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A systematic review examines factors influencing the continuity of contraceptive use and the optimization of the family environment by integrating analyses at the individual, community, and sociocultural levels within Bronfenbrenner's Ecological Systems framework

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Abstract

Background

Family planning is crucial for family well-being, human resources, and sustainable development, encompassing family planning, contraceptive use, and social support for continued use. However, there are still gaps in the sustainability of contraceptive use due to dropout rates, due to suboptimal performance of one environment family functions, resulting in suboptimal family planning. Therefore, a comprehensive understanding of the factors, especially family social support, is needed to maintain its sustainability.

Materials and Methods

Using the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA), we conducted a systematic search in ScienceDirect, Scopus, ProQuest, PubMed, and Web of Science databases from January to March 2026. The study design applied inclusive criteria covering individual-level, community-level, and sociocultural-level factors. This review used open-access articles, published between 2018 and 2025, using a combination of keywords: Family planning factors, Contraceptive use factors, Family support factors, Sociocultural factors in family planning, Individual influence on the continuation of contraceptive use, and Factors influencing contraceptive dropout.

Results

Data from 30 selected studies identified important determinants, ranging from the individual to the community, that influence the continued use of contraception. The main factors that can drive this are individual/microsystem factors, including the number of children, education, age, knowledge, and attitudes. At the community-level level, factors such as husband and family support play a significant role. Sociocultural-level determinants include marital dynamics and gender norms, so culturally sensitive strategies are needed.

Conclusion

Improving family well-being begins with good family planning, which can be regulated through sustainable contraceptive use. This requires education, improved service quality to prevent dropout, peer influence, and active support from partners. Collaborative programs among various stakeholders must be aligned to bridge gaps between individual motivations, family support, and the family and social environment, and to ensure the quality of contraceptive services meets established standards, thereby reducing the dropout rate. Therefore, sustainable contraceptive use requires strategies that focus not

only on service provision but also on community-based behavior change. Evaluation, monitoring, and intervention are important steps toward improving family well-being and quality.

Introduction

Suboptimal family planning can affect household and family financial stability, thereby impacting family welfare (Purnamasari, Puspita, and Rikhaniarti 2025). Family planning, particularly through contraceptive services, aims to improve family welfare by regulating the spacing of births or the number of children.(dr. Melkiandri Fanggidae 2024)Regulating birth intervals to 2 to 3 years helps ensure enough time for health recovery before the next birth. (Feyiso et al. 2025)

The family has several important functions for society and environment. One of these functions is reproduction. The reproductive function of the family is to regulate the healthy and planned reproduction of offspring, and therefore, it must be maintained. The children born will become the next generation of quality. The family is a place to develop comprehensive reproductive functions, including healthy and quality sexuality, and sexuality education for children. The family also provides its members with information about matters related to sexuality.(Nurhandayani 2022)

The reproductive function within the family is closely related to reproductive health, which plays a crucial role globally and can impact both individuals and communities. 5. Family planning and contraceptive use are important not only for individual empowerment but also for advancing public health, gender equality, family well-being, and the Sustainable Development Goals.(Haider, Zulfiqar, and Ali Memon 2025)

Family planning practices are global, but adoption of specific methods varies widely from country to country.(Tulchinsky, Varavikova, and Cohen 2023) Contraceptive use plays a significant role in reducing fertility rates, alongside other factors such as marriage and sexual activity, postpartum infertility, and induced abortion. It also reduces the risk of maternal mortality per birth by preventing high-risk pregnancies, such as those in very young or older women, closely spaced births, and high parity pregnancies.(Aryanty et al. 2021) Furthermore, effective family planning is estimated to significantly reduce maternal mortality rates (MMR) across countries, with reductions ranging from 6% to 60% and a global average of 44%. Finally, it positively impacts reductions in infant mortality rates (IMR) and unsafe abortion rates.(Utomo et al. 2021)

Family planning and contraceptive use are fundamental pillars of the reproductive function of the family, offering individuals the autonomy to make informed decisions about their reproductive lives. (Anbesu, Aychiluhm, and Alemayehu 2022) The benefits of effective family planning extend beyond individual well-being to include broader social benefits such as reduced maternal and child mortality, increased educational opportunities, and poverty reduction, thus achieving family well-being.(Cavallaro et al. 2020; Jacobs 2022) Despite these compelling reasons, gaps in family planning through contraceptive use persist due to high dropout rates, necessitating a comprehensive examination of the contributing factors.

Involving couples, especially husbands and other influential individuals in the community, in family planning initiatives and services will contribute to building support for continued contraceptive use, rather than focusing solely on women.(Ontiri et al. 2021) Individual learning occurs within a family and social environment, and Bronfenbrenner's ecological theory (Bronfenbrenner 1977) states that human development is influenced by five interrelated environmental systems, ranging from the immediate environment to the broader culture. The five systems are the microsystem (family/school), mesosystem (interactions between microsystems), exosystem (indirect environment), macrosystem (culture/law), and chronosystem (time/change).

This research has identified factors at the individual, community, and sociocultural levels that influence ongoing contraceptive use (Bronfenbrenner 1977; Costenbader et al. 2019; Dahlberg and Krug 2002; Holt et al. 2024; Shakya et al. 2021). This study is crucial for public health, families and family members, family environment, reproductive health as a family function, and human resource development. Through a rigorous systematic review, we sought to gain a comprehensive understanding of the complex factors that can guide family planning and contraceptive continuation to prevent dropout, encompassing the individual, community, and sociocultural levels. The aim of this study was to comprehensively understand the complex factors influencing family planning and contraceptive continuation, highlighting determinants at the individual-level, social and family environment (mesosystem/exosystem), and cultural (macrosystem) levels.

Conceptual framework

A framework (Figure 1), alongside the socio-ecological model (Bongaarts and Watkins 1996; Stephenson et al. 2007) and models proposed (Challa et al. 2020), (Costenbader et al. 2019), and (Shakya et al. 2021), identifies factors at the individual-level, community-level, and sociocultural-level that may influence and contribute to ongoing contraceptive use (Bronfenbrenner, 1977; Challa et al., 2018; Costenbader et al., 2019; Dahlberg and Krug, 2002; Holt et al., 2024; Shakya et al., 2021). At the individual-level, women differ in their preferences for contraceptive methods, such as concerns about side effects, privacy of use, and effectiveness, as well as other factors that may influence continued contraceptive use, including age, education level, socioeconomic status, and religion.

At the interpersonal or individual-level, relationships with individuals who have experience using various contraceptive methods are highly influential. Women often draw upon their friends' experiences with specific methods, which can reduce uncertainty regarding available options and offer essential informational support for continued contraceptive use(Bongaarts and Watkins 1996). Additional factors such as family or partner involvement, women's autonomy, participation in household decision-making, the quality of the couple's relationship, and differing perspectives on reproductive health also significantly affect sustained contraceptive use.

Communities influence family planning through the establishment of social norms related to sexual activity, fertility, and contraceptive behavior, as well as religious and cultural expectations. These factors

support the sustained use of contraception for family planning (Challa et al. 2020; Stephenson et al. 2007). Additionally, communities serve as sources of accurate information about reproductive health behaviors, including contraceptive use, effectiveness, side effects, and other relevant features (Comfort et al. 2026).

At the sociocultural-level, factors such as political, socio-cultural, health, and economic policy support, community-based family planning, proximity to health care facilities, availability of high-quality sexual and reproductive health services, and access to a range of contraceptive methods are critical for sustaining contraceptive use (Comfort et al. 2026; Stephenson et al. 2007).

