



Sociocultural Factors Influencing The Use of Modern Contraception in Developing Countries: *A Scoping Review*

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ABSTRACT

Background: Modern contraception is one of the key strategies in controlling birth rates and improving reproductive health, particularly in developing countries. However, its use still faces various barriers influenced by sociocultural factors.

Objective: This study aims to provide an overview of the sociocultural factors influencing the use of modern contraception in developing countries.

Methods: This scoping review utilized the *PRISMA-ScR* checklist, the PCC framework, and the *Critical Appraisal* assessment. Data were obtained from the *PubMed*, *Wiley Online Library*, and the *Science Direct* databases.

Results: A total of 174 relevant articles were identified, but only seven met the inclusion criteria. Key findings included sociocultural factors influencing the use of modern contraception and the effectiveness of its use.

Conclusion: This review highlights that sociocultural dynamics, particularly gender norms, religious beliefs, and community perceptions, remain key determinants of modern contraceptive use in developing countries. Strengthening culturally sensitive counseling, engaging male and spiritual leaders, and utilizing digital health platforms are crucial to enhancing uptake and sustaining progress toward universal reproductive health goals.

Keywords: Developing countries, modern contraception, scoping review, sociocultural.

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BACKGROUND

Contraception enables individuals and families to manage fertility by reducing unintended pregnancies, abortions, and pregnancy-related morbidity and mortality (Putri et al., 2025). Family planning refers to interventions designed to help individuals and couples avoid unintended pregnancies, achieve desired pregnancies, and space childbirth appropriately (Dunne et al., 2009; Schobinger et al., 2022). Through family planning, the well-being and autonomy of women, families, and communities can be promoted, ultimately contributing to optimal health standards (WHO, 2016). Among the 1.9 billion women of reproductive age (15–49 years) worldwide, 1.1 billion are using some form of contraception, of which 842 million use modern contraceptive methods, while the remaining 80 million rely on traditional methods (Nations, 2019).

In several developing countries, population explosions have had significant negative impacts, including increased poverty due to population growth outpacing economic growth, food shortages, rising crime rates, and the hindrance of economic development, particularly in Indonesia (Woollett et al., 2021). While a large population is often seen as a potential asset for developing a high-quality generation, the fast-paced population growth in Indonesia has been linked to several negative impacts on the country (Appiah et al., 2020; Kriel et al., 2019).

The implementation of family planning programs *KB* (Keluarga Berencana) still faces various challenges, such as the low rate of contraceptive use in certain regions and inadequate facilities and infrastructure. Additionally, the lack of spousal support and the belief held by some Muslim couples that contraceptive use is taboo or religiously prohibited remain major barriers (Almalik et al., 2018).

In developing countries, contraceptive use remains relatively low at approximately 40%, with an estimated 225 million people experiencing unmet needs for family planning. In Sub-Saharan Africa, contraceptive prevalence varies widely from as low as 6.7% in Chad to as high as 72% in Namibia. In Ethiopia, contraceptive use also remains low at 41.4%, with a high unmet need for family planning services at 22%. This figure falls short of the national target of 55% by the year 2020. As a result, the total fertility rate remains high at 4.6 children per woman, which contributes to a maternal mortality rate of 412 per 100,000 live births, a neonatal mortality rate of 30, an infant mortality rate of 43, and an under-five mortality rate exceeding 55 per 1,000 live births. According to the Sustainable Development Goals (SDG) indicators, the global target is for at least 75% of the demand for family planning to be met with modern contraceptive methods in all countries by 2030. (Anbesu et al., 2023).

Extensive empirical research has explored contraceptive use and family planning programs; however, sociocultural determinants shaping contraceptive behavior in developing countries remain insufficiently investigated. Previous studies have

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predominantly concentrated on clinical efficacy, policy frameworks, and service delivery, leaving substantial gaps in understanding how cultural beliefs, gender norms, and community perceptions affect contraceptive decision-making. Recent evidence from East Africa demonstrates that women’s autonomy in decision-making, exposure to mass media, and partners’ educational attainment significantly influence modern contraceptive utilization (Demeke et al., 2024). Similarly, Ayo-Bello (2025) identified sociocultural and religious constraints, including spousal disapproval, fear of adverse effects, and persistent pronatalist expectations as key barriers to contraceptive uptake. Addressing this research gap, the present scoping review systematically maps and synthesizes the current body of evidence on sociocultural factors influencing the adoption of modern contraception in developing countries.

