

**SOCIOECONOMIC DETERMINANTS OF CONTRACEPTION  
AMONG MARRIED WOMEN IN SUB-SAHARAN AFRICA**

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**ABSTRACT:** Low contraceptive uptake in the face of high fertility norms in sub-Saharan Africa has continued to create developmental challenges in the region. This study examined the literature on socioeconomic determinants of contraception among married women in sub-Saharan Africa. Desk review of thirty-three (33) relevant literature extracted through Google Scholar and key words such as socioeconomic, determinants, contraception, married women, aged 15-49 and sub-Saharan Africa was employed after filtering irrelevant articles to achieve the objective of the study. The study showed that the fertility rate is still high in the region because of the low contraceptive prevalence rate. The high fertility and low contraceptive rate will lead to population explosion and further deepen the poverty level of the region. The study further showed a gradual improvement in the prevalence of contraceptives and the adoption of long-acting reversible and nonreversible methods such as Intra-uterine devices, implants and sterilization. This will substantially reduce fertility rate and hence pave way for economic growth and development in the area. Moreover, the study showed that urban-rural gap in contraceptive use still subsists in the region except in situations where there are intervention programs such as counselling of married women, distribution of family planning products for free, payment of allowances to women who are able to reduce the number of children they bear and counselling of breastfeeding women on reproductive issues. The major factors that determine contraceptive uptake are education, residence, cultural influence such as desire for children and son preference, misconception and erroneous beliefs about contraception. The study recommends that the governments make education free and compulsory at both primary and secondary schools especially for women. Family planning counselling should be offered to women especially in rural areas to bridge urban-rural gap in family planning uptake. Governments in the region should educate the masses on the danger of having too many children as well as the benefits of family planning programs. Programme interventions that target married women such as tax relief and allowances to those who have fewer children should be implemented to encourage contraceptive uptake in the region. In addition, policies aim at encouraging the use of long-acting reversible and nonreversible methods such as implants, intra-uterine device and sterilization should be implemented to

**Keywords:** Socioeconomic, Contraception, Married, Women and sub-Saharan Africa

## INTRODUCTION

Sub-Saharan Africa is generally a region of extremely high fertility and low contraceptive prevalence (Bongaarts, 2017). With the exception of Southern African countries, national fertility rates are four or more births per woman (Tesfa et al., 2023). Regardless of whether family planning programs are in place or the government has specific population and family planning policies, use of family planning is limited (Boadu, 2022). In countries reported to have relatively high overall contraceptive prevalence rate such as Uganda and Malawi, total fertility rates (TFRs) exceeding four births and approximately four births respectively per woman continue to prevail (Boadu, 2022) (prb, n.d.) (prb, n.d.). It is reported that 29.58% of married women in the region are currently using modern contraceptive with Southern African sub-region leading the chart with 55.4%, followed by East African countries with 37.3% while West African and Central Africa countries had the least rates with 17.3% and 13.1% respectively (Ahinkorah et al., 2021). It is worrisome that recent studies have shown that contraceptive uptakes have plateau in the region posing a bleak future for maternal and child health (Wheldon et al., 2024). This scenario is more pronounced in rural areas of the region as urban women have been reported to use contraceptive more than their rural counterparts (Admassu & Tegegne, 2021).

Contraceptive use has been reported by researchers and authors as a game-changer in shaping high fertility norms in sub-Saharan Africa (Tesfa et al., 2023). It is anticipated that contraceptive use will prevent maternal and neonatal death as well as improve the wellbeing of mothers and children (Bolarinwa et al., 2022). However, despite the evident benefits of contraceptive use, its uptake is low failing to reduce down fertility as expected in the region (Bolarinwa et al., 2022). In order to expand contraceptive use and reduce unmet needs in sub-Saharan African, this study seek to identify socio-economic determinants of contraception among married in the region.

## LITERATURE REVIEW

The topic of contraceptive use has stimulated enduring discussions characterized by diverse opinions and viewpoints on the effectiveness and efficiency of family planning in reducing fertility. Various authors have also highlighted factors that impact contraceptive use globally and specifically in sub-Saharan Africa. This study reviewed thirty-three (33) articles on the topic socioeconomic determinants of contraception among married women in sub-Saharan Africa.

