



Ahmadu Bello University, Zaria

A MIDWIFE'S KEY ROLE IN SHAPING THE FUTURE THROUGH FAMILY PLANNING FOR COMMUNITY SUSTAINABLE DEVELOPMENT

AN INAUGURAL LECTURE

Series No. 07/24



Professor Hayat Gommaa

Department of Nursing Sciences,
Faculty of Allied Health Sciences, College of Medical Sciences,
Ahmadu Bello University, Zaria

DATE WEDNESDAY, 25TH SEPTEMBER, 2024

**A midwives' key Role in Shaping
The Future Through Family Planning
FOR
Community Sustainable Development**

Prof. Hayat Gommaa
ABU Zaria



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**An
Inaugural Lecture**

BY

Professor Hayat Gommaa
Department of Nursing Sciences,
Faculty of Allied Health Sciences,
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Ahmadu Bello University, Zaria

25th September, 2024

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Dedication

This lecture dedicated to the soul of my father and my mother (may god almighty mercy your souls and give you the paradise).

My children and grandchildren (love you so much).

Acknowledgement

My sincere appreciation to almighty god for all the knowledge that I have the skills I acquired and the level of career that I got.

My great acknowledgement is going to Prof Kabir Bala the vice chancellor for his support and guidance.

I wish to express my acknowledgement to the provost of Medical Sciences College, Deans of faculties, HODs of departments, academic and administrative staff and all post and undergraduate students.

My thanks and gratitude go to:

All my teachers whose taught me how to hold a pen and how to be a responsible nurse educator;

My colleagues who's are all the times take care of me and give me full love;

All hard times that made me strong enough to face my challenges; and

All happy time that give me more hope for better tomorrow.

Protocols

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University,
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Students
Ladies and Gentlemen of the Press,
Distinguished Ladies and Gentlemen,
ABUSITES,
Good Afternoon!

Preamble

- Earned a Bachelor of Nursing Science (B.NSc.) in 1981 from the High Institute of Nursing, Cairo University.
- Completed a Master of Nursing Science (M.NSc.) in 1991 at Cairo University, Egypt.
- Obtained a Ph.D Nursing in 1998 from Cairo University, Egypt.
- Full Professor 2009
- Fellow African institute of public health professional
- Former Head of the Department (HOD) at the Faculty of Allied Health Sciences, College of Medicine, Ahmadu Bello University, Zaria, Nigeria.
- Established postgraduate nursing programs at the Faculty of Medicine in 2013.
- Currently serves as the coordinator for postgraduate programs.
- Executive member of the Maternal, Adolescent, and Child Health Care Initiative (March Care Initiative/MCI) in Nigeria.
- Visiting professor at accredited universities in Jordan, Oman, Nigeria, Egypt, and Saudi Arabia.
- Nursing consultant at Al-Dar Hospital, Saudi Arabia.
- Collaborator on the Worldwide Universities Network African Canada project.
- Participated as a facilitator in the Virtual International Day of the Midwife in May 2023.
- Reviewer for several national and international journals.

- Ambassador of the Spina Bifida and Hydrocephalus Care Foundation in northern Nigeria.
- Executive facilitator for the African Leadership Training Program in Nursing, in collaboration with JICA.
- Consultant for the USAID Integrated Reproductive Health Services Project.
- Served as a training specialist on the USAID Integrated Reproductive Health Services Project.
- Former Chairperson of the Department of Maternal and Child Health Nursing at Mutah University, Jordan.
- Assistant Manager of the Manpower Development Project for Nurses, Ministry of Health in Cairo, Egypt.
- Consultant for the Middle East Health Care Support Services in Egypt.
- Executive Facilitator for the Faculty and Leadership Development Project.
- Member of the Educational Development Centre Committee Board (JHPIEGO) at the Faculty of Nursing, Cairo University.
- Former Director of the Educational Development Centre, Faculty of Nursing, Cairo University.
- Committee member of the EmOC Initiative (UNICEF).
- Facilitator for the NORAD Project on Women's Health.
- Participated in the review and upgrading of teaching/learning materials in Cairo and Alexandria (WHO).

- Currently serves as an assessor for promotion committees.
- Led the accreditation team for the Nigerian Universities Commission (NUC).
- Actively involved in internal and external postgraduate program examinations.
- Reviewer of educational materials under TetFund.
- Extensive work experience in Egypt, Oman, Saudi Arabia, Pakistan, Jordan, the UK, Libya, and Nigeria.
- Published chapters in books and lecture notes on nursing and health education, in both Arabic and English.
- Authored multiple research papers and articles.
- Recipient of various merit awards from Egypt and Nigeria, including two university merit awards in 2014 and 2019.
- Submitted a proposal in 2017 for converting the Department of Nursing Sciences into a full-fledged college.

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Introduction

Family planning, as defined by the World Health Organization (WHO), is the ability for individuals and couples to plan and achieve their desired number of children, as well as control the timing and spacing of births through contraception and infertility treatments (WHO, 2012). Family planning programs are designed to give people the information and services needed to make informed decisions about having children, while ensuring they are treated with respect, equality, and free from discrimination. For programs to be successful, these core principles must guide the implementation of all High Impact Practices. The Centers for Disease Control and Prevention (CDC) has recognized family planning as one of the top ten public health achievements of the twentieth century, alongside initiatives like vaccination and motor vehicle safety improvements (CDC, 1999). The ability to manage family size and birth spacing has brought significant improvements to health, social, and economic outcomes (IOM, 1995). Smaller families and longer gaps between births have reduced infant and child mortality, improved maternal health, and enhanced the social and economic conditions for women and families. The modern family planning movement in the U.S. began in the early 1900s (IOM,2008).

Family Planning between past, present and future

Nigeria is the seventh most populous country globally, with an estimated population of 206 million and an annual growth rate of about 2.5% (World Development

Indicators, 2021). This population growth is largely driven by a high total fertility rate (TFR) of 5.3 children per woman, which is significantly higher than the global average of 2.3. High fertility rates in Nigeria have negative consequences for both families and the nation. Studies suggest that reducing fertility rates can lead to demographic benefits, helping to alleviate poverty and boost economic growth and family well-being (International PRB, 2021).

In northwestern Nigeria, contraceptive use is shaped by various factors, including the desire for large families, cultural norms, misconceptions about contraception, and economic considerations like financial stability, income levels, and the cost of healthcare (Babalola et al., 2018). As of 2021, there are 1.9 billion women worldwide between the ages of 15 and 49. Of these, 1.1 billion require family planning services; 874 million use modern contraceptive methods, while 164 million have an unmet need for contraception.

Globally, the percentage of family planning needs met by modern methods (SDG indicator 3.7.1) has remained around 77% between 2015 and 2022, but has increased from 52% to 58% in sub-Saharan Africa. Condoms are the only contraceptive method that prevents both pregnancy and sexually transmitted infections, including HIV. The use of contraception upholds the right of individuals to decide the number and spacing of their children. In 2022, the global prevalence of contraceptive use was estimated at 65%, with 58.7% of married or in-union women using modern methods.

Nigerian Family Planning Landscape

Nigeria's population is rapidly increasing, now exceeding 200 million, with about 46 million women of reproductive age. With a total fertility rate of 5.3, the population is expected to reach 379 million by 2050, positioning Nigeria as the fourth most populous country in the world (NDHS, 2018). The population is projected to double in roughly 30 years. High fertility and mortality rates have resulted in a youthful population, with more than 40% of people under 15 years old. The low usage of family planning is a major contributor to the high fertility rate and rapid population growth. Currently, the most common family planning methods are condoms and injectables, with modern contraceptive options mainly consisting of condoms, pills, and injectables. Several factors contribute to the low rate of contraceptive use, including cultural preferences for large families, misconceptions about contraception, gender inequality, limited access to family planning services, poor service quality, and inadequate efforts to create demand for these services.

Prevalence rate of Family Planning

Current contraceptive use: Modern contraceptive use is more common among sexually active unmarried women (28%) than among married women (12%). The overall contraceptive prevalence rate for any method among married women is 17%.

Contraceptive discontinuation: In the five years prior to the survey, 41% of women who began using a contraceptive method stopped within 12 months. The primary reason for discontinuation was the desire to become pregnant, accounting for 35% of cases.

Demand for family planning: Among married women, the total demand for family planning is 36%, with 34% of that demand being met through modern contraceptive methods.

Unmet need for family planning: Unmet need is higher among sexually active unmarried women (48%) compared to married women (19%).

Future use of contraception: 35% of married women not currently using contraception plan to adopt family planning methods in the future.

Demand for family planning:

Among the 41 countries where fewer than half of women with a need for family planning have their needs met with modern methods (see figure 1), 22 are in sub-Saharan Africa. The remaining 19 countries are distributed as follows: 7 in Northern Africa and Western Asia, 5 in Europe and Northern America, 4 in Oceania excluding Australia and New Zealand, 2 in Central and Southern Asia, and 1 in Latin America and the Caribbean (see figure 2). Nigeria is included in the group where less than 50% of women use modern contraception, meaning that more than half of women of

reproductive age and their newborns are at risk of complications that could lead to death (UN, 2022).

