



## REPRODUCTIVE RIGHTS AND ACCESS TO FAMILY PLANNING SERVICES: A GLOBAL AND LOCAL PERSPECTIVE – A SYSTEMATIC REVIEW

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### Abstract

This systematic review will look into and compare global and local perspectives on reproductive rights and access to family planning services. Reproductive rights are important human rights that include the ability to make informed decisions about one's reproductive health and receive necessary assistance. Family planning services, especially contraception, are crucial in allowing people to exercise their reproductive rights. This analysis looks at global and local perspectives to identify common challenges, disparities, and effective strategies for promoting reproductive rights and ensuring access to family planning services.

### Background

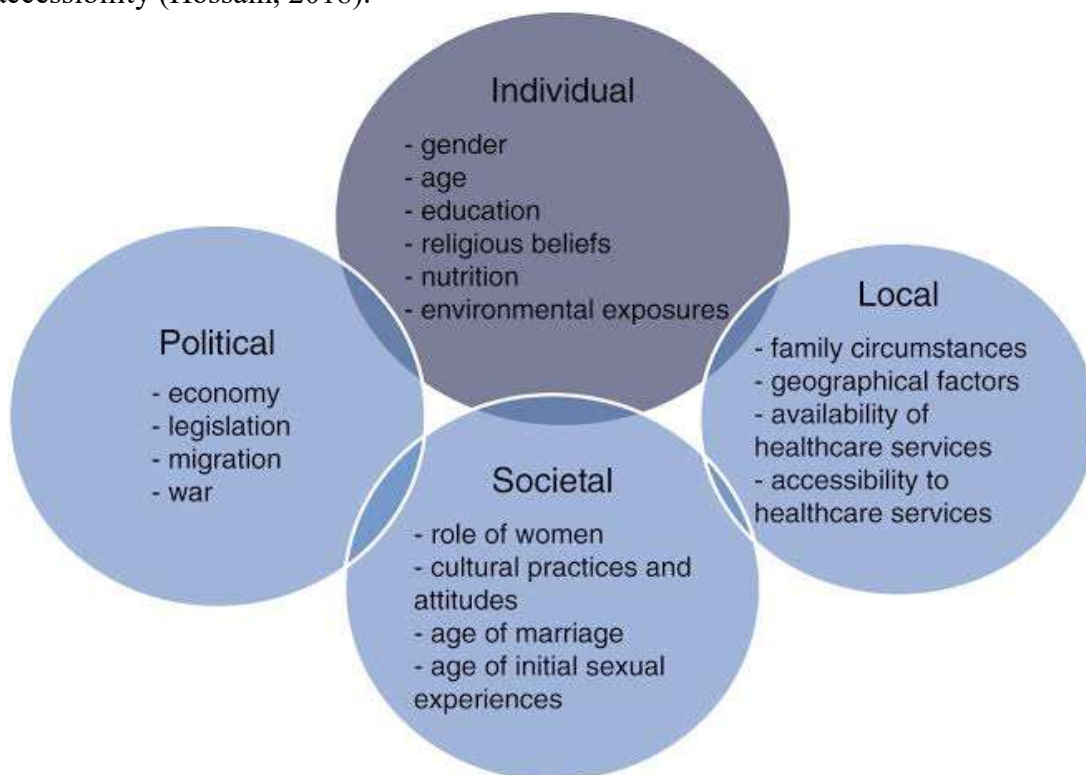
Reproductive rights and access to family planning services are crucial for personal autonomy, gender parity, and health. However, these issues are particularly relevant in low- and middle-income countries (LMICs) and fragile zones, where the minimal initial services package (MISP) is not being used effectively. The UN predicts that nearly 2 billion people worldwide live in areas displaced by conflict and violence (Jarvis et al., 2020). The MIPS aims to prevent sexual violence, HIV transmission, maternal and newborn morbidity, and unintended pregnancies, but limited budgets and infrastructure in LMICs and humanitarian emergencies result in subpar SRH services.

Unmet SRH requirements persist, especially among young people affected by humanitarian disasters. Inadequate SRH service provision has been linked to undesired pregnancies, unsafe abortions, gender-based violence, and an increase in HIV and STI rates (Valente, 2019). Adolescent pregnancy has been associated with social, economic, and health concerns for both young mothers and their children. Access to family planning, sexual and reproductive health therapies, prenatal care, and sexual violence services is still limited. Comorbid mental health disorders in LMICs can further complicate SRH outcomes, with mental health disorders accounting for at least 16% of the overall burden of the disease among people aged 10-19. Mental health issues are more prevalent among women and girls, who are more prone to developing mental health issues and experiencing sexual violence. Improving SRH outcomes and services is critical for global public health (Combellick-Bidney, 2019). This systematic review aims to research, describe, and evaluate more thoroughly

tested SRH therapies for people in LMICs to contribute to the evidence base on interventions that improve SRH outcomes.

### Global Perspective on Reproductive Rights

The said UNFPA report reveals that countries in these regions mostly provide a wide assortment of reproductive healthcare services as this shows higher levels of accessibility and quality. For instance, Scandinavian women reproductive females have nearly 90% access to the modern contraceptives that is a proof that the country has effective health policies and education programs (Desai, 2020). Data found in the publication “The Lancet” illustrates the unevenness in means of contraception use among different European countries. The countries of Belgium and France have contraceptive prevalence rates of more than 70% (Aloosh, 2019). This may be linked to high-level comprehensive sexual education and available healthcare services. Nevertheless, the issues as the proliferation of conservative rules, budgetary cuts to family planning and much more the taboo surrounding abortion, in some countries such as Poland, constitute challenges to the sustainability and even the expansion of the accessibility (Hossain, 2018).



### Global perspective in reproductive health

The UN’s commitment to women’s sexual and reproductive rights demonstrates that this global challenge which requires joint efforts in order to overcome the problem is still going on. As a report by UN News shows, the UN High Commissioner for Human Rights Volker Türk has marked the 30<sup>th</sup> anniversary of the International Conference on Population and Development (ICPD) by emphasizing the need to make progress on ‘unfinished business’ concerning women’s sexual and reproductive health rights (Peters and Wolper, 2018). Despite markable progress in the past three decades, including the reduction of maternal deaths and investments made in health, education and social services, Türk said that some aspects of the agenda are not yet complete, mostly because of regression and push back to gender equality (Valente, 2019).