OBJECTIVE

This study aims to provide an overview of the sociocultural factors influencing the use of modern contraception in developing countries.

METHODS

This study is a scoping review conducted using the *PRISMA-ScR* checklist. The method employs an evidence synthesis approach aimed at identifying knowledge gaps, mapping the scope of the literature, clarifying concepts, investigating research implementation, or informing systematic reviews (Munn et al., 2018). The stages undertaken included identifying the focus of the review using the *PCC* framework (Population, Concept, Context), identifying relevant studies, mapping the literature using the *PRISMA* flowchart, conducting data charting, and subsequently compiling, summarizing, and reporting the findings (Arksey & O’Malley, 2005).

Identification of the focus of the review using the PCC framework

This study aims to examine whether sociocultural factors influence the use of modern contraceptives. The literature is grouped under the theme of sociocultural factors affecting the use of modern contraceptives. In formulating the Table research question for the scoping review, the *PCC* framework is applied, as presented in Table 1 below:

Table 1. *PCC* Framework

<i>P (Population)</i>	<i>C (Concept)</i>	<i>C (Context)</i>
Couples Reproductive Age	of Modern Contraception	Developing Countries

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This scoping review investigates the sociocultural factors that influence the use of modern contraception in developing countries.

Identification of relevant studies

Several databases were used in identifying relevant studies. The databases included *PubMed*, *Wiley Online Library*, and *ScienceDirect*. The criteria for selecting articles to be retrieved and used as sources were determined by identifying relevant studies based on the following inclusion and exclusion criteria:

Table 2. Inclusion and Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
a. Articles published between 2018 and 2023 and available as free full text	a. Review articles
b. Articles published in English	b. Articles focusing only on natural contraception
c. Open-access articles	c. Articles without full-text availability
d. Articles discussing sociocultural factors influencing the use of modern contraception in developing countries	

The inclusion criteria were limited to articles published in English between 2018 and 2023 to ensure the inclusion of recent and relevant evidence. English-language publications were selected to maintain consistency in terminology and interpretation, whereas non-English publications were excluded. The five-year window was chosen to capture current trends and sociocultural dynamics influencing modern contraceptive use in developing countries.

In this scoping review, the researchers identified each article relevant to the topic of sociocultural factors influencing the use of modern contraception. The next step was to apply appropriate keywords corresponding to the theme, namely ("modern contraceptive" OR "modern contraception" OR "contraceptive methods") AND ("sociocultural factors" OR "cultural beliefs" OR "gender norms" OR "religious

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influence") AND ("developing countries" OR "low- and middle-income countries"). The retrieved articles were imported into *Mendeley* to assist in the selection process, including screening titles, abstracts, and full texts, as well as into the *Covidence* application to detect duplicate articles.

Identification of the literature using the *PRISMA* flowchart

Identification of the literature was conducted using the *PRISMA* flowchart to provide a detailed and transparent description of the identification process (Peters *et al.*, 2015).

The selection of evidence sources followed a two-stage screening process. Two reviewers independently screened the titles and abstracts of all retrieved records to determine eligibility, followed by a full-text review of potentially relevant articles. Discrepancies were resolved through discussion and consensus, with a third reviewer consulted when disagreements persisted.

Data charting was conducted using a predesigned extraction form in Microsoft Excel, capturing study characteristics (author, year, country, study design, population, and key sociocultural factors). Dual data extraction was applied to minimize bias, and all extracted information was cross-verified for accuracy.

From the article searches across the three databases used (PubMed, Wiley Online Library, and ScienceDirect), a total of 174 articles were retrieved, from which 7 articles were ultimately included in this scoping review. The stages of literature identification using the *PRISMA* flowchart are as follows:

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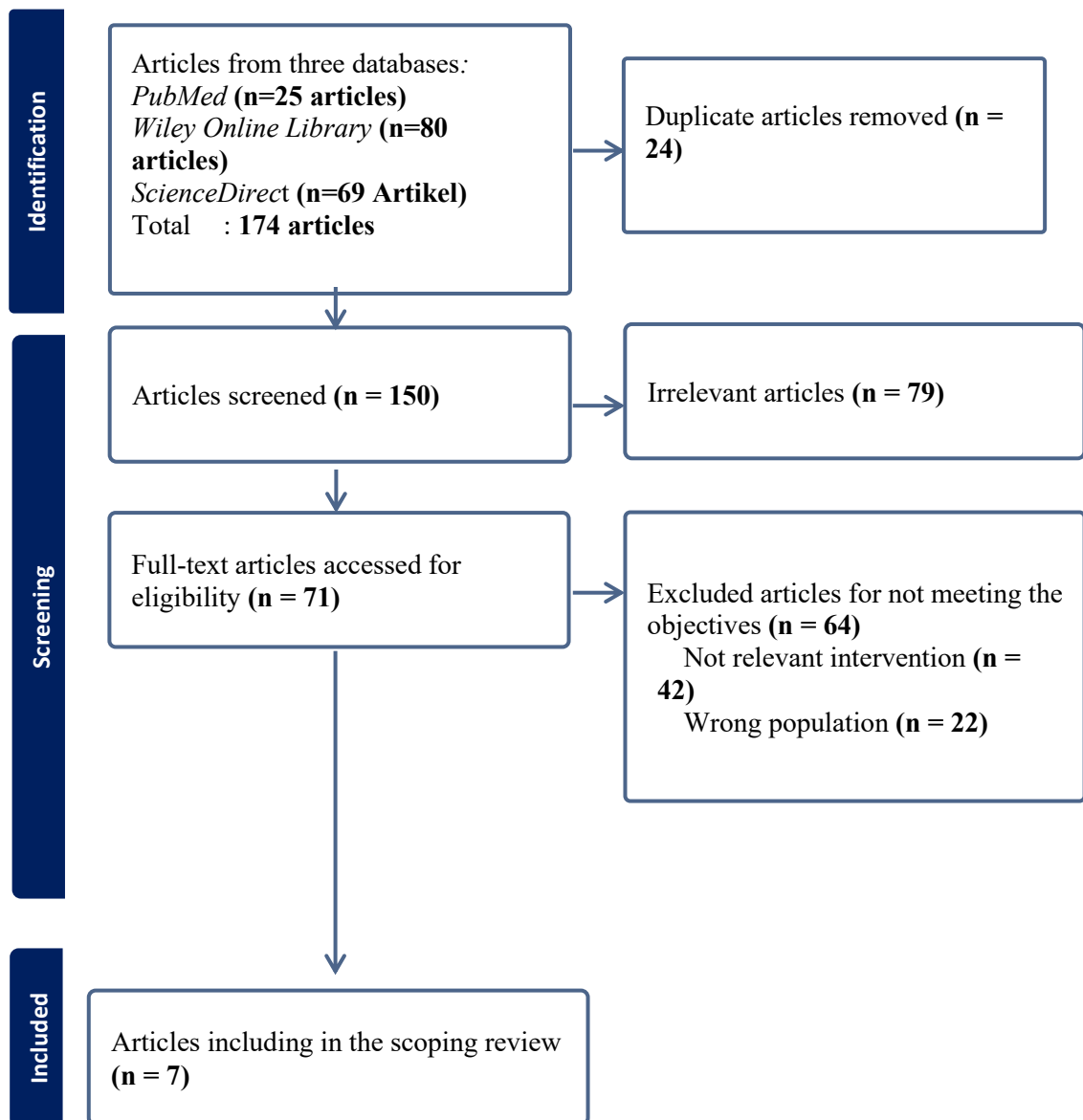


Figure 1. PRISMA Flowchart

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Based on the seven articles included in this scoping review, the following results were obtained:

a. Research Methods

From the seven selected articles, the research designs were grouped into quantitative and qualitative approaches, consisting of three articles employing a quantitative cross-sectional study design and four articles employing a qualitative design.

