

## Effectiveness of voluntary family planning services among young married couples in Isiala Ngwa North Local Government Area (LGA) of Abia State Nigeria

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Unintended pregnancy is one of the major issues affecting reproductive health in Nigeria. In Isiala Ngwa North Local Government Area of Abia State, Nigeria, we noticed that one in every five pregnancies is unplanned. Many women who have mistimed pregnancies resort to abortions, which are essentially performed in dangerous conditions. Therefore, we sought to understand from 210 young married couples how effective voluntary family planning services are to curb the problem of unplanned pregnancies in Abia State's Isiala Ngwa North Local Government Area. The framework provided by contraceptive decision theory was helpful in the thematic analysis of the data. Findings reveal voluntary family planning is effective at averting pregnancies, but there are limited contraceptive options available for individuals. Our findings indicated **white-coria** and **osu-oji** (forms of traditional contraceptives) as efficacious in preventing pregnancy. Recommendations on the effectiveness of family planning services were made.

**Keywords:** contraceptives, effectiveness, family planning, sexual, voluntary

### Introduction

Globally, 2012 London Summit on Family Planning provided a transformational opportunity for family planning programs. According to Hardee et al. (1), more than 150 leaders from various countries, international agencies, and civil society organizations, among others, committed resources for voluntary family planning services by 2020 to get to more than 120 million women and girls. The summit emphasized the need for access and use of contraceptives as a right and transformational health and development priority (1). Family planning was positioned by the International Conference on Population and Development (ICPD) within a wide context of reproductive health and human rights (2).

All couples and individuals are free and responsible to choose the number of children they want to have through

family planning (3). This suggests that a preventative service is family planning, which if used will allow people who are married to achieve their desired number of children as well as decide the timing of pregnancies while taking into account their financial opportunities and preferences. Additionally, family planning does not imply a decrease in the size of a family. Family planning aims to eliminate the need for unsafe abortions, infant mortality, and pregnancy-related health concerns for women. The PMNCH Report 2013 by the Partnership for Maternal, Newborn and Child Health asserts that access to family planning is a human right. Every couple and person has the right to make an informed decision about when and if they want to start a family, as well as the right to the best possible sexual and reproductive health. In addition to saving lives, family planning services may prevent unwanted, dangerous pregnancies and unsafe abortions.

These offerings can be beneficial. Increasing the time between pregnancies will improve infant and child survival rates.

According to Guillebaud (4), through the fundamental human right of voluntary family planning, couples may have children voluntarily and not by accident. The choice to have fewer children is a personal one for couples. According to Hardee et al. (1), international support for adherence to voluntary family planning guidelines operationalizes couples' rights to make decisions about the number and spacing of their children in a free and responsible manner and to have access to the information and resources necessary to do the planning, then according to Robinson and Ross (Robinson and Ross, 2007), the U.S. Agency for International Development (USAID) said that the following four guiding principles serve as the foundation for its assistance: Individuals have the option to consciously decide whether to utilize family planning and people have access to information on a wide range of family planning options, including the advantages and health hazards of various family planning options. For instance, procedures and services are provided to couples directly or through referral, and any couples who choose sterilization must demonstrate their approval by signing a formal consent document (5).

In recent times, several efforts have been made to increase the use of voluntary family planning among couples in Nigeria through various initiatives of the government and other relevant stakeholders. One of the efforts is expressed through the adoption of the 1988 national population policy, which advocates reduction in the birth rate through voluntary fertility regulation (6). The 2002 National Reproductive Health Policy in Nigeria was established to improve reproductive health rights and ensure that there is improvement in the reproductive health status of people adopting various plans. The goal was to foster a climate for effective action and offer direction to local initiatives in all facets of reproductive health (7). The 2014–2018 Nigeria Family Scale-Up Plan in the Planning Blueprint aims to expand access to contraceptives.

