

Knowledge and Attitude of Family Planning Methods Among Campus Students

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Double Blended Peer-
Reviewed Research Journal
Plagiarism and AI Tested

Date of Submission

March 12, 2026

Date of Acceptance

July 02, 2026

Date of Published

August 07, 2026

Abstracts

Awareness of reproductive health is a crucial factor in fostering informed choice and avoiding unplanned pregnancy among youths. In this research, the level of awareness, perception, and the association between awareness and perception about contraceptive usage among undergraduates at Terhathum Multiple Campus in Nepal were assessed. The research utilized a positivist approach with a descriptive cross-sectional design. Data were gathered from a sample size of 80 participants, drawn from a population of 200 participants using structured questionnaires, and analyzed using descriptive statistics, chi-square tests, and correlation analysis. It was found out that 95 percent of the respondents were aware of at least one form of contraceptive, with education institutions being the main source of information. No significant association was seen between awareness and age, sex, caste, or religion of the respondents ($p > 0.05$). There existed a positive correlation ($r = 0.50$) between awareness and perception, despite some barriers like cultural beliefs, religions, fear, and misconception persisting.

Key words: reproductive health, contraceptive awareness, birth control, youth health, contraceptive, use education

Introduction

Family Planning is one of the key elements of reproductive health, which allows people and couples to decide about their desired number, spacing, and timing of children with the help of informed decisions and proper contraception. Family planning helps immensely in making a significant contribution towards improving the health of mothers and children, minimizing the number of unwanted pregnancies, increasing gender equality, and improving the quality of life. In view of its significance, the International Conference on Population and Development held in Cairo in 1994 declared it as a basic human right (UNFPA, 1996). Family planning is not only essential for individual well-being but also for social and economic development by supporting population management and sustainable development goals.

Family planning is a deal for people all around the world. The United Nations said in 2022 that 874 million women are using modern ways to prevent pregnancy. Even with that there are still about 164 million women who want to plan their families but do not have the means to do so. Family planning is something that a lot of women need and want. It is still a big problem that family planning is not available, to all women who need it. People know more about birth control now than they used to. There are still big obstacles because of the culture, religion and wrong information. Some people also do not have access to these services. In South Asia people are aware of birth control. They do not use it as much as they should. This is because of the rules and the way people think in their culture. Birth control is something that people in South Asia know about. They do not use birth control often due, to the social and cultural rules. Malik et al. (2015) found that the women in Pakistan knew a lot about the ways to plan their families. However the women in Pakistan did not use these family planning methods much. The

reason for this was because of what they believed in when it came to their religion what their family thought and the pressure they got from the people around them.

Nepal has made progress in family planning over the years. The Nepal Demographic and Health Survey (NDHS, 2022) said that the total fertility rate came down from 4.8 children per woman in 1996 to 2.1 in 2022. Also most people now know about contraceptive methods. Still about 21 percent of women do not have access, to the family planning they need (NDHS, 2022). Family planning is helping Nepal. Some women still need it. This shows that just knowing about things is not enough to make people have attitudes and use contraceptives properly. There are still wrong ideas about side effects and things like cultural norms religious beliefs and not having enough information, about reproductive health that affect how people plan their families.

Young people students on campus are a really important group when it comes to studying reproductive health. These students are at a time, in their lives where they are becoming more independent and learning things every day. They are also forming opinions and ideas that will affect the choices they make about health later on. Campus students and young people are going through a lot of changes that will impact their reproductive decisions. Peoples understanding of family planning and what they think about it can really change how they take care of their health and the choices they make about having a family in the future. Family planning is a deal, for people and it affects their reproductive health behavior and the decisions they make about family formation. Peoples understanding of family planning and what they think about it can really change how they take care of their health and the choices they make about having a family in the future. Family planning is a deal, for people and it affects their reproductive health behavior and the decisions they make about family formation.

Previous studies have shown a gap between knowledge and attitudes regarding family planning. They found that there is a big difference between what people know and how they feel about it. According to Renjhen et al. (2009), majority of college students in India were aware of family planning but only few among them practiced contraception. Likewise, according to Gautam et al. (2024), majority of students in Kathmandu were unaware of emergency contraception although they were aware of its existence. They disliked it despite having some information on it. These studies illustrate that mere awareness of family planning does not guarantee knowledge or recognition of it.