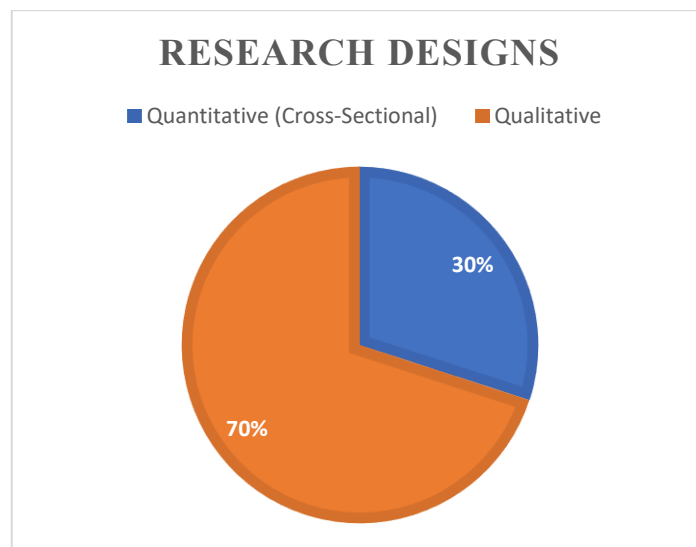


Figure 2. Characteristics of Articles Based on Research Methods

b. Countries of the Included Studies

Based on the seven selected articles, the studies were conducted in developing countries, consisting of two articles from *Burkina Faso*, one article from *Sub-Saharan Africa*, two articles from *Nigeria*, one article from *Eastern Uganda*, and one article from the *Gomoa West District of Ghana*.

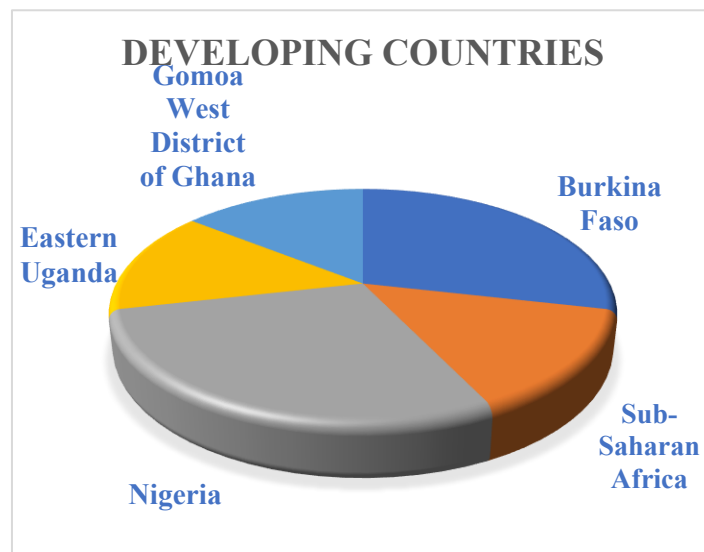


Figure 3. Characteristics of the Included Articles by Developing Country

c. Year of Publication

Based on the year of publication, among the seven selected articles, one article was published in 2019, one in 2020, two in 2021, two in 2022, and one in 2023.

d. Article Grade According to the *Joanna Briggs Institute* Checklist

Although quality appraisal is not mandatory in scoping reviews, the Joanna Briggs Institute (JBI) checklist was applied to provide an overview of the methodological rigor of the included studies. The purpose of this appraisal was descriptive rather than exclusionary to identify methodological trends, highlight research gaps, and enhance the transparency of the review process. The results of the appraisal did not influence study inclusion or synthesis.

Based on the critical appraisal conducted on the seven included articles, four articles were graded as quality Grade A, while three articles were graded as quality Grade B.

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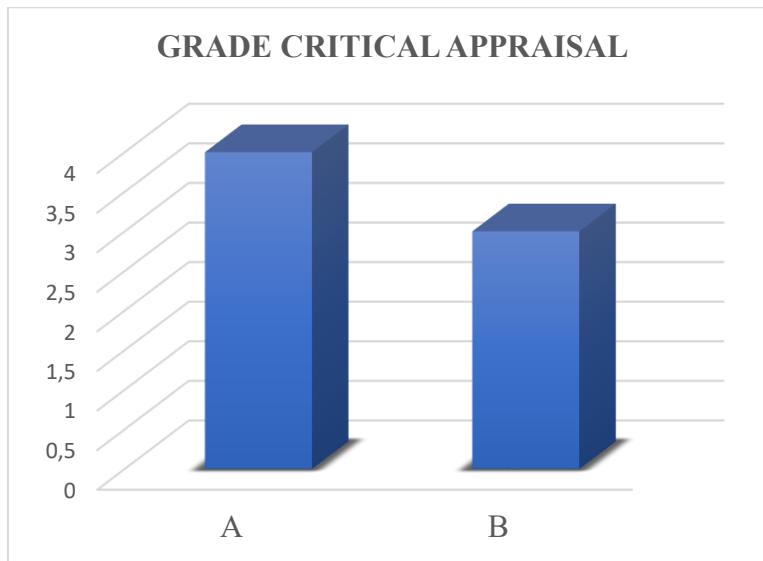


