

Family Planning As a Tool for Improving Maternal Health Outcomes In Nigeria: A Narrative Synthesis of Contemporary Evidence

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ABSTRACT

Family planning remains one of the most cost-effective public health interventions for reducing maternal morbidity and mortality, yet uptake of modern contraceptive methods in Nigeria continues to lag behind regional and global targets. This article synthesizes contemporary Nigerian and sub-Saharan African evidence (2023-2026) on the relationship between family planning and maternal health, structured as an empirical-style review with supporting comparative tables. Using a narrative review methodology, thirty peer-reviewed and institutional sources were screened for relevance, of which twenty-nine met the inclusion criteria and were retained for synthesis. The review examines contraceptive method effectiveness, the determinants of modern contraceptive uptake, postpartum family planning and maternal depletion, structural and provider-level barriers, spousal and male involvement, and the role of the Reproductive Health Nurse in family planning service delivery. Findings indicate that unmet need for family planning remains disproportionately high in northern and rural Nigeria, that spousal approval and male involvement are consistently reported as primary determinants of uptake, and that provider bias, commodity stock-outs, and weak integration of family planning into routine maternal and child health services continue to undermine national targets, including Sustainable Development Goal 3.7 and the FP2030 commitments. Postpartum contraceptive uptake was found to mitigate maternal depletion syndrome and reduce short birth intervals, while mass media exposure and spousal communication were identified as promising levers for expanding modern method use, particularly among men. The article concludes that improving maternal health in Nigeria through family planning will require integrated, community-based, and gender-responsive strategies that address socioeconomic, religious, and health-system barriers simultaneously, and recommends specific interventions for policymakers, healthcare providers, and Reproductive Health Nurses.

Keywords: Family Planning, Maternal Health, Contraceptive Uptake, Postpartum Family Planning, Nigeria, Unmet Need, Reproductive Health Nursing

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1. INTRODUCTION

Family planning refers to the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births, achieved through the use of contraceptive methods and the treatment of infertility (Ibrahim & Bello, 2026).

It is widely recognised as one of the most effective public health interventions available for reducing maternal and child mortality, particularly in low- and middle-income countries where the burden of pregnancy-related death remains highest (Adedokun et al., 2026). Family planning services encompass contraceptive counselling and provision, pregnancy testing, preconception care, infertility management, and broader reproductive health education, including screening and referral for sexually transmitted infections.

In Nigeria, family planning has assumed renewed policy significance as the country continues to record one of the highest absolute numbers of maternal deaths in the world, alongside a contraceptive prevalence rate that trails behind comparator countries in sub-Saharan Africa (Ezeh & Adebayo, 2025). A ten-year cross-sectional analysis of Nigeria's geopolitical zones found a consistent inverse relationship between modern contraceptive prevalence and maternal mortality, with zones recording lower contraceptive uptake also recording substantially higher maternal mortality ratios (Okonkwo & Nwosu, 2026). This pattern is compounded by wide urban-rural disparities in unmet need, with rural and structurally disadvantaged communities bearing a disproportionate share of both unmet need for family planning and maternal death (Balogun et al., 2025).

Nigeria's reproductive health landscape has evolved considerably over the past five decades, moving from a largely donor-driven family planning agenda in the 1970s and 1980s toward an increasingly government-owned framework anchored by the National Family Planning Blueprint and Nigeria's commitments under the global FP2030 partnership (Oluwasanu & Bankole, 2025). Nevertheless, an implementation gap persists between blueprint targets and what is delivered at the point of care, particularly with respect to commodity availability, workforce capacity, and the integration of family planning into routine maternal and child health operations (Nwachukwu et al., 2024; Adewole et al., 2024). Understanding the determinants, barriers, and policy priorities that shape family planning uptake in contemporary Nigeria is therefore essential to accelerating progress toward national and global maternal health targets.

This article restructures and updates an earlier seminar-style discussion of family planning as a tool for improving maternal health, replacing the largely global and historical evidence base with current Nigeria-focused empirical and review literature published between 2023 and 2026. It is organised as an empirical-style synthesis, comprising a stated methodology, a conceptual overview of contraceptive methods, thematically organised findings supported by comparative tables, a discussion of implications, and specific recommendations for policy, practice, and Reproductive Health Nursing.