The literature search is divided into five different sections

- i. Fertility in Sub-Saharan Africa
- ii. Trends and patterns in contraceptive use in sub-Saharan Africa
- iii. Determinants of contraceptive use in sub-Saharan Africa
- iv. Program Inputs and Contraceptive Use
- v. Conclusion and recommendation

### **Fertility in sub-Saharan Africa**

Sub-Saharan Africa is still facing rapid population growth. Approximately half a century ago, the region comprised of 7.3% of the world's inhabitants. Nevertheless, the population has

grown by more than 2.5% per annum in the past forty years, exceeded 967 million by 2015 and currently stands at 1.168 billion (World population, 2022). By 2050, it is estimated that 21% of the world's population will reside in sub-Saharan Africa with estimated population of 2.122 billion (World population, 2022). The implication of this is that the area faces massive challenge to social and economic progress, as well as continuity of natural resources due to high birth rate and population increase. Across regions, East Africa has the highest population of 473 million people which is projected to reach 851 million by year 2050 (World population, 2022). The same scenario is occurring in West Africa with a current population of 430 million people projected to reach 773 million by the year 2050. In Central or Middle Africa, the current population of 196 million is expected to reach 406 million by the year 2050. The smallest population was found in Southern Africa with a current population of 69 million people projected to reach 92 million by the year 2050 (World population, 2022). The region's growth is aggravated by sustained high fertility in the face of declining mortality. The region's total fertility rate (TFR) is currently at about 5 children per woman, the highest in the world (Tesfa et al., 2023).. Furthermore, the total fertility rates in the region have not shown any appreciable decline. The highest rate was found in Central Africa with total fertility rate of 5.6 per woman. In West Africa, the rate was 4.9 per woman, followed by East Africa with 4.1 children per woman. South Africa has the lowest total fertility rate (TFR) of 2.4 in the region (World population, 2022).

On a country-by-country basis, many countries such as Angola, Burkinafaso, Burundi, Niger, Chad, and the Democratic Republic of Congo, Gambia, Mali, Mozambique, Nigeria, Somalia, Tanzania and Uganda still have total fertility rates (TFRs) above 5.0 and 4.0 (Fauser et al., 2024). This scenario portends serious threat to growth and development to the region if nothing is done to address the situation.

From the foregoing, population realities in the region have consistently worsen the economic situations and put a lot of pressure on the existing facilities such as health, education, and unemployment. It has also worsened maternal and child health (Seidu et al., 2023) . However, if the population especially youthful population, can be effectively managed through result-oriented programs and policies such as access to education, health care and family planning services, the increase population can boost economic growth which will eventually bring development to the region. The following factors were identified as predictors of high fertility norms in the region.

### **Cultural factors**

The demand for children is a major cultural factor that has contributed significantly to the high fertility regime in sub- Sahara Africa. The demand for children is accentuated by the absence of an old age security scheme in most of the countries in the region (Church et al., 2023). This has prompted many people to have large families with the hope of getting something from their children when they are old. In addition, women in peasant economies often depend on their children for economic survival (Atake & Gnakou Ali, 2019). Another factor contributing to high fertility is the system of male inheritance. As male children inherit land from their fathers, their mothers can enjoy only through them some of the property they have laboured to accumulate and maintain(Onyinyechi et al., 2023). In addition, male children are seen as more beneficial than girl-child socially and economically because they perpetuate family name and serve as social symbols for women(Onyinyechi et al., 2023). However, in a scoping review carried out on traditional support and disrupters of high fertility desires in sub-Saharan Africa,

it was discovered that the demand for high fertility is decreasing in urban centres due to the influence of urbanization and harsh economic conditions (Church et al., 2023). They observed that the fertility rate is still high in rural areas.

### **Sociodemographic factors**

Sociodemographic factors that have been observed to contribute to high fertility norms in the region include early marriage, polygyny, child death experience, age and religion. Other factors include education, status of women, conflict or violence, status of women, mass media,

and health and environmental factors (Church et al., 2023).