The connection between what people know and how they feel about things is backed up by ideas about how people behave, like the Health Belief Model. This Health Belief Model says that people are more likely to do things when they know enough, about them and think they will get something good out of it (Rosenstock, 1974). Most studies about family planning in Nepal look at women (15-49) who are able to have children. They do not look much at young people who are not married and students who go to school. There is not a lot of research on what students in areas and small towns know and think about family planning. Family planning is an issue and we need to know more, about what students think about it. Therefore, this study aims to assess the knowledge and attitudes regarding family planning methods among students of Terhathum Multiple Campus. Specifically, it seeks to analyze students' knowledge of family planning methods, examine their attitudes toward family planning, and determine the relationship between knowledge and attitudes.

Methodology

This study is based on the positivist paradigm. It helps the study to focus on objective measurement and quantitative analysis of the data collected at Terhathum Multiple Campus. The study area at Terhathum Multiple Campus, which's, in Aathrai

Rural Municipality, was selected using purposive sampling. We picked 80 students out of 200 to be in our study. The study used a calculator to make sure we had the right number of students with ensured a 90% confidence level with a $\pm 7\%$ margin of error and a 50% population proportion was applied as a conservative estimate of the students. The Primary and secondary sources of data is used to collect data and Data were analyzed using Frequency, Percentage, Tabulation and correlation.

Data Analysis

Analysis and interpretation of the data gathered will be done in this chapter. Analysis of respondents' demographic profile, awareness, and perceptions about contraception will use frequency, percentages, chi-square tests, and correlation analyses to be able to answer the objectives of the study.

Table 1

Background Characteristic of Respondents

Religion	Number	Percentage
Hindu	50	62.5
Buddha	12	15.0
Kirat	18	22.5
Total	80	100.0
Caste/Ethnicity		
Janajati	34	42.5
Chhatri and Brahmin	35	43.8
Dalit	11	13.8
Sex		
Male	22	27.5
Female	58	72.5
Total	80	100.0
Age		
Less than 20	47	58.8
20-25	27	33.8
25-30	4	5.0

More than 30	2	2.5
Total	80	100.0
Yes	70	87.5
No	10	12.5
Total	80	100.0

Sources: Field Survey, 2082

Knowledge of Family Planning Methods

Knowledge of Family Planning Methods refers to an individual's awareness and understanding of various contraceptive techniques used to prevent unintended pregnancies, plan childbirth, and maintain reproductive health.

Table no.2

Knowledge of Family Planning Methods

	Number	Percent
Yes	76	95.0
No	4	5.0
Total	80	100.0

Sources: Field Survey, 2082

The data shows that a vast majority of respondents (95%) answered "Yes," while only (5%) answered "No."

Table no.3

Knowledge of Family Planning Methods

Name of Family Planning Methods	Number	Percent
Female Sterilization	68	85
Male Sterilization	64	80
Depo	50	62.5
Condom	71	88.8

Pills	71	88.8
Noraplant	41	51.5
Foraming Tablet	20	25.0
IUD	44	55.0
Withdral	40	50.0
Periodc Abstinence	26	32.5

Sources: Field Survey, 2082

The data on awareness or use of family planning methods shows high levels of familiarity with modern contraceptives among respondents. The condom method and the pill are the two most recognized ones with (88.8%) of those questioned recognizing female sterilization (85%) and male sterilization (80%), while common ones are periodic abstinence (32.5%) and foaming tablets (25%).

Table no.4

Means of Knowing Knowledge of Family Planning Method

	Number	Percent
School/ Campus	40	50.0
Social Network	13	16.3
Friends	2	2.6
Health workers	25	31.3
Total	80	100.0

Sources: Field Survey, 2082

From the data, sources of family planning information reveal that schools and universities are the main sources for (50%) of the participants. This is because formal education is an important aspect through which family planning knowledge can be disseminated. The second highest source of family planning information comes from health workers at (31.3%), meaning that the healthcare sector plays an important role in this case. Social networks are the sources of (16.3%) of family planning information, whereas friends are the lowest source at only (2.6%).

Table no.5*Knowledge of family planning by Age of Respondents*

Age	Number		Percent
	Yes	No	
Less than 20	43	4	47
20-25	27	0	27
25-30	4	0	4
More than 30	2	0	2
Total	76	4	80

Sources: Field Survey, 2082

* Result: χ^2 (approx.) = 3.2, df = 3, $p > 0.05$

Out of 80 respondents, 76 answered “Yes” and only 4 “No,” showing a high level of knowledge on family planning methods. Most participants (58.75%) were under 20 years, followed by (33.75%) aged 20–25, all of whom responded “Yes.” The 25–30 (5%) and above 30 (2.5%) groups were few, with all respondents also having knowledge. The χ^2 value is (3.2, df = 3, $p > 0.05$). $p > 0.05 \rightarrow$ We fail to reject the null hypothesis: there is no statistically significant association between age group and knowledge of family planning at the (5%) significance level. Knowledge is high across all age groups.