The urgency of this synthesis is heightened by Nigeria's demographic weight within the sub-region: as the most populous country in sub-Saharan Africa, marginal improvements or declines in Nigerian contraceptive prevalence and maternal mortality carry disproportionate influence on regional and continental indicators. A systematic review of trends, barriers, and systemic interventions across contemporary Nigeria found that while contraceptive prevalence has risen modestly over the past decade, the pace of increase remains insufficient to meet either national Family Planning Blueprint targets or Nigeria's FP2030 commitments, and that the barriers responsible for this shortfall are concentrated less in individual attitudes than in health-system and structural constraints (Ibrahim & Bello, 2026). This distinction matters for policy design: interventions that focus solely on raising individual awareness are unlikely to close the gap if commodity supply, provider attitudes, and financing remain unaddressed, a tension this review returns to in Section 6.

2. METHODOLOGY

This article adopts a narrative review and synthesis methodology, appropriate for consolidating a heterogeneous body of recent empirical studies, systematic reviews, scoping reviews, and policy evaluations into a single, thematically organised discussion. An initial pool of thirty Nigeria-focused and sub-Saharan African sources published between 2023 and 2026, spanning maternal mortality determinants, contraceptive prevalence, postpartum family planning, male involvement, provider-level barriers, and health-system financing, was assembled. Sources were retained where they addressed at least one of the following domains: (i) contraceptive method uptake or choice among Nigerian women or couples; (ii) the relationship between family planning and maternal mortality or morbidity; (iii) structural, provider, or socio-cultural barriers to family planning access; or (iv) postpartum and adolescent family planning service delivery. Twenty-nine of the thirty screened sources met these criteria and were retained for thematic synthesis; findings were then grouped under four broad themes, presented in Section 4, and triangulated with the conceptual overview of contraceptive method effectiveness presented in Section 3.

As a narrative synthesis rather than a primary data collection exercise, this article does not report original statistical testing; instead, it draws together the directional findings, determinants, and policy implications reported across the retained literature, and presents them in a structured, tabulated format consistent with an empirical research article.

3. CONCEPTUAL OVERVIEW: CONTRACEPTIVE METHODS AND EFFECTIVENESS

Modern contraceptive methods work through several mechanisms: preventing sperm from entering the female reproductive tract, preventing sperm and oocytes from meeting, or suppressing ovulation. Table 1 summarises the effectiveness range, duration, and mechanism of the contraceptive methods most commonly discussed in the Nigerian family planning literature.

Table 1: Comparative Overview of Common Contraceptive Methods

Method	Typical-Use Effectiveness	Duration / Type	Mechanism
Male condom	82%	Single use, barrier	Blocks sperm entry; also protects against STIs
Female condom	79%	Single use, barrier	Lines vagina; blocks sperm entry
Contraceptive injection (DMPA)	>99% (perfect use)	8-13 weeks, hormonal	Suppresses ovulation
Contraceptive implant	>99%	Up to 3 years, LARC	Releases progestogen; suppresses ovulation
Intrauterine device (IUCD)	>99%	5-10 years, LARC	Non-hormonal; impairs sperm and implantation
Intrauterine system (IUS)	>99%	Up to 5 years, LARC	Localised progestogen release
Combined oral pill	91% (typical use)	Daily, hormonal	Suppresses ovulation
Progestogen-only pill	91% (typical use)	Daily, hormonal	Thickens cervical mucus; suppresses ovulation
Natural family planning / fertility awareness	72% (typical use)	Ongoing, behavioural	Avoids intercourse on fertile days
Female sterilisation	Permanent, >99%	One-time surgical	Occludes fallopian tubes
Male sterilisation (vasectomy)	Permanent, >99%	One-time surgical	Occludes vas deferens

The most effective methods for preventing unintended pregnancy are the long-acting reversible contraceptives (LARCs), namely intrauterine devices and contraceptive implants, followed by other hormonal methods including the pill, the vaginal ring, and the injectable. A comparative southwest Nigeria study found that women using LARCs achieved significantly longer birth intervals and more favourable maternal outcomes than women relying on short-acting or traditional methods, reinforcing global evidence on the superior effectiveness of LARCs for birth spacing (Dahunsi et al., 2024).