In Nigeria, young women and adolescents (see figure 3) face the greatest disparities between their need for family planning and the use of modern contraceptives. The proportion of women who have their family planning needs met with modern methods (SDG 3.7.1) highlights potential inequalities in access to and use of contraception based on age.

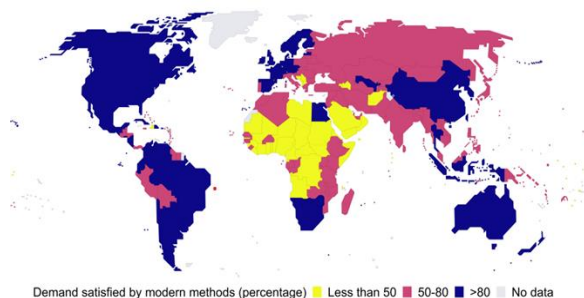


Fig (1) Global demand satisfaction of modern family planning methods

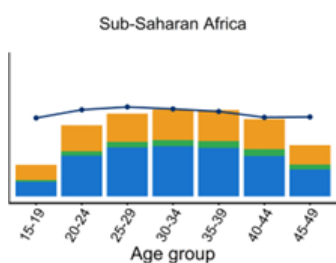
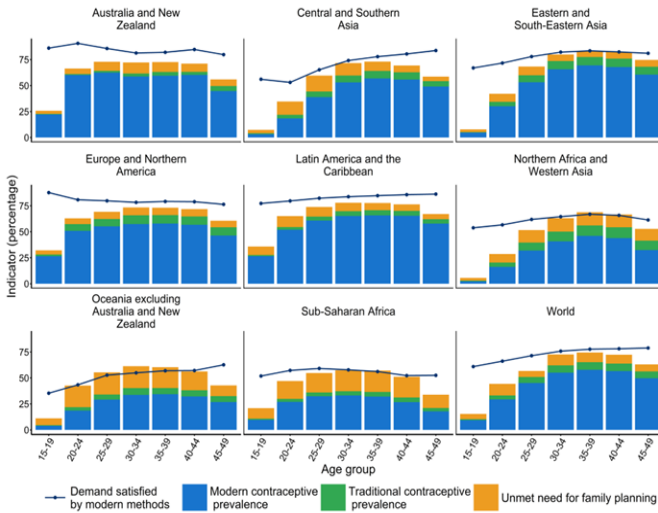


Fig (2) global demand satisfaction of modern family planning methods by age categories



Source: United Nations, Department of Economic and Social Affairs, Population Division (2022). *Estimates and Projections of Family Planning Indicators 2022*.

Fig (3) demand satisfaction of modern family planning methods among nigeria women by age categories

The age pattern of the proportion of demand for family planning satisfied with modern methods developed in diverse ways across countries and over time. A mix of countries was selected based on geographical diversity and distinct patterns of change over time to depict cross-national differences (figure 4). From 2000 to 2020, the increase in the proportion of need for family planning satisfied with modern methods in all of the selected countries was most notable among women aged 15 to 24. Ethiopia and Nigeria both had low modern contraceptive use in 2000. While in Ethiopia the use of modern contraception among women who want to avoid pregnancy increased in all age groups, in Nigeria the progress was slow in all age groups.

Upholding Human Rights in Family Planning Services

All people deserve the right to determine, as best they can, the course of their own lives. Whether and when to have children, how many, and with whom are important parts of this right. Family planning providers have the privilege and responsibility to help people to make and carry out these decisions. Furthermore, programs that honor their clients' human rights contribute to positive sexual health outcomes. Thus, high quality family planning services and the people who deliver them respect, protect, and fulfill the human rights of all their clients. Everyone working at every level of the health system plays an important part. Health care providers express their commitment to human rights every day in every contact with every client. Nine human rights principles guide family planning services. As a family planning provider, you contribute to all of them.

General Facts about Family Planning

Family Planning in the past, present and future

The number of women expressing a desire for family planning has significantly risen over the past two decades, increasing from 900 million in 2000 to nearly 1.1 billion in 2021 (UN, 2022). From 2000 to 2020, the number of women using modern contraceptive methods grew from 663 million to 851 million, with an additional 70 million expected by 2030. During this period, the contraceptive prevalence rate, which measures the percentage of women aged 15–49 using any

contraceptive method, rose from 47.7% to 49.0% (UN, 2020).

In 2022, 77.5% of women of reproductive age (15–49 years) globally had their family planning needs met with modern methods (SDG indicator 3.7.1), reflecting a 10% increase since 1990 when the rate was 67% (UN, 2023).

In 2020, the Ministry of Health set a primary goal to achieve a contraceptive prevalence rate of 27% by 2024.

The strategic objectives for this period were:

1. Increase demand and reduce unmet need for family planning by enhancing the implementation of the National Family Planning Communication Strategy.
2. Broaden access to family planning methods by focusing on new opportunities, products, and service delivery channels.
3. Improve commodity security and address high rates of stock-outs at service delivery points by enhancing logistics data quality and mobilizing resources.
4. Strengthen the policy environment for family planning at both national and sub-national levels, with a particular focus on youth policies.
5. Boost domestic funding to fully cover family planning costs nationwide by seeking resources from new public and private sector sources.
6. Utilize evidence more effectively to manage and coordinate the national family planning program. (**The FP Blueprint (2020 – 2024).**)

Why family planning is important?

Family planning is a cost-effective means of reducing maternal morbidity and mortality and achieving sustainable development goals (SDGs).

Use of contraception prevents pregnancy-related health risks for women, especially for adolescent girls, and when expressed in terms of interbirth intervals, children born within 2 years of an elder sibling have a 60% increased risk of infant death, and those born within 2–3 years a 10% increased risk, compared with those born after an interval of 3 years or longer (*UN.2022*). It offers a range of potential non-health benefits that encompass expanded education opportunities and empowerment for women, and sustainable population growth and economic development for countries.

Human Rights: The nine guiding principles

There are nine guiding principles for enhancing family planning services:

1. **Non-Discrimination:** Family planning counselors should treat all clients equally, show respect for each individual's needs and preferences, avoid personal judgments or negative opinions, and provide comprehensive care to all clients.
2. **Availability of Contraceptives:** Counselors should offer complete information and services about family planning methods, ensure clients are introduced to these methods, and maintain adequate supplies.

3. **Accessibility of Information and Services:** Counselors should ensure that their facility is accessible to everyone, including those with physical disabilities. They should engage in outreach efforts when possible and not require clients, including young individuals, to obtain permission from others to use family planning services or methods.
4. **Acceptability of Information and Services:** Counselors should be friendly and welcoming, creating a supportive environment in their facility. They should consider what is important to clients and tailor services to meet their needs and preferences.
5. **Quality:** Counselors should keep their knowledge and skills current, communicate effectively, and ensure that the contraceptives they provide are not expired.
6. **Informed Decision-Making:** Counselors should clearly explain family planning methods, including their use, effectiveness, and potential side effects. They should help clients assess what is important to them in choosing a method.
7. **Privacy and Confidentiality:** Counselors should avoid sharing client information with others without permission and only as necessary for care. They should conduct conversations in private settings and protect client records.
8. **Participation:** Counselors should solicit feedback from clients about the family planning services provided and use this feedback to make improvements.
9. **Accountability:** Counselors should be accountable for the care they provide and for upholding clients' rights.

Gender Equality and Gender Inclusiveness

Gender Equality and Family Planning. The neglect of women’s reproductive rights severely limits their opportunities in public and private life, including opportunities for education and economic and political empowerment. Gender equality and access to family planning are integrally related.

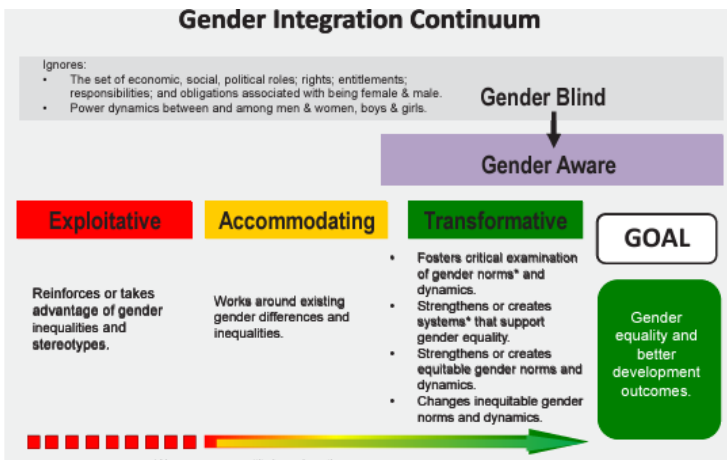


Fig (4) Gender Integration Continuum

Integrating male engagement activities into FP programs

Incorporating male engagement strategies into family planning programs can lead to gender-related benefits, such as greater male involvement in family planning and improved communication between partners about contraceptive use. This integration can boost the

voluntary use of various contraceptive methods, including those controlled by women, men, and methods requiring cooperation. To enhance male participation in reproductive health, support their partners, and drive positive community changes, efforts should focus on:

- Increasing men and boys' knowledge of body literacy, reproductive health, and family planning.
- Fostering positive attitudes towards family planning, contraceptive methods, shared responsibility, and overall well-being.
- Promoting respectful communication between partners regarding fertility desires, family planning, and collaborative decision-making.
- Improving access to family planning products and services.
- Enhancing understanding of how gender dynamics affect family planning and promoting more equitable gender norms that support men's involvement in and support for contraception.