By increasing the prevalence rate (CPR) among married women from 15 to 36%, 1.6 million unwanted pregnancies, 4,00,000 infants, and 7,00,000 children would be prevented by the year 2018 (8). Additionally, The Society for Family Health (SFH) plans to promote reproductive health among the general public through the Improving Reproductive Health in Nigeria (IRHIN) initiative. The project's goal is to decrease unwanted or inappropriate births by increasing knowledge of, access to, and proper use of contraceptives. Family Planning 2020 (FP) claims that in order to address challenges relating to religious beliefs, the inclination for big families, and the lack of decision-making authority for women, the government of Nigeria will collaborate with important stakeholders by the year 2020. The alliance also aims to increase the availability of FP services and dispel myths about family planning. This would foster an

environment where women and girls could make educated decisions about their health.

Voluntary family planning remains critical to sexual and reproductive health (SRH) and is therefore crucial to the success of any specific remedial program for voluntary family planning services. Aliyu (9) affirmed that despite the government's efforts in this area, voluntary family planning among married couples in Nigeria continues to be mostly inconsequential. As a result, there is a great demand for improvement in family planning practices among newlywed couples, particularly in rural areas. In Abia State, where it has been noted that there is a high frequency of unwanted pregnancies and cases of abandoned kids as a result of unwanted pregnancies, this is especially true (10).

For example, in Abia State, couples during the first 5° years of marriage were responsible for more than 60% of births (11). According to Okezie et al. (12); Nwaogwugwu (13); Asa et al. (14), in contrast to women in their early 30s, when the proportion of births to those married for less than 5° years has been on the rise as age at marriage has climbed, nearly all births to women in their late 20s were to women who had been married for 5° years or less. The younger fertility rate suggests high fertility when the age composition of the population is taken into account. If girls have children without taking appropriate fertility precautions, they may have reproductive health issues, have unstable marriages, and spend the rest of their lives in poverty.

Furthermore, more than 2,345 women in Abia State die from childbirth and pregnancy-related issues annually. Contraceptive prevalence rate (CPR) in Abia State has dropped from 16% in 2013 to 12% in 2018 (Nigeria Demographic Health Survey, 2018). This is far from the projected 36% that must be achieved by the year 2020. If reproductive health or fertility regulation measures are to be meaningful, then it is necessary to ascertain the effectiveness of voluntary family planning services among young married couples mostly in the Abia State local government area (LGA) of Isiala Ngwa North, where there is a high preference for large families. Therefore, we considered ascertaining the effectiveness of voluntary family planning services among young married couples in Isiala Ngwa North LGA of Abia State through the following questions: (1) What is the level of knowledge of voluntary family planning among young married couples? (2) What are the challenges inhibiting effective voluntary family planning services? (3) What strategies could be developed to further enhance the effectiveness of voluntary family planning services among young married couples?

However, contraceptive decision-making using theory as a theoretical justification for perceptions of voluntary family planning among newly married couples. The Luker (15) contraceptive decision-making hypothesis is predicated on the idea that high fertility is a result of contraceptive risk-taking behavior and deliberate decision-making (16, Philliber and Namerow, 1990). Based on a survey of 500 women who

were candidates for abortion and were between the ages of 14 and 44, Luker created a decision-making model (1993 Saulpaugh). According to Saulpaugh (16), the evidence used to create the Lukers theory came from in-depth interviews with 50 of the sample's 500 abortion candidates. The study's fundamental premise was that increased fertility was a result of using contraceptives riskily and consciously choosing to do so (16, Philliber and Namerow, 1990).

However, quantitative studies with larger samples have not supported Luker's theory. Instead of using samples limited to women from family planning clinics, Fennell (17) determined contraceptive decisions of never-married college women and found that non-use of contraceptives was not associated with finding pregnancy more appealing, nor was it associated with a lower willingness to seek abortion. Foreit and Foreit (18) indicated that predictable sexual intercourse was primary in promoting consistent contraceptive use. Lukers theory does not incorporate variation in how individuals may calculate contraception, and it does not address how the sexual and relationship context of decision-making may shape the ultimate outcome (17). In the context of this study, decision-making plays an important role in the effectiveness of voluntary family planning services among young unmarried couples. The capacity to make wise selections becomes more crucial throughout the first 5°years of marriage. This period is when decisions for childbearing and family size is of priority among young married couples due to high expectations from family, friends and relatives about childbirth.

