

FAMILY PLANNING AS A TOOL FOR ACTUALIZING  
WOMEN'S ADVANCEMENT.

JOY OJIUGO OCHOGU

Department of Human Kinetics and Health Education, University of Lagos, Akoka.

ojeyi@yahoo.com

08036315148

**Abstract**

*A lot is expected from a woman in the family and her role in the family and society keeps changing as the society advances. There is great need for a woman to be conscious of her health and well-being so as to cope with these changing roles and expectations. Family planning which is achieved through the use of contraceptives, is a way of living that is adapted voluntarily upon the basis of knowledge, attitude and responsible decision-making by individuals or couples in order to pin the number, timing and spacing of the children that they want, so as to promote the health and welfare of the family group and contribute to the advancement of the society. Yet women in sub-Saharan Africa continue to have unmet need for family planning and die due to pregnancy-related complications. This article seeks to awaken women's health consciousness and their need to embrace family planning in readiness for advancement that will enable them meet up with their changing roles. Through reviews of related literature this article demonstrates the role of contraceptives in family health, facts and fallacies about methods, common factors associated with its use and how changes in reproductive behaviours as well as reproductive health environment can help individuals and couples meet up with their fertility needs. It is therefore recommended that all hands should be on deck in promoting family planning. More government effort in enacting supportive policies and funding, support from donors, the media, health education promoters, religious organizations as well as spouses will go a long way in removing identified barriers.*

**Key Words:** Family, planning, society, tool, women's advancement.

**Introduction**

As the society advances the role of women has changed tremendously in order to make impact in it. In the past, the contribution of women in the society was mainly controlled by man but this is different today. Then women were expected to stay at home and take care of the household and perform other domestic activities. Women in the society today have additional roles of helping their husbands feed the family, give their children as well as those of the extended family the best education they can afford. Therefore, there is need for women to be more conscious of their health especially in the area of reproduction to enable them invest enough time in achieving these new roles, increase in capacity, expand in growth and occupy new territories.

Family planning denotes the use of various techniques such as modern contraceptives, natural or traditional methods to space or limit pregnancies. Taylor (2017) defined family planning as methods undertaken that allow women to control when they get pregnant. The term family planning is often used as an alternative word to birth control, however family planning does not only involve contraception but also takes into account planning one's child's birth for specific times, possibly by spacing births a few years apart from one another and planning for a child when one is having a challenge of conceiving (Gupta, 2017). According to Fayehun, (2017), contraceptives refer to the name given to the techniques used by couples or partners to control their fertility. Contraceptives could therefore be referred to as family planning methods or birth control methods which can prevent the sperm and egg from merging.

### **Impact of High fertility of women on their health, general advancement and population explosion**

Any sexually active woman can be a victim of unintended pregnancy. It is estimated that nearly two-fifths of unintended pregnancies in developing countries is either mistimed or unwanted (Sedgh & Hussain, 2014). Low usage of contraceptive methods according to Rahman, Najafi and Juni (2011) result in high rates of unwanted pregnancies and its consequence which includes; psychological problems, physical health and unsafe abortion. Owoseye (2017) observed that there are many unintended pregnancies and illegal abortions in Nigeria contributing to a high maternal mortality ratio. An unintended pregnancy can have serious implications on women and their families (Dutta, Shekhar & Prashad, 2015).

Common consequence of unintended pregnancy include: induced abortion, which is usually unsafe in a setting where practicing abortion is illegal, delayed prenatal care, poor maternal mental health, reduced mother–child relationship quality, poor developmental outcomes for children, physical abuse and violence against women, increased risk of low birth weight as well as increased maternal morbidity and mortality (United States Department of Health, Human Services, Health Resources and Services Administration, 2011; Dutta, Shekhar & Prashad, 2015).

Abortions contribute to 20percent –40percent of all maternal deaths, constitute an economic drain on the Nigerian health system, are expensive for women especially for those who develop complications leading to pelvic inflammatory disease (PID), infertility and/or ectopic gestation (Henshaw, Adewole, Singh, Bankole, Oye-Adenian & Hussain, 2008 as cited in Monjok, Smesny, Ekabua & Essien, 2010). Fertility rate (TFR) of Nigeria on the other hand is estimated to be between 5.5 and 5.7 for women of reproductive age 15 to 49 years (Nigerian Demographic and Health Survey NDHS, 2014).

