Article DOI: https://doi.org/10.3126/jeri.v5i1.88605

Journal of Educational Research and Innovation
A Multidisciplinary Bilingual Journal
ISSN 2631-2336; Volume 5, Issue 1, December 2025, pp. 1-11
Indexed in Nepal Journals Online (NepJOL)

Knowledge and Use of Family Planning Devices among Married Women in Birendranagar, Surkhet

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Abstract

Family planning is vital for reproductive health and women's empowerment, yet its use remains uneven in many communities. This study examines the knowledge and use of family planning devices among married women aged 15–49 years in Khorkekhola Tole, Birendranagar–06, Surkhet. Using a qualitative as well as quantitative approach, data were collected from 120 respondents through questionnaires and structured interviews. In the study, 120 women were provided with questionnaire and additionally 7 Health Personals were selected as the participants for FGD. The findings show that although awareness of family planning methods is high, actual use is relatively low, with injectables being the most commonly preferred method. Cultural beliefs, fear of side effects, desire for more children, and limited male involvement were identified as key barriers. The study concludes that a clear gap exists between knowledge and practice, highlighting the need for strengthened health education, improved access to services, and greater spousal communication.

Article Info.

Article History
Received: 19 October 2025
Revised: 3 December 2025
Accepted: 15 December 2025

Publisher

Graduate School of Education
Mid-West University
Birendranagar, Surkhet
www.mwu.edu.np

Keywords: Family planning, Awareness, Contraceptive use, Reproductive health

Introduction

Family planning is defined as the capacity of individuals and couples to make informed and voluntary choices regarding the number, timing, and spacing of their children (Finlay, 2024). Although international organizations recognize family planning as a fundamental human right and a key element of reproductive health, gaps in women's decision-making power, attitudes, and access to services continue to influence its effective use, particularly in low- and middle-income settings (Fantaye & Damtew, 2024; Ghafel, 2025). Beyond contraception, family planning also involves education, counseling, and supportive health policies that reduce unintended pregnancies and improve maternal and child health outcomes (Solo & Festin, 2019; Baroudi et al., 2025).

Family planning devices include medical tools and methods used to prevent unintended pregnancies and to support informed and responsible reproductive choices. These methods are generally classified as temporary, long-term, or permanent based on their duration and reversibility, with common options such as condoms, oral pills, injectables, IUDs, and implants widely used across different settings (Solo & Festin, 2019). However, access to and effective use of these devices often depend on supportive delivery systems, patient-centred counseling, and innovative approaches such as mobile health technologies that improve awareness and continuity of care (Jenkins, 2024; Meekers et al., 2024). Permanent methods, including tubal ligation for women and vasectomy for men, provide lifelong protection and play a critical role in reducing unsafe abortions and maternal mortality. Evidence from countries with successful family planning programs shows that strong policies, health education, and social acceptance are essential for expanding contraceptive coverage and empowering women to make autonomous reproductive decisions, thereby advancing gender equality and public health outcomes (Nasir et al., 2025; Hellwig et al., 2024).

The adoption of family planning devices has become an indispensable part of reproductive health and sustainable population management worldwide. According to the World Health Organization and the United Nations, about 65% of married women of reproductive age (15–49 years) use some form of contraception, with 58% using modern methods. The prevalence is highest in developed regions like North America and Western Europe, where health infrastructure and awareness are strong, while Sub-Saharan Africa and parts of Latin America show relatively low usage due to poverty, illiteracy, and cultural barriers (Senderowicz & Nandagiri, 2025). The global promotion of family planning has led to notable declines in unintended pregnancies, maternal deaths, and unsafe abortions, proving its value as a cost-effective investment for both individuals and nations. Programs such as Family Planning 2030 (FP2030) continue to advocate for universal access to modern contraceptives and reproductive education worldwide (Shinde et al., 2025).