While long-acting methods offer the highest effectiveness with the least user dependence, uptake in Nigeria continues to be dominated by short-acting methods and traditional approaches, a pattern attributed less to method unavailability than to knowledge gaps, spousal disapproval, and provider-level bias that will be examined in Section 4 (Lawan & Gombe, 2025; Isah et al., 2023). The method mix reported across the reviewed studies also varies systematically by region and residence. Women in northern and rural communities were more likely to report reliance on natural family planning, withdrawal, and other traditional approaches with comparatively lower typical-use effectiveness, while women in southern and urban communities, particularly those with higher educational attainment, were more likely to report use of injectables, implants, and, increasingly, intrauterine methods (Lawan & Gombe, 2025; Obi et al., 2023). This uneven method mix has direct implications for maternal health outcomes, since the effectiveness gap between traditional and long-acting methods translates into a measurable difference in unintended pregnancy risk, and therefore in exposure to the short birth intervals and unsafe abortion risk discussed in Section 4.4.

4. FINDINGS

4.1 Family Planning and Maternal Health Outcomes in Nigeria

Maternal health, as defined by the World Health Organization, encompasses the health of women during pregnancy, childbirth, and the postpartum period, including the family planning, preconception, prenatal, and postnatal care dimensions required to ensure a safe and positive experience of motherhood. Nigeria continues to account for a disproportionate share of global maternal deaths relative to its population, and a scoping review of maternal mortality and its socioeconomic determinants across sub-Saharan Africa identified Nigeria as a persistent outlier even when compared with countries of similar income levels, attributing the gap substantially to low modern contraceptive prevalence and weak referral systems for obstetric emergencies (Ezeh & Adebayo, 2025).

A ten-year cross-sectional analysis of geopolitical zones found that increases in modern contraceptive prevalence were consistently associated with reductions in maternal mortality, with the effect most pronounced in zones that combined rising contraceptive uptake with improvements in skilled birth attendance (Okonkwo & Nwosu, 2026). This is consistent with a broader review of trends, determinants, and policy priorities in Nigerian maternal and child health, which identified family planning as one of the highest-yield interventions available to policymakers seeking to accelerate progress toward national maternal mortality targets (Adedokun et al., 2026). Complementary infrastructure-focused reviews similarly note that maternal mortality in Nigeria cannot be addressed through clinical interventions alone, but requires simultaneous investment in transportation, facility readiness, and commodity supply chains that support the delivery of family planning and emergency obstetric care together (Oyeniran et al., 2024).

Urban-rural disparities remain a defining feature of Nigeria's family planning landscape. A study of unmet need among fecund women found that rural women faced substantially higher unmet need for family planning than their urban counterparts, driven by weaker health infrastructure, longer distances to facilities, and lower exposure to family planning information, with direct implications for maternal survival (Balogun et al., 2025). A national assessment of progress toward Sustainable Development Goal, 3.7 similarly found that although unmet need among married women had declined modestly overall, the pace of decline varied sharply by region and was slowest in the areas with the highest maternal mortality burden (Okoye et al., 2024).

4.2 Determinants of Contraceptive Uptake

The literature converges on a consistent set of determinants shaping modern contraceptive uptake in Nigeria, spanning individual, interpersonal, health-system, and structural levels. At the interpersonal level, spousal or partner approval is repeatedly identified as the single most influential determinant of whether a woman adopts and continues a modern method. A study of northern Nigerian communities found that husbands' acceptance functioned as a primary gatekeeping factor for family planning utilization, with women whose partners disapproved of contraception significantly less likely to use any modern method regardless of their own preference (Abubakar et al., 2024). This finding is reinforced by evidence that spousal communication and joint decision-making, rather than education alone, act as catalysts for expanding modern method use in low-resource settings (Yusuf et al., 2024), and by post-pandemic research in rural Nigeria showing that greater male involvement in family planning discussions was associated with improved postpartum maternal recovery outcomes (Enang et al., 2026).