## Research elaborations

This study was carried out in Isiala Ngwa North, a Local Government Area (LGA) in the Nigerian state of Abia, in the country's southeast geopolitical region. Due to the high prevalence of unintended births and insufficient use of contraception, Isiala Ngwa North L.G.A., a typical rural location, was chosen for this study. For instance, Abia State's contraceptive prevalence rate (CPR) has dropped from 16% in 2013 to 12% in 2018 (Nigeria Demographic Health Survey, 2018). According to the National Bureau of Statistics (19), Abia State has a projected population of 31,69,889 with 1,71,656 for Isiala Ngwa North L.G.A. Isiala Ngwa North L.G.A has a land area of 283 square kilometers and consists of seven autonomous communities, namely, Amasaa, Amapu-Ntigha, Amasa-Ntigha, Ihie, Ngwa Ukwu, Nsulu, and Umuoha. This study was restricted to the use of family planning among young married couples in their first 5 years of marriage in Isiala Ngwa North, L.G.A. The ability to decide on when and how many children to bear becomes of particular importance during the first 5°years of marriage as family members and relations seriously expect children to be born within this period.

By casting ballots, the researchers selected one community from each of the seven independent communities using a straightforward random sample procedure. The Amasaa communities, Amapu-Ntigha, Amasa-Ntigha, Ihie, Ngwa-ukwu, Nsulu, and Umuoha on folded pieces of paper, which were then placed in seven baskets and mixed, were listed, correspondingly. One of the researchers was instructed to select one item from each basket while blindfolded using the hand-drawing technique. By using this technique, Ohuhu in Ama-Asa, Umuobia in Amapu-Ntigha, Okpuala in Amasa-Ntigha, Amaogwugwu in Ihie, Osusu in Ngwa-ukwu, Mbubo in Nsulu, and Amapu in Umuoha were selected for the study. In each of the sampled communities, we deliberately chose 30 newlywed couples who had been married for less than 5°years. Additionally, snowballing was used to help the researchers collect the necessary number of responders through proper referrals. As a result, 210 sample size comprised newlywed couples.

A total of 210 senior citizens were interviewed in-depth (IDIs) to gather data between June and September 2019. Due to the delicate nature of the subject, IDIs were used since group discussions can prevent people from freely expressing their opinions about marital or reproductive health experiences. Again, we employed IDIs owing to seasonal rainfall, which is also heavy within the period of this research since it may be difficult to get to a central venue for a group discussion. Our interviews with our respondents believed it was convenient for them, the survey was closed. Given the preferences of the respondents, interviews were done using a combination of English and Igbo. The researchers developed the IDI guide together so they could consistently perform the interviews at various times and in diverse locations. The interviewers, as well as the note-takers and recorders, were fluent in both their native tongue and English. To prevent tiredness, we organized and planned interviews to last 40 min. Concerning ethical concerns, oral informed consent was sought from each community leader and participant under the condition of complete disclosure (including approval to use a recording device). Likewise, we ensured willful engagement while maintaining respondents' privacy and confidentiality.

The responses from the IDIs were recorded along with the note-takers' transcriptions of their responses in English, which were then checked with the transcriptions to ensure consistency. After reviewing the transcripts and paying close attention to how the comments related to the study questions, we came up with themes that everyone agreed upon. The Each response was assigned to the theme area that was most appropriate for it in a spreadsheet analysis that the researchers created using Microsoft Excel. Two academics who were not a member of the study team reviewed the final analytic spreadsheet, and their comments were taken into account. We made sure that each author's spreadsheet analysis, transcript review, and confirmation by peers were in line with the rigor of qualitative research methodology (20).

## Findings

Here we give both the study findings that attempt to answer the research questions and the demographic characteristics of the respondents.

Among the respondents, 40% were males, and 60% were females. All sampled married couples are young in marriage, as they are 0–5 years in marriage. We discovered that the majority of the young married couples indicated that 67.0% of respondents had completed their senior secondary certificates, and 33.0% held a bachelor's degree in science. This implies the respondents are informed enough to know that voluntary family planning will help couples decide on the time for the next pregnancy.