Materials and Methods

The systematic review adhered to established guidelines based on the PICOS framework to determine study inclusion and exclusion. The inclusion criteria encompassed diverse groups, including couples, families, friends, neighbors, relatives, health workers, and family planning cadres, with a particular focus on family empowerment and interventions involving husbands. Studies were excluded if they did not involve families, couples, friends, relatives, or the social environment, or if they focused exclusively on family planning. Eligible study designs included quantitative, mixed-methods, and qualitative research, whereas journalistic articles, commentaries, and case studies were excluded.

Articles included in this review were freely available and published between 2018 and 2025. Reports from a single location, duplicate articles, and those with limited content were excluded. The study systematically and rigorously examined the available literature in accordance with PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines. The objective was to provide a comprehensive overview of the complex and interrelated factors influencing continued contraceptive use, including individual, community, and sociocultural determinants. Adherence to the PRISMA checklist ensured a transparent and robust process, thereby enhancing the reliability of the findings. The systematic review applied clear inclusion and exclusion criteria based on the PICOS framework. Eligible studies included various groups such as couples, families, friends, neighbors, relatives, health workers, and family planning cadres, with particular attention to family empowerment and interventions involving husbands.

Studies were excluded if they did not involve families, couples, friends, relatives, or the social environment, or if they focused solely on family planning. Quantitative, mixed-methods, and qualitative studies were included, whereas journalistic articles, commentaries, and case studies were excluded. Only articles that were freely available and published between 2018 and 2025 were considered. Reports from a single location, duplicate articles, and those with limited content were also excluded. This review systematically and rigorously examined the available literature in accordance with PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines. The objective was to provide a comprehensive overview of the complex and interrelated factors influencing continued contraceptive use, including individual, community, and sociocultural determinants. Adherence to the PRISMA checklist

ensured a transparent and robust review process, thereby enhancing the reliability and validity of the findings.

A comprehensive literature search was performed using five major databases: ScienceDirect, Scopus, Web of Science, PubMed, and ProQuest, for the period from December 2025 to March 2025. The search strategy utilized systematically developed keyword combinations, including terms such as “Determinants of family planning,” “Effect of family planning on family well-being,” “Individual-level influences on family planning,” “Determinants of family planning decisions,” “Factors influencing contraceptive choice,” “Social-environmental-level factors in family planning,” “Community impact on family planning,” “Environmental influences on contraceptive use,” “Community determinants of family planning behavior,” “Local factors in family planning choices,” “Sociocultural environmental factors in family planning,” “Cultural influences on contraceptive use,” “Social norms and family planning decisions,” “Sociocultural determinants of family planning behavior,” and “Role of husband/partner in continued contraceptive use.”

A systematic methodology was employed in this study, utilizing the PRISMA 15 flowchart and checklist. The use of predefined keywords yielded an initial total of 1001 articles, including 166 from Scopus, 234 from ScienceDirect, 375 from ProQuest, and 226 from PubMed.

Duplicate articles were identified based on their names and titles and subsequently removed. Abstracts were then reviewed and screened by seven independent reviewers, with inclusion and exclusion criteria applied to ensure consistency with the research objectives. Following this, data extraction was conducted for articles meeting these criteria, systematically recording key details such as year of publication, author, country, objectives, research design, methods, instruments, interventions, and results. A rigorous evaluation process resulted in the selection of 30 articles for inclusion in the study, ensuring alignment with the research objectives and predetermined criteria [Figure 2].

Ethical Considerations

Maximum care was taken to avoid bias in analyzing the data obtained from the articles. Excessive publication and plagiarism were strictly avoided. Researchers ensured that manuscripts were free from all forms of plagiarism, presenting analytical results honestly and accurately without falsifying or manipulating data for their own benefit.

Study Characteristics

A total of 30 studies were explored in this systematic review to collectively identify factors influencing continued contraceptive use. These studies exhibited considerable diversity, particularly in key variables, participants, and study designs, allowing for a multifactorial exploration of the research topic. Study designs included secondary data analysis, in-depth qualitative interviews, quasi-experimental, cross-sectional, and retrospective studies. The factors identified provided diversity, facilitating the achievement of the research objectives.

The participant population in this study is diverse, including married women, postpartum mothers, women of reproductive age, men and their partners, friends, neighbors, relatives, and clients receiving family planning services. Participants reside in both urban and rural areas. This broad sample provides a comprehensive perspective on family planning and the sustainability of contraceptive use across various demographic groups and regions. Additionally, the inclusion of participants ranging from adolescents to adults further enhances the scope of the review.

Research conducted across countries such as Gambia, Nigeria, Ethiopia, Burkina Faso, Malawi, Kenya, Uganda, Madagascar, Tanzania, Fiji, South Africa, Pakistan, India, Bangladesh, Laos, Nepal, and Indonesia offers a multicultural perspective on factors influencing the sustainability of family planning programs through contraceptive use. The studies utilized diverse data collection methods, including multi-sector surveys, in-depth interviews, focus group discussions, and analysis of pre-existing data, thereby providing comprehensive qualitative and quantitative insights [Table 1].

Results and Discussion

This systematic review, conducted in accordance with the PRISMA checklist, offers a comprehensive overview of factors influencing the sustainability of contraceptive use as reported in relevant literature from diverse regions. Thirty studies from multiple countries were identified and synthesized, contributing to a nuanced understanding of determinants affecting family planning and continued contraceptive use. The included studies demonstrated considerable heterogeneity in participant demographics, key variables, and methodological approaches, which facilitated a multifaceted analysis of the topic. Study designs encompassed secondary data analyses, qualitative and in-depth interviews, retrospective studies, quasi-experimental designs, and cross-sectional analyses. This methodological diversity enabled a thorough examination of the various factors involved. Study participants represented a broad spectrum, including married women, men, women of reproductive age, postpartum mothers, and clients receiving family planning services in both rural and urban settings.

This study provides a comprehensive analysis of family planning programs by examining participant groups of diverse ages and from various regions. These groups, comprising adolescents and adults from countries including Indonesia, India, Pakistan, Laos, Nepal, Bangladesh, Nigeria, Burkina Faso, Ethiopia, Gambia, Kenya, Malawi, Fiji, Niger, Tanzania, Uganda, Madagascar, and South Africa, enable the identification of key determinants influencing the sustainable use of contraceptives. Employing multiple data collection methods, including both quantitative and qualitative approaches, further broadens the review's multicultural scope [Table 1].

The studies in this analysis examine independent variables such as age, knowledge of contraceptive methods, education, wealth, employment, access to health care, and social influences from partners, relatives, friends, and family. Dependent variables include intention and continued use of contraception, client satisfaction, postpartum family planning use, unmet need, and contraceptive use by couples of childbearing age.

This study focuses on two areas: the sustainability of contraceptive use and client satisfaction with family planning services. It explores the role of family environments and couples, especially men, in family planning programs. The study also considers cultural values and societal norms that can influence contraceptive decision-making [Table 1]. Grouping follows Bronfenbrenner's five ecological theory systems(Bronfenbrenner 1977), and is modified into three ecological levels in human development [Table 2].

Table 1 presents the findings from the articles, which were then synthesized and described. Table 2 summarizes the determinants that can explain the relationship between variables to gain a deeper understanding. The grouping of categories follows the Bronfenbrenner ecological theory approach, (Bronfenbrenner 1977) which is divided into three groups: individual-level, mesosystem/axosystem, and sosiocultural/macrosystem. This can improve the clarity of the results and advance science in this field.