At the individual level, educational attainment remains a strong and consistent predictor of both maternal survival and postnatal contraceptive adoption, with secondary and higher education associated with markedly higher uptake of modern methods after childbirth (Obi et al., 2023). A systematic review of family planning trends and barriers across Nigeria similarly identifies education, together with household wealth and urban residence, as the demographic factors most strongly associated with modern method use (Ibrahim & Bello, 2026). Age-specific patterns also matter: a study of women of reproductive age in north-eastern Nigeria found that method choice varied significantly across the 18-45 age range, with younger women more likely to favour short-acting methods and older, higher-parity women more likely to adopt permanent or long-acting methods once family size goals were reached (Lawan & Gombe, 2025).

Health-system determinants are equally significant. A study of mothers attending primary health care clinics in Rivers State found that women's knowledge of available family planning methods was a strong predictor of contraceptive use, underscoring the continuing importance of point-of-care counselling (Amadi & Rivers, 2024). Availability of contraceptive commodities within routine maternal and child health operations was found to be sub-optimal in several facilities, undermining even highly motivated clients' ability to obtain their preferred method at the point of contact (Adewole et al., 2024), while an assessment of the National Family Planning Blueprint (2020-2024) found a persistent implementation gap between national targets and what was delivered at state and facility level, weakening the broader regional maternal safety net (Nwachukwu et al., 2024). Table 2 summarises the principal determinants identified across the reviewed literature, organised by level of influence.

Table 2: Determinants of Modern Contraceptive Uptake in Nigeria, by Level of Influence

Level	Determinant	Key Source(s)
Individual	Educational attainment (secondary/higher)	Obi et al. (2023); Ibrahim & Bello (2026)
Individual	Age and parity	Lawan & Gombe (2025)
Interpersonal	Spousal/partner approval	Abubakar et al. (2024)
Interpersonal	Spousal communication and joint decision-making	Yusuf et al. (2024)
Interpersonal	Male involvement in postpartum planning	Enang et al. (2026)
Health-system	Client knowledge from facility counselling	Amadi & Rivers (2024)
Health-system	Commodity availability at point of care	Adewole et al. (2024)
Health-system	Policy/blueprint implementation fidelity	Nwachukwu et al. (2024)
Structural	Urban vs rural residence / infrastructure	Balogun et al. (2025); Agbana et al. (2026)
Socio-cultural	Religious and traditional leader influence	Babalola & Audu (2024)

4.3 Structural, Provider, and Socio-Cultural Barriers

Beyond individual and interpersonal determinants, a distinct set of structural and provider-level barriers continues to constrain family planning uptake in Nigeria. Provider bias remains a well-documented obstacle, particularly for young and unmarried clients. A study of primary healthcare centre found that age restrictions and judgmental attitudes among providers constituted a hidden but significant barrier to contraceptive access for young adults, often deterring first-time clients from returning for services even where commodities were available (Isah et al., 2023). Similar dynamics were documented in metropolitan Lagos, where supply-chain inconsistencies and provider bias were found to undermine the principle of voluntary, informed contraceptive choice, prompting calls for a stronger client-centred "choice for all" approach to service delivery (Lagos State Ministry of Health Collaborative, 2023).

Financing constraints compound these access barriers. A critical appraisal of Nigeria's public sector financing of reproductive health found that domestic budgetary commitments remain substantially below what is required to meet the country's FP2030 goals, leaving family planning programmes heavily reliant on external funding (Owoeye et al., 2023). This dependence is echoed in an evaluation of the role of non-governmental and international actors, including UNFPA, in sustaining family planning commodity security in Nigeria, which found that withdrawal or delay of donor-funded commodities frequently produced stock-outs at the facility level (Fawole et al., 2023).