Family planning practices vary widely due to differences in cultural, religious, and socio-economic factors, as well as governmental policies in Asia. Countries such as China, Thailand, Indonesia, and Bangladesh have made remarkable progress in increasing contraceptive use through widespread awareness, education, and effective population programs. Bangladesh, for example, is considered a global success story with over 62% contraceptive use among married women, driven by strong women's empowerment and outreach programs (Memon et al., 2024). However, in countries such as Afghanistan and Pakistan, family planning remains limited by low literacy rates, religious conservatism, and social stigma. In contrast, India and Sri Lanka have seen moderate success, with urban areas reporting higher contraceptive prevalence compared to rural ones. Despite these disparities, Asia continues to show gradual improvement in family planning adoption as governments, NGOs, and international organizations collaborate to provide accessible and culturally sensitive reproductive health services (Bawuah et al., 2025).

In Nepal, family planning has been a core part of national health policy since the 1960s, following the establishment of the Family Planning Association of Nepal (FPAN) and government-led awareness initiatives. Over time, Nepal has made steady progress in expanding access to contraceptive services through community health posts, mobile clinics, and female community health volunteers (Pokharel et al., 2018). According to the Nepal Demographic and Health Survey (NDHS), 57% of currently married women use some form of contraception, with 43% using modern methods such as pills, injectables, condoms, implants, and sterilization. These efforts have contributed to reduced fertility and maternal

mortality rates. However, disparities persist between rural and urban areas, where rural women continue to face obstacles such as limited education, cultural norms, and lack of access to health services. Nevertheless, the Nepalese government, along with non-governmental organizations, continues to promote free contraceptive access and male participation in family planning, reflecting the country's strong commitment to achieving universal reproductive health by 2030 (Mtoro et al., 2025).

The contraceptive prevalence rate in Karnali is approximately 45%, which is lower than the national average, with most women relying on temporary methods such as Depo-Provera injections, condoms, and oral pills. Deep-rooted cultural beliefs, early marriages, gender discrimination, and myths surrounding contraceptive side effects are key barriers to wider adoption (Shahi & Timalsina, 2023). Additionally, the province's limited healthcare infrastructure and irregular availability of contraceptive supplies further restrict access. However, ongoing interventions by the provincial government, NGOs, and local health workers such as reproductive health education, mobile health camps, and awareness campaigns targeting both men and women are gradually transforming local perceptions. These initiatives are helping women in Karnali become more informed about reproductive rights, birth spacing, and maternal health, marking a slow but positive shift toward empowerment and healthier family life (Pokharel et al., 2018).

Objective

The main purpose of this study is to examine married women's knowledge and usage patterns of family planning devices in Birendranagar Municipality, Surkhet the capital city of Karnali Province, Nepal.

Methodology

Basically, this study is based on primary data obtained from married women in Birendranagar Municipality, Surkhet the administrative center of Karnali Province, Nepal. For the purpose of data collection, Khorkekhola Tole one of the slum areas situated in Birendranagr-06, Surkhet.

The research adopts qualitative as well as quantitative techniques to ensure comprehensive data collection and analysis. The descriptive method is applied to interpret statistical data obtained from field surveys, allowing for a detailed understanding of the respondents' awareness related to family planning.

Primary data were collected directly from married women aged 15–49 years through structured interviews and questionnaires administered in the study area. The questionnaire included both open-ended and close-ended questions to gather information about awareness, accessibility, and utilization of family planning devices. Before final implementation, a pilot survey was conducted among ten married women to test and refine the questionnaire, ensuring clarity, accuracy, and practical relevance.

The study population consisted of married women residing in Khorkekhola Tole, Birendranagr-06, Surkhet. A total of 120 married women were selected as the sample using a random sampling method to ensure equal representation of different caste, religion, occupation, and social backgrounds. Local health workers, social mobilizers, and school staff assisted the researcher in reaching respondents and conducting interviews in a friendly and comfortable environment using the Nepali language.

Secondary data were obtained from various published and unpublished sources, including government reports, demographic and health surveys, academic journals, and relevant books. These materials provided contextual understanding, historical data, and theoretical frameworks to complement the primary findings.