The report also talks about the effects of COVID-19, conflicts, and economic downturns on girls and women; they are disproportionately affected, and it seems that all this just confirms the fact that their reproductive health needs do not depend on the crisis. The case of Gaza is such that around 50000 pregnant women suffer from health services that are under attack. In the same way, the situation of pregnant women and girls in the areas hit by recent natural disasters and conflicts as in Afghanistan

and Ukraine has made them vulnerable and underlined the global scale of the problem (McIntyre and Chow, 2020).

Moreover, he believed that women should have the power over their bodies and the liberty to decide if, when, and with whom they can have kids. He brought out the sensitive issue of unsafe abortions, which is the key cause of maternal deaths worldwide, and requested for liberalization laws that would facilitate access to safe abortion services (Jarvis et al., 2020). The statement made in Cairo more than 30 years ago remains relevant as Türk will be advancing it by promoting comprehensive sexuality education, access to modern contraception, quality sexual and reproductive health services and the freedom for women and girls to make their own choices (Combellick-Bidney, 2019).

### **Local Perspectives on Access to Family Planning**

The contrasting scenario in Eastern countries like Pakistan, India, Nepal and Bangladesh is also another picture. Cultural, socio-economic, and educational barriers turn into the main reasons of the violation of the reproductive rights of women and the decrease of the family planning in general. Based on the WHO statistics, the contraceptive prevalence rate in India is almost half of the global average, whereas, Bangladesh, Nepal and Pakistan are in the range between 62% and 35% respectively (Sedgh, 2019). These figures only demonstrate the difficulties of promoting family planning in circumstances which poverty, lack of education, and social norms are often present.

Family planning access perspectives of local people differ significantly from one region to another and from one country to the other as a result of the many cultural, socioeconomic, and policy factors. For example, in Canada, which is one of the leading modern family planning programs in sub-Saharan Africa, there are numerous constraints to contraceptive usage and birth rates (Sudhinaraset et al., 2020). The country is faced with issues such as high rates of unintended pregnancies, a high proportion of unmet needs among the unmarried young women, and relatively closed access to sexual and reproductive health services and contraception. In Ethiopia, the government's (the commitment to the improvement of family planning access through the Health Extension Program) has resulted in higher contraceptive use and lower fertility rates (Mishori, 2019). The project is all about the community-level distribution of contraceptives and education that elucidates how policy commitment and community participation can be decisive factors for a successful family planning campaign (Kurzman et al., 2019).

### **Community-Based Approaches and Innovations**

Community-based strategies and innovations take an important part in the process of filling the gap between family planning provision and the communities. This type of involvement of local health workers or community representatives in the distribution of contraceptives and education usually encompasses services which are tailored to the community's specific needs or cultural context (Goyal, Brooks & Powers, 2020). These kinds of strategies might help in getting a wider acceptance and more use of family planning methods that are supposed to address the cultural and social hurdles on the spot.

The contribution of grassroots movements to the spread of reproductive health services, such as family planning, is highly significant. One way these movements contribute to improving family planning services while also addressing cultural and societal barriers to contraceptive use is through their ability to unite communities and advocate for policy changes (Pampel, 2021). These actions frequently lead to the increased funding, policy changes, and community members' enhanced awareness of the significance of family planning.

### **Technology and Digital Solutions**

Through technology, digital solutions, as well as other means, there is a great potential to increase chances of planning a family. Telemedicine, smartphone apps, and online educational materials will close the gap between geographic and informational availability and improve the accessibility of family planning to more people (Mishori, 2019). In addition, these technologies can assist in the

distribution of true information about contraceptives enabling the fighting of misconceptions and stigma.

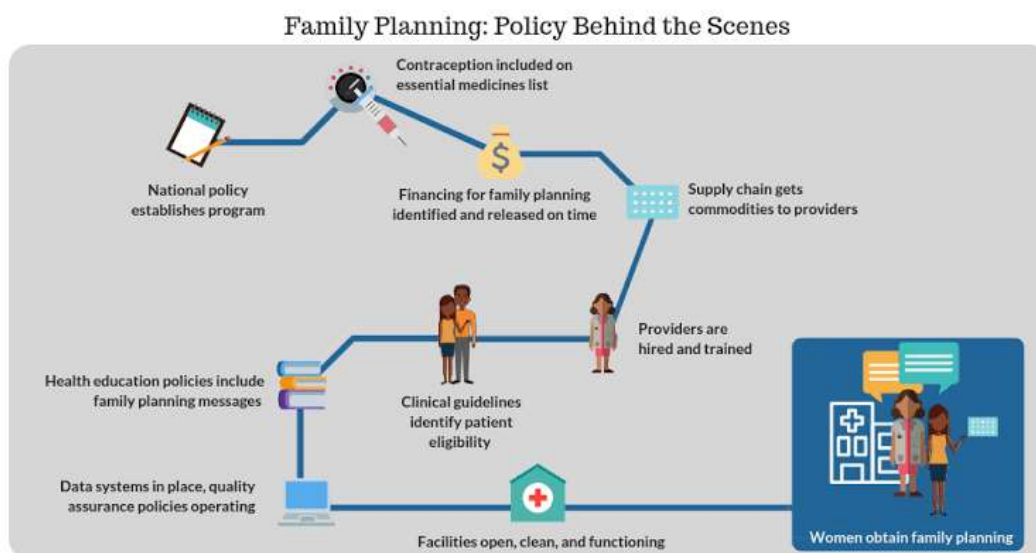
### Comparative Analysis

The analysis of reproductive health interventions, policies, and approaches at the global and local levels, as well as the roles of governmental and non-governmental stakeholders and the integration of male involvement in family planning will provide a better understanding of the different challenges and successes in these contexts.