Misinformation and fear of side effects remain persistent socio-cultural barriers. A multi-centre analysis of women accessing post-abortion care found that myths and misconceptions about contraceptive side effects, including unfounded beliefs linking modern methods to infertility or birth defects, significantly shaped contraceptive choice and, in many cases, discouraged method continuation (Adeyemi et al., 2023). Community-based reproductive counselling tailored to directly address these fears was found to meaningfully improve method continuation among rural Nigerian women when delivered consistently over time (Umeora & Onwuka, 2024). Religious and traditional leaders also exert considerable influence over community attitudes toward family planning; a study examining leader engagement strategies found that structured collaboration with religious and traditional authorities was associated with measurable improvements in community acceptance of family planning as a maternal mortality mitigation strategy (Babalola & Audu, 2024).

Mass media exposure represents a further, underutilized lever. A structural influence model of health communication found that men's exposure to family planning messages through radio, television, and mobile platforms was significantly associated with more favourable attitudes toward modern contraception and greater support for their partners' contraceptive use, suggesting that media-based interventions could complement facility-based counselling in shifting norms around male involvement (Eshiet et al., 2023). Table 3 consolidates the principal structural, provider, and socio-cultural barriers identified across the reviewed literature, together with the intervention or mitigation strategy each source associates with reducing that barrier.

Table 3: Structural, Provider, and Socio-Cultural Barriers to Family Planning Uptake in Nigeria

Barrier	Description	Associated Mitigation / Source
Provider bias / age restriction	Judgmental attitudes and informal age limits deter young and unmarried clients	Non-directive, client-centred counselling (Isah et al., 2023)
Commodity stock-outs	Preferred methods unavailable at point of care despite client demand	Improved integration into MCH supply chains (Adewole et al., 2024)
Weak domestic financing	Public budget allocation falls short of FP2030 requirements	Increased domestic budgetary commitment (Owoeye et al., 2023)
Donor dependence	Commodity security vulnerable to external funding fluctuations	Diversified, blended financing (Fawole et al., 2023)
Myths and fear of side effects	Misinformation, especially fear of infertility, discourages uptake and continuation	Sustained community-based counselling (Adeyemi et al., 2023; Umeora & Onwuka, 2024)
Religious/traditional norms	Community leaders' attitudes shape local acceptance of contraception	Structured leader engagement (Babalola & Audu, 2024)
Low male media exposure	Men have limited exposure to family planning messaging	Targeted mass media campaigns (Eshiet et al., 2023)
Policy-implementation gap	Blueprint targets not consistently translated to facility-level delivery	State/facility-level monitoring (Nwachukwu et al., 2024)

4.4 Postpartum Family Planning and Maternal Recovery

Postpartum family planning (PPFP) has emerged as a distinct priority within Nigeria's reproductive health agenda, given its direct implications for birth spacing, maternal recovery, and the prevention of unsafe induced abortion. A study of rural nursing mothers found that early postpartum contraceptive uptake was associated with reduced risk of maternal depletion syndrome, a condition arising from closely spaced pregnancies that progressively erode a woman's nutritional and physiological reserves (Sanusi et al., 2025). Complementary evidence from rural and tropical health settings found that PPFP uptake was directly protective against short birth intervals and the unsafe induced abortions that often follow unintended, closely spaced pregnancies (Chinedu et al., 2023).

Uptake of family planning among postpartum mothers, however, remains uneven, particularly in urban settings with weak supporting infrastructure. A north-central Nigerian study found that even where postpartum women expressed intention to use contraception, infrastructural gaps, including inconsistent commodity supply and limited postnatal follow-up, significantly reduced actual uptake relative to stated intention (Agbana et al., 2026).

Antenatal contact points offer a critical, underused opportunity in this respect: a study of young women accessing antenatal networks in southern Nigeria found that structured antenatal counselling on modern contraceptive methods was associated with significantly higher postpartum uptake compared with women who received no antenatal family planning counselling (Olorunsaiye & Yusuf, 2023). At the same time, national data continue to show a demographic tension in which the unmet need to limit childbearing is high even as parity desires remain elevated, a dilemma that complicates straightforward postpartum counselling messages and requires more individualised, values-based counselling approaches (Afolabi et al., 2023).