Unmet need of family planning:

Women with unmet need are those who are fertile and sexually active but are not using any form of contraception, and who either do not wish to have more children or want to delay the next pregnancy. This concept highlights the gap between women's reproductive intentions and their actual use of family planning methods. The unmet need is particularly high among certain groups, including:

- Adolescents

- Migrants
- Urban slum residents
- Refugees
- Postpartum women

As of 2019, many countries with a high proportion of women who wish to avoid pregnancy but are not using family planning methods are located in sub-Saharan Africa. In this region, 15 countries have an unmet need exceeding 20%, with the highest rates in Angola (26%) and Liberia (25%). Similarly, Haiti in Latin America and the Caribbean has an unmet need of 27%, and Samoa in Oceania has 23%. There are significant regional variations in the percentage of women with no need for family planning, reflecting diverse fertility preferences and differences in marriage, union formation, and sexual activity patterns. Sub-Saharan Africa has the highest proportion of women of reproductive age with no need for family planning, at 54%, primarily due to strong fertility desires.

Cause for unmet need for modern contraception include:

- Limited choice of methods
- Restricted access to contraception, especially for young people, low-income groups, or unmarried individuals
- Poor quality of available services
- Gender-based barriers
- Biases from both users and providers
- Inadequate counseling
- Fear or past experiences with side effects, as well as cultural or religious opposition

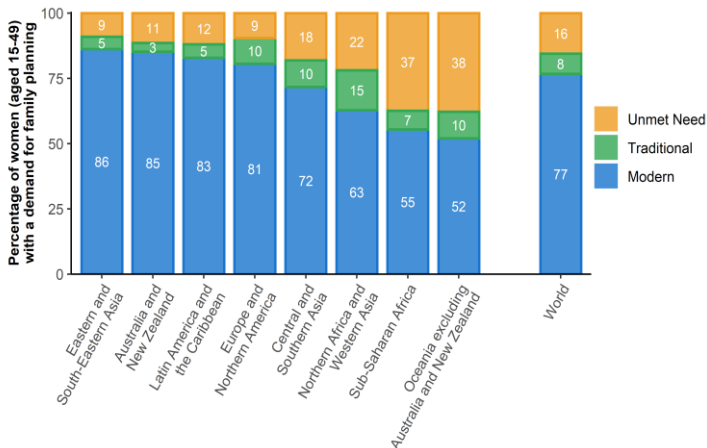


Fig (5) un met need of modern family planing methods among nigeria women in reproductive age

- Unmet need for family planning
 - Percentage of women of reproductive age who want to avoid pregnancy, but are not using any form of contraception



Fig (6) total number un met need among Nigerian women in reproductive age

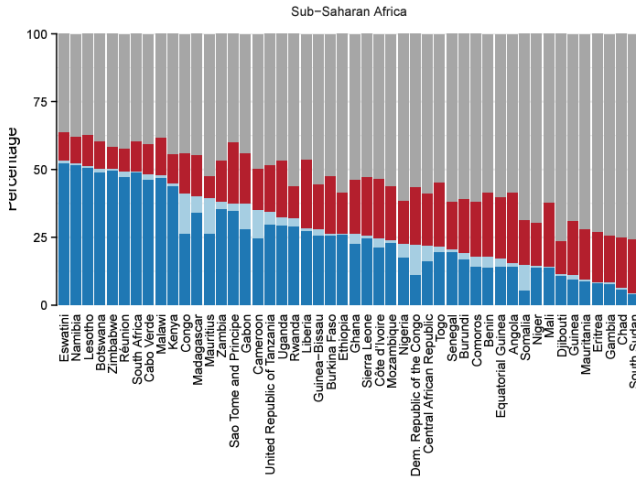


Fig (7) un met need among sub-Saharan counteies in comparing to nigerian women in reproductive age

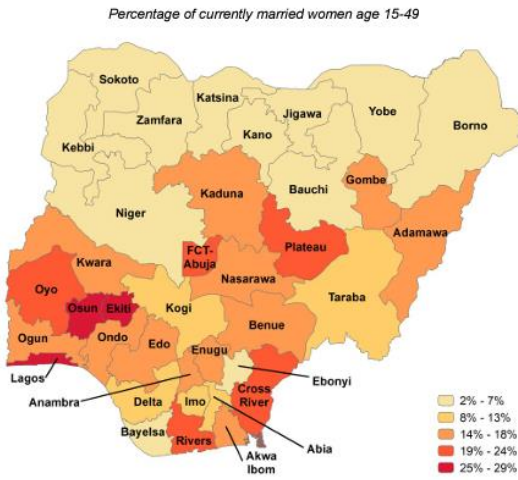


Fig (8) Modern contraceptive use by state Percentage of currently married women age 15-49

Culture and family planning:

Culture is a broad and complex concept without a single definitive definition. Generally, it refers to a system of learned and shared beliefs, language, norms, values, and symbols that groups use to define themselves and establish a framework for living and working. Cultural context pertains to the society in which individuals are raised and how culture influences behavior. It encompasses the values, attitudes, beliefs, meanings, customs, ideas, language, and norms shared among groups.

Nigeria's population is rapidly expanding, with current estimates exceeding 180 million people, including about 46 million women of reproductive age. With a total fertility rate of 5.3, Nigeria's population is projected to reach 379 million by 2050, making it the fourth most populous country globally. The population is expected to double in approximately 30 years. Fertility and mortality patterns have created a youthful demographic, with over 40% of the population being children under 15 years old. The low level of family planning use is a significant factor influencing fertility rates and population growth.

Currently, condoms and injectable contraceptives are the most widely used family planning methods, with the modern method mix primarily including condoms, pills, and injectables (see Figure 2). Factors contributing to the low prevalence of contraception include cultural support for large family sizes, myths and misconceptions about contraception, gender inequity, limited access to FP

services, poor service quality, and insufficient demand creation efforts.

Household Structure and Contraceptive Use in Nigeria

In Nigeria, a typical household consists of a mother, father, children, and often extended family members like grandparents, uncles, and aunts. Family size varies, with urban households typically having three to five children, while rural families may have seven to ten. Despite the recognized benefits of contraception and various initiatives by the government and development partners to encourage its use, contraceptive uptake remains low. According to the Nigeria Demographic and Health Survey, the use of modern contraceptives rose from 4% to 12% between 1990 and 2018.

Research has identified various individual, household, and societal factors that influence contraceptive use, but there's limited understanding of how household structure and composition specifically affect its adoption in Nigeria. A study by Fadeyibi et al. (2022) found that larger households and polygamous marriages significantly reduce the likelihood of using contraception. The study also showed a strong link between household wealth and contraceptive use, with women from wealthier households being twice as likely to use traditional methods compared to those from poorer households (OR: 2.02, $p < 0.05$). Additionally, women in households led by older men (aged 25 and

above), in homes with fewer than five children, and in rural areas were less likely to use contraception.

Information on infant and child mortality is crucial for assessing a country's population demographics, as it reflects socioeconomic development and quality of life. It can also help identify children at higher risk of death and guide strategies to reduce this risk, such as promoting birth spacing.

Economic and Family Planning

Deciding when and how often to start a family is a deeply personal decision and should be recognized as a basic human right. However, many people around the world still lack this right. Over 200 million women in developing countries who want to delay or avoid pregnancy do not have access to modern contraception, facing barriers such as economic, cultural, or institutional challenges. Without access to family planning services, maternal and infant mortality rates remain high. Family planning not only saves lives but also reduces healthcare costs—every dollar invested in reproductive health services saves \$2.20 in pregnancy-related expenses.

Delaying childbirth also enables women to stay in the workforce longer, contributing to economic growth and stability in impoverished communities. Recognizing these advantages, countries like Thailand have increased their family-planning budgets to cut future healthcare

costs and promote economic growth through demographic dividends.

Promoting family planning can dramatically improve outcomes in developing economies by reducing poverty, increasing educational opportunities, and addressing gender wage gaps. The UNFPA aims to provide universal access to family planning by 2030, but global support is essential to meet this goal. Developed countries could bridge the funding gap with a modest investment of just 20 cents per person annually. In addition to financial support, achieving widespread access will require new policies, laws, and effective implementation to protect and empower women and young couples.

The Sustainable Development Goal SDGs and Family Planning (figure 9)

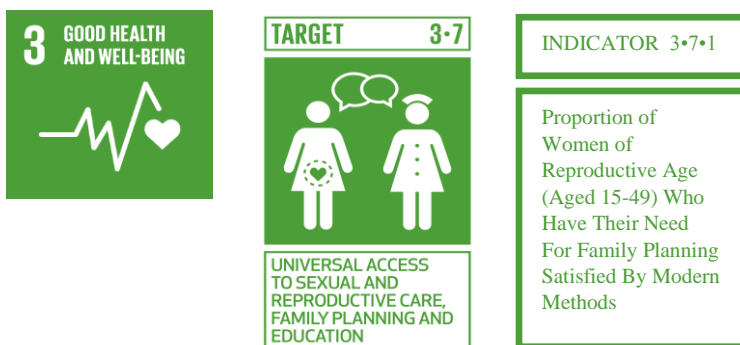


Fig (9) SDGs family planning targets.