Determinants factor

The systematic review is organized into three distinct levels of analysis: the individual level, the community or axosystem level, and the sociocultural level. These categories demonstrate the range of factors identified in the selected studies, providing a comprehensive perspective. At the microsystem level, the review addresses inherent personal attributes, then sociodemographic variables, and behaviors. A comprehensive breakdown of the distribution of wealth,(Asif et al. 2021; Comfort et al. 2026; Osuafor, Akokuwebe, and Idemudia 2023; Wasswa, Kabagenyi, and Ariho 2021) age,(Adane et al. 2023; Akamike et al. 2020; Asif et al. 2021; Barrow, Jobe, and Okonofua 2020; Bhushan et al. 2021; Chanthakoumane, Maguet, and Essink 2020; Comfort et al. 2021, 2026; Osuafor et al. 2023; Sedlander et al. 2021; Wasswa et al. 2021) and education,(Abraha, Belay, and Welay 2018; Akamike et al. 2020; Asif et al. 2021; Assefa et al. 2021a; Ayu, Sofiana, and Amaliah 2019; Bado, Badolo, and Zoma 2020; Barrow et al. 2020; Bhushan et al. 2021; Chekole et al. 2019; Comfort et al. 2021, 2026; Osuafor et al. 2023; Sedlander et al. 2021; Wasswa et al. 2021) along with knowledge (Abraha et al. 2018; Ayu et al. 2019; Bado et al. 2020; Chekole et al. 2019; Efendi et al. 2023; Kriel et al. 2023; Mulatu et al. 2022) on how to plan a family with continued use of contraception for optimal health outcomes. Factors such as religious beliefs,(Abdi et al. 2021a; Adane et al. 2023; Akamike et al. 2020; Asif et al. 2021; Assefa et al. 2021a; Comfort et al. 2026; Imtishal and Mohammadnezhad 2021; Mulatu et al. 2022; Sedlander et al. 2021) desire for additional children,(Adane et al. 2023; Barrow et al. 2020; Comfort et al. 2026; Sedlander et al. 2021) and experiences of childbirth after termination(Adane et al. 2023) were also significant in [Table 1]. In family planning, the sustainability of consistent contraceptive use behavior is influenced by various factors, including education, age, and knowledge at the individual-level level, as well as attitudes and beliefs (Abdi et al. 2021a; Asif et al. 2021; Assefa et al. 2021a; Bhushan et al. 2021; Challa et al. 2020; Kriel et al. 2023; Mulatu et al. 2022; Muluneh et al. 2021; Sedlander et al. 2021).

Table 1: Study's characteristics findings

S. No.	Author(s), year	Country	Study design and Participants	Outcome
1.	Abate and Tareke, 2019 (Abate and Tareke 2019)	Ethiopia	A cross-sectional study of women aged 15 to 49 years in Ethiopia who are not currently pregnant, are fecund, and are sexually active.	The main findings of this study emphasize the complex interplay between individual-level, community-level, and sociocultural-level factors in shaping continued use of contraception in Ethiopia. These findings suggest that effective family planning programs must adopt a multifaceted approach that addresses economic empowerment, regional disparities, cultural beliefs, and alternative communication channels. Such an approach can promote contraceptive use and improve reproductive health outcomes in the country.
2.	Abay *et al*., 2022(Abay et al. 2022)	Ethiopia	A cross-sectional study 477 clients are receiving FP services at healthcare facilities.	In summary, this evaluation outlines various of individual-level, community-level, and sociocultural-level factors that influence continued use of contraception in Ethiopia. The findings highlight the complex interplay among economic, demographic, cultural, and geographic factors that influence family planning behaviors. Effective improvement of family planning (FP) programs requires consideration of these diverse elements and the development of targeted interventions and policies to promote contraceptive use, thereby enhancing reproductive health outcomes in Ethiopia.
3	Abdi et al., 2021(Abdi et al. 2021b)	Kenya	An in-depth interview and focus group were	Overall, the study highlights the intricate interplay between individual-level,

			conducted with 54 adult men from Lamu and Wajir Counties, Kenya's communities.	community-level and sociocultural-level variables in shaping men's attitudes to and opinions on FP. By recognizing these factors, we can develop culturally appropriate methods for engaging men positively, challenging negative social norms, and encouraging FP in these communities. It also emphasizes the importance of individualized interventions that consider educational, health status, cultural attitudes, and religious factors that impact FP decisions made by men in similar environments for the continued use of contraception.
4	Abera et al., 2023(Abera et al. 2023)	Ethiopia	Involved the cross-sectional, sampling of 576 women reproductive age group, attending Public healthcare facilities in Dire Dawa, Ethiopia	Overall, the findings of this study suggest that addressing individual-level, community-level and sociocultural-level factors is crucial for improving the quality of contraceptive services provided by providing free birth attendants (FP) and encouraging more people to continue using contraception. Strategies that address these factors are more likely to enhance FP outcomes and client satisfaction.
5	Abraha *et al*., 2018(Abraha et al. 2018)	Tigray region, Ethiopia	A community study of 604 postpartum mothers in Aksum, Ethiopia involved cross-sectional interviews.	The research indicates that various individual-level, community-level, and sociocultural-level factors are essential in determining the effectiveness of FP interventions and programs so that the continuity of contraceptive use can be maintained. Additionally, To promote contraceptive intentions and adoption among postpartum women in the community, effective strategies must consider factors such as education

				levels, healthcare accessibility, spousal approval, and knowledge sharing.
6	Adane *et al*., 2023(Adane et al. 2023)	Ethiopia	A study conducted retrospectively involved 472 mothers who vaccinated their babies for the first time to measles.	To put it briefly, a variety of factors, including age, counseling, abortion history, desire for additional children, sexual activity, and the status of the previous pregnancy, are highly influential in determining postpartum FP initiation. The decisions are also influenced by sociocultural-level factors, including the support of an spouse, religious beliefs and sources of information. However, While community-level/microsystem determinants are not the primary focus of this study, they can still be used to contextualize FP behaviors in contexts where such conditions are prevalent. These findings suggest the need for individualized reproductive health (FP) programs that address individual-level, community-level, and sociocultural-level factors to promote contraception for the continued use of contraception and enhance maternal and child health outcomes.
7	Akamike et al., 2020(Akamike et al. 2020)	Nigeria	A quasi-experimental study involving 484 married women of reproductive age in rural communities of Ebonyi State.	This study highlights the complex interplay of individual-level, community-level, and sociocultural-level factors that influence family planning (FP) and continued use of contraception. While education, age, and partner support are positively associated with the use of contraceptives, strong religious and cultural beliefs, economic considerations, and gender norms serve as barriers. Addressing these complex

				factors is essential for developing effective family planning programs that respect local values and enable individuals to make informed decisions regarding their reproductive health.
8	Amuzie et al., 2022(Amuzie et al. 2022)	Southeastern Nigeria	The research involved 588 males aged 15-59 who lived in urban and rural areas for 6 months.	The findings underscore the complex and multifaceted nature of male involvement in family planning (FP), including the dynamic interplay among the individual or microsystem, the community or mesosystem, and sociocultural or macrosystem factors. Programs aiming to enhancing male participation in family planning should consider determinants that promote sustained contraceptive use and prevent discontinuation.
9	Asif et al., 2021(Asif et al. 2021)	Pakistan	The study of 12,113 married women and men in Pakistan who are still undergoing reproduction includes secondary data.	Its results highlight the complexity of factors that affect both contraceptive use and reproductive health.' Individual facets such as age, education level, wealth, and job position are linked to sociocultural elements like religious convictions, spousal attitudes, or decision-making power in relationships. Identifying specific factors that impact each culture requires tailored interventions to address these variables. Efforts to decrease unmet need for FP should encompass not only individual-level of education and awareness raising, but also cultural-level/macrosystem initiatives endeavors that seek both gender equality and the empowerment of women in decision-making processes for the

