

# From Evidence to Implementation: A Family Planning Toolkit for Primary Healthcare Providers in Nigeria

K. Abereoje<sup>1</sup>.

<sup>1</sup> Purple Pact Initiative (PPI)

## Introduction

Nigeria has one of the highest fertility rates globally, at 5.1 births per woman [1], with modern contraceptive use remaining low at just 12% among married women. High rates of unmet need, fear of side effects, and persistent myths continue to undermine family planning uptake, particularly in rural and underserved communities where primary healthcare centres are the main point of access.

Despite the availability of global guidance, frontline providers often lack tools that translate policy into practice. Existing resources are not routinely adapted to local contexts, making it difficult for healthcare workers to deliver effective, patient-centered counselling. There is a clear need for culturally relevant, evidence-informed materials that support providers in improving access to and quality of family planning services.

## Objectives

- To identify barriers and enabling factors in family planning service delivery through a targeted literature review focused on low-resource settings.
- To translate evidence into a practical, culturally appropriate toolkit for primary healthcare providers in Nigeria.
- To improve provider capacity to deliver accurate, respectful, and patient-centered family planning counselling at the primary care level.

## Methods

### Targeted Literature Review

A targeted search was conducted across peer reviewed journals and grey literature to identify studies published between 2013 and 2023 on family planning service delivery in low- and middle-income countries, with a specific focus on Nigeria.

### Thematic Analysis

Sources were screened for relevance to provider- level challenges, counselling practices, and patient engagement. A thematic analysis approach was used to extract recurring barriers, enablers, and actionable strategies.

### Toolkit Mapping

Key themes were categorised into domains (e.g. communication, myth clarification, contraceptive selection). Each domain was translated into toolkit components such as structured prompts, decision aids, and method summaries.

### Toolkit Development

Toolkit content was developed using plain, clinically appropriate language, and designed to support real-time use during consultations. Nine contraceptive methods were included, alongside partner involvement guidance.

### Contextual Alignment

Content was reviewed against WHO family planning guidelines and Nigeria's national FP policy to ensure alignment with both global standards and local service delivery realities.