Table (1): SDGs family planning targets

Goal3: Ensure healthy lives and promote well-being for all at all ages	
Targets	
3.1	By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
3.7	By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
3.8	Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
Goal 5: Achieve gender equality and empower all women and girls	
Targets	
5.6	Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

Source (Ryan et al ,2022)

The 2030 Agenda for Sustainable Development Goals (SDGs) includes specific targets addressing gender equality, women's and girls' empowerment, sexual and reproductive health, and reproductive rights. One of the key indicators, SDG 3.7.1, tracks the "proportion of women of reproductive age (15-49 years) whose family planning needs are met through modern methods." This indicator is crucial for evaluating progress toward SDG target 3.7, which aims to ensure universal access to sexual and reproductive healthcare services, including family planning, education, and the integration of reproductive health into national strategies by 2030. The indicator helps assess family planning program coverage, enabling women and their partners to make informed decisions about the number and spacing of their children.

This indicator is based on nationally representative household surveys and compiled in the global "World

Contraceptive Use" dataset, with global and regional estimates drawn from the "Estimates and Projections of Family Planning Indicators." Adopted by the UN General Assembly in July 2017, the global indicator framework for the SDGs comprises 231 unique indicators. Among them are:

SDG 3.7.1: Proportion of women of reproductive age with family planning needs met by modern methods.

SDG 3.7.2: Adolescent birth rate (10–14 years and 15–19 years) per 1,000 women in those age groups.

SDG 10.7.2: Number of countries with migration policies that support safe, orderly, and responsible migration.

Additional relevant SDG indicators include:

SDG 3.1.1: Maternal mortality ratio.

SDG 3.2.1: Under-five mortality rate.

SDG 3.2.2: Neonatal mortality rate.

SDG 5.3.1: Proportion of women aged 20-24 who were married or in a union before ages 15 and 18.

SDG 5.6.2: Number of countries with laws guaranteeing equal access to sexual and reproductive healthcare, information, and education for individuals aged 15 and older.

Family Planning methods

Benefits of Family Planning

Family planning offers numerous benefits that significantly impact individuals, couples, and communities. Here are some key advantages:

Enhancing Women's Health and Autonomy:

Family planning is crucial for promoting the well-being and autonomy of women. It ensures access to preferred contraceptive methods, which is vital for the health and development of communities.

Preventing Pregnancy-Related Health Risks:

The ability to choose if and when to become pregnant is crucial for a woman's health. Family planning helps space pregnancies and delays childbirth for young women, who are at higher risk of complications from early childbearing. It prevents unintended pregnancies, including for older women who face increased risks. By allowing women to manage family size, it reduces maternal mortality, particularly in women with more than four children, and decreases the need for unsafe abortions.

Reducing Infant and Child Mortality:

Effective family planning lowers infant and child mortality rates by ensuring properly spaced pregnancies and adequate maternal healthcare, leading to better health outcomes for newborns and young children and fostering healthier communities.

Improving Health and Well-Being:

Family planning enhances maternal health by spacing pregnancies, which reduces health risks associated with frequent childbirth. This allows mothers to recover between pregnancies and lowers the risk of delivery complications.

Boosting Educational Opportunities:

By spacing births, families can allocate resources more effectively, providing better educational opportunities for each child. This helps break the cycle of poverty and improves the socio-economic status of communities.

Empowering Women:

Family planning empowers women by giving them control over their reproductive health. Access to various contraceptive methods enables women to plan pregnancies, pursue education, and participate more actively in the workforce, promoting gender equality and enhancing women's autonomy.

Economic Stability:

Family planning contributes to economic security by helping couples manage the timing of pregnancies and resources, benefiting not just the family but also the broader community's economic prosperity.

Supporting Environmental Sustainability:

By controlling population growth, family planning helps reduce the strain on natural resources and minimizes environmental pressure, promoting a sustainable balance between human populations and the environment.

Preventing HIV/AIDS:

Family planning helps reduce unintended pregnancies among women living with HIV, leading to fewer cases of infected infants and orphans. Condoms, used by both genders, provide protection against unintended

pregnancies and sexually transmitted infections, including HIV.

Reducing Adolescent Pregnancies:

Family planning helps prevent adolescent pregnancies, which are associated with higher rates of preterm births, low birth weight, and neonatal mortality. Teen mothers often leave school, which has long-term negative effects on their personal development and the well-being of their families and communities.

Slowing Population Growth:

Family planning is essential for managing population growth and mitigating its negative effects on the economy, environment, and development efforts at both national and regional levels (UN, 2022)

Barriers of family planning use in Nigeria

Several factors hinder the use of family planning in Nigeria, as identified by various studies:

1. Cultural norms that favor larger family sizes,
2. Misunderstandings about contraceptive methods,
3. Spousal disapproval and domestic violence,
4. Religious beliefs,
5. Cultural disapproval and the influence of relatives or lack of social support,
6. Limited awareness of available contraceptive methods,
7. Poverty, high costs of services, and insufficient insurance coverage,
8. Low levels of female education,

9. Restricted availability and access to publicly funded family planning services,
10. Poor quality of services,
11. Frequent shortages of contraceptive supplies,
12. Inadequate knowledge, skills, and attitudes among healthcare providers,
13. Inconvenient locations and operating hours of family planning clinics,
14. Lack of awareness about services among hard-to-reach populations,
15. Transportation difficulties, and
16. Absence of services tailored for young people.

Family Planning methods:

There are four main types of family planning methods, and one Emergency contraception under each type we can find many subtypes as the following:

1-Natural Family Planning

- Abstinence
- Calendar Method
- Basal Body Temperature
- Cervical Mucus Method
- Symptothermal Method
- Ovulation Detection
- Lactation Amenorrhea Method
- Coitus Interruptus

2-Hormonal Contraception

- Oral Contraceptives

- Transdermal Patch
- Vaginal Ring
- Subdermal Implants
- Hormonal Injections

3-Mechanical barriers

- Intrauterine Device
- Chemical Barriers
- Diaphragm
- Cervical Cap
- Male Condoms
- Female Condoms

4- Surgical Methods

- Vasectomy
- Tubal Ligation

5- Emergency contraception

There are many different types of contraception, but not all types are appropriate for all situations. The most appropriate method of birth control depends on an individual's overall health, age, frequency of sexual activity, number of sexual partners, desire to have children in the future, and family history of certain diseases. Ensuring access for all people to their preferred contraceptive methods advances several human rights including the right to life and liberty, freedom of opinion, expression and choice and the right to work and education, as well as bringing significant health and other benefits. (<https://www.nichd.nih.gov/health/topics/contraception/conditioninfo/types>).

Effectiveness of Family Planning Methods

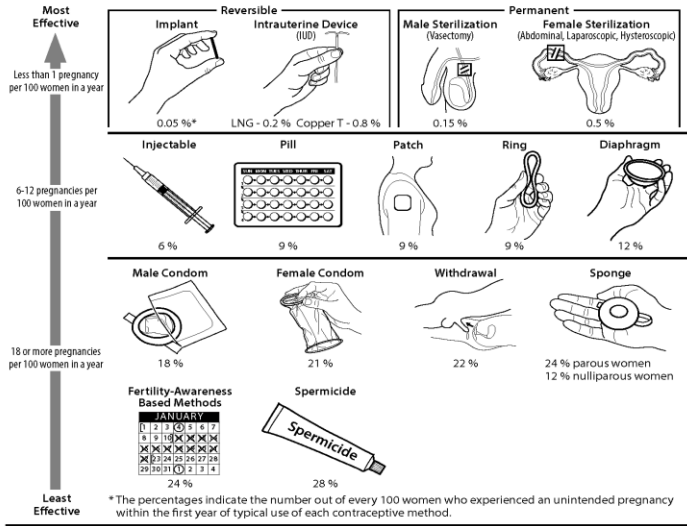


Fig (10) family planning methods

Natural Family Planning

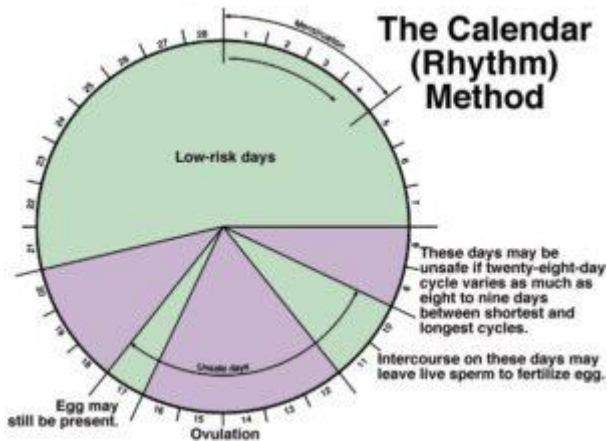
Natural family planning methods do not involve the use of chemicals or the introduction of foreign objects into the body. Individuals who prioritize their religious beliefs often prefer these natural methods of birth control. Additionally, some choose natural methods due to their cost-effectiveness.