Figure 4. Characteristics of Articles Based on Grade Critical Appraisal

Data Charting

At this stage, the selected publications author collated into a table summarizing facts such as the author and nation, study objectives, methodologies utilized, participant information, sample size, and major findings. The data charting is presented in the following table:

Table 3. Data Charting

Author(s)/ Country	Research Objective	Methodology	Participants and Sample Size	Key Findings
(Barro & Bado, 2021) Burkina Faso	This study aimed to explore the knowledge, beliefs, and perceptions of religious leaders	This qualitative study was conducted in September 2018 with twenty-one	Participants were selected through reasoned sampling with maximum variation (gender,	Findings indicated that religious leaders had good knowledge of modern

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	regarding modern contraception among women of reproductive age	religious leaders in Dori	religion, age, residence, and education level). Data collection involved semi-structured individual interviews, non-participant observation, and documentary review	contraceptive methods
(Hu et al., 2023) Sub-Saharan Africa	The objective of this study focuses on the provision of information and counseling in the selection of modern contraceptive methods	This quantitative study employed a cross-sectional design, with data collected between 2019–2020	The study included 7,969 women of reproductive age who reported using modern contraceptive methods	The findings revealed that women using non-modern contraceptive methods had significantly higher mortality rates compared to those using other modern contraceptive methods in the Democratic Republic of Congo, Kenya, Nigeria, and Uganda. Therefore, enhancing counseling provided to clients is

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				crucial and beneficial in the choice and decision-making related to contraceptive use
(Hutchinson <i>et al.</i> , 2021) Nigeria	To provide information about modern contraceptive methods to women of reproductive age	A quantitative study with a cross-sectional survey design, with data collected between August and October 2017	Of the 12,024 women who were interviewed, 15.3% reported having engaged in sexual intercourse in the past year	The majority of respondents (79.6%, 9,525/11,967) had heard of contraception. Among sexually active respondents, 45.3% reported using modern contraceptive methods
(Greenleaf <i>et al.</i> , 2019) Burkina Faso	To examine the relationship between mobile phone ownership and modern contraceptive use among women in Burkina Faso	A quantitative study with a nationally representative, population-based cross-sectional survey design of women of reproductive age in Burkina Faso	The Performance Monitoring and Accountability 2020 Round 4, which was conducted between November 2016 and January 2017	Adjusted for covariates (age, wealth, education, area of residence and marital status), the odds of reporting modern contraceptive use were 68% higher among

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				cell phone owners compared to nonowners.
(Namasivayam <i>et al.</i> , 2022) Eastern Uganda	This study aimed to understand women's contraceptive use and to identify strategies to strengthen contraceptive uptake among women	A qualitative study with six focus group discussions were conducted with single and married women across different age groups	Six focus group discussions (FGDs) were conducted with 41 women, grouped by age (18–24, 25–34, and 35 years), living in three urban and three rural districts	In largely patriarchal societies, women face numerous barriers. These include fears regarding contraceptive side effects, partner opposition, societal beliefs, and stigma that hinder contraceptive use, as well as traditional gender roles and sociocultural norms that shape decision-making
(Osinowo <i>et al.</i> , 2020) Nigeria	This study aimed to explore the triggers, ideas, and motivations that influence	A qualitative survey using Focus Group Discussions (FGDs) and In-Depth Interviews	FGDs: 56, IDIs: 71. The total number of respondents from both FGDs	Respondents reported that they were motivated to use family planning due to reasons such

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	contraceptive use	(IDIs) was employed to obtain information from women of reproductive age	and IDIs was 590.	as the benefits of the method, economic situation, suitability of the methods, fear of unwanted pregnancy, and convenience.
(Takyi <i>et al.</i> , 2023) Gomoa West District of Ghana	To describe the factors influencing modern contraceptive use among couples of reproductive, age	A qualitative study employing semi-structured in-depth interviews (IDIs) and focus group discussions (FGDs), conducted from February 1 to 22, 2021	IDIs: 44, FGDs: 21. The total number of respondents from both FGDs and IDIs was 44	Factors that influenced the use of modern contraceptives included: achieved desired family size, providing for the family, counselling by health professionals, the influence of the male partner, and health reasons

RESULTS

Thematic analysis was conducted to identify recurring patterns across the included studies. Two reviewers independently reviewed the extracted data and coded key findings related to sociocultural and behavioral aspects of contraceptive use. Codes with conceptual similarity were grouped into broader categories, which were subsequently refined into two overarching themes. Based on the seven selected articles, two main themes were identified, namely sociocultural factors and the effectiveness of modern contraceptive use.