### **Contraception**

Contraception is another factor that can determine fertility norms in a region. The acceptance or refusal of contraceptives can reduce or increase fertility. A study carried out in Ethiopia in 2019, revealed that the use of contraceptives led to a sharp reduction in fertility by 28.5% in 2011 and by 30.7% in 2016 (Laelago et al., 2019)

The studies describe above highlighted reasons why there are high fertility norms in sub-Saharan Africa. This is based on the assumption that the absence of old age security and the culture of male inheritance will always promote high fertility in the region. However, according to theory of demographic change and response propounded by Davis in 1963, it is not tradition nor culture that brings about changes in demographic behaviour but rather changes in socioeconomic structure that cause the population to modify its demographic behaviour. He believed that pressure from population growth will provide an impetus for societies to develop mechanisms to navigate such situations. Such a mechanism involves technological innovation and progress, institutional transformation and the formulation of policies and practices to address the problem of population growth

### **Trends and Patterns in Contraceptive Use in Sub-Saharan Africa**

The section discusses the trends and patterns in contraceptive use in SSA. Contraceptive prevalence rates have been consistently low in sub regions of tropical Africa (Donkoh et al., 2024). It was reported that the prevalence of contraceptives in 1990 was approximately 13% which increased to 33% in 2020 (Dasgupta et al., 2022). Other studies also reported rates lower than those presented above. In a study conducted among thirty-three (33) countries in sub-Saharan Africa, the contraceptive prevalence rate (modern) was found to be 22% with country variation ranging from 3.5% in the Central African Republic to 49% in Namibia ((Boadu, 2022). However, there seems to be an improvement in southern Africa with a 56% contraceptive prevalence rate and in eastern Africa with a 46% prevalence rate (World population, 2022). This could be attributed to long-term investment in family planning products and services by the governments of the regions as well as the commitment and willpower on the part of the government to see that people adopt it. Furthermore, the willingness on the part of the people especially women to adopt both the traditional and modern methods to reduce the number of children they bear adds to this improvement (Tesema et al., 2022). Central Africa and Western Africa had the lowest percentages of 22% and 20% respectively (World Population, 2022). This could be because of repeated conflicts and security challenges in the region. It could also be because of perceived side effects, the desire for large family, sex

preference, religious and cultural factors, husband disapproval, poverty, illiteracy and lack of access to health care facilities (Tesema et al., 2022).

Contraceptive use patterns vary across regions in SSA. The pattern of use ranges from long acting reversible contraceptives, such as intra-uterine devices, implants and sterilization which are effective in terms of cost and time to short term methods such as pills, condoms and traditional methods which are prone to failure leading to unwanted pregnancies (Adedini et al., 2019). They reported that long acting reversible or permanent methods are yet unpopular in this region. However, it is believed that the reversible or permanent methods will limit the number of births of women while the short-term methods will only help in child spacing. They reported that women who were educated were three times more likely to use long acting reversible and nonreversible agents than those with no education. They further discovered that women who were residing in urban areas and who came from families with higher wealth indices had greater odds of using long-acting reversible methods. In their study, Tolefac et al (2018) reported that implants, intrauterine devices and injections were the most commonly used contraceptive methods among married women attending family planning clinic. They reported that the reason for the use of these methods was that they were safer, reversible and more reliable. A study carried out among married women in Malawi reported that contraceptive use was associated with increased age, education, husband's education and other factors (Forty et al., 2021). However, despite the increase in prevalence rate of contraceptives in Malawi to approximately 58%, the total fertility rate (TFR) per woman remains 4.2 even above that of countries with a reduced prevalence of contraceptives. The reason for this could be that the women were using contraceptives for child spacing and not for limiting births. In Rwanda, the prevalence rate of contraceptives increased from 17% in 2005 to approximately 53% in 2014. The pattern of contraceptive use in the country has shown that rural residents in the country use contraception more than urban residents, while there was an increase in contraceptive use among poor people in the country compared with rich people (Muhoza, 2017). This was made possible through an awareness campaign and the involvement of local government officials in the campaign. Ministries and other government establishments were encouraged to include family planning programmes in their programmes. It was revealed that secondary posts were constructed as alternatives to faith-based hospitals where people can access family planning services. The study also revealed an improvement in the use of long acting methods from 6.4% in 2005 to 20% in 2014 while there was a decrease in the use of short acting methods from 71.2% in 2010 to 67.5% in 2014 (Muhoza, 2017).

