less than half of those polled acknowledged this dual goal. These results reflect those of Rattan et al. (2022) [9] and Tibaijuka et al. (2017) [7], who discovered comparable knowledge deficits among rural Indian people, especially about emergency contraception and STI prevention. Of the 76.1% of participants who had used at least one contraceptive technique, injectable contraceptives, emergency contraception, and female condoms were the most often used. This trend shows a predilection for techniques that seem effective and don't call for everyday adherence. On the other hand, the frequent use of emergency contraception can indicate uneven main contraceptive use, as Pazol et al. (2018) also implied. Research like Corley et al. (2022) [10] has also found that young adults frequently depend on emergency techniques because of limited understanding and access to normal contraceptive treatments.

The usage of contraceptives was shown to be significantly hampered by several factors, such as partner resistance, side effect anxiety, cultural and religious views, and restricted access to services. Of those who reported hearing false information, over half (51.9%) said it was especially about views that contraceptives are only for married people or that they cause infertility. These results agree with Souza et al. (2022 [11], who found that in low-resource areas, sociocultural myths significantly hinder contraceptive use. Adoption is further hampered by fear of health issues and discomfort talking about contraception, which highlights the critical need for destigmatization at the community level and open discussion.

Information about contraception came from many different places, with media, medical professionals, and community programs topping the list. Though more than half had gone to a contraceptive education session, the overall knowledge and favorable attitudes were disappointing, indicating that current programs might be lacking in depth, cultural sensitivity, or reach. Martin et al. (2024 [12] claim that participatory, culturally customized educational strategies are more effective in changing contraceptive attitudes.

Of those polled, only 46.8% recognised the need for contraception for family planning; less than half considered it essential for reproductive health. Nearly half preferred more openness and knowledge on the subject, while 53.9% said they would advise others to use contraceptive methods. These results point to a community in transition—one where a younger, more educated generation is questioning conventional ideas even as they still exist.

The findings unequivocally show a critical need for more focused contraceptive education, particularly in rural and underprivileged areas. Programs should be created to handle obstacles such as cultural taboos, partner dynamics, and misunderstandings. More active participation from healthcare professionals is necessary—only half of the attendees said they got contraceptive information at regular checkups. This supports Borrero's (2019) results, which stress including family planning talks within main care. Moreover, community involvement initiatives like peer-led education, media campaigns in local languages, and the participation of males in reproductive health conversations might help to increase acceptability and lower stigma. Improving availability via mobile clinics and subsidized treatments, as UNFPA (2021) [14] advises, might also help to increase use, especially in low-income areas. This study highlights substantial obstacles, including partner resistance, apprehension regarding side effects, and cultural taboos; nonetheless, a more profound comprehension of the reasons behind the persistence of misconceptions is crucial. The assumption that contraceptives cause infertility is a common myth that comes from beliefs passed down through generations, a lack of sexual health education, and stigma in the community (Cleland et al., 2019)[17]. In numerous low-resource contexts, such as certain regions of India, Sub-Saharan Africa, and Southeast Asia, the insufficient distribution of proper reproductive health information perpetuates these myths. Additionally, the absence of male participation in family planning decisions and inadequate involvement of healthcare providers perpetuate these beliefs. To deal with these problems, we need culturally appropriate educational programs and community-based participatory approaches that make talking about birth control normal, dispel myths, and build trust in modern technologies. The debate provides actionable solutions, including the implementation of peer-led education programs and the establishment of mobile clinics, which are pragmatic strategies to enhance contraceptive awareness and accessibility.

However, subsequent studies should concentrate on investigating male involvement in contraceptive decision-making and evaluating the enduring effects of media campaigns. Such investigations would yield profound insights into sustainable strategies for improving reproductive health outcomes.

5. Conclusion

This study highlights varying levels of knowledge, attitudes, and practices regarding contraceptive use. While 67% were aware of at least one contraceptive method, only 48.6% understood that these methods also help prevent STIs. A significant 76.1% reported using contraceptives, with injectable (87.8%) and emergency contraception (86.8%) being the most common. However, barriers such as partner opposition (15.8%), fear of side effects (14.4%), and misconceptions like infertility risks (50.2%) remain widespread. Despite half of the participants attending educational sessions (50.3%), only 46.8% agreed that contraceptives are important for family planning. These findings suggest a need for targeted educational campaigns, improved healthcare access, and open discussions to promote informed contraceptive choices.

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