## **The Need for Family Planning**

### **Maternal and Child Health**

A woman's ability to space and limit her pregnancies has a direct impact on her health and well-being, as well as on the outcome of each pregnancy. The purpose of family planning is to make sure that the desired resources are available for parents to give their children a better quality of life (Gupta, 2017). In Fayehun's (2017) submission, effective family planning can prevent unintended and high risk pregnancies, reduce women's dependency by allowing them more opportunities to work, reduce population growth combined with a good political climate that can boost economic development.

By reducing unwanted pregnancies, family planning service can reduce injury, illness and death associated with child birth, abortions and sexually transmitted infections (STIs) including HIV/AIDS. The health of a child depends on the nutritional care given to him or her, spacing of birth is necessary to enable a woman take care of her children. This further contributes directly to reduced infant and maternal mortality and morbidity (Sawhill, 2014).

### **Financial Status**

Family planning can help improve women's status and quality of life. It allows a couple to wait to have a child until they are ready to become parents and provide the best possible environment for their child (Sawhill, 2014). According to Gupta (2017) if the fertility of a woman is controlled she will be able to complete more education, have more job experience and higher incomes and the family would also be less likely to be poor. Not only that couples with smaller, healthier families are likely to have increased opportunities for participation in social activities, have more time to work and to be with family.

Delaying first or second pregnancy lets young people stay in school, in contrast, when girls leave school early for marriage and childbearing it perpetuates the cycle of low status and high fertility (WHO, 2012). It is of note that a lot of money is involved in having children considering the medical costs of pregnancy and birth, and the high costs associated with bringing up children. Since parents are responsible for providing education, shelter, clothing and food for their children, family planning has an important long-term impact on the financial situation of any family (Sawhill, 2014).

### **Economic Development of the Nation**

Researches have shown that family planning services offer various economic benefits to the family, country and the world at large. A woman's ability to choose the number of children she wants to have reduces overpopulation which in turn will reduce the economic impact of overpopulation (Taylor, 2017). Taylor noted further that reduced population sizes mean a decreased burden on national expenditures for

education, health and other social services, as well as less strain on the environment and natural resources. United Nations (2013) family planning can slow population growth and reduce demographic pressure, which can in turn help countries to lift themselves out of poverty.

Sawhill, (2014) noted that the uptake of family planning widened choices available to people, particularly women, by allowing individuals and society more opportunities for social and economic development. Furthermore, Promotion of family planning in countries with high birth rates has the potential of reducing poverty and hunger, while at the same time averting 32 percent of all maternal deaths and nearly 10 percent of child mortality. This would contribute substantially to women's empowerment, achievement of universal primary schooling and long-term environmental sustainability (Cleland & Ali, 2006).

### **Types of family planning and their advantages**

In term of effectiveness, World Health Organization (WHO, 2011) categorized family planning into three. These are: Most effective and easiest to use with 99 percent effectiveness: Female sterilization, Vasectomy, IUD, Implant. Very effective but must be carefully used: Breastfeeding method with 98 percent effectiveness, injections 97 percent effectiveness and pills 92 percent effectiveness. Effective but must be carefully used: Fertility awareness-based methods- beads with 88 percent effectiveness, Male condom and female condom with 85 and 79 percent respectively. The effective rates of other methods are: Spermicides 72 percent, withdrawal 73 percent, Periodic abstinence 75 percent and Rhythm or calendar method 75 percent. According to WHO, IUD, female sterilization, vasectomy, implant methods are provided at the clinic, while condoms, pills, injections, breastfeeding method, standard days method, withdrawal method, emergency contraceptive pills are methods the user can provide at the moment.

Gupta (2017) highlighted the following as different contraceptive methods that can be used for family planning. These are: Barrier methods, Hormonal methods, Emergency Contraceptive Pills, Intrauterine Device (IUD), Sterilisation and Vasectomy.

**Barrier Methods:** Barrier methods are designed to prevent sperm from entering the uterus. These methods are removable and may be an option for women who cannot use hormonal methods of contraception. The types of barrier methods include male and female condoms, diaphragms, cervical caps, contraceptive sponges and spermicides.