Data analysis was carried out using descriptive statistical tools such as percentage, ratio, and frequency distribution to present quantitative results. Charts, tables, and graphs were used to make the data easily

understandable. Qualitative data collected from focus group discussions and open-ended responses were analyzed through content analysis to identify patterns and themes.

Delimitations of the Study

Due to time and resource constraints, this study is limited to a selected sample of married women aged 15–49 years in Khorkekhola Tole, Birendranagr-06, Surkhet focusing on only 120 women to examine their knowledge of family planning devices. Similarly, seven health personals has been selected for FGD. The research relies on a sample survey rather than covering the entire population, as only 120 households was included to select the targeted respondents. Due to these limitations, the primary method of data collection is the interview schedule, which was used to gather information on the respondents' awareness, attitudes, and practices regarding family planning devices.

Results and Discussion

This sub-section of the study deals with the analysis and interpretation of results based on knowledge of respondents regarding family planning devices in the study area:

Knowledge and Use of Family Planning Devices

It contains the knowledge and use of family planning devices among the respondents. it contains age of women at the time of marriage, age of women at first childbirth, literacy status of respondents, birth spacing gap among respondents, etc. as follows:

Age of Women at the Time of Marriage

The study revealed that a significant number of the selected married women in Khorkekhola Tole were married at a relatively young age, particularly below 20 years. The table below presents the distribution of women according to their age at marriage.

Table 1: Age of Women at Marriage

Age at Marriage	15–19	20–24	25–29	30+	Total
Number of Women	15	65	27	13	120
Percentage (%)	12.50	54.17	22.50	10.83	100

The table shows that more than half of the women (54.17%) were married between the ages of 20 and 24, making this the most common age range for marriage. This suggests that early adulthood is widely considered the socially acceptable and preferred time for marriage.

A notable proportion of women (12.50%) were married between the ages of 15 and 19, indicating that early marriage still exists within the study population. Although not the majority, this figure is significant and may reflect persistent cultural traditions, limited educational opportunities, or economic pressures that encourage marriage at a younger age.

Similarly, 22.50% of women were married between the ages of 25 and 29, showing a growing trend toward delayed marriage, possibly due to higher education, employment, or increased awareness of personal and career development. Only 10.83% of women were married at age 30 or above, which may be influenced by societal expectations, family norms, or concerns related to fertility and social acceptance.

Age of Women at First Childbirth

The study indicates that due to limited education, lack of awareness, and the traditional practices prevalent in the community, a large proportion of women give birth at a young age, contributing to higher fertility rates. The distribution of women according to their age at first childbirth is presented in the table below.

Table 2: Age of Women at First Childbirth

Age Group	Number of Women	Percentage (%)
15–19	5	4.17
20–24	95	79.17
25+	20	16.66
Total	120	100

The table indicates that a large majority of women (79.17%) had their first childbirth between the ages of 20 and 24, making this the most common age group for first childbirth. This suggests that early adulthood is the socially preferred and widely accepted period for starting a family.

A small proportion of women (4.17%) experienced their first childbirth between the ages of 15 and 19, indicating that early childbearing still occurs, although it is relatively limited within the study population. Early childbirth is often associated with early marriage and may have implications for women's education, health, and future economic opportunities.

Similarly, 16.66% of women had their first child at the age of 25 or above, reflecting a tendency among some women to delay childbirth. This delay may be influenced by factors such as higher education, employment, improved access to family planning services, and greater awareness of reproductive health.

Literacy Status of Respondents

Respondents were asked about their literacy. For the purpose of data collection, they were provided a question having only two options viz. Literate or Illiterate. The data obtained from the respondents has been plotted in the following table:

Table 3: Literacy Status of Respondents

Particular	Number of Women	Percentage (%)
Illiterate	29	24.17
Literate	91	75.83
Total	120	100

The table shows that a majority of the respondents (75.83%) are literate, while 24.17% are illiterate. This indicates that most women in the study population have access to basic education; however, a considerable proportion still lacks literacy skills.

