

The Effects of Education, Poverty, and Resources on Family Planning in Developing Countries

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Abstract

Introduction: Developing countries are facing many difficulties due to a rise in population. High fertility rates have posed increased health risks for mothers and child's health, resulting in poor quality of life. According to WHO, approximately 225 million women in developing countries want to limit childbearing but are unable to do because of unmet needs, lack of resources, limited access to family planning (FP) services, religious beliefs, and illiteracy. FP can play an imperious role in stabilizing the issues in developing countries.

Purpose: The purpose of this literature review was to explore and synthesize articles on education, poverty, and resources of FP services in low and middle-income countries.

Methodology: A literature review was conducted from the period of Oct to Dec 2016 in PUBMED, CINAHL and Allied Health Literature based on predefined search terms. Eligibility criteria included: original researches, review articles, and perspective, opinion, and commentary articles.

Result: The key findings from literature review suggested that education regarding family planning is essential. Moreover, it is fundamentally important to introduce the concept, knowledge, awareness, practice, and availability of contraceptive measure, and family planning services. However, women in developing countries are struggling for the use of modern contraceptive methods but are lagging far behind due to the scarcity of resources. It is imperative to make contraceptive methods more accessible and available in resource-scarce countries.

Conclusion: FP determinants such as education, poverty, and accessibility to resources can be used to empower women and men in underdeveloped nations. It also helps to change their attitudes and practices towards family planning, thus, leading to better quality of life.

Introduction

According to the United States Census Bureau, the current world population to date is more than 7,346,284,500 and the most populous countries (in a decreasing order) to date are China, India, United States, Indonesia, Brazil, Pakistan, Nigeria, Bangladesh, Russia, and Japan [1-3]. It has been assumed that the total world population will exceed 9.9 billion by 2050; an increase of 3.3% from an estimated 7.3 billion now [4].

This increase in population has caused many difficulties, especially in developing countries because it has triggered limitation of resources along with a greater economic burden. In addition, the increased population has also resulted in water shortages along with insecurity of food and energy. High fertility has also increased the chances of health risks for mother and child, leading to poor quality of life, and reduces access to education, food, and employment [5].

In order to overcome the obstacles with increased population growth, family planning can play an imperative role in population dynamics that aids in economic stabilization of the country. Family planning also has a significant role in improving the health of the mother and the child by dropping the number of unintended pregnancies, thus reducing the maternal and child mortality rate. However, it has been reported that the knowledge, attitude, and

practice of family planning is low in underdeveloped countries due to lack of education, resources, and poverty as compared to developed countries like the United States where the use of contraceptive measures have been in practice since the 1970's and 1980's. For instance, in the United States, the use of Intra-Uterine Devices (IUDs) become increased in the 1980s, however, in underdeveloped countries, it might not even be an option due to accessibility issues. Condoms used were increased during 1990's and oral contraceptive pills were used later in the United States, whereas, these methods were introduced later in developing countries due to cultural and economic barriers. Several studies have been carried out which shows the level of education is a key factor in influencing the knowledge, attitude, and practice of family planning. According to Earth Policy Institute data highlights females who have at least primary level of education tend to have fewer and healthier children [6]. These children will then be able to support their families thereby contributing towards their family's income and world economic growth. Another study conducted in Uganda shows that woman with post-secondary education use more contraceptive methods (43.4%) compared to those who have little or no education at all [7]. Education plays a significant role in the understanding of family planning and this has been proven by the studies conducted in various parts of the world. Therefore, is it important to have an education for a better understanding of family planning and its practices.

Unmet needs of contraceptives increase when the demand for use exceeds the supplies which make it difficult for those women who want to limit their fertility but are unable to do so due to resources. In a health policy project by USAID [8], it has been reported that around 225 million women of childbearing age in developing countries have unmet requirements for a present-day strategy for family planning. Similar findings were found in surveys of women of childbearing age in developing countries where 10% to 40% women want to limit or space the pregnancies but are unable to do because of unmet requirements for contraceptive measures [9].