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Table 4. Thematic Mapping

No	Theme	Articles
1	Sociocultural Factors	1,4,5,7
2	Effectiveness of Modern Contraceptive Use	2,3,5,6

Sociocultural Factors

Family planning is part of the United Nations Sustainable Development Goals (*SDGs*), which named for universal access to sexual and reproductive health services, including family planning, information, and education, and the integration of reproductive health into national strategies and programs. The goal of ‘health and well-being for all by 2030’ seeks to reduce maternal, neonatal, and child morbidity and mortality. Similar to other *Sub-Saharan African* (SSA) countries, *Burkina Faso* had a maternal mortality ratio (MMR) of 330 per 100,000 live births in 2018. The country is characterized by low use of modern contraceptive methods, with 23.3% unmet need for family planning and a contraceptive prevalence rate of 32.5%. Studies on unintended pregnancies and abortions reported that three out of ten pregnancies were unintended, and one in three unintended pregnancies ended in abortion. Moreover, unplanned births present significant health and development challenges in *Sub-Saharan Africa* (Barro & Bado, 2021).

Religious leaders recognized that, for participants, contraceptive methods were perceived as a necessity. They did not express any religious contraindications to birth control. Therefore, to achieve effective family planning promotion among women, the contribution of religious leaders is crucial. They must have access to reliable and comprehensive information, and, along with other spiritual leaders or influential figures, should be involved to ensure the quality and sustainability of services and to monitor outcomes. Several studies have documented a range of beliefs that contribute to low contraceptive use among women of reproductive age, including stigma surrounding premarital sex, parents’ reluctance to discuss contraception with their children, infrequent sexual activity, and perceptions that contraceptive use is harmful to health or may impair women’s ability to bear children in the future. (Barro & Bado, 2021). Therefore, the use of electronic devices such as mobile gadgets can provide broader access to information. Research has shown that women who own a mobile phone are 68% more likely to use modern contraceptives compared to those without a phone, after adjusting for sociodemographic characteristics. Women without mobile phones or with lower educational attainment are the least likely to use modern contraceptives, largely due to

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limited knowledge and perceptions. Key factors influencing the use of modern contraceptive methods include poor partner communication and lack of family support, sociocultural and religious norms, the desire for larger families, fear of side effects, limited knowledge of different contraceptive methods, and geographic barriers to accessing health facilities (Greenleaf et al., 2019).

In the *Ugandan* context, multiple factors contribute to the unmet need for modern contraception. Demographic characteristics such as higher education, socioeconomic status, age, parity, and urban residence are positively associated with contraceptive use. This results in a higher likelihood of modern contraceptive use among such women to limit the number of pregnancies, while also reflecting support for women's autonomy and economic empowerment. Although awareness of contraception and its various methods is nearly universal among women in *Uganda*, studies indicate a gap between knowledge and actual use of contraceptives. This gap highlights the focus of the *FP-CIP 2015–2020*, which aimed to address myths, misconceptions, and concerns about side effects, while promoting sustained family planning adoption to prevent unintended pregnancies. These norms remain a strong determinant, especially where attitudes toward contraception conflict with women's fertility intentions or when contraceptive use is stigmatized, prohibited, or associated with infidelity and/or prostitution. Traditional practices, pronatalist values, as well as religious and cultural influences, reinforce social norms that hinder contraceptive use in many communities, where the importance of having many children is still strongly emphasized in *Uganda* these days. This priority reflects the increasing number of studies that emphasize the crucial role of religious communities and the level of acceptance of contraception in shaping women's knowledge and choices, and contraceptive behaviors. Misconceptions and fears about contraceptive side effects, both real and perceived, remain significant barriers to use. Furthermore, reliance on peers and community beliefs as primary sources of family planning information continues to pose major challenges in dispelling myths and fears associated with contraception (Namasivayam et al., 2022).