The relatively high literacy rate suggests potential positive effects on women's awareness of health, education, and social issues, as well as their ability to participate in household decision-making and economic activities. Literate women are generally more likely to seek health services, understand reproductive health information, and make informed choices regarding marriage and childbirth.

On the other hand, the presence of nearly one-quarter illiterate women highlights ongoing educational disparities. Illiteracy may limit access to information, employment opportunities, and awareness of rights and services, thereby affecting overall well-being.

Birth Spacing Gap among Respondents

The study examined the interval between the births of children among the selected women, highlighting the prevailing birth spacing practices in the community. The distribution of birth spacing gaps is presented in the table below.

Table 4: Birth Spacing Gap

Gap Between Children	Number of Women	Percentage (%)
1 year	11	9.17
2 years	94	78.33
3 years	15	12.50
Total	120	100

The table shows that the majority of women (78.33%) had a gap of two years between the births of their children, indicating that this is the most commonly practiced birth spacing interval. This suggests a general awareness of the benefits of maintaining an adequate gap between births for maternal and child health.

A smaller proportion of women (9.17%) reported a one-year gap between children. Such short birth intervals may reflect limited access to family planning services, inadequate use of contraceptive methods, or lack of awareness about optimal birth spacing. Short intervals between births can increase health risks for both mothers and children, including pregnancy complications and poor child health outcomes.

Likewise, 12.50% of women had a three-year gap between births, representing a group that practices longer birth spacing. Longer intervals are generally associated with better health outcomes and allow mothers more time for physical recovery and child care.

Knowledge of Family Planning Services

The study explored the awareness of family planning services among the selected married women in Khorkekhola Tole. The responses regarding their knowledge of these services are presented in the table below.

Here is the **corrected table with accurate percentages**, followed by a **revised analysis and interpretation** based on the updated values.

Knowledge of Family Planning Services

Particulars	Number of Women	Percentage (%)
Aware	96	80.00
Not Aware	24	20.00
Total	120	100

The table shows that a large majority of women (80.00%) are aware of family planning services, indicating that information about these services has reached most of the respondents. This level of awareness suggests effective dissemination through health institutions, community programs, or media sources.

One-fifth of the women (20.00%) are not aware of family planning services, which represents a notable gap in knowledge. Lack of awareness may limit women's ability to make informed decisions regarding birth spacing, family size, and reproductive health.

Responses from three health personnel revealed that most married women have limited knowledge and minimal practice regarding family planning. A health worker at Province Hospital, Next participant, noted that despite receiving information, many women avoid using contraceptives due to traditional beliefs, low motivation, and indifference. Similarly, a health worker from the Community Health Post in Surkhet emphasized that family pressure, especially from husbands and elders, often prevents adoption, even when women understand the benefits of child spacing. A rural outreach volunteer in Birendranagar added that distance, limited mobility, privacy concerns, and fear of side effects further hinder usage. These

findings highlight the need for culturally sensitive counseling, community support, and improved access to enhance family planning adoption.

Knowledge of Family Planning Devices

The study examined the awareness of family planning devices among the selected married women to assess their knowledge and practices. The findings are summarized in the table below.

Table 6: Knowledge of Family Planning Devices

Particulars	Number of Women	Percentage (%)
Aware	95	79.17
Not Aware	25	20.83
Total	120	100

The table indicates that a majority of women (79.17%) are aware of family planning devices, reflecting a fairly high level of knowledge about available contraceptive methods among the respondents. This suggests that information related to family planning devices is reaching a substantial portion of women through health services, community programs, or other communication channels.

However, 20.83% of women reported not being aware of family planning devices, which represents a significant knowledge gap. Lack of awareness may prevent these women from using appropriate contraceptive methods, thereby limiting their ability to plan pregnancies and maintain healthy birth spacing.