Income also has a strong influence on fertility. In a survey done from the data of USAID [10], a team of investigators found that wealthier families have fewer children. These families followed the trend of worldwide shift where it has been proven that fewer children live better between the age of 15-65 years and can contribute towards the country economies. It has also been shown that those countries are able to employ more people with increased economic opportunities because there will be fewer dependent population. Families with lower socioeconomic status suffer from problems such as unplanned pregnancies or early (adolescents) pregnancy which has a profound effect on child's and mother's health. This includes preterm birth, low weight infant, anaemia, and malnutrition. A research by Sodi [11] reported that unintended and teenage pregnancies are also a reason for emotional and psychological disturbance among teenagers. The teenagers are presented with symptoms of depression, lack social support, low levels of self-esteem, insomnia, anxiety, and loneliness. These problems create poor living standards for children and ultimately increase in health expenditures for families. Low-income families also encounter issues of having too many children. This problem has a profound effect on the maternal health. The mother doesn't get time to relax her body and provide sufficient physical and nutritional supplements needed to restore energy. Along with this, mothers also undergo some psychological disturbances that don't enable them to provide proper attention and nourishment to their children. In a study by Child Trend in Maryland, stated that low-income mothers were found depressed, hopeless and was lacking interest in doing things. These psychological issues pose negative effects on young children. The study also stated that these children lack academic performance, have behavioural problems, and invest less time in activities like reading, outing and outdoor play [12].

According to WHO fact sheet [1], approximately 225 million women in developing countries want to limit childbearing but are unable to do because of unmet needs, resources, limited access, religious beliefs, poor availability of facilities, lack of education and family planning services. In recent times, family planning is one of the major areas of interest which needs to be addressed and acted upon, especially in underdeveloped countries. The objective of this research paper is to assess the knowledge, attitude, and practice of family planning with correspondence to three determinants; education, resource, and poverty among developing countries. These factors can be used to create better alternatives for women and men in underdeveloped countries. Changing attitudes and increasing resources for those in need would lead to a better quality of life for many families.

Education

The term family planning has often been confused with birth control or usage of contraceptive methods. However, it does not mean merely controlling the birth of children. It involves proper timing for

childbirth. Family planning has two main purposes: firstly, proper spacing between two pregnancies and secondly, control birth of more children. The three main elements that contribute to achieve these purposes are education, socio-economic status, and resources. The disproportion between any of these elements can affect these family planning outcomes. Therefore, it is important for both parents to be involved in the decision of family planning because they both contribute to the long-term sustainability of their family's financial situation. This is precisely why both parents should be involved in the education of family planning methods.

According to World Health Organization (WHO) [1], family planning is defined as "Something that allows individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births." In addition, Family planning also includes education regarding proper spacing and methods (sexuality education), usage of contraceptive measures and other natural techniques for proper spacing between pregnancies and to reduce the number of unintended pregnancies. Incorporation of family planning services among developing countries can have a significant effect on overall growth and development of underdeveloped countries. According to a study, family planning has shown a drastic change in families of Matlab, Bangladesh [13]. They have introduced Family Planning and Maternal Child Health (FPMCH) program that has proved major improvements in the economic well-being. The results of the study revealed that after 20 years of the program implementation, the women included in the program were more likely to use family planning methods, have proper space between pregnancies and had better nutritional status with higher weight and body mass index than other women who were not included in the program. Their children were born healthy with increase weight, were more likely to get immunized for diphtheria, pertussis, and tetanus (DPT), polio, and measles. Along with that, the child mortality decreased by 20% as compared to children in the non-program region. This program has improved the income of families. In relation to the non-comparison group, working women earned more money (additional 450 takas each year) and the total value of assets among these families also increased by 43% [13]. This study is evidence that when family planning services are more available to women it improves their own health and the health of their children. With the use of contraceptives, couples are better able to control their fertility and thereby their monetary investment in child-rearing costs. With fewer children, families can also invest more in assets and thereby improve their economic growth. Family planning methods will also help in improving child and maternal health thereby reducing the total overall health expenditure. This also saves parents from anxiety and stress of unintended pregnancies and allows them to provide better care to their children. Health professionals can also assist in the education of resources for families.

Hospitals, healthcare workers, midwives and lady health workers provide education of different contraceptive methods and their usage. They also provide education regarding the safest methods; provide teaching about how their reproductive cycle works and what timings are optimal for couples to conceive/not conceive a child. In developing countries, lady health workers often provide a home to home service for educating parents (more often, women) regarding family planning methods, their use, and availability. Most often, these women are the only individual's other women trust because of their culture. Their advice is also more welcome to the men because these women are not "strangers" to the families. In Pakistan, their government launched a program known as Pakistan National Program for Family Planning

and Primary Health Care also known as the Lady Health Worker (LHW) program [13-15]. The program involves more than 110,000 women which are the communities' residents who provide door to door services of family planning, antenatal and child health services. These women are trained for 15 months including in-class sessions and practical training. Their responsibilities include providing education to the couples regarding the use of modern contraceptives methods and motivating them to use them. They also provide contraceptive supplies such as pills and condoms. Those women who are interested in modern contraceptives such as injections and IUDs are then referred to doctors for further facilitation [15].