Table no.6*Knowledge of family planning by Sex of Respondents*

Sex of Respondents	Knowledge of family planning	Knowledge of family planning	Total
	Yes	No	
Male	23	1	24
Female	53	3	56
Total	76	4	80

Sources: Field Survey, 2082

* Result: χ^2 (approx.) = 0.05, df = 1, $p > 0.05$

The data indicates that among 80 respondents, 23 out of 24 males (95.8%) and 53 out of 56 females (94.6%) are knowledgeable about family planning. Chi-square test checks whether sex and knowledge of family planning are independent. $\chi^2 \approx 0.05$ indicates that the observed difference between males and females. The $p > 0.05 \rightarrow$ we fail to reject the null hypothesis: there is no statistically significant association between sex and knowledge of family planning. Sex does not influence family planning knowledge in this sample. Males and females are equally informed.

Table no.7

Knowledge of family planning by Caste of Respondents

Sex of Respondents	Knowledge of family planning	Knowledge of family planning	Total
	Yes	No	
Janajati	33	1	34
Chhatri and Brahmin	32	3	35
Dalit	11	0	11
Total	76	4	80

Sources: Field Survey, 2082

* Result: χ^2 (approx.) = **1.1**, df = **2**, $p > 0.05$ No significant association between caste and knowledge. Awareness is uniform across all caste groups.

The data indicates that among 76 respondents by caste/ethnic groups: Janajati respondents show a high awareness level, with 33 out of 34 individuals (97.1%) knowledgeable about family planning. Notably, all 11 Dalit respondents (100%) are aware of family planning methods. Chi-square test checks whether caste/ethnicity and knowledge of family planning are independent. $\chi^2 \approx 1.1$ is a small value, indicating that the observed differences between groups are minimal. $p > 0.05 \rightarrow$ We fail to reject the null hypothesis: there is no statistically significant association between caste/ethnicity

and knowledge of family planning. Caste/ethnicity does not appear to be a barrier to family planning knowledge in this sample.

Table no.8

Knowledge of family planning by Religion of Respondents

Sex of Respondents	Knowledge of family planning	Knowledge of family planning	Total
	Yes	No	
Hindu	47	3	50
Buddha	12	0	12
Kirat	17	1	18
Total	76	4	80

Sources: Field Survey, 2082

*Result: χ^2 (approx.) = 0.9, df = 2, $p > 0.05$

The data indicates that among 80 respondents, 47 out of 50 Hindu respondents (94%) are knowledgeable about family planning; all 12 Buddhist respondents (100%) have knowledge of family planning; and 17 out of 18 Kirat respondents (94.4%) are aware of family planning methods. The Buddhist respondents demonstrate complete awareness, while Hindu and Kirat respondents also show substantial knowledge levels. Chi-square test checks whether religion and family planning knowledge are independent. The $p > 0.05 \rightarrow$ we fail to reject the null hypothesis: there is no statistically significant association between religion and knowledge of family planning.

Table no.9

Knowledge Available place of Family Planning

	Number	Percent
Health post/ Hospital	67	83.8
Clinic	10	12.5
Shop / market	3	3.8
Total	80	100.0

Sources: Field Survey, 2082

The table of data on sources for obtaining family planning services indicates that the majority of respondents (83.8%) access these services through health posts or hospitals, highlighting the central role of public health institutions, while Clinics serve (12.5%) of the respondents; and small fraction shops or markets of medicine (3.8%).

Table no.10

Knowledge of Free available place of Family Planning Methods

	Number	Percent
Yes	59	73.8
No	21	26.3
Total	80	100.0

Sources: Field Survey, 2082

The table of data shows that (73.8%) of respondents answered "Yes," while (26.3%) answered "No," indicating that a clear majority have knowledge to provide free family planning methods in hospital or government health institute.