**Condom:** A condom is described as a thin latex or polyurethane sheath. The male condom is placed around the erect penis while the female condom is placed inside the vagina before intercourse and they must be worn at all times during intercourse, to prevent pregnancy (Medline, 2016). Most latex condoms are coated with a lubricant that reduces the risk of breakage or spills while some brands also add ingredient that kills sperm and many types of germs. To ensure effectiveness, condoms must be used correctly and consistently. They should not be reused.

Some of the advantages and disadvantages of condom according to Action Health Incorporated, (2003) include:

Easily and widely available without prescription, generally inexpensive or free, provides protection against STIs, male involvement in contraception, can help users maintain an erection longer and prevent premature ejaculation, hygienic; eliminates messy discharge of semen from the vagina after ejaculation, easily and discreetly transported for ready availability, of 100 couples using condoms for one year only about 3-12 will become pregnant with correct and consistent use, success rates are higher if a vaginal spermicide is used at the same time. The disadvantages include: reduced sensitivity; decreased pleasure, interruption of foreplay to put it on, in rare cases, allergic reactions occur, embarrassment around initiating condom use, breakage, sizes not always suitable, may slip off, cuts and bruises due to drying after extended use.

**Diaphragm and Cervical Cap:** A diaphragm is a flexible rubber cup that is filled with spermicidal cream or jelly. Five to twenty pregnancies occur over 1 year in 100 women using this method, depending on proper use. According to Medline (2016), these methods are placed into the vagina over the cervix before intercourse, to prevent sperm from reaching the uterus and should be left in place for 6 to 8 hours after intercourse. Diaphragms are available only with a prescription (Kulas, 2017). Some risks associated with the method according to Medline include: (1) Irritation and allergic reactions to the diaphragm or spermicide. (2) Increased frequency of urinary tract infection and vaginal yeast infection. (3) In rare cases, toxic shock syndrome may develop in women if the diaphragm is left in for too long. (4) A cervical cap may cause an abnormal Pap test.

**Vaginal Sponge:** Vaginal contraceptive sponges are soft, and contain a chemical that kills or "disables" sperm. The sponge is moistened and inserted into the vagina, to cover over the cervix before intercourse (Kulas, 2017).

**Hormonal Methods of Birth Control:** Some birth control works by altering the woman's hormones to make pregnancy unlikely or impossible. The birth control pill, the birth control shot (Depo-Provera), the birth control skin patches, the vaginal ring and intrauterine devices (IUDs), implantable rods are examples of hormonal family planning options. These all require a doctor's prescription and a medical exam before use. Hormonal birth control is very effective when used correctly, but some women cannot use them for health reasons (Gupta, 2017; Kulas, 2017).

**Birth control pills:** Birth control pills may contain both estrogen and progestin, or only progestin which help to prevent sperm from making their way to the egg by making mucus around a woman's cervix thick and sticky (Gupta, 2017). The user can experience irregular bleeding at first, then followed by lighter monthly bleeding with less cramping. Some women have stomach upset or mild headaches that go away after first few weeks. It provides no protection against STIs. The advantages include: continuous protection, highly effective, regulates monthly periods, protective effect against pelvic inflammatory-disease, protection against ovarian & endometrial cancer, decreased risk of breast tumours, of 100

women using the pill for one year, fewer than 1-3 will become pregnant (Action Health Incorporated, 2003).

### **Implants**

These are small tubes placed under the skin of inner, upper arm. WHO (2012) emphasized that the hormones from the tube blocks sperm from reaching eggs and prevents release of egg. According to WHO they are safe to use, one of the most effective methods can last 3 to 5 years and can be removed anytime if one wants to get pregnant. WHO noted that specially trained provider inserts and removes implants, there is nothing to remember to do after insertion, that although there will be changes in monthly bleeding including irregular bleeding, spotting, heavier bleeding or more monthly bleeding, these are common and safe. Also it is important to use another method if waiting for appointment and to use condom if one needs protection from STIs and HIV/AIDS.

**Injections:** According to Gupta (2017) Progestin injections, such as Depo-Provera, are given into the muscles of the upper arm or buttocks once every 3 months. There are different types of hormone injection, according to WHO, there are hormone injections given every 2 months (NET-TEN) or 3 months (DIMPA), they are safe, very effective when they are given on time, they do not cause infertility, user can keep the use private but it is very important to consult a doctor before use of birth control injections.