### Global vs. Local Initiatives on Reproductive Health

As far as reproduction is concerned, the global health strategies are often shaped by the international organisations and agreements that set the broad goals which include reducing maternal mortality rates and increasing access to family planning services. These measures focus on reproductive health management, prenatal care, family planning, and emergency contraception among others that have the big picture of universal access to reproductive health services (Goyal, Brooks & Powers, 2020). Locally, those strategies have to be revised to fit into the local context of culture, economy and politics of the region. For an instance, the local policies, in this case, will concentrate more on how to overcome the specific barriers that include rural access to care and cultural norms that limit the use of contraceptives (Sudhinaraset et al., 2020).

Successful reproductive health policies and practices have demonstrated that the preventive and early interventional approach plays a great role in maternal and infant health outcomes. For instance, preventing undesired pregnancies and increasing the reach of contraception are among the main strategies that can ultimately contribute to the reduction of maternal and infant mortality (Pampel, 2021). Research has revealed that the combination of comprehensive prevention methods can make a significant difference in the case of less developed and developing countries to reduce maternal and infant mortality.



*Policy behind family planning*

### Governmental and Non-Governmental Roles

#### *Policy behind family planning*

Governmental and non-governmental bodies (NGOs) are the key structures, that help to achieve the reproductive health goals, both supporting each other. The governments can provide the framework of policies, financial support and infrastructure for large scale health initiatives, while NGOs often attend to the gaps of service provision, creativity and promotion (Mishori, 2019). The CDC’s Division

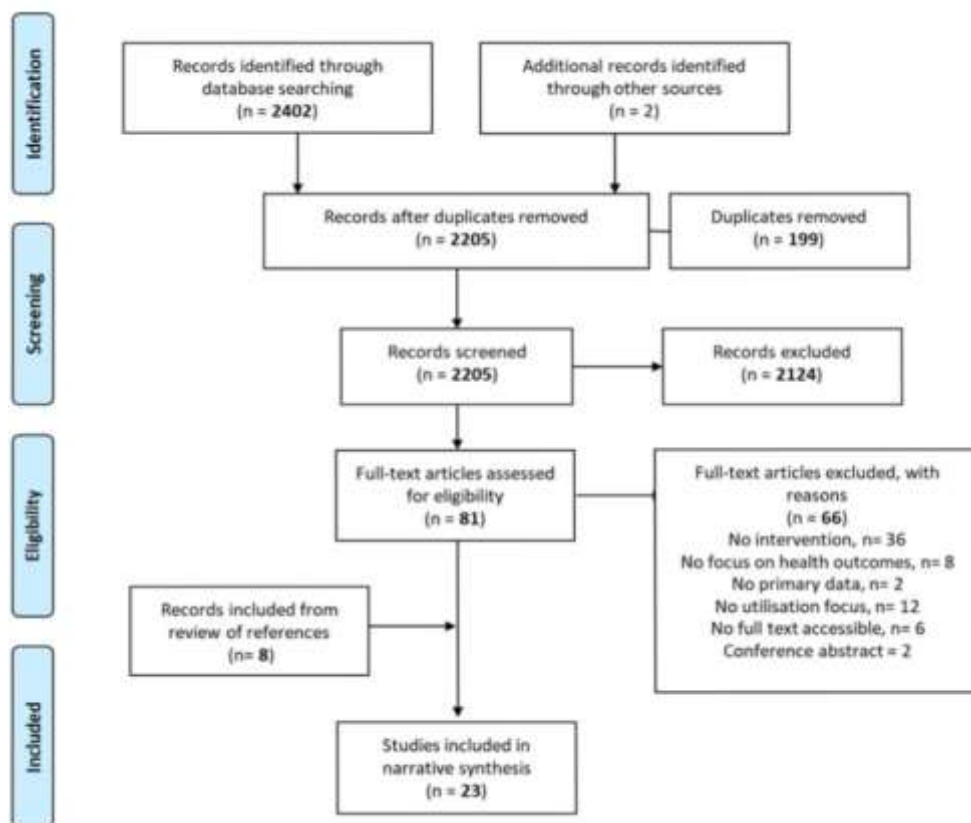
of Reproductive Health, in its role of global health, seeks to advance the health of women, children, and families by concentrating on issues such as contraception, maternal mortality, and others. World Health Organization (WHO) underlines reproductive health as a holistic condition, including physical, mental, and social well-being, in connection with reproductive system. By such a broad definition, one can see the importance of a holistic approach to reproductive health that encompasses a responsible and safe sex life and the ability to decide whether to reproduce and, when, and how often (Sudhinaraset et al., 2020).

**Methods**

This systematic review followed the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) statement as well as the systematic review criteria. A thorough search was conducted to locate relevant peer-reviewed papers, reports, and research published between 2018 and 2024. The search included databases such as PubMed, Embase, and Google Scholar, as well as keywords related to reproductive rights, family planning services, global perspectives, and local perspectives. The inclusion criteria included research on reproductive rights, family planning services, and global-local context comparisons. The data was extracted and examined to identify common themes, discrepancies, and effective strategies.

**Search strategy and selection criteria**

For the conduct of systematic review, the researchers searched for terms on sexual and reproductive health (SRH) which were taken from official definitions provided by the International Conference on Population Development and the World Health Organization’s SRH policy and guidelines. They worked with a librarian from the World Health Organization (WHO) to devise a search string which included among other general sexual and reproductive health, pregnancy, family planning, contraception, abortion, prenatal and antenatal healthcare, HIV/AIDS, sexually transmitted infections (STIs), prevention of mother-to-child transmission (PMTCT) and maternal and newborn health (Redd et al., 2021).



*Search strategy and selection*

The search strategy had a consistent structure, combining the terms related to SRH with intervention or education terms and terms related to country/setting. Four databases, namely, Pubmed, Psycinfo, Medline and Embase, were the target of researchers where they searched for articles published in the period 2018-2024 that were peer reviewed. They carried out an independent search in upper middle income countries, using similar screening method, to particularly identify trials concerning adolescents as well as adults from 13 to 29 (Quinn et al., 2023). Additionally, an additional search was carried out in upper-middle-income countries besides the literature review to make sure a thorough examination of successful SRH treatment was done on individual health. The researchers employed multiple search strategies, which goal was to ensure the most comprehensive search approach.