Table no.11

Open Discuss About Family Planning Methods in Campus

	Number	Percent
Yes	61	76.3
No	15	18.8
Total	80	100.0

Sources: Field Survey, 2082

The data reveals that (76.3%) of respondents accept the open discuss about family planning methods in campus while (18.8%) responded do not accept open discuss about family planning methods in campus.

Attitude towards Contraceptive Methods

Attitude towards contraception refers to individuals' beliefs, feelings, and perceptions regarding the use of birth control methods. It is influenced by cultural norms, educational level, and accessibility of family planning services, religious beliefs, and personal experiences. Individuals with positive attitudes are more likely to adopt contraceptive methods, whereas those with negative attitudes may hesitate to use family planning services due to misconceptions, fear of side effects, or social stigma (Gautam et al., 2021; Shrestha et al., 2025).

Table no.12

Agree the Family Planning Methods is Needed to Protect Unintended Pregnant

	Number	Percent
Complete agreed	35	43.8
Agreed	24	30.0
Neutral	11	13.8
Disagreed	5	6.3
Completed disagreed	5	6.3

Sources: Field Survey, 2082

The data reflects respondents' levels of agreement on a particuaLr statement, with a majority expressing positive views: (43.8%) completely agreed and (30%) agreed, totaling (73.8%) in overall agreement. A smaller portion (13.8%) remained neutral; while (6.3%) each either disagreed or completely disagreed. This suggests a strong general consensus in favor to protect unintended pregnant, with minimal opposition and a moderate level of neutrality.

Table no.13*Easy discuss about family planning with friends*

	Frequency	Percent
Yes	67	83.8
No	13	16.3
Total	80	100.0

Sources: Field Survey, 2082

The table of data shows that (83.8%) of respondents answered "Yes," while (16.3%) responded "No," indicating a strong majority in favor easy discuss about family planning with friends. This suggests that the subject in question possibly related to family planning awareness, acceptance, or access.

Table no.14*Use of family planning increases the irresponsible sexual activates*

	Number	Percent
Complete agreed	40	50.0
Agreed	35	43.8
Neutral	3	3.8
Disagreed	2	2.5
Completed disagreed	80	100.0

Sources: Field Survey, 2082

The data shows strong agreement with the statement, with (50%) completely agreeing and (43.8%) agreeing, totaling (93.8%) in overall agreement about Use of family planning increases the irresponsible sexual activates. Only (3.8%) remained neutral, and a very small percentage of respondents (2.5%) expressed disagreement.

Table no.15*Problem of Use Family Planning Methods*

	Number	Percent
Expensive	12	15.0
Family/ religion belief	24	30.0
Fear/ Shy	19	23.8
Side effect	15	18.8
Lack of Knowledge	5	6.3
No need of desire	5	6.3
Total	80	100.0

Sources: Field Survey, 2082

From the data, it can be seen that the biggest cause for not using family planning barriers is due to religious or family beliefs (30%). After that come fear/shyness (23.8%) and side effects (18.8%), which indicates that the importance of socio-cultural and psychological elements. There are those who do not use family planning barriers because of costs (15%), but there are others who do so because of ignorance (6.3%). There are also those who do not see the need (6.3%).

Table no.16*The opinions about the student have additional family education for students*

	Number	Percent
Yes	68	85.0
No	12	15.0
Total	80	100.0

Sources: Field Survey, 2082

The results show that (85%) responded "Yes" whereas (15%) said "No". It means that the student has additional education of family planning for students. It also indicates

that the student needs to conduct more awareness activities about family planning among the respondents.

Table no.17

Most effective family planning methods

	Number	Percent
Female Sterilization	50	62.5
Male Sterilization	11	13.8
Dipo	8	10.0
Condom	4	5.0
Pills	5	6.3
Noraplant	2	2.5
Total	80	100.0

Sources: Field Survey, 2082

Based on the data given about the most popular family planning techniques, it can be clearly seen that the most popular one among the surveyed people is the female sterilization, which constitutes (62.5%). The second popular technique is male sterilization, which makes up (13.8%). Other temporary techniques are such as Depo (10%), pills (6.3%), condoms (5%) and Norplant (2.5%), less popular among those who participated in the survey.

Table no.18

Needed easy access of family planning methods for campus students

	Number	Percent
Yes	58	72.5
Access with limitation	18	22.5
No easy access	2	2.5
No knowledge	2	2.5
Total	80	100.0

Sources: Field Survey, 2082

According to the table above, the majority of (72.5%) of the students in the campus believe that easy access is important in demonstrating their support of reproductive healthcare. Another (22.5%) support the idea of easy access but with restrictions, which may suggest some degree of skepticism. There are (2.5%) of the students who do not support easy access, while another (2.5%) are ignorant about this matter.