This study explains that decisions regarding the number of children in a family are generally made by the husband or male partner. Other factors, such as the wife, healthcare providers, mothers-in-law, and religious leaders, may also influence these decisions. Certain gender practices, such as women's limited autonomy in reproductive health decisions due to early and forced marriages, have a significant impact on their ability to determine the number of children they desire. These harmful marital practices, particularly in rural communities in *Nigeria*, have weakened women's confidence and placed them in difficult positions, making it challenging to negotiate contraceptive use with their male partners, even when they actually wish to stop having children.

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Effectiveness of Modern Contraceptive Use

Overall, 7,969 users of modern contraceptives were included across six countries. Among the women surveyed, *LARC* users accounted for 58% in *Burkina Faso*, 33% in *Côte d'Ivoire*, 46% in the *Democratic Republic of Congo*, 46% in *Kenya*, 43% in *Nigeria*, and 42% in *Uganda*. Implants were the most commonly used modern contraceptive method in *Burkina Faso* (53%), *Côte d'Ivoire* (29%), the *Democratic Republic of Congo* (44%), *Kenya* (42%), and *Nigeria* (33%), followed by injectables. In contrast, in *Uganda*, injectables were the most widely used modern contraceptive method (41%), followed by implants (36%). Across all countries, the majority of women were married (67–91%). In this study sample, 30–40% of women had one to two children, 26–43% had three to four children, and 24–38% had five or more children. In this multi-country analysis, we found that information provided during contraceptive counseling, which was an essential aspect of informed choice, was limited for all modern contraceptive users, with substantial differences between *LARC* users and users of other modern methods.

In six countries, fewer than 60% of women reported receiving counseling on side effects, what to do if side effects occur, alternative contraceptive methods, and method switching. Contrary to this study's hypothesis, women using *LARC* had substantially higher reported prevalence of receiving complete *MII+* counseling compared to women using other modern methods in the *Democratic Republic of Congo*, *Kenya*, *Nigeria*, and *Uganda*. The reported coverage of all *MII+* components differed widely between countries, with rates ranging from 51% in *Kenya* to 21% in *Congo*. These findings are consistent with previous studies that examined *MII+* in these countries and reflect the extent of information provided to clients about contraception in *sub-Saharan Africa*. Earlier research has shown that clients who do not receive counseling on all *MII+* components are more likely to discontinue their method within one year of initiation. Contraceptive discontinuation may represent women's exercise of autonomy over their contraceptive use, but it may also reflect insufficient counseling on contraceptive management before adoption. Therefore, strengthening counseling provided to clients is crucial to ensure that all women have the necessary information before deciding which method to adopt (Aristide et al., 2022).

Understanding women's contraceptive behavior and the motivations driving it is key to addressing unmet need by designing, implementing, and strengthening family planning programs that can effectively meet the needs of diverse communities. Communities generally believe that once they participate in family planning programs, their children will have better access to education, as pregnancies are spaced in a planned manner. Women who use modern contraception identified several important considerations when choosing a modern contraceptive method. The availability of various modern contraceptive options that can provide comfort for users was regarded as an

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essential factor, particularly when deciding between short-term and long-term methods (Namasivayam et al., 2022).

Perceptions of men's roles in family planning have recently shifted, as they increasingly acknowledge active participation rather than serving solely as supportive partners. This qualitative study employed semi-structured in-depth interviews (*IDIs*) and focus group discussions (*FGDs*) to explore and describe the experiences of women aged 35 to 49 and their male partners regarding both the use and non-use of modern contraception. Factors such as educational level, socioeconomic status, fertility preferences, and the belief that contraception is primarily a woman's responsibility were identified as predictors of modern contraceptive use among men. Engaging men in discussions about family planning with health service providers has been shown to influence their contraceptive use, as also reported in other studies.

Motivations for Using Modern Family Planning (*FP/ KB*). Regarding what motivates women to utilize family planning, respondents reported being driven by factors such as the benefits of the methods, economic circumstances, method suitability, fear of unintended pregnancy, and convenience. Further analysis revealed that unmarried respondents emphasized fear of unintended pregnancy, along with accessibility and affordability, as key determinants. (Osinowo et al., 2020).