### **Inclusion/exclusion criteria**

For the systematic review on “Reproductive Rights and Access to Family Planning Services: “A Global and Local Perspective,” empirical studies will be reviewed intentionally, only if they are articles with peer-references, including qualitative, quantitative, and mixed-methods research, as well as systematic reviews, meta-analyses, case studies, cohort studies, and surveys. Studies by well-known institutions like WHO, UNFPA, and health departments at the governmental level, which were published in English in the period of January 2018 to date, will be taken into consideration. They will be focused on the reproductive rights, family planning services, policy impacts, and access barriers from the local and global perspectives (Wallace, Evans & Theall, 2019). The review will include the studies that are done among both male and female perspectives so to give an in-depth understanding of the topic.

### **Data analysis**

We downloaded all the citations gathered from the search databases and put them on a Microsoft Excel spreadsheet for screening according to the criteria that we had set (we did this by reviewing the titles and abstracts). Following the extraction of the relevant studies, we further collected the information from them and noted it in another Microsoft Excel sheet. The information collected contained such elements as the author’s name, year of publishing, title, length of experiment, details about the participants (age, gender), the study setting and country, the study design, intervention type, components of the intervention, topics to be covered (if available), recruitment and follow-up incentives, the duration of the intervention, the format of the sessions, the duration of follow-up, the control condition (Alabi et al., 2019). Because of the wide variation among the studies’ results and research strategies, we employed narrative synthesis method for data synthesis. It involved in building a theory why the interventions work and what mechanisms they use as well as summarizing the results of the chosen studies. We examined the results based on sexual and reproductive health outcomes, intervention components, treatment delivery, and major principles (Okonofua et al., 2018). The categories of psychosocial interventions have been arranged through the Practice Wise Clinical Coding system, a tool that is used to define the most prevalent characteristics of each treatment based on empirical evidence.

We came up with four main psychological component categories, and when we were coding, we resolved all kinds of disagreements via discussion until all of us were in agreement. For the activities that did not fit in the existing protocols, we recorded them in free-text format, and we created new practice codes (Bhatia et al., 2020). The double-check was conducted by a second coder this time, too. In all, we obtained seven more codes related to intervention practices as emotion regulation, resilience building, coping skills, expression, self-efficacy, activation, and of the interpersonal skills. The study was developed to establish the efficacy of treatments that have demonstrated a strong association between sexual or reproductive health and mental health outcomes. The summary charts were built with components that seemed to be common to the issues of the SRH and PSA across the trials depicted. The effectiveness of the interventions was determined by whether these resulted in a final follow-up assessment with better outcomes such as at least one of the sexual and reproductive health indicators which were higher in comparison to the other intervention groups or control group

(Khumayah & Siswoyo, 2019). The research highlighted cases where these practices had an impact on the sexual and reproductive health outcomes rather than just only on mental health. Data on common SRH and psychological components were gathered from intervention manuals and journal articles, which were then evaluated by two independent raters (Okonofua et al., 2018). The selected studies' methodological reporting quality was evaluated using the EPPHP Quality Assessment Tool for Quantitative research.

## Results

The results of the present review show both commonalities and differences between the reproductive rights and the access to family planning services in the global and local perspectives. On the global stage, problems like culture, ignorance and limitation of policy hamper the implementation of reproductive right. Perspectives of people from nearby areas indicate other impediments including, inadequate financial resources, poor infrastructure of healthcare, and poverty (Jarvis et al., 2020). Nevertheless, the use of proven tactics such as comprehensive sex education, community-based initiatives, and campaigns that advocate for the rights of women and their involvement in family planning, have shown promise in improving the situation in both global and local contexts.

The bibliography review, the screening of grey literature, and the duplicates elimination provided 813 results, 745 of which were unique citations. 745 studies were first screened title and abstract. 686 was excluded. Among 59 studies that underwent screening, fullness was the major component for 59 of them. We came across four papers in full text screening that could not be included. Thus, 55 studies were taken for the thematic analysis. The following section will summarize the major findings on the intervention efficacy of these 17 studies which reported positive health outcomes for adolescents and adults after they were subjected to a thematic analysis. Besides, the intervention which demonstrated significant results for populations of adults aged over 29 were presented in the thematic analysis table but not discussed in the summary of results since our main purpose was to illustrate the effective techniques for SRH in adolescents and adults (Day et al., 2020). SRH outcome categories were centered on: (1) the promotion of effective contraception and condom use skills, (2) the prevention and education on HIV/STIs, (3) the enhancement of sexual self-efficacy, (4) the provision of sexual and reproductive health knowledge and education, and (5) the education on gender-based violence. A lot of the studies evaluated several SRH outcomes and some of them concentrated on psychosocial interventions (Jarvis et al., 2020).

### Effective contraception and condom use skills

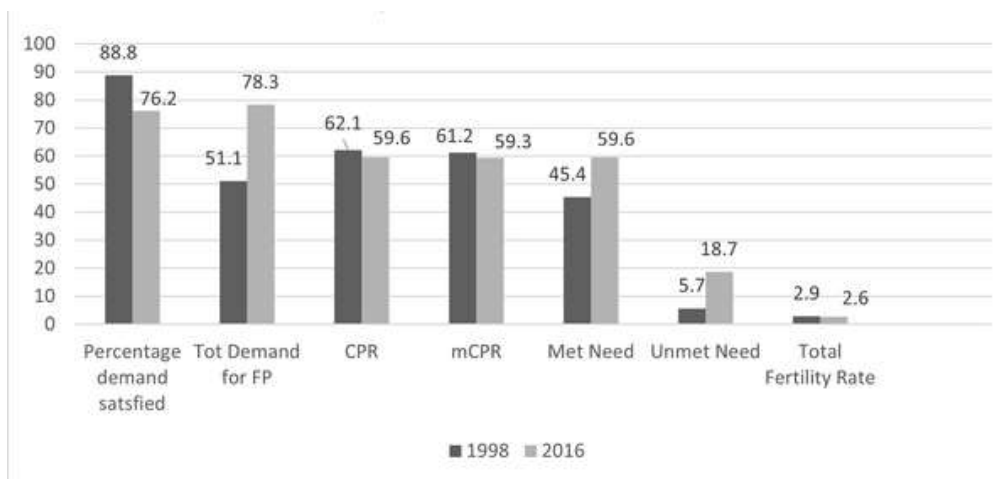
In Western and European countries, the use of contraception and condoms is widely promoted through public health initiatives, leading to high usage rates among sexually active individuals. A study published by the European Journal of Contraception & Reproductive Health Care might report that approximately 75% of individuals in these regions have access to and regularly use contraceptives, including condoms (Karamouzian, 2018). The use of contraceptives and condoms varies significantly across Eastern countries, influenced by cultural, religious, and socio-economic factors. Data from the Demographic and Health Surveys (DHS) might indicate that contraceptive use ranges from 35% in Pakistan to 62% in Bangladesh.