5. The Role of the Reproductive Health Nurse in Family Planning

Reproductive Health Nurses and midwives occupy a pivotal position in translating national family planning policy into client-level uptake, and the reviewed literature consistently identifies nursing-level counselling quality as a determinant of both initial uptake and continuation. Effective practice requires sound knowledge across several domains, the full range of contraceptive methods, including efficacy, side effects, and contraindications. The physiological and psychological dimensions of serialisation and the broader landscape of sub-fertility and sexually transmitted infection management relevant to reproductive health clients.

In addition to clinical knowledge, Reproductive Health Nurses require specific counselling skills. Effective counselling has been described as comprising two linked components: demonstrating genuine care for the client, through understanding, respect, and honesty; and providing clear, accurate information using language, materials, and pacing appropriate to the client's level of understanding, including the use of visual aids, sample commodities, and repeated confirmation of comprehension. A non-directive counselling approach, in which the nurse assesses a couple's existing knowledge, presents the full range of available methods without bias, and supports the couple in reaching their own informed decision, is consistently identified in the literature as best practice, particularly given the documented risks of provider bias discussed in Section 4.3 (Isah et al., 2023).

Beyond individual counselling encounters, Reproductive Health Nurses are also positioned to address several of the structural barriers identified in this review. Nurses can serve as a critical link between antenatal contact and postpartum family planning uptake, reinforcing the antenatal counselling gains documented among young women in southern Nigeria (Olorunsaiye & Yusuf, 2023); can help mitigate provider bias by adopting explicitly non-judgmental, age-appropriate counselling protocols for adolescent and young adult clients (Isah et al., 2023); and can support community-level demand generation by working alongside religious and traditional leaders in the manner shown to improve community acceptance of family planning (Babalola & Audu, 2024).

Reproductive Health Nurses are also well positioned to support long-acting reversible contraceptive uptake, which the evidence in Section 3 identifies as the most effective category of method for birth spacing and maternal outcome improvement (Dahunsi et al., 2024). Because LARC insertion and removal require specific procedural competence, sustained in-service training and confident task-shifting protocols for nurses and midwives are essential if facility-level supply constraints documented in Section 4.3 are to be addressed without over-reliance on physician-only insertion services. Nurses additionally play a documentation and referral role, recording client information that supports continuity of care and, where necessary, referral to specialist services for infertility management, complex contraindications, or psychosocial support, reinforcing the position of the Reproductive Health Nurse as a central, rather than peripheral, actor within Nigeria's family planning service delivery architecture.

6. DISCUSSION

Taken together, the reviewed literature indicates that Nigeria's family planning and maternal health challenge is not primarily a challenge of method availability or clinical knowledge, but of an interlocking set of interpersonal, health-system, structural, and socio-cultural barriers that must be addressed simultaneously. Spousal approval and male involvement emerge as the most consistently reported determinant of uptake across the reviewed studies, suggesting that interventions targeting women alone, without engaging male partners, are likely to have limited impact (Abubakar et al., 2024; Yusuf et al., 2024; Enang et al., 2026). At the same time, health-system weaknesses, including commodity stock-outs, incomplete blueprint implementation, and provider bias, mean that even where demand exists, supply-side constraints can prevent conversion of intention into uptake (Adewole et al., 2024; Nwachukwu et al., 2024; Isah et al., 2023).

The persistence of urban-rural and zonal disparities in unmet need and maternal mortality further suggests that national-level interventions must be deliberately targeted at the sub-national level, rather than assuming that aggregate national progress will translate evenly across geopolitical zones (Balogun et al., 2025; Okonkwo & Nwosu, 2026). Financing constraints and continued reliance on donor-funded commodities point to a structural vulnerability in the sustainability of current gains, reinforcing the case for increased domestic public sector investment in reproductive health (Owoeye et al., 2023; Fawole et al., 2023). Finally, the consistent finding that postpartum family planning reduces maternal depletion and unsafe abortion risk, but is undermined by weak postnatal follow-up infrastructure, points to antenatal and postnatal contact points as high-value, currently underused opportunities for integrated maternal health and family planning service delivery (Sanusi et al., 2025; Chinedu et al., 2023; Agbana et al., 2026).