				continued use of contraception.
10	Assefa et al., 2021(Assefa et al. 2021b)	Ethiopia	Cross-sectional analysis of 365 men living in urban kebeles and 364 as farmers in rural areas of Kondala District, Ethiopia.	It reveals how many factors contribute to the variation in both contraceptive use and reproductive outcomes. The education, desired family size, and attitude are significant factors that impact the individual-level. Community-level involvement, access to healthcare, and peer influence are all community-level factors. Sociocultural-level influences involve religious and cultural values, gender roles, and spousal communication. Personalized interventions and community outreach are key to successfully promoting FP and for the continued use of contraception by targeting specific determinants.
11	Ayu et al., 2019(Ayu et al. 2019)	Indonesia	A cross-sectional survey was conducted with 94 individuals who are the spouses of couples of reproductive age.	To sum up, the research conducted in Randusanga Kulon Village demonstrates that individual-level factors, such as husbands' education and knowledge, are crucial in determining their participation in personal finance. This study demonstrates that the education and awareness programs to the continued use of contraception are crucial for males.
12	Bado *et al*., 2020(Bado et al. 2020)	Burkina Faso, Africa	29 adult men and 23 married women, with or without children, were interviewed qualitatively in two regions of Burkina Faso.	The research demonstrated a multifaceted interaction of personal, social, and sociocultural factors that affects both FM and contraceptive use in Burkina Faso. Additionally, Individual-level and community level/mesosystem obstacles included a lack of knowledge, negative

				attitudes, side effects, cultural norms/macrosystem, and men's concerns about infidelity. Addressing these barriers may involve promoting education, encouraging spousal communication to reduce infertility, and increasing the participation of men in contraceptive methods for the continued use of contraception.
13	Barrow et al., 2020(Barrow et al. 2020)	Gambia	A cross-sectional study 10,233. Women aged 15–49 years.	The study reveals that age, the number of live children, desired family size, and partner's wishes for children are significant factors affecting unmet FP needs among women in Gambia. Additionally, the place of residence and local variations are considered community-level/microsystem factors. Differences in social circumstances, such as ethnicity and religion, can lead to unmet FP needs. The following factors should be considered in interventions that target unmet FP needs. Efforts should be directed towards education and awareness campaigns for younger women, dispelling myths about birth control, and encouraging partners to participate in FP decision-making for the continued use of contraception. In Gambia, specific interventions that are tailored to local and sociocultural/macrosytem factors can reduce unmet FP needs.
14	Beaujoin et al., 2021(Beaujoin et al. 2021)	Burkina Faso	A cross-sectional study involved 35 women of reproductive age in Burkina Faso, including their spouses and	In summary, these results highlight the intricate nature of factors that affect personal/microsystem, community-level, and sociocultural-level aspects of FP and contraceptive

			community leaders.	use in rural Burkina Faso. The interplay between these factors influences women's self-determination and decision-making regarding reproductive health and FP. Evaluation of interventions that improve family planning practices by ensuring continued use of contraception should consider not only financial constraints but also socio-cultural/microsystem factors and power dynamics within the household.
15	Challa et al., 2022(Challa et al. 2020)	Nigeria	The study employed a mixed approach that involved studying the decisions and behaviors of 237 men who married teenage girls in Dosso, Niger. They also examined 157 influential network members.	Overall, this study highlights the importance of social networks and social contacts in men's attitudes and behaviors towards family planning and continuation of contraceptive use. By participating in FP interventions, participants can influence the dynamics of their own lives/microsystem and those of others around them/mesosystem, potentially leading to more positive attitudes and behaviors. A more extensive study with larger sample sizes and longitudinal data is suggested to better comprehend the long-term effects of changing norms on social relationships and FP outcomes.
16	Chanthakoumane et al., 2020(Chanthakoumane et al. 2020)	Laos	A study was conducted on 200 married couples in Savannakhet Province, Lao PDR, using a mixed approach.	In essence, the impact of individual-level factors such as age and income, as well as sociocultural-level variables such as gender roles and communication within couples, is very significant in determining family planning participation and continued contraceptive use. Variations in healthcare accessibility and cultural norms may

				have contributed to the influence of community-level/mesosystem factors, such as district or ethnicity. The results indicate that FP practices are subject to the intricate interplay of personal/microsystem, community-level, and sociocultural-level factors, which requires focused efforts to address these influences.
17	Chekole et al., 2019(Chekole et al. 2019)	Ethiopia	The study included 418 married women from pastoral communities in Afar who were randomly chosen.	This study emphasizes the significance of individual-level/microsystem knowledge, community-level participation, and sociocultural-level factors that shape family planning (KB) by continuing to maintain the continuity of contraceptive use and the involvement of husbands in pastoralist communities. To enhance FP outcomes, interventions should take these determinants into account and customize their strategies accordingly. This includes implementing community-based education and awareness programs, addressing gender dynamics, and respecting cultural beliefs and practices.
18	Efendi et al., 2023(Efendi et al. 2023)	ASEAN	A study of secondary data involving married women aged 15-49.	Essentially, the outcomes demonstrate how challenging the mechanisms for FP and contraceptive adoption in ASEAN nations. The use of contraceptives is heavily influenced by individual-level factors, including women's involvement in the labor force and their level of knowledge about it. Nonetheless, community-level/mesosystem factors, such as household decision-making dynamics and sociocultural norms related to gender roles and violence, also hold weight.

				These various factors must be considered by policy makers and program planners when designing and implementing strategies to maintain the sustainability of family planning programs and empower women in these situations.
19	Imtishal and Mohammadnezhad, 2021(Imtishal and Mohammadnezhad 2021)	Fiji	Ten male partners of expectant mothers and healthcare providers participated in a qualitative focus group discussion.	Individual-level factors, including personal/microsystem beliefs and experiences, interact with community-level/mesosystem aspects, such as the quality of counseling and men's involvement, as well as sociocultural-level influences like religious norms and cultural beliefs. A comprehensive understanding of these factors is crucial for developing effective and sustainable family planning programs and interventions that promote sustained contraceptive use and address the specific challenges faced by individuals and communities across diverse contexts.
20	Kriel et al., 2023(Kriel et al. 2023)	KwaZulu-Natal, Africa	An in-depth and qualitative interview was conducted with 103 couples in the Thekwini District, KwaZuluNatal Province of South Africa along mitigating 16 health care providers and key informants.	Attitudes and behaviors regarding family planning and contraception (FP/C) use are influenced by individual-level factors, including knowledge, side effects, and fertility preferences. Community-level/mesosystem determinants encompass the presence of supportive male peers and prevailing gender norms. Sociocultural-level influences involve issues of ownership, control, physical abuse, and the covert use of FP/C strategies, as reported by healthcare providers and key informants. Identifying these determinants is essential for developing