The position held with respect to the above is that though there are divergent views with respect to the trend and pattern of contraceptive use in sub-Saharan Africa due to methodology differences and the study design. However, there is consistency in reports that the prevalence rate of contraceptives is low in the region. This low prevalence rate keeps fertility high. Even in areas where there is improvement in the contraceptive rate such as Eastern African countries such Ethiopia and Uganda and South African countries such as Malawi, a total fertility rate (TFR) of above 4.0 still prevails (Nations, 2019). This could mean that contraceptive use was for birth spacing and not for limiting children. Women in the region have relied on short acting methods such as condom, pills and traditional methods which are largely ineffective. However, with the increasing adoption and use of long acting reversible and permanent methods such as intra-uterine devices, hormonal implants and injectables as well as non-reversible methods such as more effective tubal ligation, the region's population is poised to reduce if policies and programs are put in place to drive the initiative both by the government and non-governmental bodies.



### **Determinants of Contraceptive Use in Sub-Saharan Africa**

This section discusses the factors that encourage or discourage the use of contraceptives in sub-Saharan Africa.

Reports from studies conducted in sub-Saharan Africa have presented various factors that determine the use of contraceptives among married women in the region. According to Olakunle et al (2020), individual factors such as age, living children, high household wealth, rural residence, joint contraceptive decisions with partners, the number of children living less than the ideal number of children and country level factors such as increasing geographical, economic and psychosocial access to female permanent contraception were factors that determine the use of contraception in the region. They discovered that the odds of using female permanent contraception increase with increase in age, number of living children, household wealth, joint contraception decisions with partners and number of living children less than the ideal number of children. It was further discovered that women who lived in rural areas had lower odds of using female permanent contraception. The country-level factors that increased the odds of using permanent contraception were number of births attended to by skilled health workers and the number of medical doctors. A related study conducted among married women in thirty-six African countries in 2022 showed that women who reside in Eastern Africa have greater odds of using contraceptives than women in other regions. It was further discovered that women who lived in urban areas, had primary or secondary education or above, had husbands with primary education, had middle or high wealth indices, and had media exposure and attended postnatal care had higher odds of using contraceptives than their counterparts (Tesema et al., 2022).

Other factors that have been found to increase the prevalence of modern contraceptives in SSA are being exposed to sexual intercourse at age 15-19 years of age, having a higher education level and being exposed to mass media. The contextual factors are urban residence, highest wealth index and living in societies with medium literacy and socioeconomic status (Ahinkorah et al., 2021). However, it was reported in the study that women aged 45-49 years had lower odds of using modern contraceptives. Tirivayi (2020) identified barriers and drivers of contraceptive use among married adolescent girls in six sub-African countries. He observed that factors such as cravings by partners or husbands for more children are barriers to contraceptive uptake. He further observed that household size, age, and knowledge of the ovulatory cycle could be barriers to and drivers of contraceptive use in the region. According to Ba et al (2019), the contraceptive prevalence rate was low in sub-Saharan African countries ranging from 7% in Gambia to 29% in Uganda. They assert that factors that determine contraceptive use are women who were sexually active, who had between 5-7 living children, who had secondary education or higher and who had wealth had greater odds of using contraceptives than their counterparts.

Misinformation and erroneous beliefs have been reported to create barriers to the use of contraceptives in sub-Saharan Africa. According to Olakunde et al (2019), myths and misconception, fear of surgical operation, difficulty reversing surgical procedures, husband disapproval and lack of expertise among health workers are some of the barriers that hinder tubal ligation. In addition among married women in the region. Aside this the fear of side effects such as infertility, weight gain or weight loss, and unusual menstrual flow are some of the reasons for low use of modern contraceptives (Chola et al., 2023). Added to this is the erroneous belief that it makes women promiscuous and unfaithful to their husbands (Chola et

al., 2023). Another reason is the stigma associated with the procurement of family planning products especially in rural areas (Ekholuenetale et al., 2022).

Preference for a particular sex of a child especially a son preference or rare occasion for a girl-child is a major predictor of contraceptive use. Studies have reported that the desire for boy-child relationship is strong in Africa. A family without a boy child is sometimes seen as not having children because a boy child perpetuates family name, and act as insurance to the mother in case of the death of the husband especially in traditional African societies. Therefore, until a woman gives birth to a baby boy, he will continue to give birth to children until she achieves her desire. In such a situation, contraceptive uptakes will be postponed or at best use for spacing children.

The adoption of family planning is further predicated on knowledge, attitudes and practices related to contraception. Although, there are many studies on knowledge of contraception in developing countries especially sub-Saharan Africa, little progress has been made in contraceptive usage in the region which is evident in the low contraceptive prevalence rate.