Perception of Women toward Family Planning Devices

The study assessed the attitudes of married women in Khorkekhola Tole toward family planning (F.P.) devices during the field survey. The distribution of their perception is presented in the table below.

Table 7: Perception of Women toward Family Planning Devices

Particulars	Number of Women	Percentage (%)
Positive Attitude	72	60.00
Negative Attitude	32	26.67
Mixed Attitude (Positive & Negative)	15	12.50
Total	120	100

The table reveals that a majority of women (60.00%) hold a positive attitude toward the use of family planning devices, indicating general acceptance and openness toward modern contraceptive methods. This positive outlook suggests that many women recognize the benefits of family planning for controlling family size, improving maternal health, and ensuring better child care.

However, more than one-quarter of the respondents (26.67%) expressed a negative attitude toward family planning devices. This unfavorable perception may stem from factors such as fear of side effects, cultural or religious beliefs, misinformation, or lack of trust in contraceptive methods.

Likewise, 12.50% of women reported having mixed attitudes, reflecting uncertainty or conflicting views about family planning devices. This group may be influenced by both positive information and prevailing misconceptions.

Sources of Information on Family Planning Devices

The study explored the various channels through which married women in Khorkekhola Tole received information about family planning (F.P.) devices. The distribution of these sources is shown in the table below.

Table 8: Sources of Information on Family Planning Devices

Source	Number of Women	Percentage (%)
Radio	18	15.00
Television	52	43.33
Health Assistants / Volunteers	59	49.17
Friends	37	30.83
Ama Samuh	38	31.67

The table shows that health assistants and volunteers are the most common source of information on family planning devices, reported by 49.17% of women. This highlights the important role of frontline health workers in disseminating reproductive health information and guiding women toward informed family planning choices.

Television is the second most frequently cited source, with 43.33% of respondents obtaining information through this medium. This indicates that mass media plays a significant role in spreading awareness about family planning devices and reaching a wide audience. Interpersonal sources such as Ama Samuh (31.67%) and friends (30.83%) also contribute notably to information sharing. These community- and peer-based sources may influence attitudes and decisions through shared experiences and social interaction.

Radio was reported by only 15.00% of respondents, making it the least utilized source of information. This may reflect changing media preferences or limited access to radio programs focused on family planning.

Use of Family Planning Devices in the Current Situation

The field survey revealed that while many married women in Khorkekhola Tole are aware of family planning devices through various media sources, traditional beliefs, lack of education, and social norms have limited their actual use. The distribution of current usage is presented in the table below.

Table 9: Use of Family Planning Devices in the Current Situation

Particulars	Number of Women	Percentage (%)
Users of F.P.	57	47.50
Non-Users of F.P.	63	52.50
Total	120	100

The table shows that 47.50% of women are currently using family planning devices, while a slightly higher proportion (52.50%) are not using any family planning method. This indicates that less than half of the respondents have adopted family planning devices in their current situation.

Despite relatively high levels of awareness and generally positive attitudes toward family planning, the use of contraceptive devices remains moderate. The non-use of family planning methods by more than half of the women may be influenced by factors such as cultural or religious beliefs, fear of side effects, limited access to services, lack of partner support, or inadequate counseling.

Particulars of Using Various Family Planning Devices

The study examined the types of family planning (F.P.) devices currently being used by the selected married women in Khorkekhola Tole one of the slum areas situated in Birendranagr-06, Surkhet. The usage distribution is presented in the table below.

Table 10: Use of Various Family Planning Devices

Particulars	Number of Women	Percentage (%)
Depo-Provera	21	36.84
IUD (Copper T)	18	31.58
Pills	12	21.05
Foam Tablets	2	3.51
Operation (Mini-Lap)	2	3.51
Condom	2	3.51
Total	57	100

The table shows that Depo-Provera is the most commonly used family planning device, reported by 36.84% of current users. This indicates a preference for injectable contraceptives, likely due to their convenience, longer duration of effectiveness, and reduced need for daily or frequent attention.