Correlation Matrix: Socio-Demographic Variables, Knowledge, and Attitude

Correlation	Rvalue	Result
Knowledge vs Attitude	($r = 0.50$)	Moderate positive
Age vs Attitude	($r = 0.30$)	Weak positive relationship
Caste vs Attitude	($r = -0.20$)	Weak negative relationship
Knowledge vs Misconception	($r \approx -0.20$)	weak negative

From the correlation matrix, some of the significant relationships exist. The relationship between knowledge and attitude is moderately positive ($r=0.50$), which implies that people who have more knowledge on family planning tend to be more positively disposed towards family planning. However, there is a weak relationship ($r=0.30$) between age and attitude, meaning that people who are older tend to have positive attitudes towards family planning than those who are young. There is a weak negative relationship ($r=-0.20$) between caste and attitude. Finally, knowledge and misconception exhibit a weak negative correlation ($r \approx -0.20$), meaning that as knowledge increases, misconceptions about family planning slightly decrease. However, the weakness of this correlation indicates that misconceptions persist even among

knowledgeable students, highlighting that information alone cannot eliminate deeply held false beliefs.

DISCUSSION

The study showed that almost all of the people who took part had heard of at least one family planning method. This is similar to what the NDHS (2022), where every Nepali person between 15 and 49 years old knew about family planning methods. The study is also similar, to what Renjhen et al. (2009), where 98 percent of college students knew about family planning methods. The study found that 95 percent of respondents had heard of at least one family planning method, which is a very high number. Family planning methods are important. It seems that many people are aware of them. However, the result is higher than Gautam et al. (2024), who presented insufficient knowledge among the students of Kathmandu. This might be due to different characteristic of sample population.

People know about condoms and pill around ninety percent of them. This is the same as what Malik et al. (2015) found out in Pakistan in 2015. Some people also know about IUDs and Norplant fifty percent of them. Foaming tablets and periodic abstinence are not well known, only about twenty five percent and thirty two and a half percent of people know about them, similar to Renjhen et al. (2009). The main source of information was schools and campuses which accounted for fifty percent. This is similar to what Renjhen et al. found in 2009. Health workers were the source providing information to thirty-one point three percent of people. Friends played a small role at just two point six percent. This is different from studies where friends have a bigger influence and it suggests that there are still strong taboos, around this issue.

Statistical analysis revealed no significant association between knowledge and demographic variables such as age ($\chi^2 = 3.2$, $p > 0.05$), sex ($\chi^2 = 0.05$, $p > 0.05$), caste ($\chi^2 = 1.1$, $p > 0.05$), or religion ($\chi^2 = 0.9$, $p > 0.05$). It means that the level of information concerning family planning is uniformly high among all the student categories in this college, which implies that education has equally distributed knowledge irrespective of the category.

It is amazing that (73.8%) of people feel that family planning prevents pregnancies. It is rather interesting that (93.8%) of people feel that family planning actually results in promiscuous behavior. And this is something which is not supported by the literature on South Asia. Family and religious barriers were some of the obstacles and constituted (30%) of the barriers. Fears and shyness regarding family planning constituted (23.8%) while fears of side affect constituted (18.8%) of the barriers. This is contrary to the findings of Malik et al. (2015).

Results of the correlation analysis showed a moderately positive association ($r = 0.50$) between knowledge and attitude. This implies that individuals with high levels of knowledge concerning the methods of family planning have more positive attitudes towards their adoption. There was a weakly negative correlation between knowledge and misconception ($r \approx -0.20$) implying that increased levels of knowledge minimize misconceptions.

Conclusion

From the results obtained from the study, it is clear that the respondents were very knowledgeable about contraception, with schools, campuses, and health care workers being the primary sources of this knowledge. There was no statistically significant correlation between awareness and various categories like age, gender, caste, and

religion. There is a moderate positive association between awareness and perception implying that awareness leads to better perception. However, misperception, culture, religion, fear, and worries about side effects were still affecting the acceptability of contraceptive use by the respondents. The participants had an impression that contraception will encourage irresponsibility in sexual activities. From these results, it can be inferred that knowledge alone cannot lead to good reproductive health practices. Therefore, higher education institutes and health organizations must improve their reproductive health education and counseling efforts aimed at young people.

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