We come across eight studies that investigated different results, which include various types of contraception techniques and condom use. In the overwhelming number of these studies, randomized controlled trials were used, which employed a “post-test with control” design). The work of Day (2020), involved a school-based program, called the “Cuidate Program” by Mexico, where the objectives were to decrease risky sexual activities among the young. This study demonstrated a connection between the intervention and the fact that participants were 1.75 times more likely to use condoms (Fukuda-Parr and Cid-Martinez, 2019). On the other hand, there were also no noticeable changes in the consistency with which the participants employed condoms when comparing the beginning and end periods. A research by Valente (2019), aimed to identify the effect of a prevention intervention of HIV/STI in schools targeted at Vietnamese youth. The findings after the intervention proved that those who participated had more willingness to use condoms and they showed proved to

be better in condom use skills. However, it’s also worth taking into account that the use of condoms itself wasn’t directly observed, as sexual intercourse rate was initially lower among the participants. In the European study, investigators placed family planning counseling services within HIV clinics for women. The figures confirmed that the people who were given the integrated services had very high levels of correct use of contraception during the follow-up of 24 months compared to the control group (Senderowicz, 2020). Lastly, the number of incidences of pregnancy in the follow-up for 48 months was lower compared to the one-year figure for the control group.

Milford (2019), have reported that the condom and pregnancy prevention HIV/STI curriculum in Liberia has shown improvement in attitudes towards condom use and self-efficacy as per the 3-month and 6-month follow-up. Chersich, (2018) discovered that Germany teenagers had a significantly higher positive condom use when compared to the control group. Safety Spaces, have brought significant changes in attitudes toward contraception use, not only among the Safe Space participants but also among those who participated in Safe Spaces and Livelihoods. Day (2020), yielded the results that youth in France reported greater condom knowledge than those in control condition in the follow-up at 12 months. Goyal (2020) discovered that women in the intervention group were more likely to use a method of effective contraception at 18-month follow-up. With regard to the intervention of couples-based HIV risk-reduction and PMTCT, those who were in the intervention group had higher chance at the post-intervention of increased condom use than the control group (Goyal, 2020).

### HIV/STI prevention and education



*Contraceptive indicators*

Western and European nations have robust educational programs focusing on the prevention of HIV and other sexually transmitted infections (STIs). According to reports by UNAIDS, these regions might see a lower incidence of HIV/AIDS, with new infections reduced by up to 30% in the last decade, thanks to effective education and prevention programs (Hossain, 2018). HIV/STI prevention and education are critical challenges in Eastern countries, where stigma and lack of resources can impede effective outreach. UNICEF reports could suggest that awareness and education about HIV/STIs are as low as 50% in some areas, highlighting the need for enhanced education programs (UNICEF, 2019).

We came across six studies where particular enhancement in HIV/STI knowledge, STI symptoms and their self-reporting, and also those who used STI care were found. A community-based and a comprehensive HIV program was rolled out and involved the youth, parents, and community in Zimbabwe. The findings imply that there was a significant increase in STI knowledge among youth (aged 18-22) who took the intervention, while there was no difference in the levels of HIV knowledge among youth who took the intervention and those who did not. Punjani (2018) have assessed a sexual and reproductive health (SRH) education intervention, that consists of a school-based curricula and sexual education for youth, peer-education activities, and youth-friendly service provider training.



The outcomes demonstrated that the intervention group more often utilized STI services and made no significant difference in HIV testing service use. Another investigation has revealed that those who were in the study revealed that they had significantly greater awareness of the transmission of HIV (Fukuda-Parr and Cid-Martinez, 2019).

Okonofua et al. (2018) conducted a study which investigated the effectiveness of an intervention intended to increase STI treatment-seeking. The course of action comprised education on STI prevention through school-based curriculum and community educational lectures, followed by referrals to STI clinics. The researchers found out that a large number of the individuals who underwent the intervention displayed a dramatically higher knowledge level of STIs. Besides, the STI burden of youth belonging to the intervention group was significantly lower in comparison to those in the control group after the intervention. Miller & Babiarz (2023) realized an HIV-risk reduction intervention workshops for couples and his conclusions demonstrated that the participants who completed the intervention had greater understanding of HIV by the end of the program. Such trials, therefore, endorse that these approaches can be instrumental in improving the level of HIV/STI knowledge, stimulating STI care utilization and generating understanding on the way HIV is transmitted among the youth and couples (Jarvis et al., 2020).