Although the female community health workers provide doorstep reproductive services, couples should get more information by visiting more reliable source such as Community Health Centres or hospitals within their areas. Health facilities provide up-to-date information regarding more recent methods. There are numerous methods of contraception. According to the Contraception Methods [16] the methods can be categorized as follows:

Long-acting reversible contraception (LARC): Implant and IUD (Intra-Uterine Device). These contraceptive methods are known because of their increased lasting period. They last for about 3 to 5 years and are the most effective methods of controlling pregnancies.

Hormonal contraception: Pills, Injection, and vaginal Rings. They are also effective methods of family planning and if used properly have 99% accuracy rate.

Barrier methods: Condom and diaphragms: This method prevents sperm from entering the woman's vagina. This is not considered as effective as other methods of birth control due to drawbacks such as allergy to rubber, breakage, or slippage.

Permanent contraception: Vasectomy and tubal-ligation. These are the permanent solution to contraception. This includes surgery where male's tubes are cut to prevent sperm reaching the penis (vasectomy) and female tubes are tied to prevent eggs from traveling to uterus (tubal-ligation).

Emergency contraception pills: These are the pills that are used immediately after having an unprotected sex. This will either prolong the ovulation or prevents the sperm from reaching to an egg.

Fertility awareness: Women's usually monitor their fertility cycle and check dates of their menstrual cycles to plan a child on most likely conceiving days.

Although there are many contraceptive methods available, individuals in most developing countries are still not familiar with them. Along with them not being a familiar option, individuals also have a hard time accessing them. For instance, according to World Atlas, the use of the condom is the most prevalent in developing countries because it is easily available at the pharmacy store. As per the statistic, the use of a condom is more frequent in Namibia (79%), Gabon (74%) and Kameron (64%). It has been indicated that women are aware of different methods of family planning [17]. One study in India shows nearly 98% women have heard of family planning methods. The majority were aware of oral contraceptive pills (95.8%) followed by condoms (74.2%), Copper-T (72%), tubectomy (67%), vasectomy (34%) [18]. A study in Jimma Zone, Ethiopia released that both men and women had heard about the concept of family planning. They have more knowledge regarding injectable contraceptives (94%) than vaginal contraceptives such as a diaphragm, foam, jelly (12%). They were also least aware of permanent methods and emergency

contraceptives. The reason for lack of knowledge was unmet needs, poor resources and information dissemination and lack of physical access to healthcare facility [19].

Accurate, precise, and correct information regarding family planning methods and their availability can only be received from healthcare facilities, physicians, and midwives. With the recent technological advancement, this information is now also available on the internet. But due to unavailability of resources and lack of education, rural population is unable to have access to this information on the internet. Instead, their family, friends, relatives, and husbands become their source of information when there is no hospital or technology such as internet or computers [20]. A study performed in the rural southern region of Jordan revealed that most women had heard about the contraceptive methods from television (61.9%) and healthcare workers (60.3%). Fewer women received information from newspaper, radio, family, relatives, and husband [19]. Another study performed in Gulu District, Northern Uganda shows that the majority (77%) of participants receives the information from public health facilities available in their area and 28% get related information from media [21]. Besides all these people who are present as available sources of information for women of childbearing age, the most reliable source of information regarding contraceptive measures and their usage will remain, doctors, midwives, and lady health workers. Women should seek necessary information from doctors to receive the correct and precise information about the best available method and their side effects. Although contraceptive methods are considered as best for proper birth controlling they also have some side effects. Many couples are aware of the side effects but they only have knowledge regarding fewer side effects of the contraceptive methods. A study shows that women had knowledge regarding the side effects of oral contraceptive pills (36.6%) and the IUD (33.2%) followed by injections (16.4%) respectively. Many women don't use contraceptives because of the fear of side effects [19]. This occurs due to lack of education, knowledge, and awareness. A qualitative study performed in Kenya reported that one of the barriers in using family planning was the fear of side effects. The similar study cited that the most common side effects felt by women were change in weight, excessive bleeding, lack of sexual desire, headache, and blood pressure. Some women also discontinue the use of modern contraceptives due to these side effects. This shows their negative attitude towards family planning. Therefore, it is extremely important that women of childbearing age should receive correct education and information regarding the methods, what method is appropriate for them, what are their side effects and how they can monitor their health. Healthcare facilities should take step towards providing education to the rural areas of their country so that those women can also gain some knowledge from them [22].