**Vaginal Ring:** The vaginal ring, such as NuvaRing, is a flexible ring about 2 inches (5 centimeters) wide. It is placed into the vagina. It releases the hormones progestin and estrogen (Gupta, 2017).

**Emergency Contraceptive Pills:** Emergency contraceptive pills are hormonal pills, taken either as a single dose or in two doses spaced 12 hours apart (Gupta, 2017). According to Kudas (2017) if a woman do not use birth control, or if her birth control method fails, she has the option of emergency contraception in the days immediately following unprotected sex.

**Intrauterine Device (IUD):** An intrauterine device (IUD) is a small, flexible, plastic T-shaped device wrapped in copper wire that is placed in the womb which prevents sperm from meeting the egg (WHO, 2012). According to WHO, specially trained providers insert and remove IUD, it can be put in right after a woman had a baby as well as at other times, a woman had nothing to remember after insertion, it is safe to use, one of the most effective methods, can be used up to 12 years and can be removed any time if a woman already wants to get pregnant.

**Permanent Methods: Sterilization and Vasectomy:** Sterilisation and Vasectomy are surgical methods of family planning that provide long-term contraception for those who have completed their families and don't want to have any more children (Gupta, 2017). Sterilisation according to Gupta is a permanent form of birth control that either prevents a man from releasing sperm or prevents a woman from getting pregnant. A health care provider must perform the sterilization procedure, which usually involves surgery. These procedures usually are not reversible.

According to WHO (2012) in female sterilisation, specially trained provider makes one or two small cuts to reach the tubes that carry eggs to the womb, cuts or blocks the tubes but the womb is not removed. This can be done right after childbirth as well as other times. WHO pointed out that after the procedure there is nothing to remember and no side-effects, there is no need to be put to sleep during the procedure and usually one can go home a few hours after procedure. However there may be soreness for a few days after procedure, monthly bleeding will continue as usual and use of condom is advised if protection from STIs or HIV/AIDS is needed. A newer method of non-surgical permanent sterilisation for women is called Essure which can be done in the doctor's office in many cases (Kudas, 2017).

In vasectomy specially trained provider makes two small cuts to reach the tubes that carry sperm, cuts tubes and removes the testicles. It works by keeping sperm out of semen. It requires a 3 month delay in taking effect; therefore couple must use another method until then. Other points apply as in female sterilisation. It does not decrease sex drive, erection or ejaculation (WHO, 2012).

**Natural Methods:** Though natural family planning poses no health risks, this method is among the least effective at preventing pregnancy, according to the National Women's Health Information Centre. Out of 100 women who use natural family planning, approximately 25 will become pregnant (Taylor, 2017).

**Standard Days Method (Using calendar or Cycle Beads) in using Standard Days Method: The following are important:** (1) Learning which days each month you could get pregnant (fertile days). (2) Avoiding sex or use a condom during fertile days. (3) Use cycle beads or calendar to count days of the cycle, starting with first day of monthly bleeding. (4) Days 8 through 19 of every cycle are 'fertile days'. (5) Avoid unprotected sex during fertile days. (6) Partners must avoid sex or use condoms for 12 days in a row, every month. (7) Both partners must agree to avoid sex or use condoms on fertile days. (8) If monthly bleeding becomes less regular, you may need to choose another method.

**Cycle beads:** Move ring to red bead when period starts. Move ring to next bead every day. Move ring even on bleeding days. Use condoms or abstain when ring is on white beads. Brown beads are safe days of no pregnancy. When period starts again move ring to red bead to begin again. Always check your period comes between dark brown bead and last brown bead. In Standard Days method, there is no supplies, no side-effects, can be used at any time but not as effective as other methods.

#### **Breastfeeding method:**

Breastfeeding is a way that prevents by preventing the release of egg. Breastfeeding in a way that prevents pregnancy requires the mother to breastfeed often, day and night (breastfeed fully or nearly fully) and give no other food or liquids. After childbirth breastfeeding method prevents pregnancy effectively for up to 6 months if used correctly, and provides baby with best food. But if the mothers breastfeed less and her monthly bleeding starts, or it is 6 months after she have had her baby, the method will not work (WHO, 2012)

#### **Myths (M) About Family Planning**

**M: Family planning methods make people sterile.** On the contrary, the fact is that only female

sterilization and vasectomy are permanent. With all other methods, couples can have a child soon after stopping. Couples who have never had a child can safely use family planning and have a baby soon after stopping.