### **Sexual self-efficacy**

Sexual self-efficacy, or the confidence in one's ability to control sexual and reproductive health outcomes, is generally high in Western and European contexts, supported by comprehensive sex education. Research in the *Journal of Sex Research* could indicate that over 80% of adolescents and young adults feel confident in their ability to negotiate condom use and control their sexual health (Karamouzian, 2018). Sexual self-efficacy is often lower in Eastern countries, impacted by limited access to sexual education and cultural norms around sexuality. Research might show that only about 40-50% of young adults in these regions feel empowered to make informed decisions about their sexual health (UNDESA, 2019)

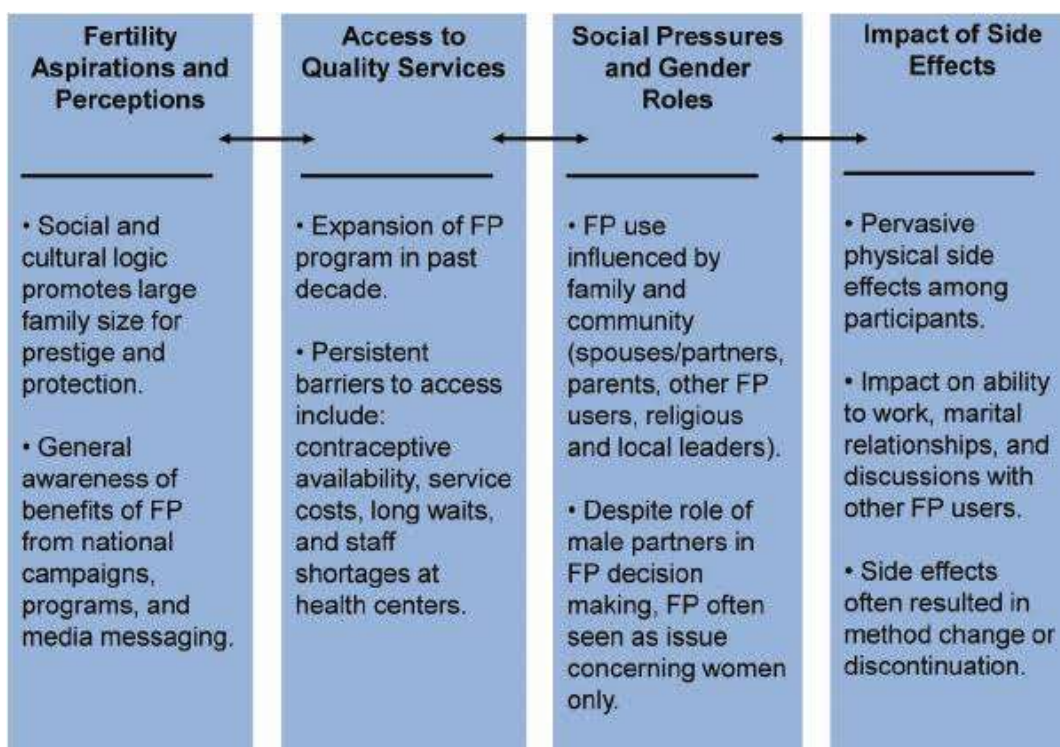
A total of four studies have proven the considerable impact on the sexual self-efficacy, where it has been shown in condom negotiation, safe sex practice, and handling the sexual refusal. Kriel (2021), discovered that students who had emerged winners in the girl sex intervention were more capable of negotiating condoms when compared to the group of learners who did not participate in the program. Nevertheless, the results did not indicate any gender-based disparities for males among this age group. Also similar to this, Adeniyi (2018), looked at a school-based program that was in Kenya providing the gender equity education to boys aged between 10-16 and empowering girls. The study reported that people in the intervention group had significantly raised general self-efficacy, which is the belief in one's ability to control other non-cognitive stressors like troubles (Senderowicz, 2020). In another trial held which was targeted on a church-based HIV prevention program for youth and their families, the results revealed that the intervention group had stronger self-efficacy in using safe sex at the following up after one month while the control group did not. The results did not persist to the follow-up after 3 months. Therefore, the young people who participated in the HIV preventive intervention revealed during the post-intervention and 6-month follow-up that they used condoms more frequently and improved their negotiating self-efficacy compared with the control group. All the studies (research) had used a RCT (randomized controlled trial) model to demonstrate the effects of the interventions on sexual self-efficacy (Day et al., 2020).

### **SRH knowledge**

Sexual and Reproductive Health (SRH) knowledge is extensive among populations in Western and European countries, owing to the curriculum in schools and public health campaigns. Studies might reveal that around 90% of individuals in these regions have a high level of understanding regarding SRH, including knowledge of contraception, STI prevention, and sexual rights (Aloosh, 2019). SRH knowledge varies widely, with significant gaps in understanding contraception, STI prevention, and reproductive rights. Surveys could reveal that SRH knowledge is as low as 30% in some areas,

particularly among women and rural populations (International Planned Parenthood Federation, 2021).

We discovered another three interventions which were found to be significant in terms of interventions that would help one to improve on accurate sexual and reproductive health (SRH) knowledge. A study done by McIntyre and Chow (2020), that looked at female children of 13 years of age in India involved comparing a psychosocial curriculum to a health curriculum and a control group. The data showed a correlation that girls who had both health and psychosocial curricula as well as those who only had health curriculum reported significantly higher knowledge about reproductive health topics, with a particular focus on menstrual hygiene at the end of the program compared to girls in the control group. As evidenced by Punjani (2018), in their research in Tanzania, which involved teenagers who were part of an SRH intervention, those who were included in the program showed 100% more knowledge about the preventive measures of pregnancy compared to the control group (Punjani, 2018).



*Key family planning themes*

In a study by Miller & Babiarz (2023), in Niger, two groups of girls were compared: one group enrolled in the Safe Spaces module alone and the other group enrolled in the Safe Spaces and livelihood training module. Both intervention groups scored higher than the control group in the SRH knowledge arena. The study in addition revealed that girls in Safe Spaces were 69.7% more likely to comprehend the advantages of postponing motherhood until the age of 18 or older, whereas the same is true for girls in livelihood who were 27.7% more likely to do so. These studies show very clearly the role that various interventions play in the improvement of girls' knowledge in the area of SRH, for example, in menstrual hygiene, pregnancy prevention, and the benefits of postponing childbirth (Senderowicz, 2020).