There are many reasons for not using family planning methods. The most top rated reasons for not using family planning method among women of Mbouda health district, Cameroon includes lack of information (31.4%), uselessness (31.4%), and fear of side effects (14.3%) [23]. Another most commonly cited reason for discontinuation of using family planning methods includes side effects. The reason includes lack of proper assistance through health facilities. Most women were using methods, for instance, contraceptive pills, without proper counselling from healthcare professionals. These self-medications were causing difficulty with their daily life such as mood changes, headache, bleeding, and lack of sexual desire. Another reason for not using family planning also includes opposition by husband or family [24]. A study by Bernhart and Uddin [25] stated that 14.6% of the women included in the study mentioned that their husbands

opposed family planning due to their religious (Islamic) beliefs. Another study by Apanga and Adam [26] cites the most common reason for not using family planning by wives is the husband's opposition to the family planning services. A Survey performed in Southeast Asia, South Central Asia, and sub-Saharan Africa concludes that the main reason for not using any method was fear of health and side-effects (23%), some women were opposed either by family, partners or others (36%), breastfeeding or postpartum (17%), a low percentage (4%) were unaware of these methods while 2% believed that they were infertile.

Proper intervals between pregnancies are essential for both maternal and child's health. This will allow mothers to recover from the physical stress of previous pregnancy and will help them to give their attention and care to the newly born. This also helps families in maintaining their economic status while fulfilling all their needs. In the similar study performed in Jordan, women showed positive attitudes towards family planning. Majority of the participants agreed to the fact that family planning is necessary for both mothers and child health. Similar findings were observed in another study carried in Banteay Meanchey, Cambodia where respondents showed positive attitudes along with positive concern for women's health. They also showed positive attitudes towards family planning programs [19].

Lack of communication between couples, especially, regarding family planning leads to unwanted pregnancies. In a study related to male involvement in Debreworkos town, Northwest Ethiopia revealed that only 26.9% married men had positive attitudes towards participation in family planning. There are other countries where cultural dominance makes it difficult for women to express their desire to use contraceptives for purpose of family planning. For instance, in countries such as Mexico women are not permitted to participate in family planning decisions as the power for those decisions, culturally, is held by the husbands. With the strong sociocultural belief that a woman becomes the property of her husband after marriage, it lowers the woman's ability to be a part of those decisions and discussions. These difficulties cause a negative effect on women's lives as they are unable to participate in this life-altering decision [27].

There are similar socio-cultural beliefs illustrated through a study performed in Mwanza, Tanzania where opposition from male partners was reported as the main reason for not using family planning methods. The study also cited that men are the decision makers for their size of the family and any disagreement by women will make their lives more difficult. This gender dominance in underdeveloped countries makes it even worse for a woman to demand a voice in the size of her family. They don't have right to say anything and will always have to obey the orders commanded by their male partners due to their cultural influence.

In one of the USAID's programs in Jordan, it shows that prior to the program implementation there was only a little or no participation by men. Women were restricted to use family planning methods due to religious beliefs, opposition by their husbands and health risks. After six years of program implementation, it was noticed that males were now more involved in family planning. Also, they included their female partner in decision-making. There was an increasing percentage of the population who had accurate information about contraceptive use. Gender equality and male participation among developing countries would be a great initiative for improving family planning practices [28].

Poverty

Poverty is a multidimensional socio-economic issue in underdeveloped countries which is still present despite the various advancements in education, health, employment, and housing. There is strong evidence that the main reason for poverty is increased family size. In a study by Orbeta A, he stated that there is a positive relationship between the size of the family and poverty. He additionally indicated how a substantial family measure makes the conditions prompting more prominent through the negative influence on family savings. He mentioned that increase family size demands more money spent on necessities and less money saved for the family. He further mentioned that poverty will increase as more children will entail more money to address their desires with no change in family income. Furthermore, he also added that these earnings will be invested in the human capital of their children which also directs towards the rise in poverty. In countries like Africa, where there is a low-saving rate, families believe that their children will become a source of income and economic support in their old ages. In countries, like Nigeria, there is the cultural influence that children are a gift from God. Similar findings were reported by Mason JE in Haitian women. They consider the number of children they bear as God's will. One Haiti women said that "If God gives me ten I would be happy. If he gave me two I would be happy too...God gives the poor people many children." Moreover, these countries also have high birth and death rates. This thinking aggravates the need for an increased family size as people think that they need more children because they don't know which will survive.