				effective family planning interventions and programs that support the sustained use of contraceptives in South Africa.
21	Mulatu et al., 2022(Mulatu et al. 2022)	Eastern Ethiopia	In Eastern Ethiopia, 577 married men were randomly selected from rural districts in a cross-sectional study.	The impact of personal level factors like knowledge, spousal contraceptive use, involvement in decision-making, and attitudes on male participation in family planning (FP) is significant. FP decisions are also affected by sociocultural factors, including religious and ethnic norms, spousal communication, and the husband's approval. This study didn't specifically focus on community-level factors, but they can still have an impact on FP behaviors, particularly access to services and information. To maximize male participation in family planning as social support by maintaining the continuity of contraceptive use, interventions must take into account these disparities at the individual-level, community-level, and sociocultural-level levels.
22	Muluneh et al., 2021(Muluneh et al. 2021)	Western Ethiopia	A qualitative research study involved interviewing 746 women who were married and had reproductive-age partners in the Jimma Zone of Western Ethiopia.	In general, the research highlights the intricate interplay between individual-level, sociocultural-level, and sociocultural-level factors that impact both FP and contraceptive usage. Women's empowerment in decision-making, access to information and healthcare facilities, as well as reducing negative attitudes towards violence, are all key factors that promote the use of FP. Factors such as partner characteristics and demographic factors also contribute to the dimensions of women's

				empowerment and continued contraceptive use. These findings highlight the importance of comprehensive interventions that address a variety of factors to enhance FP and reproductive health in the context studied.
23	Negash et al., 2023(Negash, Eshetu, and Asmamaw 2023)	Sub-Saharan Africa	An analysis of 178,875 women who were still pregnant using multiple-level methods.	To sum up, this research offers valuable insights into the factors that influence the desire of women in sub-Saharan Africa to use contraceptives during reproductive age. The research highlights the necessity of incorporating sociocultural-level factors, as well as personal beliefs, into FP programs and interventions to increase intention and sustainability of contraceptive use.
24	Osuafor et al., 2023(Osuafor et al. 2023)	Malawi and Tanzania	A cross-sectional study included 7478 men from Malawi and 3514 men from Tanzania, all aged 15 to 54 years.	The findings demonstrate that individual-level factors, such as age, education, access to information, and religion, along with community-level factors like place of residence and sociocultural-level factors such as wealth status, significantly influence male involvement in family planning (FP) decisions. Consequently, FP programs and interventions should be designed to address these determinants to improve male engagement in FP and support sustained contraceptive use. These determinants can vary across different contexts and regions, highlighting the need for targeted interventions that account for local characteristics and beliefs. Additionally, addressing sociocultural-level factors and advancing gender equality are critical for

				increasing male involvement in FP decisions. In summary, this study provides valuable insights into the determinants of male participation in FP.
25	Pradhan and Mondal, 2023(Pradhan and Mondal 2023)	Bangladesh, India, Nepal, and Pakistan	Research conducted on secondary data of married women aged 15-49 from four South Asian countries.	To sum up, the research highlights the intricate interplay of personal, collective, and sociocultural-level factors that shape contraception among women in South Asia. The need for FP is brought to the forefront by it. Programs and initiatives are designed to take into account multiple factors when developing strategies to improve the access of women to contraceptives in their local areas. Furthermore, improving family planning while maintaining the sustainability of contraceptive use in South Asia requires consideration of the impact of mothers-in-law on the family and advocacy for women's empowerment within the household.
26	Wasswa et al., 2021(Wasswa et al. 2021)	Uganda	The 2016 Uganda Demographic and Health Survey which comprised of 8671 married women aged 15–49 years.	The findings indicate that both individual-level and community-level factors significantly influence contraceptive use among married women in Uganda. Investment in community-based programs, including family planning counseling services, mass media campaigns, and community mobilization activities, is essential to disseminate family planning information, raise awareness, and promote contraceptive use. Additionally, expanding access to higher education and improving family planning services in regions with limited health facilities are likely to support sustained

				increases in contraceptive use and reduce discontinuation rates.
27	Comfort et al., 2021(Comfort et al. 2021)	Madagascar	The study sample was drawn from 27 randomly selected villages out of a total of 80. Data collectors enumerated all men aged 18 years and older who consented to answer questions about family planning (FP).	Men's involvement in family planning (FP) decision-making at the individual level, supported by health care providers or community-level social groups such as friends and family members, significantly influences the continued use of contraception among couples. Reliance on health care providers, representing the sociocultural-level, is particularly important in supporting contraceptive decision-making.
28	Sedlander et al., 2021(Sedlander et al. 2021)	Kenya	The study sample consisted of 918 men and women aged 15 to 49 years who were currently married or cohabiting with a partner.	Research findings demonstrate that social beliefs within an individual's social network (sociocultural-level) exert a greater influence on contraceptive use decisions than the individual's personal beliefs (individual-level). These results confirm that low contraceptive adherence is shaped not only by access and service quality, but also by social constructs, community norms (community-level), and prevailing perceptions of reproductive health within the community.
29	Bhusan et al., 2021(Bhushan et al. 2021)	Malawi	Data were collected from adolescent girls and young women aged 15–24 years in Malawi. The study sample included 942 participants.	No significant associations were found between contraceptive communication, macrosystem-level social norms, and condom use among older women within family, peer, and partner contexts (sociocultural-level). These findings highlight the need to consider social relationships when developing future family planning interventions. Interventions that promote

				interpersonal communication about contraception at the microsystem level and target peer-based descriptive norms may more effectively influence contraceptive use intentions.
30	Confort et al., 2026(Comfort et al. 2026)	Rural Uganda	This socio-centric longitudinal study collected data every two years across three survey waves, resulting in a sample of 2,217 individuals.	Women acquire knowledge about various contraceptive methods through interactions within their social networks (sociocultural-level). The exchange of information, advice, support, and norms regarding contraceptive use within these networks is essential for sustaining contraceptive practices. These findings indicate the importance of involving social networks in interventions designed to help women achieve their reproductive goals. Additionally, the context in which social norms surrounding fertility and contraception diverge from women's personal preferences (individual-level) may influence the dynamics of these networks. The broader social network, particularly other women such as friends, mothers, mothers-in-law, and sisters (community-level), also plays a significant role in providing information, advice, and support for decisions related to continued contraceptive use.

Table 2: Summary of determinants based on included studies

Individual-level	Community-level	Sociocultural-level
• Age	• Access to Health Services	• Attitude toward Modern Methods
• Age at Cohabitation	• Care Ethnicity	• Awarenes
• Antenatal care	• Community education	• Community exposure FP
• Attitude	• Community health worker	• Cultural Norms
• Awareness	• Community Participation	• Exposure to Mass Media
• Behavior	• Community Perceptions	• FP* Counseling by Health Extension Workers
• Believes Family Planning	• Community poverty	• FP* Discussion with Husbands
• Convenience of Facility Opening Hours	• Community Support	• Gender Norms
• Desire for More Children	• Community-level Poverty	• Health Care Provider
• Education	• Covert Contraceptive Use	• Husband’s Approval
• Experience of Terminated Pregnancy	• Cultural Beliefs	• Husband’s Support
• Exposure to FP* Messages	• Cultural Norms	• Information Sources
• Fear of Infidelity	• Distance to Health Facilities	• Men’s Involvement
• History of Abortion	• District	• Opening FP* Services to Men
• Household Size	• Network beliefs	• Religion and Ethnicity