The IUD (Copper T) is the second most commonly used method, accounting for 31.58% of users. This suggests growing acceptance of long-acting reversible contraceptive methods, which are effective for extended periods and require minimal maintenance.

Oral pills are used by 21.05% of women, reflecting moderate adoption of short-term methods that require regular compliance. In contrast, methods such as foam tablets, mini-lap operations, and condoms are used by a small proportion of women (3.51% each), indicating relatively low preference or limited access to these options.

According to a health personnel at Province Hospital, Shyam Thapa (name changed), most married women were familiar with the Depo-Provera injection and frequently visited health centers to request it, making it the most commonly used contraceptive. A few women used Norplant, while a notable number relied on the IUD (Copper T) for long-term protection. Short-term methods such as pills, foam tablets (locally called Kamal Chakki), or female condoms were preferred by a smaller group, and two educated women chose mini-lap sterilization as a permanent option. Similarly, a health worker from the Community Health Post in Surkhet observed that women often select contraceptives based on convenience and peer recommendations, while cultural beliefs limit the adoption of some long-term or permanent methods. A rural outreach volunteer in Birendranagar reported that women in remote areas frequently rely on Depo-Provera due to ease of access, though limited awareness reduces the use of other methods. Additionally, a family planning counselor in a local NGO noted that counseling sessions influence method choice, but fear of side effects and misinformation still affect uptake.

Reasons for Not Using Family Planning Devices

The study explored the factors that prevent married women in Khorkekhola Tole from using available family planning (F.P.) devices. The distribution of reasons is presented in the table below.

Table 11: Reasons for Not Using Family Planning Devices

Particulars	Number of Women	Percentage (%)
Desire to have children	23	36.51
Lack of knowledge	13	20.63
Husband's opposition	8	12.70
Fear of side effects	5	7.94
Shyness	5	7.94
Husband away for work	9	14.29
Total	63	100

The table shows that the most common reason for not using family planning devices is the desire to have children, reported by 36.51% of women. This indicates that many women prioritize family expansion over contraceptive use, reflecting personal or cultural preferences.

Lack of knowledge is cited by 20.63% of respondents, highlighting that insufficient awareness remains a significant barrier to adopting family planning methods. Addressing this gap through education and counseling could help increase usage.

Husband's opposition (12.70%) and husband being away for work (14.29%) reflect the influence of partner dynamics on women's reproductive choices. These factors show that decision-making is not solely individual but often shaped by spousal and family considerations. Fear of side effects and shyness, each reported by 7.94% of women, suggest that social and health concerns also play a role in non-use. Addressing misconceptions, providing accurate information, and offering confidential counseling may help alleviate these concerns.

The Health Personal working in Province Hospital, Khem Raj (Name Changed) said, many married women expressed reluctance to use family planning (F.P.) devices for several personal and health-related reasons. Common complaints included irregular menstruation, excessive bleeding, headaches, abdominal discomfort, weight changes (becoming either too thin or too heavy), and reduced sexual satisfaction. These physical concerns led many women to avoid using such methods. Some women preferred to have more children, believing that a larger family would provide more earning hands to support their livelihood, particularly in economically disadvantaged households. Others mentioned that their husbands did not allow them to use F.P. devices, while a few stated that they had not received timely or adequate information regarding available family planning options.

Conclusion

The study indicates that the majority of women in the surveyed population are aware of family planning services and devices, with Depo-Provera being the most commonly used contraceptive. Most women practice a two-year birth spacing interval, and literacy levels are relatively high, contributing to a general understanding of reproductive health. Despite awareness, the adoption of long-term or permanent family planning methods remains limited, with cultural norms, fear of side effects, and spousal influence shaping decisions. Knowledge gaps, limited motivation, and access issues, particularly in remote areas, continue to hinder the consistent use of contraceptive methods.