Abstinence

- This natural method requires refraining from sexual intercourse and is considered the most effective natural birth control method, with an ideal failure rate of 0%.

- It is also the best way to prevent sexually transmitted infections (STIs).
- Despite its effectiveness, many people find it challenging to adhere to abstinence, leading to its limited use among the population.

Calendar Method

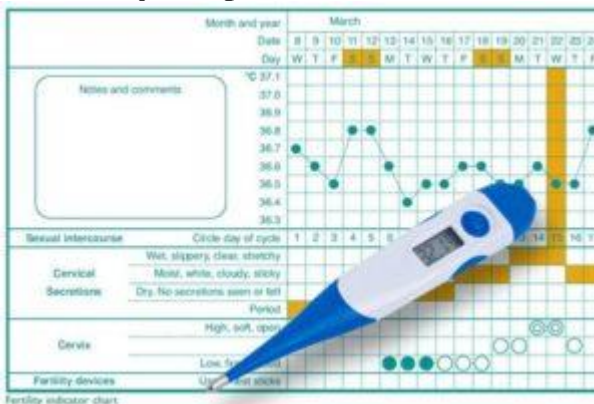


The Calendar or Rhythm Method

- Also known as the rhythm method, this natural family planning technique involves avoiding sexual intercourse during the days when a woman is most fertile.
- Fertility is typically highest 3 to 4 days before and after ovulation.
- To determine the fertile period, a woman needs to track her menstrual cycle for six months.
- She calculates the first fertile day by subtracting 18 days from the length of her shortest cycle.

- The last fertile day is determined by subtracting 11 days from the length of her longest cycle.
- Intercourse should be avoided from the first to the last fertile day to prevent conception.
- The ideal failure rate for this method is 5%, but in practice, it has a typical failure rate of 25%.

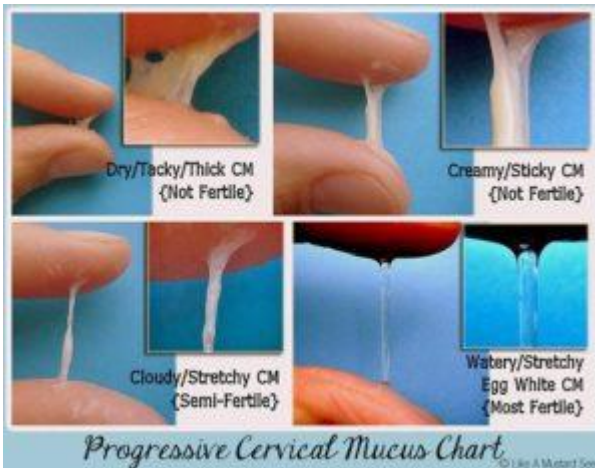
Basal Body Temperature



- Basal body temperature (BBT) refers to a woman's temperature when she is at rest.
- BBT typically drops by 0.5°F before ovulation and then increases by about a full degree during ovulation due to progesterone, remaining elevated throughout the menstrual cycle. This temperature pattern is the basis of this method.
- To use this method, a woman must measure her temperature every morning before any activity. A slight dip followed by a rise in temperature indicates that ovulation has occurred.

- Following this observation, the woman should abstain from intercourse for the next 3 days.
- The BBT method has an ideal failure rate of 9% and a typical failure rate of 25%.

Cervical Mucus Method



- This method relies on observing changes in cervical mucus during ovulation.
- To determine if ovulation is occurring, the cervical mucus should be abundant, thin, and watery.
- It should also exhibit spinnbarkeit, meaning it can be stretched up to at least 1 inch and feels slippery.
- The fertile period according to this method extends as long as the mucus remains abundant

and watery, plus one day after. Therefore, intercourse should be avoided during these times.

- Typically, this method has a failure rate of 25%.

Symptothermal Method:

- The symptothermal method combines the BBT and cervical mucus methods.
- It involves measuring the woman's temperature every morning before getting out of bed and observing changes in cervical mucus daily.
- Intercourse should be avoided for 3 days after a temperature rise or the fourth day following the peak mucus changes.
- This method has an ideal failure rate of 2%.

Ovulation Detection:

- Ovulation detection involves using an over-the-counter kit that predicts ovulation by detecting a surge in luteinizing hormone (LH) that occurs 12 to 24 hours before ovulation.
- The kit requires a urine sample to detect LH.
- It is highly accurate, with a reliability rate of 98% to 99%, and is increasingly popular among women.

Lactation Amenorrhea Method:

- This method uses exclusive breastfeeding to suppress ovulation.
- If the infant is not exclusively breastfed, this method is less effective as a form of contraception.

- It is advisable for women to plan for another contraceptive method after 3 months of exclusive breastfeeding.

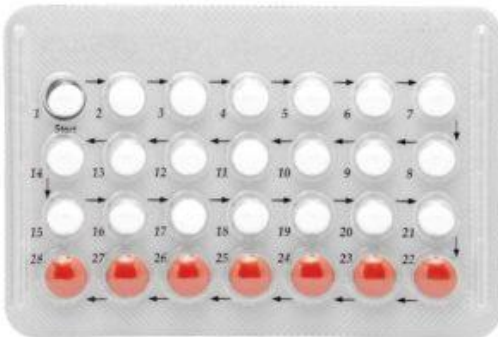
Coitus Interruptus:

- This traditional method involves the man withdrawing before ejaculation to prevent sperm from entering the vagina.
- The main drawback is that pre-ejaculatory fluid can contain sperm, which may result in fertilization.
- Coitus interruptus has an effectiveness rate of only 75% due to this risk.

Hormonal Contraception

These hormonal contraceptives are effective through the manipulation of the hormones that directly affect the normal menstrual cycle so that ovulation would not occur.

Oral Contraceptives



- Commonly referred to as "the pill," oral contraceptives contain synthetic forms of estrogen and progesterone.
- Estrogen works by inhibiting the production of FSH and LH, which prevents ovulation, while progesterone thickens cervical mucus, reducing sperm access to the eggs.
- To begin using the pill, it is typically advised that a woman start taking the first pill on the first Sunday after her menstrual cycle begins, though she can also start immediately upon prescription.
- It's important to inform the woman that the pill will not be effective for the first 7 days of use, so an additional contraceptive method should be used during this initial period.
- If a pill is missed for one day, it should be taken as soon as remembered, and the regular schedule should continue.
- For missed pills extending beyond one day, alternative contraception should be used to prevent ovulation.
- Possible side effects of oral contraceptives include nausea, weight gain, headaches, breast tenderness, breakthrough bleeding, vaginal infections, mild hypertension, and mood changes such as depression.
- Contraindications for oral contraceptives include breastfeeding, being over 35 years old, having cardiovascular diseases, hypertension, smoking, diabetes, and liver cirrhosis.

Transdermal Patch



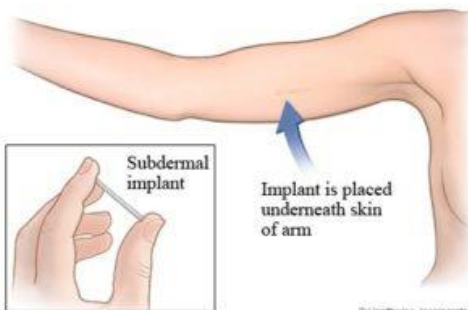
- The transdermal patch delivers both estrogen and progesterone through a skin adhesive.
- The woman should wear one patch per week for three weeks, applying it to areas such as the upper outer arm, upper torso, abdomen, or buttocks.
- In the fourth week, no patch is used, allowing for menstrual flow.
- The application site should be clean, dry, and free of other products, with no redness or irritation.
- The patch can be worn while bathing or swimming. If it becomes loose, it should be replaced immediately.
- If the patch has been loose for less than 24 hours, no alternative contraception is necessary. However, if the duration of looseness is uncertain, the woman should replace the patch, begin a new weekly cycle, and use an additional contraceptive Method.

Vaginal Ring



- The vaginal ring, which contains both estrogen and progesterone, is placed around the cervix.
- This silicone ring is inserted into the vagina and stays in place for three weeks. It is removed during the fourth week to allow for menstrual bleeding.
- Fertility returns immediately after the ring is removed.
- The vaginal ring is as effective as oral contraceptives in preventing pregnancy.

Subdermal Implants



- Subdermal implants are two small rods placed under the skin of a woman either during her menstrual period or on the 7th day of her cycle to confirm she is not pregnant.
- These implants contain etonogestrel, desogestrel, and progestin.
- They remain effective for 3 to 5 years.
- The failure rate for subdermal implants is 1%.

Hormonal Injections

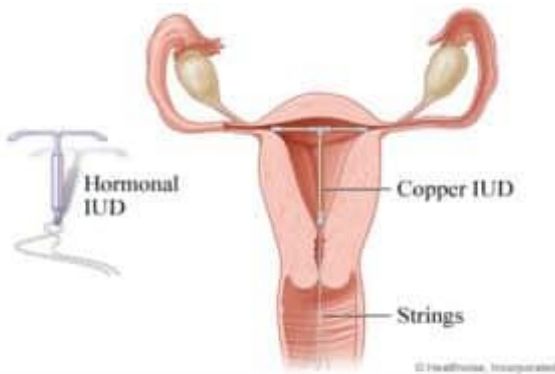


Depo Provera

- A hormonal injection, which contains medroxyprogesterone and progesterone, is administered intramuscularly every 12 weeks.
- This injection prevents ovulation and alters both the endometrium and cervical mucus.
- After receiving the injection, the injection site should not be massaged to allow for gradual absorption.