- Husband’s Occupation
- Income
- Knowledge
- Labor Force Participation
- Lifetime Sexual Partner
- Maintained Privacy
- Marital Status
- Mother-in-Law Influence
- Negative Beliefs
- Number of Living Children
- Occupation
- Parity
- Partner Involvement
- Perception
- Previous Family Planning Failure
- Religious Beliefs
- Resumed and Frequency of Sexual Intercourse
- Side Effect
- Partner
- Peer Influence
- Place of Residence
- Polygamour Marriages
- Preferences Religion
- Region
- Religious
- Short Waiting Time
- Social Norms
- Utilization of Postnatal
- Religious Denominational Influence
- Social Norms
- Spousal Communication
- Spousal Dynamics

- Status of Last Pregnancy
- Wealth Quintile
- Woman's Age

*FP=Family Planning

The examination subsequently moved to the level of the community-level, including the incorporation of geographical elements like location and domicile,(Abate and Tareke 2019; Barrow et al. 2020; Comfort et al. 2021; Osuafor et al. 2023; Pradhan and Mondal 2023; Wasswa et al. 2021) as well as community-level factors such as poverty(Asif et al. 2021; Bhushan et al. 2021; Comfort et al. 2026; Osuafor et al. 2023; Wasswa et al. 2021) and sociocultural-level practices(Abate and Tareke 2019; Abay et al. 2022; Abdi et al. 2021a; Akamike et al. 2020; Assefa et al. 2021a; Bado et al. 2020; Bhushan et al. 2021; Chanthakoumane et al. 2020; Chekole et al. 2019; Comfort et al. 2021; Imtishal and Mohammadnezhad 2021; Sedlander et al. 2021). Some important factors in understanding how family planning is determined and the continuity of contraceptive use is maintained include: availability of health services, (Abraha et al. 2018; Assefa et al. 2021a; Chanthakoumane et al. 2020; Comfort et al. 2021; Mulatu et al. 2022; Muluneh et al. 2021; Osuafor et al. 2023; Pradhan and Mondal 2023; Wasswa et al. 2021) peer influence,(Assefa et al. 2021a; Bhushan et al. 2021; Comfort et al. 2021, 2026) and distance from health facilities.(Muluneh et al. 2021) Local dynamics are given significant weight by community-level factors such as accessibility to health services, peer relationships, and regional differences. These findings clearly contribute to the sustainability of contraceptive use.

At a sociocultural-level, the analysis focused on how family planning is influenced by media exposure, (Adane et al. 2023; Mulatu et al. 2022; Muluneh et al. 2021; Osuafor et al. 2023; Wasswa et al. 2021) gender norms,(Akamike et al. 2020; Asif et al. 2021; Assefa et al. 2021a; Chekole et al. 2019; Efendi et al. 2023; Kriel et al. 2023; Osuafor et al. 2023; Sedlander et al. 2021; Wasswa et al. 2021) religious denominational influence,(Abdi et al. 2021a; Adane et al. 2023; Akamike et al. 2020; Asif et al. 2021; Assefa et al. 2021b; Chanthakoumane et al. 2020; Mulatu et al. 2022; Sedlander et al. 2021) and spousal dynamics(Abera et al. 2023; Abraha et al. 2018; Adane et al. 2023; Asif et al. 2021; Assefa et al. 2021a; Bado et al. 2020; Comfort et al. 2021; Mulatu et al. 2022; Wasswa et al. 2021). Discussions about family planning within marital relationships, spousal approval, and male involvement were sociocultural factors that became critical in [Table 1]. Religious beliefs, gender norms, and spousal communication were among the sociocultural-level factors that had a significant impact on family planning decisions.

This information(Amuzie et al. 2022; Ayu et al. 2019; Chekole et al. 2019; Comfort et al. 2021) demonstrates the significant involvement of husbands and men in family planning (FP) decision-

making, as well as the continuation of contraceptive use, which can have broad implications for family planning outcomes. The association between husbands' occupation and contraceptive use suggests that women may have a greater influence on their decisions.(Beaujoin et al. 2021) Furthermore, men's desires for the number of children in the family can negatively impact; if they desire many children, they may be reluctant to use birth control, so that frequent discontinuation of contraceptive use is often a result of this.(Adane et al. 2023; Barrow et al. 2020) In addition, concerns about cheating related to contraception highlight the importance of correcting false beliefs and fears within couples. Engaging in discussions about contraceptive options can be advantageous for partners as it leads to informed and mutually agreed-upon decisions.(Abate and Tareke 2019; Bado et al. 2020; Comfort et al. 2021; Wasswa et al. 2021) The majority of FPs can make informed decisions when both husbands and wives have similar preferences for family size.

Husbands' and male partners' attitudes toward family planning (FP) directly influence their own continued contraceptive use and their support for their wives' choices.(Abdi et al. 2021a; Asif et al. 2021; Assefa et al. 2021a; Wasswa et al. 2021) Their involvement substantially shapes family planning outcomes, underscoring the importance of involving men in family planning communication, information, and education to enable informed and collaborative decision-making within the relationship. (Abay et al. 2022; Amuzie et al. 2022; Comfort et al. 2021; Negash et al. 2023)

A well-organized compilation of study features provides a strong foundation for approving the systematic review's conclusions. This allows for a more sophisticated understanding of how factors at these three levels (individual-level, community-level, sociocultural-level) interact and collectively influence the continued use of contraceptives in family planning programs thus preventing patient discontinuation. When patients discontinue contraception due to dissatisfaction, the risk of unintended pregnancy rises and negative perceptions of the method or contraception in general may increase within the community.(Schivone and Glish 2017)

Table 3 : Characteristics of Included Studies (N = 30)

Characteristic	Category	n	%
Publication year	2018–2020	10	33.3
	2021–2023	19	63.3
	2026	1	3.4
Study design	Cross-sectional	20	66.7
	Qualitative	3	10.0
	Mixed methods	3	10.0
	Longitudinal/Cohort	2	6.7
	Secondary survey analysis	2	6.6
Region	Sub-Saharan Africa	23	76.7
	South Asia	3	10.0
	Southeast Asia	3	10.0
	Pacific	1	3.3

Most of the studies included in this review come from Sub-Saharan Africa (76.7%), while fewer come from South Asia (10.0%), Southeast Asia (10.0%), and the Pacific region (3.3%) [Table 3]. This focus on Sub-Saharan Africa is likely due to the region's ongoing high need for family planning, higher fertility rates, and strong international support for reproductive health research (UNFPA 2023). Countries in Sub-Saharan Africa still face major challenges with contraceptive discontinuation, including limited access to reproductive health services, not enough healthcare workers, gender inequality, and cultural barriers. As a result, more research has looked at what helps people continue using contraception in these settings.

Table 4 : Summary of Ecological Determinants

Predictor	Evidence Consistency	Relative Contribution	Interpretation
Individual-level	High	Moderate–High	Education, knowledge, reproductive intentions, and previous contraceptive experience improve continuation.
Community-level	Moderate–High	Moderate	Accessible services, counseling, and provider support facilitate sustained contraceptive use.
Sociocultural-level	Very High	Highest	Partner support, family influence, social norms, and women's autonomy consistently shape contraceptive continuation.

Continued contraceptive use is shaped by determinants operating across multiple ecological levels, each contributing with varying degrees of consistency and influence. Although individual-level determinants are most frequently reported in the reviewed studies, sociocultural determinants exert the strongest overall influence on sustained contraceptive use, as they directly shape women's reproductive decision-making and their capacity to act on contraceptive intentions [Table 4].

In summary, the findings of these studies demonstrate a complex network of individual, community, and sociocultural factors that collectively influence family planning and continued contraceptive use. Effective and sustainable family planning initiatives necessitate a comprehensive approach that integrates these interconnected factors. The dynamic interactions among these influences highlight the importance of developing tailored interventions that address the specific circumstances at each level.