Qualitative insights from health personnel and volunteers further highlight that women's preferences are strongly influenced by convenience, social norms, peer recommendations, and counseling. Injectable contraceptives, such as Depo-Provera, are preferred for their ease of use, while methods like Norplant, mini-lap sterilization, and IUDs are less frequently adopted. The findings suggest that while awareness and positive attitudes toward family planning exist, bridging the gap between knowledge and practice requires culturally sensitive counseling, improved accessibility, community engagement, and targeted educational programs to empower women to make informed reproductive health choices.

References

Baroudi, M., Larsson, E. C., & Kilander, H. (2025). Navigating complex decision in a new setting; perspectives of Arabic-speaking migrant men in Sweden on family planning decision making. *PLoS One*, *20*(6), e0325935.

Bawuah, A., Sarfo, M., Biney, G. K., Appiah, F., Baatiema, L., & Yaya, S. (2025). Parental preferences for sex of children in Nigeria: Cultural influences and family structure. *PLoS One*, *20*(7), e0327474.

Fantaye, F. T., & Damtew, S. A. (2024). Women decision making on use of modern family planning methods and associated factors, evidence from PMA Ethiopia. *Plos one*, *19*(2), e0298516.

Finlay, J. E. (2024). A Narrative Review of the Impact of Public Family Planning Policies and Programs on the Contraceptive Transition in Low-and Middle-Income Countries. *Population and Development Review*, *50*(S2), 649-674.

Ghafel, H. H. (2025). Middle Eastern Women's Attitudes and Practices Regarding Family Planning Methods. *F1000Research*, *13*, 898.

Hellwig, F., Moreira, L. R., Silveira, M. F., Vieira, C. S., Rios-Quituizaca, P. B., Masabanda, M., ... & Barros, A. J. (2024). Policies for expanding family planning coverage: lessons from five successful countries. *Frontiers in Public Health*, *12*, 1339725.

Jenkins, T. E. (2024). *Improving family planning through use of a mobile system* (Doctoral dissertation, Kampala International University).

Meekers, D., Elkins, A., & Obozekhai, V. (2024). Tools for patient-centred family planning counselling: A scoping review. *Journal of Global Health*, *14*, 04038.

Memon, Z. A., Tahmeena, Fazal, S. A., Reale, S., Spencer, R., Bhutta, Z., & Soltani, H. (2024). Effective strategies for increasing the uptake of modern methods of family planning in South Asia: a systematic review and meta-analysis. *BMC Women's Health*, *24*(1), 13.

Mtoro, M. J., Majengo, V. G., Joho, A. A., & Stephano, E. E. (2025). Unmet need for family planning among married women in Tanzania: Insights from the 2022 Demographic and Health Survey.

Nasir, K., Akram, M., & Ara, G. (2025). Knowledge, Attitude and Practice (Kap) Study Towards Family Planning among Women in Rural Areas of Multan. *Journal of Social Horizons*, *2*(3), 60-67.

Pokharel, R., Bhattarai, G., Shrestha, N., & Onta, S. (2018). Knowledge and utilization of family planning methods among people living with HIV in Kathmandu, Nepal. *BMC health services research*, *18*(1), 836.

Senderowicz, L., & Nandagiri, R. (2025). Thirty years of 'strange bedmates': The ICPD and the nexus of population control, feminism, and family planning. *Population Studies*, 1-21.

Shahi, N., & Timalsina, I. (2023). Awareness and Practice of Family Planning Methods among Women in Jumla-A Cross-Sectional Study. *Journal of Karnali Academy of Health Sciences*, *6*(1).

Shinde, S., Partap, U., Ali, N. B., Ouédraogo, M., Laiser, Y., Shah, I., & Fawzi, W. (2025). Perspectives on integrating family planning and nutrition: a qualitative study of stakeholders. *BMJ Global Health*, *10*(Suppl 1).

Solo, J., & Festin, M. (2019). Provider bias in family planning services: a review of its meaning and manifestations. *Global Health: Science and Practice*, *7*(3), 371-385.

Solo, J., & Festin, M. (2019). Provider bias in family planning services: a review of its meaning and manifestations. *Global Health: Science and Practice*, *7*(3), 371-385.