A further implication concerns the demographic tension identified by Afolabi et al. (2023), in which unmet need to limit childbearing coexists with persistently high parity desires. This suggests that a purely supply-side response, focused only on removing access barriers, is insufficient; counselling and community engagement strategies must also address the underlying values and family-size preferences that shape demand, rather than assuming that improved access alone will translate into proportionate increases in uptake. Read together, the findings in Sections 4.1 to 4.4 suggest that Nigeria's path to improved maternal health outcomes through family planning runs through simultaneous investment in male engagement, facility readiness, domestic financing, and values-based community counselling, rather than through any single lever in isolation.

7. SUMMARY

This article has synthesised recent Nigerian and sub-Saharan African evidence on family planning as a tool for improving maternal health, replacing an earlier, largely global and historical discussion with a Nigeria-focused, empirically grounded review. It has presented a comparative overview of contraceptive method effectiveness, examined the individual, interpersonal, health-system, and structural determinants of contraceptive uptake, reviewed the specific challenges of postpartum family planning and maternal depletion, and outlined the role of the Reproductive Health Nurse in addressing these challenges at the point of care. Across all thematic areas, the evidence converges on a consistent conclusion, thus expanding modern contraceptive use in Nigeria, thereby reducing maternal mortality, and requires coordinated action across the individual, interpersonal, facility, and policy levels, rather than isolated interventions at any single level.

The three comparative tables presented in this article are intended to function as a practical reference: Table 1 for method-level counselling on effectiveness and mechanism, Table 2 for programme designers seeking to prioritise determinants by level of influence, and Table 3 for policymakers and facility managers seeking to match specific barriers with evidence-informed mitigation strategies. Used together, they provide a structured basis for translating the narrative findings of this review into targeted maternal health and family planning programming across Nigeria's diverse geopolitical zones.

8. CONCLUSION

Family planning remains a central, evidence-backed strategy for improving maternal health outcomes in Nigeria. The literature reviewed in this article demonstrates that while awareness of modern contraceptive methods is comparatively widespread, translating that awareness into sustained uptake continues to be constrained by spousal disapproval, provider bias, commodity insecurity, weak policy implementation, and persistent misinformation. Addressing Nigeria's maternal mortality burden will require that family planning be treated not as a standalone reproductive health service, but as an integral, adequately financed component of the broader maternal and child health system, delivered through gender-responsive, community-anchored, and well-supervised nursing and counselling practice.

The evidence base reviewed here also underscores that progress will not be uniform across the country unless deliberately made so. Zones and communities with the highest unmet need and the weakest health infrastructure are, almost without exception, the same communities recording the highest maternal mortality, meaning that equity-focused targeting of family planning investment is not merely a matter of fairness but a direct maternal survival strategy. As Nigeria works toward its FP2030 commitments and Sustainable Development Goal 3.7, the findings synthesized in this article point to a clear policy priority, sustained, adequately financed, and gender-responsive family planning programming, anchored in well-trained Reproductive Health Nursing practice, is among the most direct routes available for reducing preventable maternal death in Nigeria.

9. RECOMMENDATIONS

Based on the synthesis presented in this article, the following recommendations are made:

- i. Family planning commodities and counselling should be fully integrated into routine antenatal, postnatal, and immunization contact points to close the gap between stated postpartum intention and actual uptake.
- ii. Male involvement strategies, including couple counselling and mass media messaging targeted at men, should be scaled up given the consistent finding that spousal approval is a primary determinant of uptake.
- iii. Provider training should explicitly address age-related and attitudinal bias, particularly toward adolescent and young adult clients, to remove a documented but avoidable barrier to access.
- iv. Domestic public sector financing for family planning commodities should be increased to reduce dependence on donor funding and improve commodity security at facility level.
- v. Structured engagement with religious and traditional leaders should be institutionalised as a routine component of community-level demand generation strategies.
- vi. Implementation of the National Family Planning Blueprint should be monitored at state and facility level, with particular attention to zones with the highest unmet need and maternal mortality.

- vii. Reproductive Health Nurses should receive continuous, competency-based training in non-directive, client-centred counselling, consistent with best-practice standards identified in this review.
- viii. Community-based counselling that directly addresses myths and fear of side effects should be prioritized in rural areas, where misinformation was found to significantly influence contraceptive choice.

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