Discussion

This systematic review investigates factors that influence family planning and contraceptive continuation, as well as reasons for discontinuation, across various geographic regions and contexts. The primary objective is to comprehensively analyze determinants of family planning and contraceptive continuation at the individual, community, and sociocultural levels. By synthesizing the current literature, the review identifies key factors that shape family planning choices and contraceptive use. The methodology ensured the inclusion of studies with diverse designs, participant groups, and variables. Findings are organized into three levels of analysis: individual, community, and sociocultural. This framework facilitates a nuanced understanding of the complexities underlying family planning behaviors. Despite widespread awareness of family planning services among women, actual utilization remains limited, underscoring a persistent gap between knowledge and practice.

At the individual level, factors such as education, age, knowledge, and attitudes directly influence contraceptive continuation behavior within family planning programs. Education is particularly

significant, as educational interventions enable individuals to make informed decisions and maintain contraceptive use. Sterilization is more prevalent among specific demographic groups, which underscores persistent disparities in access to contraceptive options. These findings indicate the need to implement targeted strategies to address these inequities and ensure equitable access to contraception(Kassim and Ndumbaro 2022; Trindade RED et al. 2021).

At the community level, the analysis identifies the substantial impact of contextual factors. Geographic variables, including region and place of residence, as well as community dynamics such as poverty levels and cultural norms, significantly shape sustainable family planning (FP) decisions. Consequently, the findings highlight the necessity for community-based interventions that address disparities, enhance healthcare accessibility, and utilize peer influence. Additionally, the analysis emphasizes the value of innovative strategies, such as mobile clinics, to reach underserved and remote populations(Sreenivas 2021; Woodhams et al. 2022). Previous research indicates that Somali men living in Sweden have expressed interest in participating in family planning (FP) counseling, which may enhance contraceptive use and continuity among women.

Young individuals should align family planning with their reproductive preferences and promote ecological awareness by leveraging familial social support and accounting for broader social dynamics (Adhitiah, Sunarti, and Muflikahti 2025). Social support from family members, particularly husbands, and the quality of their interactions, exerts a significant positive influence on family subjective well-being. This effect is further enhanced when strong religious beliefs and harmonious marital relationships are present (Karunia, Sunarti, and Herawati 2026).

Sociocultural-level analysis indicates that media, gender norms, religion, and marital dynamics significantly shape family planning decisions. These results highlight the necessity for culturally sensitive family planning initiatives that align with local values, advance gender equality, and foster effective communication within families. Encouraging dialogue between partners and including men in decision-making processes are proven strategies to promote sustained contraceptive use and better health outcomes (Nalwadda, Namutebi, and Volgsten 2019).

These findings underscore the necessity for comprehensive family planning (FP) programs that ensure access to contraceptive methods and address the underlying determinants of decision-making at individual, community, and sociocultural levels (Sedlander et al. 2021). A nuanced understanding of these interactions enables policymakers and program planners to develop targeted strategies that promote sustained FP use, enhance reproductive health, and improve overall family well-being and quality of life. Continued research and evaluation of context-specific interventions are essential for strengthening FP initiatives and advancing maternal and child health worldwide.

This systematic review investigates the complex factors influencing family planning (FP) and continued contraceptive use, offering a comprehensive analysis. To advance the discourse, the review incorporates innovative perspectives. The FP field is undergoing a significant transformation, driven by digital health solutions such as mobile apps, telemedicine, and online platforms. The review assesses the potential of

these technologies to disseminate contraceptive information and discusses ethical considerations and challenges related to equitable access, particularly for underserved populations.(Nalwadda et al. 2019) Furthermore, the review examines the relationship between FP and family well-being, evaluating the family-enhancing impact of contraceptive methods and the potential contribution of FP to global sustainability initiatives.(Jz, Piña K, and Jl 2013)

Insights from behavioral economics elucidate family planning (FP) decision-making by analyzing individual-level behavioral incentives and nudges that shape contraceptive choices and promote their sustainability (Nuwasiima et al. 2017; Prince et al. 2023). This review emphasizes the significance of sociocultural strategies present and highlights innovative approaches tailored to various gender identities, sexual orientations, and cultural backgrounds (Mayo 2022). Additionally, the review analyzes progressive policy frameworks and successful initiatives that advance reproductive health and FP, drawing on regional case studies that enhance access to and quality of contraceptive services, thereby reducing dropout and discontinuation rates (Ouedraogo et al. 2021).

The implications of these findings for policy and practice are profound. Effective and efficient family planning (FP) programs must employ a holistic approach that addresses the complex factors identified in this review. Interventions should be tailored to appropriate asymmetric approaches and policies at the community-level and regional levels, while also considering broader sociocultural-level influences. Communication, Information, and Education campaigns involving couples/husbands that can increase knowledge and address negative attitudes toward contraception are crucial for increasing FP continuation rates, particularly among populations with limited access to information. Community-level-level interventions should prioritize increasing health service accessibility, reducing geographic disparities, and leveraging the influence of peers, relatives, family, and neighbors to foster supportive environments for FP and sustain contraceptive use, thereby reducing discontinuation rates. Innovative approaches, such as mobile FP service facilities, can help reduce barriers to accessing health services, particularly in remote areas, thereby reducing discontinuation rates due to access barriers. One limitation of this study is the potential for inclusion or exclusion bias, despite the application of strict inclusion criteria, because systematic reviews rely on published literature and may exclude unpublished or inaccessible data.

Conclusion

In conclusion, this systematic review underscores the multifaceted factors that influence family planning (FP) and continued contraceptive use. The categorization of study characteristics into three analytical levels—microsystem, mesosystem, and macrosystem—offers a comprehensive framework for understanding the interactions among these determinants. Policymakers and program planners should integrate these findings into evidence-based interventions to enhance FP utilization, reduce contraceptive discontinuation rates, and improve reproductive health outcomes across diverse global contexts, ultimately advancing family well-being and quality of life. Continued research and evaluation of context-specific interventions are needed to advance FP and improve the health of family members,

especially mothers and children, worldwide. Addressing the multifaceted determinants identified in this review will help achieve the global goals of equitable access to FP and improved reproductive health for all. Therefore, sustainable contraceptive use requires strategies that focus not only on service provision but also on community-based behavior change. Furthermore, it will optimize the eight family functions, including reproductive health.

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Conflict of Interest, no potential conflict of interest was reported by the authors.

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Author Contributions

SKR and ES initiated and developed the study design, prepare the data and performed statistical analysis. ES supervised the research process, offered methodological input and checked the interpretation result. IM cleaned the data, conducted data acquisition and initially wrote the manuscript with the input from all authors. IM and IRJ validated the data analysis and interpretation of intellectual content. All authors reviewed and approved the final version of the manuscript. ES is the guarantor and responsible for overall content of the manuscript for suitable publication.

Publish Declaration

We, the undersigned authors, declare that this manuscript is an original work and has not been published elsewhere. We also confirm that all named authors have read and approved the manuscript.