The findings show that young married couples have knowledge of voluntary family planning, as the majority reveals that the most popular means by which people prevent pregnancy in the area are the condom and **white-coria** and **osu-oji** (forms of traditional contraceptives). For instance, data from IDI show that Andrews liver salt, abstinence and Coitus interruptus are known methods. This shows that young married couples have knowledge of various family planning services. Qualitative data from IDI in Ohuhu in the Ama-Asa community with a woman leader corroborated this. For example, she said:

women and girls can use condom or *white-coria* and *osu-oji* to prevent pregnancy. There was this girl who has not married in this community and she did not know about these modern contraceptives and she became pregnant after sexual intercourse with her boyfriend because she felt that *white-coria* or *osu-oji* is olden days thing. So she did not use it. Women and girls in this community know about *white-coria* and *osu-oji* and they are using it to avoid pregnancy. Women and girls prefer it because it can prevent pregnancy. Even some will eat good quantity of *osu-oji* to abort their pregnancy. In this community I can also tell you that people know other methods of avoiding pregnancy like Andrews Livers Salt, from chemist and withdrawal but all of them may not work like *white-coria* and *osu-oji*. So, we know how to prevent pregnancy in this place.

Corroborating previous quote is a male youth leader in Amapu in Umuoha who said,

some girls lick *white-coria* or chew *osu-oji* before they have sex with their boyfriends to protect themselves from unwanted pregnancy. But a lot of women or girls especially those who just married some years ago are always giving birth to children every year and it is pathetic, considering the condition we are in this country.

Furthermore, the qualitative data generated from IDI in Amasaa Ntigha and Osusu in Ngwa-Ukwu indicated that

neither parents nor schoolteachers were open to talking about family planning services which makes the young married people have conflicting information/knowledge about the effectiveness of family planning services through friends, media and religious organizations. Parents perceived such discussion with their young people's as immoral as such will not corrupt their children. They further stressed that it is relevant that young married couples are given basic knowledge of contraception from appropriate sources in order to avoid confusion.

The findings indicate that the challenges inhibiting voluntary family planning services among young married couples were traditional practices and attitudes of health workers. We also found that personal belief or faith was a major challenge for some while disapproval from friends was a challenge. This was also confirmed by IDI data from Okpuala in Amasa-Ntigha.

If you want to buy contraceptive especially condom you will be afraid so that somebody who know you will not see you or your church people. Another, thing is that sometimes when you buy it your girlfriend may not like it because she is afraid you might be so carried away by pleasure that the condom will pull out and get stocked inside her body.

Furthermore, the qualitative data from IDI in Ihie also exposed traditional practices young married couples face in trying to use family planning services. Data revealed that young married couples encounter problems in trying to access family planning services. For instance, a head of a compound (*mbichiri ezi*) in Amaogwugwu community said

We believe that child bearing is a blessing from God and our forefathers in this community and Ngwaland as a whole. It is *nso ala* (taboo) for people who have married to reject that blessing. If you choose to reject the blessing of our forefathers you may incur their wrath and you will do *ikwa-ala* (rituals associated with cleansing of the desecration). So, you can see that it may not be possible for somebody in this community to easily agree to accept or use family planning services. If you do not do *ikwa-ala* you will either remain impotent for the man and unable to carry pregnancy all through your life for the woman. Then you will know the shame and the stigma of that act. Although, things are changing and I heard that women and girls who engage in unlawful sexual act lick *white-coria* or chew *osu-oji* so that pregnancy will not show. Off course they know consequences of such act if pregnancy shows.

Findings from IDI in Mbubo in Nsulu with youth leader revealed that “embarrassment to buy” and few families

planning drugs at the chemist shops were one of the major problems they are facing. This, according to him:

Asking for contraceptives shows that the person is wayward and not disciplined, and he/she is not from a good Christian home; even those that managed to buy do not ask properly on how to use them to avoid being seen by their relatives or friends. Also, what you can get from chemist shops here are just condoms. Although the chemist people can mix different drugs for you because they don't have one particular family planning drug. Some people who buy mixed drugs from the chemist said it can prevent pregnancy”.