The reason for an increased number of children is that the parents consider their offspring's as their insurance in old age; moreover, they also believe that more children will result in a greater household income. This increase in population growth will cause limitation of resources along with economic burden to the family resulting in a decline in household saving and higher rates of poverty. However, an increase in number of children will also require an increased investment in basic sectors such as education and health and thereby results in increased demand of resources such as food and increase cost will be required for raising them [29]. Considering the facts, it is important to introduce the concept of family planning in countries like Nigeria and Africa where parents rather than investing in their children's education and health, they find them as a source of labour. A high birth rate will also result in impeding employment opportunities and increased health risks of mothers and children. Thus, it is important to build the concept of family planning in these countries because it plays an imperative role in population dynamics that aids in economic stabilization of the household as well as the country. Family planning will help them achieve the desired number of children, proper spacing between children and help in improving the health of females of childbearing age. However, the less income that families are able to provide makes it less likely that they are able to afford contraceptives to keep their family size low [30]. As per the fact sheet of Countdown 2015 Europe (Campaigning for universal access to reproductive health), 222 million women of childbearing age have an unmet need for contraceptive supplies due to unaffordability. Sexually active women in West and Middle Africa cited that the reason for not using any contraceptive measure is its high cost [24].

By looking over the facts for poverty and unmet needs for the family planning services in underdeveloped countries, it is essentially important to introduce the concept, knowledge, awareness, practice, and availability of contraceptive measure and family planning. WHO, for instance, is encouraging family planning practices by providing

information, guidelines, quality standards, and contraceptive supplies to the developing countries so those in need can have access to these resources. This will help in improving the maternal and child health and thereby improves the long sustainability of their families. It has been found that spending \$3.9 billion on family planning initiatives among underdeveloped countries could prevent 52 million unwanted pregnancies, 22 million cases of abortions and healthcare costs.

As I've described in my research; family planning programs have increased the access of contraceptive supplies in developing countries. These programs provide benefit by reducing poverty, decreasing the number of unsafe abortions, and allowing individuals to plan their family size as per their resources. Moreover, this also helps in improving and providing opportunities for women regarding their employment and participation in household and societal works and reduces the risk of sexually transmitted diseases such as HIV and AIDS. It has been noted that during 1965-1990, these programs had achieved approximately 43% of the decline in world fertility [9]. As per, United Nation Population Fund UNPF, a lesser number of children will reduce the economic burden on poor families [31]. This will also allow them to fulfil the needs of their family within their economic ability and allow them for proper birth spacing thereby improving the survival rate. The proper birth spacing allows the woman's body time to heal whereas a shorter duration in between pregnancies can result in preterm or low-weight infants. These problems result in children with long-term health problems such as asthma, learning problems, and hearing or vision impairment. These programs not only provide benefit to the developing countries but also provide benefit to the donor-countries which provide funds to the underdeveloped countries. The donor countries include the United States, United Kingdom, Germany, Japan and nine other countries which are a part of Organization for Economic Co-Operation and Development. These funds and programs will help improve the trading between the countries and improve the stability of the country. Along with funds, these countries also provide expertise that is essential for the program requirements [9].

Educating women can also help in eradication of poverty. Education will empower women to fight for their rights, make their own choices, help them to distinguish between right or wrong, and increase the rate of employment opportunities. Along with that, it also helps in increasing knowledge about family planning, provide a right to decide about their size of the family and will have the confidence to speak for them regarding the desired number of children. In a study by Rose [32], it has been estimated that if all girls in sub-Saharan Africa and South and West Asia will receive at least primary education there will be 14% decline in child marriage and if they received a secondary education there will be 64% decline in early marriages. Another advantage of education is that the more the educated the women will be, more she will be able to protect their child from diseases. Education improves the sense of health benefits and thereby allows women to protect their child from harmful diseases and malnutrition. Educated girls can stand up for their rights, marry and have children later, educate their own children, and their families and communities thrive (Girls Rising). According to the UNESCO, EFA Global Monitoring Report [33] increase in girl's education will improve the maternal health. It has been found that women with secondary education are more likely to give safe birth in healthcare facilities at Burkina Faso than an uneducated woman. A similar report states that when a child receives an education it affects the child's survival rate. The fact sheet shows that vaccination rates for children are only 19% with illiterate mother whereas vaccination rates for children are 68% whose mother were educated at least to the secondary level. It is now clear that

women with at least some level of education have a better understanding of contraceptive use, maternal and child health, and are better informed regarding their quality of life.