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Figures

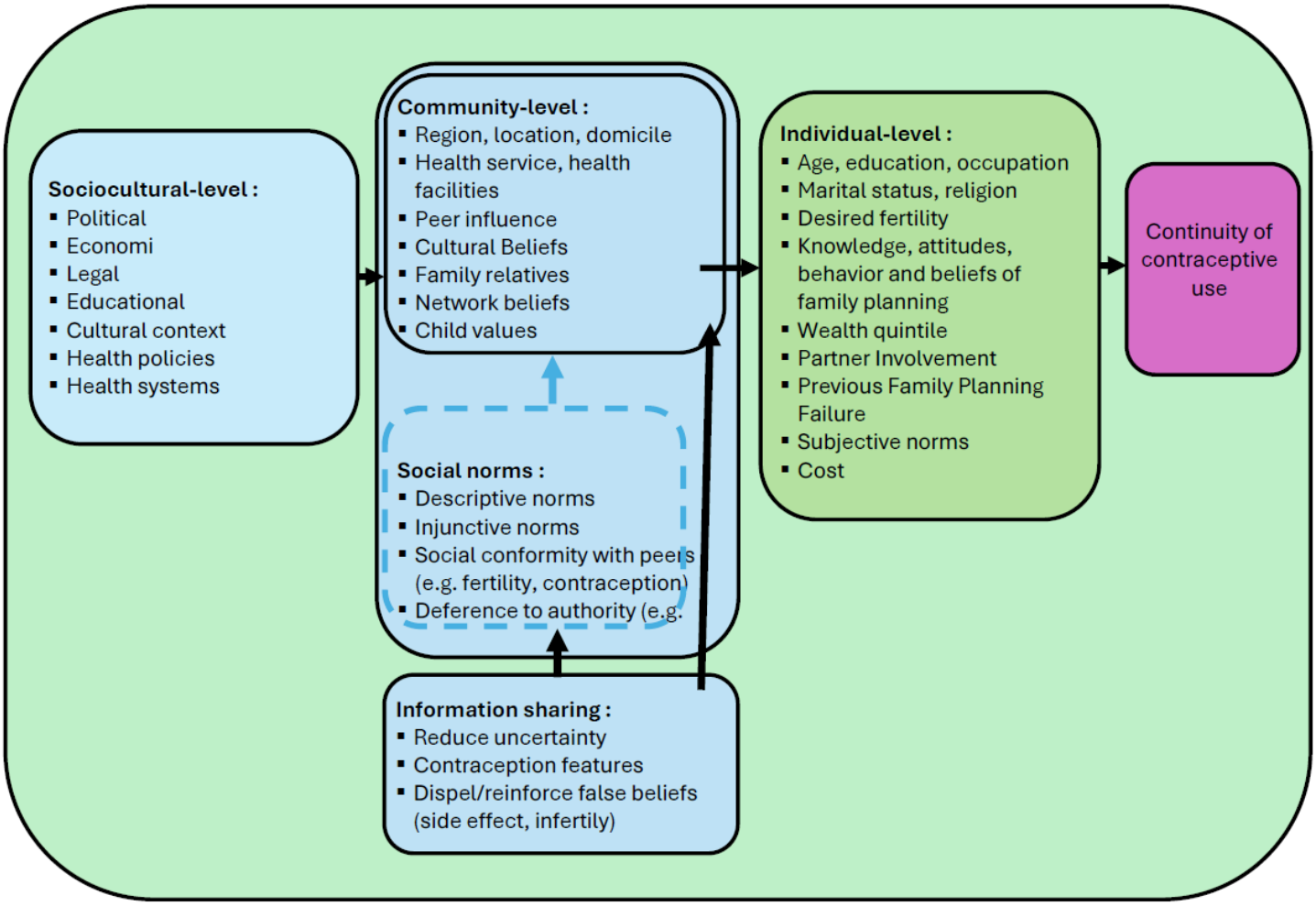


Figure 1

The socio-ecological networks for continuity of contraceptive use Bronfenbrenner's Ecological Systems framework.

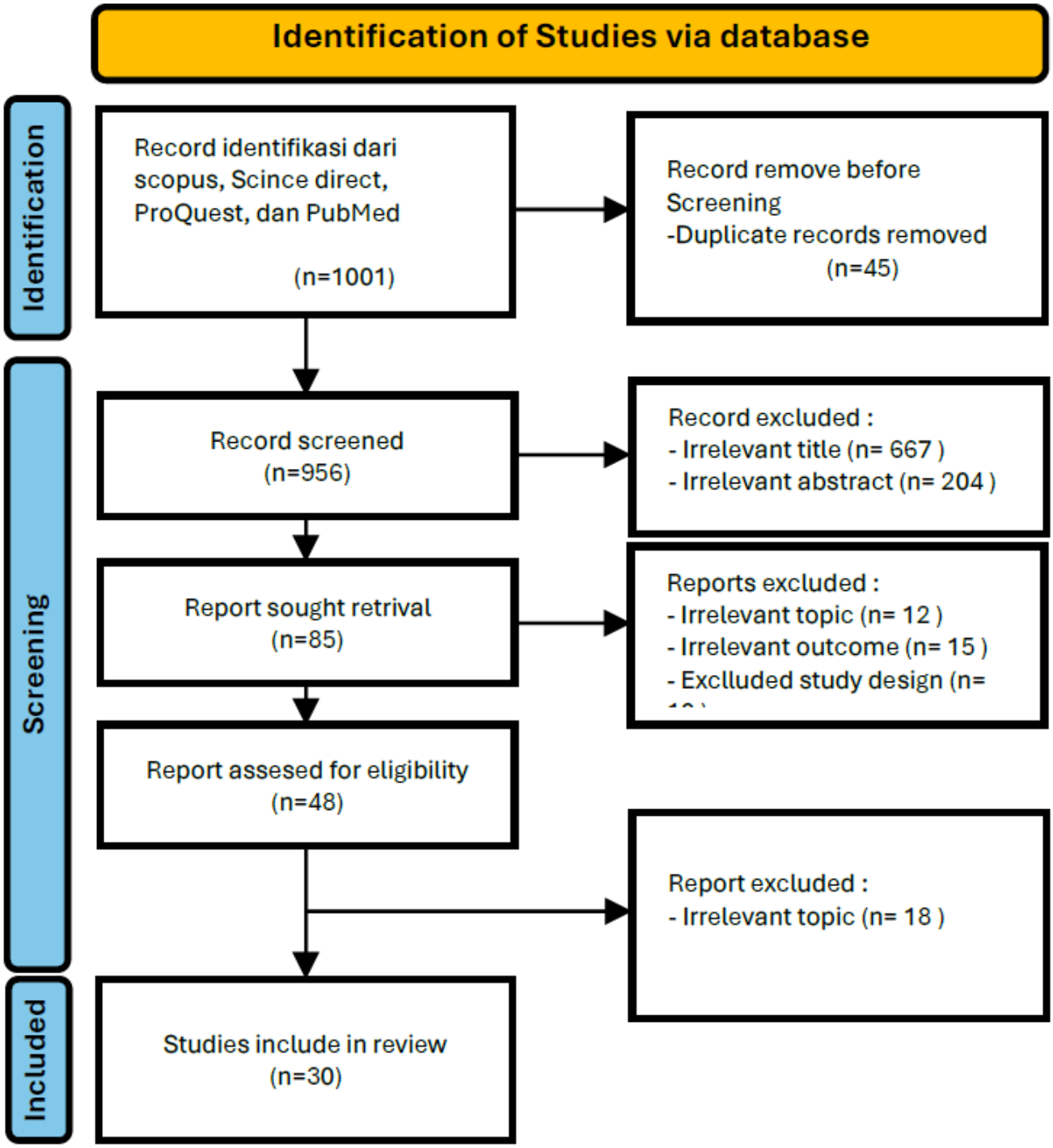


Figure 2

Diagram Flow