- It is nearly 100% effective, making it a widely preferred method of contraception.
- Women should be advised to consume sufficient calcium and participate in weight-bearing exercises to mitigate potential risks of reduced bone mineral density.

Intrauterine Device



An IUD is a small, T-shaped device inserted into the uterus through the vagina. It prevents fertilization by inducing a local sterile inflammatory response that inhibits implantation. The IUD is placed by a physician and is typically inserted after menstruation to confirm the woman is not pregnant. The device, which contains progesterone, is effective for 5 to 7 years. Women with an IUD should monitor their menstrual flow and the IUD strings monthly, and undergo a pelvic examination annually.

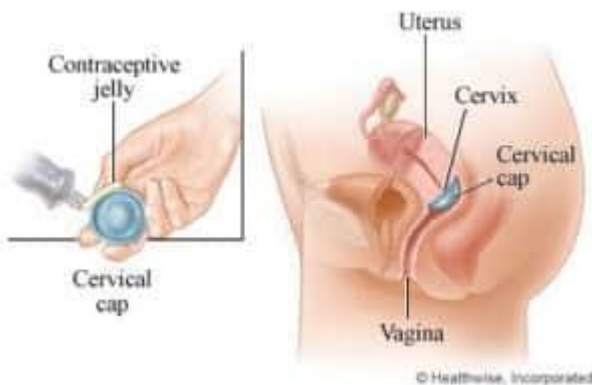
Chemical Barriers

Chemical barriers, including spermicides, vaginal gels, creams, and glycerin films, work by killing sperm before they reach the cervix and by lowering the vaginal pH to create an inhospitable environment for sperm. While these barriers do not protect against sexually transmitted infections, they are available over the counter without a prescription. They have an ideal failure rate of 80%.

Diaphragm

A diaphragm prevents sperm from entering the vagina by covering the cervix. It is a circular, rubber disk that must be inserted before intercourse. When used with spermicide, the diaphragm has an ideal failure rate of 6% and a typical failure rate of 16%. It should be fitted by a physician and kept in place for 6 hours after intercourse, but not longer than 24 hours to prevent irritation or inflammation.

Cervical Cap



The cervical cap is a barrier contraceptive made from soft rubber, designed to fit snugly over the cervix. Shaped like a thimble with a thin rim, it can remain in place for up to 48 hours

Male Condoms

Male condoms are latex or synthetic rubber sheaths worn over the erect penis prior to vaginal intercourse, capturing sperm during ejaculation. They also offer protection against sexually transmitted infections (STIs) and are available over the counter without the need for fitting. Male condoms have an ideal failure rate of 2%, though the typical failure rate is 15% due to potential breaks or leaks in the sheath. After intercourse, the condom should be removed and disposed of.

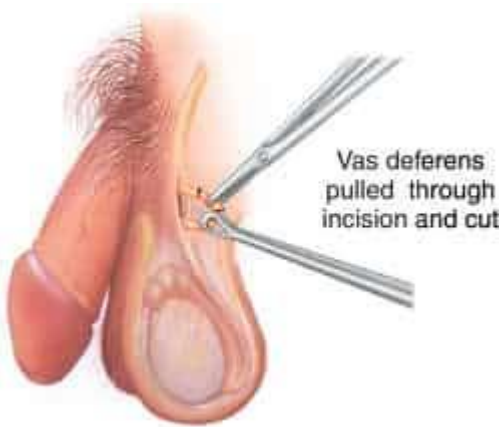
Female Condoms

Female condoms are latex sheaths designed for internal use, pre-lubricated with spermicide. They feature an inner ring that covers the cervix and an outer ring that fits against the vaginal opening. These condoms are disposable and do not require a prescription. Their failure rate ranges from 12% to 22%.

Surgical Methods

One of the most effective birth control methods is the surgical method. The two kinds of surgical methods are used by either the male or the female, and would ensure that conception is inhibited after the surgery for as long as the client lives.

Vasectomy



A vasectomy is a surgical procedure for men performed through small incisions made on each side of the scrotum. During the procedure, the vas deferens is either tied, cauterized, cut, or blocked to prevent sperm from passing through. This operation is done under local anesthesia, so the patient might experience mild local discomfort afterward. It is important for the patient to use an additional form of contraception until two sperm count tests confirm no sperm is present, as sperm can remain viable in the vas deferens for up to 6 months. Vasectomy has a 99.5% success rate and typically involves few complications.

Tubal Ligation



Tubal ligation for women involves blocking the fallopian tubes by cutting, cauterizing, or sealing them to prevent the passage of both sperm and eggs. The procedure is performed through a small incision below the navel, using a laparoscope for visualization, and is done under local anesthesia. Women can typically resume sexual activity 2 to 3 days after the surgery. It's important to note that menstrual cycles will continue, and contraception should be used until the procedure is confirmed effective to prevent ectopic pregnancy. Tubal ligation has an effectiveness rate of 99.5%.

The reproductive system enables human procreation, but unchecked population growth could make the planet uninhabitable. These birth control methods offer options to manage fertility responsibly and contribute to being a responsible parent and citizen. a choice among all these birth control methods, and these are only a call to be a responsible parent and citizen.

Emergency contraception

Emergency contraception can be used after unprotected sex (such as missing a pill, the condom broke, or you didn't use any contraception). You need to get it quickly to avoid an accidental pregnancy. Forms of emergency contraception available in Australia include:

1. The copper IUD
2. Emergency contraceptive pill (or 'morning after pill').
3. Emergency contraception is not an abortion.

Copper IUD

The non-hormonal copper IUD is the most effective method (more than 99%) of emergency contraception. It works by making it difficult for a fertilised egg to stick to the uterus (womb) lining.

It can be inserted within 5 days of unprotected sex.

Once inserted the copper IUD can provide effective contraception for 5 -10 years.

Emergency contraceptive pill

- The emergency contraceptive pill (or 'morning after pill') prevents or delays the ovaries releasing an egg. It should be taken as soon as possible after unprotected sex.
- The emergency contraceptive pill is around 85% effective in preventing pregnancy.
- Two types of emergency contraceptive pills are available at pharmacies (chemists) without a prescription:

- ulipristal acetate (sold as EllaOne) – taken up to 5 days (120 hours)
- levonorgestrel (various brands) – taken up to 4 days (96 hours).
- Ulipristal has been clinically demonstrated to be more effective than levonorgestrel.
- Emergency contraceptive pills are not recommended as your usual method of contraception. Ask your GP or reproductive health nurse for further advice.

Family Planning Counseling

Care providers roles in Family Planning counselling

Midwives play a crucial role in family planning, extending their services beyond childbirth. Competent midwives can offer up to 90% of sexual and reproductive health care services, including family planning and contraceptive options. Family planning counseling is essential in helping individuals and couples select the most suitable contraception method and address any issues that may arise. It is important that women and couples receive accurate and relevant information during late pregnancy, post-birth, and after an abortion to choose the method that best fits their needs. When women, ideally with their partners, make informed decisions, they are more likely to be satisfied with and continue using their chosen method.

A 2021 study published in Lancet Global Health, titled “Potential Impact of Midwives in Preventing

and Reducing Maternal and Neonatal Mortality and Stillbirths,” highlights that if midwifery care is fully supported by 2035, it could prevent 67% of maternal deaths, 64% of newborn deaths, and 65% of stillbirths, potentially saving around 4.3 million lives annually.

Key responsibilities of family planning counseling providers include:

- Implementing family planning program activities.
- Coordinating follow-ups for reportable STIs with medical providers, patients, and health departments.
- Ordering and purchasing program supplies and educational materials for patient and staff needs.
- Providing technical support and training to the medical team on family planning services.
- Completing and submitting project reports accurately and on time for evaluation and deliverables.
- Maintaining excellent patient service and representing the organization professionally in all interactions.
- Organizing and participating in outreach events to promote and educate about family planning services.
- Fostering a positive work environment and adhering to clinic policies, including WE CARE Standards of Behavior.

- Ensuring confidentiality regarding all aspects of patient information, financials, and proprietary data.

Family Planning Counseling: counseling is defined as:

- Counseling involves one person assisting another through intentional dialogue in a supportive environment. Its goal is to establish a helping relationship where the individual can express their thoughts and feelings to better understand their situation, cope with new experiences, view their challenges more objectively, and address their problems with reduced anxiety and tension. The primary aim is to help the individual make their own informed decisions from the available options. (The British Association for Counseling, 1982)
- Counseling is a process of interactive communication between a skilled provider, adhering to ethical standards, and the client. It aims to enhance the client's awareness and support their informed and voluntary decisions regarding sexual and reproductive health. Effective counseling involves empathy, authenticity, and a non-judgmental approach. Family planning counseling specifically involves discussing contraceptive methods based on the client's needs, preferences, and lifestyle to assist in decision-making, including selecting, discontinuing, or switching methods.