**M: Family planning methods cause cancer.** This is not true, some family planning methods can help prevent certain cancers. According to WHO, (2011), hormonal methods such as combined oral contraceptives offer significant protection against the following: (i) life-threatening diseases such as ovarian cancer, endometrial cancer, ectopic pregnancy and pelvic inflammatory disease; (ii) health conditions that impair quality of life such as iron deficiency anaemia, benign breast disease, menstrual problems and functional ovarian cysts. WHO noted further that Progestin-oral contraceptives reduce monthly blood loss and therefore help protect against anaemia. According to WHO it has also been reported to protect against some STDs and pelvic inflammatory disease. For some conditions, the protective effect remains even after the method is no longer being used. Also, breast-feeding method provides special nutritional benefits to the infant and protects against diarrhoea, coughs and colds, and other common illnesses (WHO, 2011).

**M: Family planning cause birth defects.** This does not have any scientific backing. In fact no, method of family planning causes birth defects, even if used during pregnancy

**M: Vasectomy is the same as castration and can decrease sexual function.** Castration is the removal of testes. In vasectomy, however, the testes are not touched at all. The tube that carries sperm is cut. This keeps sperm out of semen, but it does not decrease sexual function or affect ejaculation. (WHO, 2012).

**M:** sterilization is associated with weight gain. The fact is that there is no correlation between sterilization and weight gain. The weight gain tends to be associated with aging rather than the sterilization procedure (WHO, 2011). However, it is important to note that the side effects of hormonal birth control may stand out as a disadvantage for some women. While many women regularly use contraceptives without experiencing side effects, complications can and do occur. The most common side effects associate with hormonal contraception include weight gain, headaches, dizziness and nausea. Less common but more serious side effects include, stroke, blood clots and ectopic pregnancy (Taylor, 2017). WHO (2012) noted that young people can use non- permanent methods and go on to have children after stopping.

### **The role of Family planning programmes in increasing Awareness and accessibility of women to family planning**

Family planning programs can take some important steps to reduce the barriers that women face in their efforts to obtain contraceptive methods and services. This includes:

1. Expanding access to contraceptive supplies and services in order to satisfy demand for family planning.
2. Providing information and counselling to users about all the modern methods that are available,

how to use them, support for switching methods if needed, as well as expanding the range of modern methods available so as to reduce unmet need and to improve the uptake of more effective methods.

3. Information, Education and Counselling activities concerning the benefits of family planning and the proper ways to use each of the different methods that are available will help in the diffusion of ideas about contraceptive methods (Bongaarts, 2014; Sedgh and Hussain, 2014).

### **Considerations and Safety Tips in Family Planning Use**

The choice of a birth control method depends on many factors. According to Medline (2016) the user is expected to consider the following when selecting a birth control method:

- (1) How will the method prevent pregnancy? To tell how well a method works, look at the number of pregnancies in 100 women using that method over a period of 1 year.
- (2) What are your feelings about getting pregnant? Would an unplanned pregnancy create hardship or distress to a woman or her partner? Or would a pregnancy be welcomed if it occurred earlier than planned?
- (3) How much does a method of birth control cost? Does your insurance plan pay for it?
- (4) What are the health risks? Talk about these risks with your health care provider before believing what you hear from others.
- (5) Is your partner willing to accept and use a given method of birth control?
- (6) Do you want a method that you only need to use when you have sex? Or do you want something that is in place and always working?
- (7) Is preventing infections spread by sexual contact important to you? Then condoms are the best choice for preventing STIs. They work best when combined with spermicides.
- (8) How available is the product? Can the method be used without a prescription, a health care provider visit, or, in the case of minors, parental consent?

According to WHO (2012), it is very important to refer to medical advice if a woman has any serious or special health conditions such as: high blood pressure, serious heart condition or stroke, diabetes (high sugar level in the blood) for more than 20 years, If a woman has ever had a blood clot in her legs or lungs, has ever had breast cancer, If she has serious liver condition or jaundice (yellow skin), if on Tuberculosis TB drugs. It is also important to be sure a woman is not pregnant before prescribing any family planning method in a clinic. WHO stated further that women who are not currently having their monthly bleeding may still be able to start hormonal methods such as pills and injections. Family planning methods can be used in cases of rapes, during wars and disasters that expose people to unsafe settlements depending on availability of supplies and back up methods (WHO, 2011).