Resources

Although family planning is essential, it is imperative to make contraceptive methods more accessible and available in resource-scarce countries. Women in developing countries are struggling for the use of modern contraceptive methods but are lagging far behind due to the scarcity of resources. According to a research by Jacqueline [24], she mentioned "Unless the adequacy of family planning services improves more rapidly than it has in the past decade, the number of women with an unmet need for modern contraceptives will continue to rise, especially in the 69 poorest countries" [34]. Resources are directly related to the cost; therefore, it has a direct impact on the availability of various contraceptives methods in poor countries. For instance, female and male sterilization requires surgery, which should be performed by experienced personnel. These types of procedures are expensive and require special professional staff. Whereas, injectable are much cheaper and don't require any training to administer. A study in Mbouda revealed that most women (65.3%) in Mbouda health district of Cameroon were practicing family planning methods [23]. Among which safe period (50%), male condoms (34.8%) and injections (12.1%) were commonly used methods. That is why injectable and condoms are more common in developing countries in comparison to permanent sterilization methods [35].

Women lack the access and full range of options for family planning methods. Lack of access is the major reason for their unmet needs. Unmet needs for family planning remain high in underdeveloped countries including Bangladesh, Sub-Saharan African countries, Asia, and many other low-income countries. High unmet needs for family planning are the main reason for unintended pregnancies, closely spaced births, abortions, and young age pregnancies. All of these causes are considered as major contributions to high rates of maternal and child mortalities. High unmet needs are also the reason of high fertility rate thereby increasing the population growth. In addition, high unmet needs are also a contributing factor towards elements such as women's illiteracy, gender inequity, and poverty. This unmet satisfaction for family planning imposes a negative impact on women's reproductive health, not only this, but it also prevents women to participate actively in economic and educational activities to improve poverty, health, and wealth. There are many reasons for these unmet needs. One reason includes lack of resources in developing countries. The scarcity of resources in poor countries includes long distances to a rural healthcare facility. This makes access to modern family planning methods more difficult for women. This also results in lack of knowledge and awareness regarding new methods of contraceptives among people of rural areas as they are not able to access the healthcare facility. As a result, there are an increased number of fertility rates.

Another reason includes lack of availability of female doctors or gynaecologists. In a qualitative study performed in rural areas of Pakistan, most people complained regarding the lack of availability of female doctors or gynaecologist in their area [36]. As per the study conducted in Kashmir, Pakistan 54 out of 1,000 children died after birth due to lack of female physicians and a shortage of medical equipment's required for proper child delivery. Women's have to travel for up to eight hours for reaching a medical facility. Similar findings were found in [37] study where in order to see a female doctor, they

have to visit a number of miles and for that; they have to arrange extra money. Rural residents often have difficulty in reaching the healthcare facilities. They cannot afford expenses such as traveling, receiving desired healthcare and buying of contraceptive measure. This long duration and lack of affordability make them exhausted and these women cannot survive the labour.

Conclusion

Family Planning is still a controversial issue in resource-poor countries. Individuals in underdeveloped countries do have knowledge of contraceptive methods; however, as proven in this paper, much more awareness is needed in order to assist those who need these resources the most. As discussed above, the attitudes and practices of family planning methods need to change dramatically if further positive changes can occur. There is a strong need to break the stigma regarding the side-effects of contraceptive usage. Communication is a key to enhance and change the behaviour of men and women towards the use of family planning methods. Education campaigns must be run to teach them about proper use and time of these methods. Also, the involvement of husbands should be encouraged to improve their wives and child's health. Proper birth spacing will help in achieving good family health. Government and health care centres must arrange programs for increasing the awareness regarding the use and availability of contraceptives methods. Lady health workers can also provide awareness through counselling and provide information during their visit. Emphasis must be given to the rural areas of developing countries where there is a scarcity of resources.

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