The qualitative data generated from IDI indicated that making voluntary family planning services available and affordable to everyone would enhance the effectiveness of voluntary family planning services. We found also that respondents believed that improving the status of women by providing employment opportunities would advance the effectiveness of voluntary family planning services among young married couples. Some indicated that making family planning agencies available in rural areas would improve the effectiveness of voluntary family planning services.

Family planning services have been effective around the globe. According to Population Reference Bureau (21), countries that have achieved high levels of family planning services tend to have lower fertility levels. The prevalence levels are higher in developed countries than in developing countries. Indongo (22) found that more than half of the married couples in developing countries have knowledge of family planning services. This finding by Indongo (22) was similar to the findings in this study where young married couples have knowledge of voluntary family planning as the majority reveals that the most popular means by which people prevent pregnancy in the area was condoms. Data from IDI reveal Andrews liver salt, abstinence, Coitus interruptus, **white-coria**, and **osu-oji** are known methods. This implies that young married couples have knowledge of various family planning services.

In spite of the knowledge of various family planning services among young married couples some challenges exist to hinder the effectiveness of voluntary family planning services among young married couples in Isiala Ngwa North LGA of Abia. The findings indicate that the challenges inhibiting the effectiveness of voluntary family planning services among young married couples were traditional practices, personal beliefs, and attitudes of health workers. This finding corroborates MacPhail and Campbell (23) who found that when a female partner is very young and unable to make decisions, safer sex practises, including the usage of voluntary family planning services may not be allowed. Carpenter (24), and Free et al. (25), suggest that in many different contexts, cultural and traditional practices do not

only limit individual contraceptive calculations, they also interfere with people's likelihood of engaging in verbal family planning negotiations with their partners. Nalwadda et al. (26) noted that service providers report to parents or husbands if young men or women came to the health unit for contraceptives.

In view of the above, we sought to ascertain strategies that can be adopted to improve the effectiveness of voluntary family planning services. We found that voluntary family planning services should be made available and affordable to everyone in rural areas. Our findings reveal that there is a lack of variety of family planning options for people to choose from. Nalwadda et al. (26) affirmed that rural areas have limited choices of methods, making it very difficult to use any method consistently. We also found that respondents believed that improving the status of women by providing employment opportunities would advance the effectiveness of voluntary family planning services among young married couples. Some indicated that making family planning agencies available in the rural areas would improve the effectiveness of voluntary family planning services.

Our findings corroborate the Lukers contraceptive decision theory. According to Lukers contraceptive decision theory, individuals identify a variety of contraceptive options available to them, attach significance to each of the options, and choose the option most applicable to their situation, after which they take action in attempting to practically apply the chosen option (15). Ineffective voluntary family planning services come with associated consequences which include becoming early mothers. This implies that women may face reproductive health problems, experience marital instability, and live in poverty for the rest of their lives without adequate fertility measures. Our findings show the number of factors which has impeded the effectiveness of family planning services. One of such is the limitedness of available family planning services for individuals to decide from, hence the need to make available variety of contraceptive options.

We discovered respondents believed that modern family planning services were not for them even though they accepted that it could be effective in pregnancy prevention. This is because of their use of *white-coria* or *osu-oji* in this study area. The effectiveness of *white-coria* and *osu-oji* was also attested to by respondents who participated in IDI, who affirmed that *white-coria* and *osu-oji* were efficacious in preventing pregnancy and sexually transmitted diseases. In other words, this is new information on a traditional contraceptive that seem to compete with the modern ones.

Also, our study did not investigate the level of effectiveness of voluntary family planning services among young married couples. As a result, we advise doing a comparative study to determine the degree of effectiveness of voluntary family planning services among young married couples. Our finding shows that *white-coria* and *osu-oji* are efficacious at pregnancy prevention. We also recommend a similar study with young married people to determine the effectiveness

of *white-coria* or *osu-oji* in pregnancy prevention. This would help to determine the level of association between traditional methods of family planning and effectiveness in preventing pregnancies.

## Conclusion

There is no question that our findings would help policymakers and population experts. Our findings will serve as an advocacy tool for a more coordinated approach in finding a solution to the problems of soaring fertility patterns as well as scholars interested in fertility regulation.

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