DISCUSSION

The reviewed studies consistently highlight that modern contraceptive use in developing regions is shaped by complex sociocultural and gendered factors rather than by clinical or policy barriers alone. In Burkina Faso, Barro & Bado (2021) revealed that religious leaders possessed substantial knowledge of contraception and generally did not oppose its use, emphasizing the potential of faith-based engagement in family-planning advocacy. This finding contrasts with Ahmed et al (2024), who reported that in several East African settings, conservative interpretations of religious norms still constrained women's reproductive autonomy, demonstrating how contextual religious discourse can either support or restrict contraceptive acceptance.

The influence of health-care counseling and informational quality also emerged as a cross-cutting theme. Hu et al (2023), analyzing 7,969 women across four Sub-Saharan countries, concluded that insufficient counseling on method choice and side effects reduced sustained use of modern methods. This aligns with Mankelkl (2025), whose pooled East African analysis confirmed that lack of structured counseling and limited access to health information significantly correlated with low contraceptive uptake. Enhancing the interaction between providers and clients, particularly for users of long-acting reversible contraception (LARC), is essential to support method continuation and ensure informed decision-making.

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Regarding awareness and behavioral translation, Hutchinson et al (2021) found that although 79.6 % of Nigerian women had heard of contraception, less than half of sexually active respondents used modern methods, illustrating the persistent gap between knowledge and practice. A similar pattern was reported by Ewerling et al (2021), who documented a global “knowledge use gap” in over 50 low- and middle-income countries, particularly where cultural stigma and misconceptions prevailed. Technological access was another relevant determinant. Greenleaf et al (2019) demonstrated that women owning mobile phones were 68 % more likely to use modern contraceptives, indicating how digital connectivity enhances access to reproductive-health information.

Recent studies highlight the significant impact of digital health interventions in advancing family planning efforts. Chandrasekar et al (2024) conducted a realist review of Health interventions for postpartum family planning across low- and middle-income countries, showing that mobile-based communication platforms significantly enhanced women’s knowledge, confidence, and sustained contraceptive use. The study emphasized that personalized, culturally sensitive digital counselling, especially through mobile messaging and follow-up reminders, helped bridge the gap between awareness and actual adoption of modern contraceptives, particularly among younger and rural women. Gendered power relations strongly influence contraceptive decisions. Namasivayam et al (2022) highlighted that in patriarchal Ugandan communities, women’s fears of side effects and partner opposition were the most common barriers. Similarly, Takyi et al (2023) identified spousal dominance and counseling by health workers as dual forces shaping couples’ contraceptive choices in Ghana.

These results parallel Shrestha et al (2025), who demonstrated that men’s supportive attitudes and direct communication with health providers were positively associated with modern contraceptive use in Nepal. Together, these studies confirm that engaging men as active partners, not passive supporters, is essential to improving family-planning outcomes. Motivational aspects were also documented. Osinowo et al (2020) found that women’s motivations for using contraception included economic stability, fear of unintended pregnancy, and convenience. Comparable themes were observed in Cohen et al. (2024), who reported that perceived economic benefit and child-spacing advantages were dominant motivators for method continuation across multiple African settings.

CONCLUSION

This scoping review contributes to a deeper understanding of how sociocultural dynamics continue to shape modern contraceptive use in developing countries. By synthesizing recent evidence, it highlights that barriers to contraceptive adoption extend beyond access and knowledge, rooted instead in gendered power relations, religious discourse, and cultural perceptions that limit women’s autonomy. These findings

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emphasize the need of family planning strategies that incorporate gender-transformative and community-based methods rather than relying exclusively on service delivery.

The report also underlines the growing role of technology, particularly mobile and digital platforms, as tools for enhancing information transmission and facilitating informed contraceptive decisions. This finding opens new directions for designing culturally sensitive, technology-enabled strategies tailored to diverse populations. Future research should focus on longitudinal and intersectional analyses to better understand how evolving social norms, education levels, and digital inclusion influence contraceptive behavior over time. Integrating male perspectives, religious leadership, and community participation will be key to achieving sustainable progress toward the SDG goal of universal access to reproductive health by 2030.

ACKNOWLEDGEMENTS

The authors would like to express their sincere gratitude to Universitas Aisyiyah Yogyakarta for the continuous support and guidance.

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