Findings from the Democratic Republic of the Congo indicated that knowledge of contraception was high in rural areas where the study was carried out (Muanda et al., 2017). The researchers observed that many of the participants, men and women, in the region know about family planning techniques even among non-users. However, usage was low because of resistance from the husbands and the culture of large family sizes in the area. The users among them were using contraception to space their births for financial and health reasons (Muanda et al., 2017). Another reason for the poor usage is the lack of communication between husbands and wives especially regarding reproductive issues. Another study conducted in Zaria by (Salamatu et al., 2017) showed that all the respondents had knowledge of contraceptives while 74.6% were current users. The high percentage of users identified in the study area may be due to the high level of education of the interviewees. According to Ukegbu et al (2018) although awareness of contraceptives was high in Umuahia, Abia State, it was discovered that, knowledge and current contraceptive use were low in the area.

The attitude towards contraception is a strong predictor of contraceptive use. A positive attitude toward contraception will increase its uptake while a negative attitude will lead to a decrease in contraceptive use. Studies across sub-Saharan Africa have shown that many women are not favourably disposed to contraceptive usage because of religious beliefs that it is against their religion as well as low literacy and rural residence (Aji & Omotara, 2018). Others have developed negative attitudes toward contraception because of the perceived side effects associated with its use (Johnson & Ekong, 2016). However, in some other studies a positive attitude correlated with contraceptive use. Anaba et al (2018) confirmed that there was positive attitude towards family planning uptake among participants in the Izzi, Ezza South and Ikwo local government areas of Ebonyi State. They observed that knowledge was high while positive attitude was shown toward family planning which led to improvement in contraceptive use in the area. Idu et al (2019) confirmed similar results in the Mararaba area of Nasarawa State.

Contraceptive use has been discouragingly low due to the myriads of factors discussed above. However, the major theme of the narrative is that the studies provide specific details about both individual and country level factors that predict contraceptive use which provides a balanced view of the factors at play. The argument also presents cultural factors and preferences especially son preference as important within the context of family planning efforts. The

authors did not provide concrete strategies or interventions to address the low contraceptive prevalence rate in the area

### **Program Inputs and Contraceptive Use.**

The desire to reduce population growth and enhance the wellbeing of mothers and children in sub-Saharan Africa countries has led to the implementation of programs that can accentuate the uptake of family planning techniques (Masiano et al., 2019). This initiative ranges from the distribution of family planning products for free in government hospitals and health facilities, sending of family planning messages to women especially married women and the provision of reproductive counselling to married women. In Malawi, a community-based distribution project was executed where family planning products and services were offered to rural dwellers (Masiano et al., 2019). Rural locations were used as the intervention while urban centres were used as the comparison group. It was discovered that contraceptive uptake increased from 21.5% in rural areas to 44.9% after the implementation of the program. Another noticeable finding is that contraceptive usage increased in both rural and urban centres after the implementation of the programme. In urban centres, usage increased from 26.3% to 42.9%. This shows that interventions in rural areas rubbed off on contraceptive uptake in urban areas (Masiano et al., 2019). In the Democratic Republic of the Congo, it was discovered that family planning counselling of breastfeeding women 6 months after delivery led to increase in contraceptive use (Zivich et al., 2019). In a related development, the community-based distribution of subcutaneous depot medroxy progesterone acetate (DMPA-SC otherwise known as Sayana press across Nigeria reached 127, 315 women. 116,614 (92%) adopted the DMPA-SC while 80% of the women were new users of the product. This community-based intervention increased the number of users of modern contraception (Schatzkin et al., 2019). Osaro et al (2018) compared public centred health training as well as text message reminders with the orthodox health amenity centred method to promote modern contraceptive uptakes in Nigeria and discovered that the percentage of women in rural areas who consistently use a method of family planning increased from 37% to 75%. However, they observed that there was a reduction in the percentage of women who consistently used a method in the control group from 49% to 41%. They concluded that public centred family planning training and text messages are more useful in stimulating family planning uptakes among rural women. Furthermore, it was also discovered that contraceptive use increased after family planning messages were sent to 328,386 married women in the study conducted in 26 countries between 2013 and 2019 in sub-Saharan Africa (Dwomoh et al., 2022). It was discovered that family planning messages through traditional media and electronic media were critical in increasing contraceptive use in the region.