- The Key principles of counseling include ensuring that choices are made without coercion, providing neutral, clear, and evidence-based information, engaging in a collaborative and confidential decision-making process, and maintaining respect and dignity.

Family planning counseling helps individuals and couples choose the most suitable method for their needs, and supports them in addressing any issues with their chosen method. It also covers methods for spacing, limiting, or switching to address discontinuation rates.

What counseling is not:

- Resolving the client's problems for them
- Directing or making decisions on behalf of the client
- Judging, blaming, or lecturing the client
- Interrogating the client
- Imposing personal beliefs
- Pressuring the client to choose a particular method
- Misleading or deceiving the client

Effective family planning counseling aids individuals in selecting a method that fits their needs and preferences, managing any side effects, and either continuing with their chosen method or switching to a different one.



Fig. (11) counseling context (WHO.2013)

Models of Family Planning Counseling

Several approaches to family planning counseling include:

GATHER Model:

- Greet the client.
- Ask about their situation and needs.
- Tell: them about available methods and options.
- Help: them choose the most suitable method.

- Explain: how to use the chosen method.
- Return: for follow-up.

REDI Model:

- Rapport Building
- Establish a trusting relationship.
- Exploration:
- Investigate their needs and concerns. Decision-Making
- Assist in making an informed choice, Implementing Support, the execution of the decision.

Counseling Needs for Adolescents

- Provide care that is non-judgmental and respectful.
- Show enthusiasm for working with young people.
- Use language that is appropriate for their age group.
- Ensure that the choices of young women are autonomous.
- Communicate without expressing personal judgments.
- Take the time to address their questions, fears, and any misinformation thoroughly.

Counseling Needs After an Abortion

- Inform that fertility can return quickly and discuss family planning options.
- If there are no complications or infections, any family planning method can be used

immediately, except for the natural calendar method, which requires waiting 3 months.

- If an infection is present or suspected, advise avoiding intercourse until the infection is treated. Delay IUD insertion or sterilization until the infection is resolved but offer other methods in the meantime.
- For IUD insertion or sterilization after a second-trimester abortion, special training may be required due to changes in uterine size and fallopian tube position.
- For women at risk of STI/HIV, recommend using condoms in all sexual relations.
- Explain emergency contraception and provide emergency contraceptive pills for future use.

Counseling Needs for Postpartum Women

- Emphasize that pregnancy can occur within weeks after childbirth if not exclusively breastfeeding and engaging in sexual relations.
- Discuss the importance of family planning and birth spacing, and help couples select the most appropriate contraceptive method.

Counseling Needs for Men

- Encourage men to participate in sexual and reproductive health decisions with their partners.
- Suggest that women bring their partners for joint counseling and decision-making.
- Coach both partners on discussing family planning and STIs.

- Advise women to inform their partners about health services for men and provide informational materials if available.
- Correct any misconceptions men may have and provide information to support informed decision-making.
- Effective contraceptive counseling helps individuals select a method that meets their needs and preferences, manage side effects, and either continue with their chosen method or switch to a different one. Counseling both before and after discharge is particularly effective in reducing the unmet need for postpartum contraception.

Table (2) Arabic counseling technique

Arabic	English	Hausa
تعالى لنا	GATHER	Taho goremu
ترحيب ت	Greeting	
ع عمل دراسة حالة	Assessment	
ا أختيارك بكل الوسائل	Tell	
ل لا تختارى و اختارى		
ى يعطيك المشورة اللازمة عن الوسيلة المختارة	Help	
ل لكى ان تغيرى الوسيلة		
ن نكتشف المشاكل و المضاعفات مبكرا ونحولك الى عيادة متخصصة	Early detect	
ا المتابعة المستمرة	Return for Follow up	

Characteristics of effective midwife's family planning Trainers

Characteristics of Effective Midwife Trainers:

- To be an effective trainer, midwives should exhibit several key traits:
- **Expert Knowledge:** They should have a thorough understanding of their subject matter.
- **Well-Researched:** They must be well-informed, having researched their topics extensively, and be viewed as credible and knowledgeable.
- **Audience Awareness:** They should make an effort to understand their audience and tailor their approach accordingly.
- **Respectful Interaction:** They must show respect for learners, listen actively, and use participants' names whenever possible.
- **Nonjudgmental Attitude:** They should validate all experiences and perspectives without judgment.
- **Cultural Sensitivity:** They need to recognize and respect the cultural backgrounds of themselves and their learners, understanding that these influence perspectives and experiences.
- **Self-Awareness:** They should be conscious of their own biases and maintain professionalism even when faced with challenging situations.
- **Inclusivity:** They should encourage all participants to share their experiences and contribute to the learning process in their own ways.
- **Enthusiasm and Creativity:** They are likely to be energetic and creative, using humor, contrasts,

metaphors, and suspense to engage and challenge their audience.

- **Compassionate:** They need to understand and be empathetic towards the emotional impact of the training topics on participants.
- **Receptiveness to Feedback:** They should encourage both informal and formal feedback, analyze negative feedback constructively, and avoid defensiveness.
- **Commitment to Improvement:** Even experienced trainers should seek opportunities to enhance their skills and view negative feedback as a chance for growth.

Family Planning for Special cases

Adolescents and family planning

Adolescence presents both opportunities and challenges. This stage allows individuals to develop new skills and relationships, but it also brings stress, experimentation, and instability as they transition to adulthood. Rapid changes in technology, social dynamics, politics, law, and health add to the difficulties faced by young people. Adolescents are a critical demographic, bridging childhood and adulthood, and represent a significant portion of the population. Proper investment in their development can greatly benefit societal progress. However, poor choices during this period can lead to health issues and impact future potential, making adolescence both an exciting and precarious phase.

Approximately 1.8 billion people, or about one-quarter of the global population, are between the ages of 10 and 24. In Nigeria, this age group constitutes about a third of the population and continues to grow as more children reach adolescence. Ensuring that these young individuals transition into healthy and productive adults is vital for the future progress of both Nigeria and the world. This underscores the importance of focusing on adolescent health. While multi-sectoral collaboration is essential, the health sector plays a key role by developing a skilled workforce to provide quality services and supporting other sectors' human resource development.

Many sexually active adolescents worldwide want to avoid or delay pregnancy but lack the knowledge, agency, or resources to make informed decisions. Unmet needs for contraception are higher among unmarried adolescents compared to married ones, with those aged 15-19 experiencing the greatest need. Marital status is significant, particularly in developing countries where many girls marry before age 18, and a substantial number by age 15. Although both married and unmarried girls are sexually active, approximately 90% of births to adolescent mothers occur within marriage. Socio-cultural and structural barriers often prevent adolescents from achieving their reproductive goals, leading to unintended and unhealthy pregnancies. To improve family planning access and use for adolescents, it's crucial to understand and address these barriers. Providing education, information, and services can help adolescents make healthier decisions and achieve their goals, benefiting families, communities, and nations.

To address the family planning needs of adolescents, five key objectives are proposed:

1. Adolescents aim to avoid, delay, limit, or space their pregnancies.
2. Adolescents express a desire to use family planning methods.
3. Adolescents have the autonomy to access and use contraceptives.
4. Family planning methods must be available at accessible locations, times, and prices.
5. Services should be high-quality, youth-friendly, and offer a range of methods suited to adolescents' needs.

Family Planning and IDPs

When displaced, people often prioritize immediate needs like safety, food, and shelter over family planning services. In Nigeria, around 2 million people are displaced due to security issues. The country faces escalating insecurity, including the Boko Haram insurgency and other conflicts, leading to widespread displacement. Over 3.2 million internally displaced persons (IDPs) live in various camps and receive support from government and humanitarian organizations. However, these camps often lack essential services like reproductive healthcare and family planning. This leads to challenges such as lower use of family planning, increased risks of unwanted pregnancies, STIs, and maternal mortality. Addressing these issues requires supply-side improvements and efforts to change behaviors and attitudes. Engaging men in family

planning outreach and ensuring consistent availability of services are crucial.

Sustainable Community Development

Sustainable development involves growth that meets current needs while preserving the health of environmental, social, and economic systems for future generations.

A sustainable community manages resources to address present needs and ensure future generations have what they need. It aims to improve public health and quality of life by reducing waste, preventing pollution, conserving resources, promoting efficiency, and boosting the local economy

Sustainable communities enhance quality of life through responsible environmental practices, collective decision-making, and social infrastructure that meets basic needs like shelter, income, health, education, and social support.

Sustainable urban development involves maintaining, adapting, and growing a city's infrastructure in a way that ensures a satisfactory living environment with minimal resource consumption and environmental impact. Sustainability focuses on balancing economic prosperity, environmental health, and social equity to maintain the quality of life for present and future generations.

A ‘Sustainable Community’ makes decisions that benefit people and ecosystems while avoiding excessive burdens

on future generations. Achieving this requires all community members to adopt sustainability as a core value.

Community and Family Planning

Challenges include myths and misconceptions about contraception, low awareness among leaders, fear of side effects, high unmet need among the unmarried population, and poor availability of youth-friendly information and services. Other issues are weak implementation of family planning programs, limited government capacity, and ineffective integration of family planning messaging into other health interventions. Addressing these challenges involves educating communities, engaging men, ensuring consistent service availability, and providing access to emergency contraception.