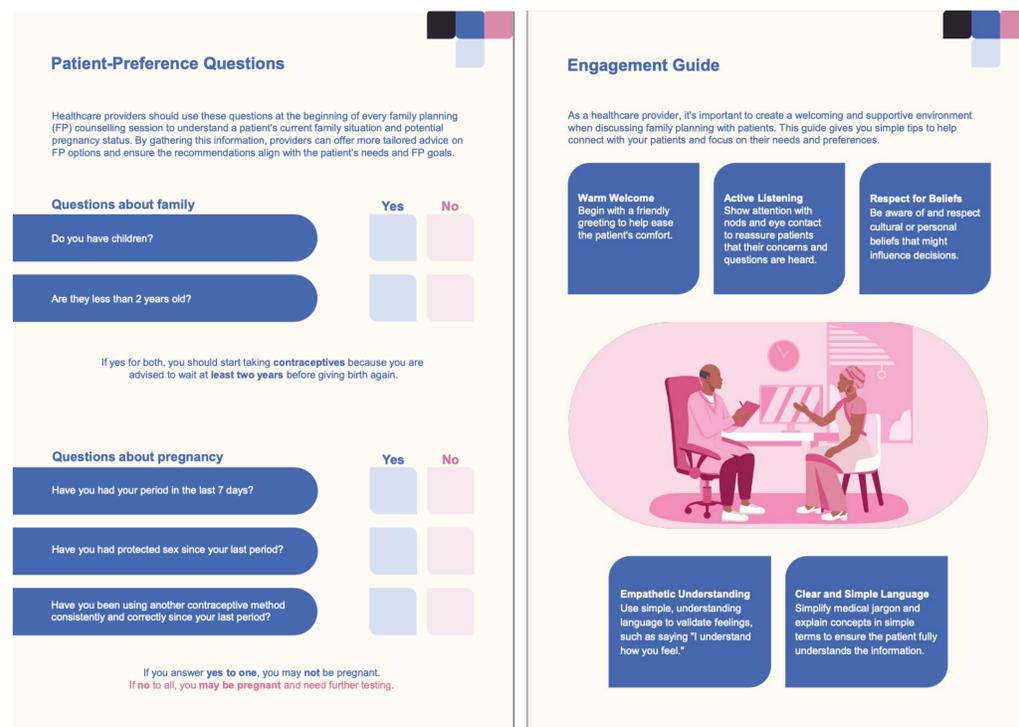
## Results

The literature review highlighted key barriers including provider discomfort with counselling, widespread contraceptive myths, and low adaptation of global guidelines to local contexts. Cultural beliefs and partner influence were also consistent factors affecting uptake. These findings directly informed the design and structure of the toolkit.

The final output was a 45-page family planning toolkit designed for use by primary healthcare providers in Nigeria. The toolkit includes:

- Culturally sensitive patient engagement guides
- Structured questions to assess patient preferences and contraceptive suitability
- Plain-language summaries of nine contraceptive methods
- Myth-busting sections based on commonly held misconceptions
- Visual decision aids and partner engagement guidance

Preliminary feedback from healthcare professionals and public health colleagues indicated high usability and relevance. Respondents noted improved confidence in counselling, greater ease in addressing patient concerns, and potential for integration into training and NGO-led outreach. The toolkit is now being prepared for pilot testing and adaptation for broader use across diverse Nigerian setting



**Patient-Preference Questions**

Healthcare providers should use these questions at the beginning of every family planning (FP) counselling session to understand a patient's current family situation and potential pregnancy status. By gathering this information, providers can offer more tailored advice on FP options and ensure the recommendations align with the patient's needs and FP goals.

**Questions about family**

Question	Yes	No
Do you have children?	<input type="checkbox"/>	<input type="checkbox"/>
Are they less than 2 years old?	<input type="checkbox"/>	<input type="checkbox"/>

If yes for both, you should start taking contraceptives because you are advised to wait at least two years before giving birth again.

**Questions about pregnancy**

Question	Yes	No
Have you had your period in the last 7 days?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had protected sex since your last period?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been using another contraceptive method consistently and correctly since your last period?	<input type="checkbox"/>	<input type="checkbox"/>

If you answer yes to one, you may not be pregnant. If no to all, you may be pregnant and need further testing.

**Engagement Guide**

As a healthcare provider, it's important to create a welcoming and supportive environment when discussing family planning with patients. This guide gives you simple tips to help connect with your patients and focus on their needs and preferences.

- Warm Welcome**: Begin with a friendly greeting to help ease the patient's comfort.
- Active Listening**: Show attention with nods and eye contact to reassure patients that their concerns and questions are heard.
- Respect for Beliefs**: Be aware of and respect cultural or personal beliefs that might influence decisions.
- Empathetic Understanding**: Use simple, understanding language to validate feelings, such as saying "I understand how you feel."
- Clear and Simple Language**: Simplify medical jargon and explain concepts in simple terms to ensure the patient fully understands the information.

## Discussion/Conclusion

Findings from the literature review reinforced that provider confidence, cultural sensitivity, and patient misconceptions remain major barriers to effective family planning counselling in low-resource settings. The toolkit directly responds to these barriers by integrating practical communication strategies and locally relevant content. Further testing is planned to assess effectiveness in real-world clinical settings and inform potential adaptation at scale. This approach demonstrates how targeted evidence can inform actionable tools for improving global health practice.

## Reference

1. UNFPA 2023: World Population Dashboard -Nigeria | United Nations Population Fund
2. National Population Commission, "Nigeria Demographic and Health Survey," 2018

**Project contact:**  
Kehinde Abereoje  
Kehinde@purplepact.org