The argument focused on interventions by the government of nations to increase contraceptive uptake in tropical Africa. These interventions have witnessed success in countries such as Malawi, The Democratic Republic of the Congo, Nigeria and many other countries in the region. However, the problem with such interventions is that there is weak monitoring of the policies or template of intervention to ensure the consistency and continuity of such programmes. In addition, there are no coordinated efforts in many of the countries in the region to ensure a rapid increase in the prevalence of contraceptives.



## **METHODOLOGY**

The study adopted a desk review of related literature using the Google Scholar search engine and relevant keywords such as “socioeconomic”, “contraception”, “married women”, “aged 15-19” and “sub-Saharan Africa”. Thirty-three (33) relevant articles that met the search criteria were reviewed.

### **Limitations of the study**

This study considered only the literature on socioeconomic determinants of contraception among married women in sub-Saharan Africa. Neither single women nor men were considered in the study. Their inclusion could have enriched the results of the study. However, the scope of the study is to determine the socioeconomic status of contraceptive use among married women in sub-Saharan Africa.

### **Summary and Conclusion**

This study examined socioeconomic determinants of contraception among married women in sub-Saharan Africa. A literature review using the Google Scholar engine was used to extract publications related to the research topic. This literature search was conducted by employing keywords such as socioeconomic, determinants, contraception, married women, aged 15-49 and sub-Saharan Africa. Thirty-three (33) related publications were used to determine factors that influence contraceptive use in sub-Saharan Africa.

The literature review was divided into different sections. The first is fertility in sub-Saharan Africa, trends and patterns in contraceptive use in sub-Saharan Africa, determinants of contraceptive use in sub-Saharan Africa, program inputs and contraceptive use, and conclusion and recommendations.

The study showed that the fertility rate is still high though with regional variations. This is consistent with the result of the study carried out in 24 countries in sub-Saharan Africa among many ethnic groups that showed that fertility of the region is the highest in the world (Fontenay et al., 2024). The study also revealed that contraceptive use was generally low in the region though with regional variations. This finding is similar to the result of the study carried out among married women in sub-Saharan Africa by (Donkoh et al., 2024) while studying the association between knowledge and contraceptive uptake among married women in the region. However, there has been a gradual improvement in the prevalence of contraceptives and the adoption of long acting reversible and nonreversible methods which will ultimately improve the health status of women and children in the region. This finding is confirmed by (Wudineh et al., 2023) in their study of immediate utilization of post-partum long acting reversible contraceptives among mothers who gave birth in Addis Ababa. The study further revealed that the urban-rural gap in contraceptive usage has not bridged except in situations where there were intervention programs. This finding is supported by (Luwedde et al., 2022) in their study of disentangling the urban-rural modern contraceptive utilization disparity among sexually active married women

The study revealed major factors that influence the use of contraceptives in sub-Saharan Africa. These factors included education, residential status (rural or urban), and cultural factors such as a desire for large families affected by old age security and misconception about

contraception. Other minor factors that predict contraceptive use are knowledge and attitudes toward contraception. This finding is supported by (Demeke et al., 2024) and (Beyene et al., 2023) in their studies.

In conclusion, for sub-Saharan Africa to experience population decrease, fertility must decline substantially through definite and result oriented policies such as investment in human capital, quality education, health care facilities and services that will promote health of women and children in both the rural and urban areas of the region. In addition, policy that will encourage the use of long acting reversible and nonreversible methods of contraception should be put in place. Furthermore, social security scheme such as payment of allowances to the elderly and caring for their medical needs should be given priority to prevent unwanted births that can worsen population issues in the region.

### **Recommendations**

1. Government at the various regions should make deliberate and specific efforts through result oriented policies and programs to increase contraceptive uptake among married women in sub-Saharan Africa
2. Government at the various regions and relevant agencies should promote more effective methods such as long acting reversible and nonreversible techniques that will reduce fertility in the region
3. Public education and awareness campaigns on the benefits of contraceptives should be promoted while misconception and erroneous beliefs about family planning should be disabused in the minds of people
4. Education at both the primary and secondary school levels should be compulsory in the region to prevent early marriage and provide the needed knowledge to empower women to make the right reproductive decisions.
5. Government at the various region should spend heavily on family planning products and services to make them available both in urban and rural areas to bridge the gap between the two

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