Community mobilization

Community mobilization fig (12) is the process of bringing together as many stakeholders as possible to raise people's awareness of and demand for a particular programme, to assist in the delivery of resources and services, and to strengthen community participation for sustainability and self-reliance. A lot can be achieved when people from different parts of the community share a common goal and actively participate in both identifying needs and being part of the solution. Community mobilization helps to empower communities

and enable them to initiate and control their own development. (Khasnabis et al .2011).

Akamike et al (2019) in their study found that Community mobilization has been reported to increase perception and uptake of reproductive health services including family planning. Each strategy of community mobilization implemented in this study had a unique effect on addressing community-related barriers to uptake of family planning



Fig (12) Four steps of community mobilization

Researches and academician's role in Family Planning

Higher education institutions can support the achievement of the SDGs especially SDG 4 (i.e., quality education) the university in need to “a new kind of education, one that allows students to overcome the current globalization of indifference and culture of waste.” In this direction, the phenomenon of “sustainability washing” should be avoided, and the management of sustainability courses and the sustainable adaptation of educational curricula should be adopted to those with relevant experience. The knowledge triangle, encompassing education, innovation, and research, must collaboratively support the progress of civil society and working with the community.

Biancardi, et al (2023) in their study found that: The concept of sustainability encompasses environmental, social, and economic dimensions. However, not all students recognized this multidimensionality. Education for Sustainable Development provides formal and informal learning opportunities which enable all students to develop the knowledge, skills, attitudes and values required to contribute to a sustainable future.

The effect of lack of family planning in Nigeria

The limited use of family planning significantly impacts fertility patterns and population growth rates in Nigeria. The country has one of the highest fertility rates globally (World Bank, 2020), with the northwest region recording

the highest rates within Nigeria (NPC, 2019). This is illustrated in Figure 7, which shows that the fertility rate in the northern geopolitical zones is higher compared to other regions in Nigeria.

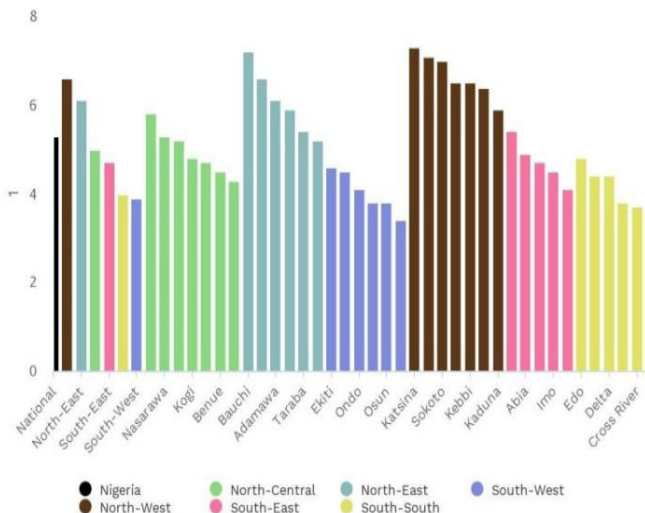
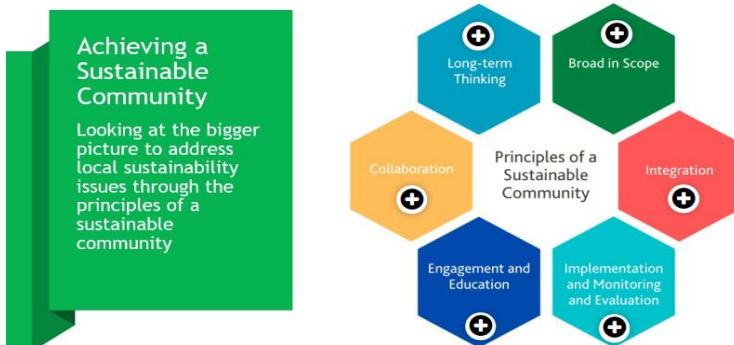


Fig. (13) Total fertility rate across Nigeria's geopolitical zones (Source: MSDAT)

Ways to improve family planning in Nigeria

- Programs and policies addressing cultural and gender issues, as well as male involvement, should be adjusted to improve the utilization and uptake of family planning services
- Family planning awareness should be enhanced through education
- Training (Oye-Adeniran, 2006),

- Community-based behavioral change communication programs.
- Targeting counseling campaigns (Egede, 2015).
- Efforts should be made to boost clients' self-efficacy in using contraceptives and improve spousal communication regarding family planning (Okigbo et al, 2014).
- Religious leaders should be involved and informed about the benefits and use of modern birth control methods
- Service delivery programs should focus on enhancing the quality of maternal health services (Idris, 2013) and expanding services.
- More primary health centers with user-friendly and sufficient family planning facilities should be established in rural areas
- Policymakers should prioritize developing and enforcing strategies to protect women from any form of domestic violence
- There should be increased political and financial support, particularly at the state and local government levels.
- Programs aimed at improving contraceptive knowledge among young people in secondary and tertiary institutions should be promoted.



*Fig (14) Community Sustainability Planning Processes
Biancardi, et al (2023)*

Sustainable Community

A ‘Sustainable Community’ makes choices that simultaneously enhance or maintain the wellbeing of both people and ecosystems while not placing unbearable burdens — environmental, economic, or social — on future generations. Fig (14) To achieve this vision all community members – individuals, groups and organizations in all sectors, need to adopt sustainability as a core value to guide to decisions and actions.” Many communities have identified a vision for sustainability and are engaging in Integrated Community Sustainability Planning processes (Ryan et al 2022).

Shaping the future

Shaping the future demands proactive efforts and unwavering commitment. To shape the future means to actively create and influence the developments and advancements that will define the world to come. This

involves imagining, developing, and implementing new ideas, technologies, and systems that have the potential to transform and improve various aspects of society, science, industry, and other fields. When people talk about shaping the future, they generally mean pushing beyond current limitations, challenging the status quo, and introducing innovative solutions to solve existing problems or address future needs. It requires a forward-thinking attitude that embraces change to achieve better outcomes. Shaping the future also necessitates understanding the current situation and having a deep awareness of the present state of affairs. It involves imagination, strategic planning, and collaboration within the community, along with the ability to identify opportunities for progress and transformation.

Those who aim to shape the future are motivated by a desire to make a positive impact and leave a lasting legacy by influencing the direction of human and community development and ensuring sustainability. Midwives are integral to a network of individuals dedicated to promoting health and contributing to community development. Nurses, as the largest segment of the health and care workforce, are particularly well-positioned to advocate for and educate people about social behaviors and their impact on community development and health.

Summary

Community development includes principles such as sustainable growth, empowerment, inclusivity, social justice, human rights, participatory democracy, and equality. Community-led action plans are created to address the challenges and inequalities faced by community members. Family planning helps couples manage their family size based on their resources, positively impacting national social and economic development. Access to safe and voluntary family planning is a fundamental human right and is vital for poverty alleviation. Our goal is to ensure that all residents have access to these services. According to the World Health Organization (WHO), family planning offers several benefits, including: the reducing health risks associated with pregnancy for women, as well as allowing for the spacing and delaying of pregnancies, and enabling women to control their family size. Evidence shows that women with more than four children face increased risks of maternal mortality. Additionally, family planning contributes to lowering infant mortality, preventing HIV/AIDS, empowering individuals, and improving educational outcomes. By decreasing adolescent pregnancies and slowing population growth, family planning supports overall community development. Smaller families benefit from increased attention for children, better educational outcomes, and improved economic and social prospects. Parents with smaller families are better able to manage finances and have more time to devote to their work and other life aspects. Religion, culture, and economic

factors can influence family size decisions, but it has been shown that smaller families generally lead to greater benefits.

Conclusion

In summary, it is clear that the Nigerian government recognizes the crucial role of improving access to family planning services in enhancing maternal and child health, reducing poverty, and promoting economic development. To achieve this, the country has implemented various innovative approaches to expand family planning services, including community-based contraceptive distribution, mobile clinics, and increased availability of long-acting and reversible contraceptives. Nigeria is dedicated to the FP2030 initiative with the following objectives:

1. Incorporate family planning into Nigeria's socioeconomic development strategies and frameworks.
2. Increase access to and options for family planning by scaling up proven, high-impact practices.
3. Strengthen the national family planning supply chain by minimizing stockouts, improving data transparency, and building national capacity.
4. Enhance family planning funding through both existing and new innovative domestic approaches.
5. Improve accountability mechanisms involving multiple stakeholders at both national and sub-national levels.

6. Develop sustainable systems at national, state, and local government levels to address sexual and reproductive health needs.
7. Address social and gender norms that hinder autonomy and access to rights-based family planning information and services.
8. Use data to inform evidence-based policy decisions and program strategies across all levels.

Recommendation

The essential elements for advancing community development include the qualities and attributes of the change agent, the community's ability to develop self-motivated groups, and the external support systems that provide encouragement, recognition, and necessary technical and material assistance. We recommend the following steps:

1. Establishing initial contact and building rapport with community members.
2. Engaging in structured discussions.
3. Developing and implementing a detailed plan.
4. Adopting a collaborative approach.
5. Using an action research strategy.
6. Implementing an education-focused strategy.
7. Following a process-oriented strategy.

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