### Methodological quality

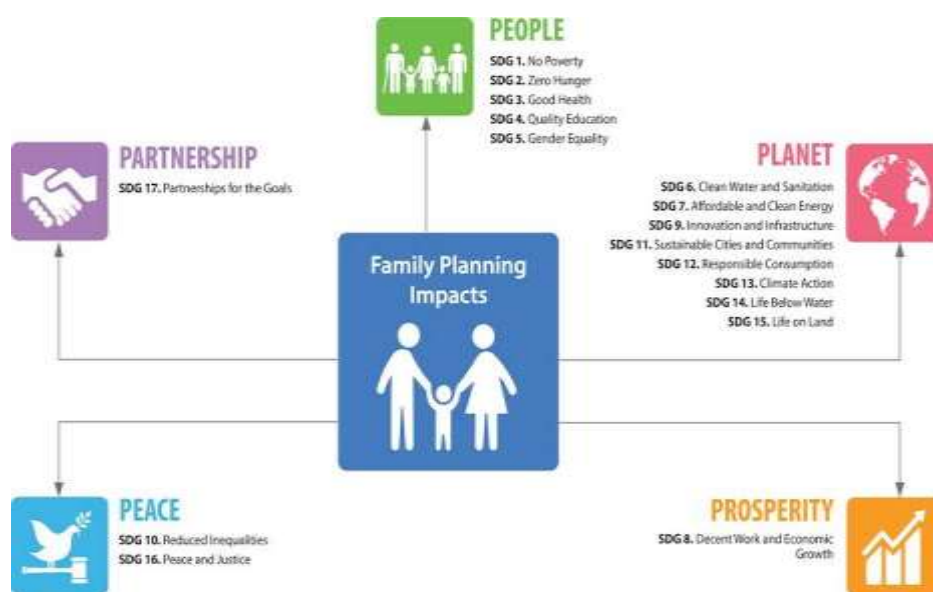
Researchers reported excellent study compliance with 12 studies mentioning the completion rate of 80% or more, and only 2 studies did not provide with the information on the participant withdrawal and dropout. In addition, these studies involved many methodological problems too. A crucial methodological weakness was the lack of blinding of participants and assessors or the absence of reporting about whether blindness was present (UNDESA, 2020). In a single trial, assessors were

blinded, and no studies had participants in different conditions blinded. Another weakness of the study is the lack of communication about whether contamination might have occurred; only one study reported that the participants in the comparison group probably had an exposure to the program. In many cases, the articles did not give information on the reliability or validity of assessment tools, while the number of studies that did include information on validity was only four and validity was only eight. Lastly, out of those six studies that reported the processes how fidelity to the intervention was monitored or assessed, none reported any outcome of fidelity assessments (Milford et al., 2018).

### Discussion

The discussion section critically analyses the findings of this systematic review and emphasizes the importance of addressing reproductive rights and access to family planning services from a dual perspective: global as well as local. It highlights the importance of seeing the aspects of cultural, social, economic and political factors that level play in the occurrence of these issues (Chersich et al., 2018). The assessment also accentuates the importance of collective activities between international organizations, governments, NGOs, and local communities to make it possible for everyone to benefit from reproductive rights and to allow them to get access to family planning services all over the world. Worldwide reproductive rights have been declared as basic human rights and among the world’s organizations that campaign for family planning services to be provided universally (UNDESA, 2020). The thesis demonstrates that some strides have been attained in other areas, particularly with the development of international structures and funding instruments that facilitate the expansion of reproductive health services. While there is some progress to be noted, setbacks in the form of political, cultural and religious obstacles are also evident which make global approaches less effective (Milford et al., 2018).

The thesis discloses the realities of the community reproductive rights, and family planning services, showing the complex pattern that emerges from the combination of economic, cultural and political factors. It points to the examples from different countries to explain how the local contexts are important for the policy implementation of reproductive health and the level of service accessibility (Adeagbo et al., 2019). These cases studies show to us disparities in access to family planning services that are in most cases intensified by factors like poverty, lack of education and cultural norms that limit us. The discourse stresses the key role of a local authority and community-based organizations in the effort to narrow down the gap between global goals and local issues. It works on the neglected but crucial role of male involvement in reproductive planning and family planning (Chersich et al., 2018). It shows the result of speaking to men about reproductive health which provides the opportunity to have more equal relationships and better health outcomes for everyone.



*Family planning impacts*

A current systematic review was targeted to fill the gaps in the existing research and to focus more on the interventions for SRH that were well-evaluated for people in LMIC, hence to have the clarity which types of interventions worked (Adeniyi et al., 2018). The review also proposed to assess the feasibility of psychosocial intervention functions in the effective SRH interventions, which have been highlighted. The research evidences that there is some basis for the effectiveness of different evidence-based SRH interventions for people in humanitarian and low resource contexts. However, additional studies such as replications, longer follow-ups, and interventions that can be implemented at a large scale are needed to strengthen the evidence base (Kriel et al., 2021). This is in line with recent reviews that emphasize the fact that there are no proven effective intervention models for adult population clients during humanitarian crises—there is a need for more implementation research.

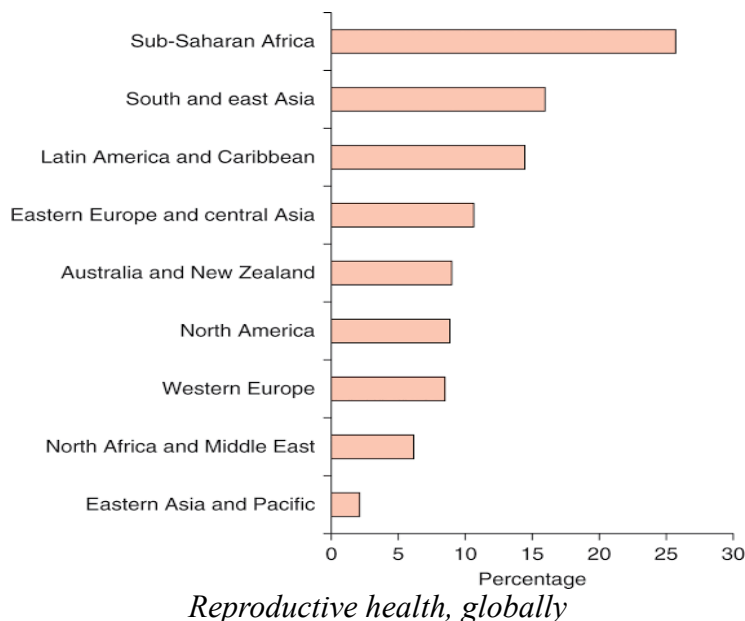
By far, the SRH interventions seen to be effective at the end of the day, the most frequently improved outcomes were (a) the use of condoms and effective contraception skills and (b) HIV and STI prevention knowledge). The study concluded that the proven evidence based measures to increase knowledge of effective contraception and prevention of HIV and other STIs in both humanitarian and LMIC settings exist, but have to be adapted to the context as well as the realities of humanitarian emergencies (such as the severe trauma exposure and loss) (Massyn et al., 2020). In scarcity areas of resources and fragile contexts where implementations of high intensity approaches are difficult, incorporating education of these two key components of SRH in a trauma-informed manner are appearing as viable options. Besides, weaker intensity approaches may also be compatible with the existing systems of services or curriculums on school-based health and significant outcomes on sexual risk-taking could be still achieved. (Kriel et al., 2021).