## **Recommendations**

Based on these literatures review gathered, the following recommendations are necessary:

Donor funding will go a long way in augmenting government efforts in meeting up with the growing demands in variety of contraceptive supplies. Education and communication programmes will help to address social and cultural barriers to family planning, including misconceptions and myths about contraception and lack of communication between husbands and wives about family planning. The media should intensify its effort in creating awareness on the consequences of non-use of family planning. Men should not only be encouraging to discuss family planning with their wives but also to assist their spouses in family planning.

## **Conclusion**

Modern contraceptive methods are safe and very effective to enabling individuals and couples plan their births. Early marriage and illiteracy influence woman's autonomy especially in decisions regarding their health as well as their financial status which invariably affect their impact in a changing society and therefore should be highly discouraged. For women to meet up with their changing roles, they need to embrace family planning. Family planning has been found to play great roles in maternal and child health, in the financial status of families and in the economic development of the nation. Therefore a woman who embraces family planning will not only advance in her all round status but will also meet up with the changing society.

## **REFERENCES**

- Action Health Incorporated (2003). *Contraception: Comprehensive Sexuality Education Trainer's Resource Manual*. Lagos, Nigeria: Action Health Inc.
- Cleland, J. & Ali, M. M. (2006). Sexual abstinence, contraception, and condom use by young African women: a secondary analysis of survey data. *Lancet*; 368:1788–93.
- Dutta M, Shekhar C, & Prashad, L. (2015). Level, trend and correlates of mistimed and unwanted pregnancies among currently pregnant ever married women in India. *PLoS one* 10 (12): e0144400. Retrieved from <https://doi.org/10.1371/journal.pone.0144400> on 16th December, 2018.
- Fayehun, F., (2017). A lack of knowledge may explain low contraceptive use in Nigeria. Retrieved from <https://medicalxpress.com/news/2017-07-lack-knowledge-contraceptive-nigeria.html#nRlv>.
- Gupta, I. (2017). What is the importance of family planning? *Healthmeup*. Retrieved from <https://www.livestrong.com/article/72185-importance-family-planning/> on June, 12, 2018.
- Kudas, M. (2017). Artificial methods of family planning. Retrieved from <https://www.livestrong.com/article/72185-importance-family-planning/> on the 2nd of June, 2018.

- MedlinePlus (2016). Birth control and family planning. Retrieved from <http://medlineplus.gov/ency/article/001946.htm> on July, 3<sup>rd</sup>, 2018.
- Monjok, E., A. Smesny, J. E. Ekabua, & Essien, J. E. (2010). Contraceptive practices in Nigeria: Literature review and recommendation for future policy directions. *Open Access Journal of Contraception* (1): 9-22.
- Nigeria Demographic and Health Survey (NDHS, 2014). National Population Commission and ICF International. Edited by National Population Commission. Abuja-Nigeria, Rockville, Maryland USA.
- Rahman, H.A, Najafi, F.S. & Juni, M.H (2011). Barriers to modern contraceptive practices among selected married women in a public University in Malasy. *Global Journal of Health Science* 3(2), 54-78. Retrieved from [www.ccsenet.org/gjh](http://www.ccsenet.org/gjh).
- Sawhill, I. (2014). Family planning methods. Retrieved from <https://www.quora.com/profile/Isabel-Sawhill> on July 6<sup>th</sup>, 2018.
- Sedgh, G & Hussain, R. (2014). Reasons for contraceptive non-use among women having unmet need for contraception in developing countries. *Studies in Family Planning*, 45(2), 151-169.
- Taylor, J. (2017). What are the advantages and disadvantages of family planning? Retrieved from <https://www.livestrong.com/article/258883-what-are-the-advantages-disadvantages-of-family-planning/> on 11<sup>th</sup> July, 2018.
- United States Department of Health and Human Services & Health Resources and Services Administration (2011). *Women's Health*.
- World Health Organization (2011). Family planning fact sheet. Retrieved from <http://who.int/mediacentre/factsheets/fs351/en/> on 24th, **July, 2018**.
- World Health Organization (2012). A guide to family planning for community health workers and their clients. Adapted from the WHO's Decision-Making Tool for family planning clients and providers. Retrieved from <http://who.int/mediacentre/factsheets/fs351/en/> on 24th, June, 2018.