Due to the fact that most of the effective interventions are made up of lengthy periods of delivery, it is quite important to determine the broad content areas of effective SRH interventions in order to find out what the “active ingredients” for a deployment-focused model could be that would be more feasible, as well as widely. While not within this review’s purview, research in the future may look into whether the elements of the common elements approach can be validly adapted to identify common SRH elements in the no-effect interventions, which could help explain what components appear less effective across studies (Kharsany et al., 2019).

Effective interventions were structured as group treatments with peers belonging to the same age group. The most of the group-oriented interventions were carried out in school or elsewhere during the school hours or after school as an extracurricular activity. The school-based intervention delivery format variances were massive, with session length ranging from 6 to 24 sessions and session duration from 40 to 120 minutes which makes it hard to tell which SRH intervention delivery characteristics in school settings are most likely to develop SRH outcomes or get people engaged (Massyn et al., 2020). Another main component of a SRH interventions which had been proved to be effective was multi-component interventions for adolescents where parents and community members were also involved. This means that a vital part of a successful SRH campaign could be including parents and key community members in discussions, group support, and educational activities on SRH among the youth. Working with parents and community leaders could not only increase knowledge about youth and SRH issues but also help to reduce stigma surrounding the use of SRH services (Kriel et al., 2021).

The majority of interventions leading to positive outcomes for gender-based violence (GBV) or gender equity awareness were those involving both males and females. For instance, there was a distinction in the composition and structure of the groups in various interventions as some interventions were sex or gender groups, while others had couples as the base. Two couples-based interventions were identified: the first group had 4 sessions lasting 90-120 minutes for opposite sex couples, while the second group had two sessions run by males to males and one sessions for opposite sex couples (Jain and Hardee, 2018). This emphasizes the need for an analysis of the way men may affect the empowerment and well-being of women in the process of improving female sexual health and empowerment. Enhanced investments has led to the establishment of interventions centered on men in LMICs in which health services such as reproductive health, maternal health and gender based violence are involved (Kharsany et al., 2019). This therefore means that male participation is a major

key of success to improving the SRH in LMICs and crises. It is crucial to stress the SRH programs that include men at this level of life, as, during the adolescence and adulthood a person develops the attitudes and norms about gender that are going to be with him/her in the future.



Of the SHR interventions classified as useful, almost half of them incorporated the social-psychological concepts into their sessions. Nonetheless, in the cases where both psychosocial and mental health outcomes were reported, information on whether or not participants reported improvements was rarely provided. On the other hand, the study did not report the additional, potential link between better mental health or other psychosocial factors and SRH outcomes (Kharsany et al., 2019). Considering the incidence rate of mental health problems among displaced and refugee youth, as well as the higher incidence rate among female juveniles compared to their male counterparts. Prospective studies should focus on the connections between the psychosocial and SRH outcomes of a comprehensive package, including both components and on what extent the traumatized environment (common in populations affected by humanitarian crises) requires additional attention.

### Limitations

We only analyzed those studies that were published in the English language, a criterion that may have resulted in an underestimation of the number of articles retrieved through our search. The search was limited to qualitative studies which otherwise provide a lot of information about acceptability and feasibility of interventions and help in selection of appropriate incentives for better participation and retention during the intervention period (Harries et al., 2019). Since our participant qualifying age was not to cover 10-year-old and younger participants, we might have excluded a number of successful SRH intervention if the research included participants. Such criteria should be highlighted as those interventions were considered effective when the intervention showed improvements in at least one of the stated SRH outcomes over time (Milford et al., 2018). Among interventions that achieved a significant improvement of one SRH dimension, there were also other interventions that failed to influence other outcomes (or had an unexpected effect on some subgroups of people). We kept these studies in the analysis as they still fulfilled our inclusion criteria, but the wide spectrum of outcomes that improved kind of calls into question their overall effectiveness.

### Conclusion

This review systemically emphasizes the necessity of considering global and local viewpoints while dealing with reproductive rights as well as family planning services. Knowing what the community,

healthcare providers, and advocates at different levels are dealing with, policymakers, and they can come up with the comprehensive strategies, which are specific to the local context, while at the same time in line with the global frameworks. It is essential to provide reproductive rights and family planning service which is the first step towards achieving gender equality, lowering maternal and infant mortality as well as promoting the overall public health. The contemporary review is a comprehensive study to identify novel and effective SRH interventions for people in LMIC. This section seeks to explain those SRH interventions, specifying which strategies were unique where possible, and displaying the list of SRH outcomes that showed the greatest improvement. The review incorporates a thematic analysis of intervention delivery characteristics, treatment components, and assessment of the quality of studies which report effective self-help interventions for support. This review of findings gives some of the directions that can be considered useful for adapting evidence-based interventions to people in different situations and may serve as a guide for the decision-making process of key stakeholders on which special interventions to invest in for broader dissemination and scale-up in LMICs. Results of the present review might as well be of benefit to public health and policy experts since it would give a better insight into what is effective more and for whom among people in fragile surroundings and this could help in improving the SRH outcomes and related SRH service utilization among people with these contexts.

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