



Communication Channels and Family Planning Outcomes in Nigeria: A Review of Existing Evidence

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Abstract

This study synthesised existing evidence on communication channels and family planning outcomes in Nigeria. A scoping review mapped studies published between January 2022 and October 2026. Searches were conducted through Google Scholar, PubMed, PubMed Central, academic journal platforms and open-access repositories. Of 89 records retrieved, 22 studies met the inclusion criteria and were analysed thematically. Six communication categories were identified: traditional mass media; interactive and entertainment-based media; digital and mobile communication; interpersonal communication and counselling; community-based and participatory communication; and multimodal campaigns. Five outcome themes emerged: awareness and knowledge, reproductive agency and interpersonal negotiation, contraceptive intentions and method preferences, service utilisation and uptake, and constraints affecting sustained outcomes. Findings suggest that mass media and digital platforms facilitate information exposure, while interpersonal communication, counselling and community engagement shape reproductive decision-making. Service-linked communication may also encourage information-seeking and contraceptive uptake. However, increased awareness and intentions do not necessarily translate into contraceptive adoption or sustained use. Evidence strength varies across study designs and outcome measures. The review recommends integrated communication strategies combining mass and digital media with culturally responsive interpersonal and community-based approaches, supported by accessible family planning services. Future research should prioritise longitudinal and intervention-based designs to establish channel-specific effects on contraceptive uptake and continued use.

Keywords: family planning, communication channels, contraceptive uptake, reproductive health, Nigeria

Introduction

Family planning communication is vital not merely for disseminating contraceptive facts, but for shaping how individuals and couples conceptualise, discuss and navigate reproductive health decisions (World Health Organization, 2025). However, access to information rarely translates directly into contraceptive adoption ((D'Souza et al., 2022; Hoyt, et al., 2022). Communication messages are actively filtered through social relationships, cultural norms, religious convictions and structural access to healthcare services (Abraham, 2026). Therefore, the efficacy of family planning communication depends not only on what is communicated, but also on the channels used and the sociocultural contexts in which decisions occur (WHO, 2025; Feriani, et al., 2024). Understanding which communication channels have been investigated and their associated outcomes is essential for designing context-sensitive health communication strategies. Existing studies (Iluno, et al., 2026; Ayowole et al., 2026; Ajaero et al. 2016) in Nigeria underscore the complex relationship between communication platforms and reproductive behaviour. For instance, Ajaero et al. (2016) found that exposure to traditional mass media, including television,



radio and print, was positively associated with contraceptive uptake, although significant regional and sociodemographic variations existed. Amoak, et al. (2023) showed that interpersonal communication, such as partner dialogue, mediated the relationship between mass-media exposure and modern contraceptive use among young urban populations. Concurrently, Okunlola et al. (2023) highlighted the emerging role of digital communication in fostering women's sexual and reproductive agency in Northern Nigeria.

Despite the valuable contributions of prior studies, their evidence remains highly fragmented across geographical areas, communication modalities, methodological designs and outcome measures. National survey analyses (Amoak et al., 2023; Obeta et al., 2024) often lack localised insights, while studies focused on specific urban or healthcare settings (Ayowole et al., 2026; Ojo et al., 2025) may not adequately reflect the experiences of rural populations. Crucially, a communication channel shown to be effective in one sociocultural environment cannot be assumed to produce identical outcomes elsewhere, given that reach, credibility and message interpretation are influenced by language, literacy, religious values, gender power dynamics and local healthcare infrastructure. This empirical fragmentation is problematic for understanding family planning communication across Nigeria's diverse sociocultural and geographical contexts. The country's ethnolinguistic diversity, deeply rooted sociocultural norms, and variations in conflict, displacement and healthcare access can influence the availability and interpretation of health information, as well as access to family planning services (Ajaero et al., 2016).

While studies have examined traditional mass media, interpersonal communication and digital platforms, there remains a need to consolidate the available evidence on the communication channels investigated and their reported relationships with family planning outcomes. This is important because policymakers and health communication practitioners require a clearer understanding of the channels associated with family planning knowledge, attitudes, decision-making, contraceptive uptake and sustained use across different Nigerian contexts. To address this gap, this study synthesises existing empirical evidence on communication channels and family planning outcomes in Nigeria. Specifically, the review aims to:

1. Identify the specific communication channels for family planning documented in the existing literature in Nigeria.
2. Evaluate their reported influence of communication channels on family planning outcomes.

Research Methods

Research Design

The study adopted a scoping review design to map available evidence on communication channels and family planning outcomes in Nigeria from 2022 to 2026. The design facilitated the identification of key communication channels, reported outcomes, geographical coverage and gaps in the existing literature.

Population

The population comprised accessible studies published between January 2022 and October 2026 that examined communication channels and their relationship with family planning knowledge, attitudes, intentions, decision-making or contraceptive use in Nigeria.

Search Strategy

Relevant studies were searched through Google Scholar, PubMed, PubMed Central, academic journal platforms and open-access repositories. Search terms included family planning,



contraception, mass media, digital communication, social media, interpersonal communication, counselling, child spacing, Nigeria and North-East Nigeria, combined using Boolean operators.

Inclusion and Exclusion Criteria

Studies were included if they were published between 2022 and 2026, focused on Nigeria, and examined communication channels or strategies relevant to family planning outcomes. Studies outside the period, conducted exclusively outside Nigeria, unrelated to family planning communication, duplicative, or lacking sufficient accessible information were excluded.

Sample Retrieved

The initial search retrieved 89 records. Following duplicate removal and screening of titles, abstracts and full texts, 22 studies met the inclusion criteria and were retained for the review. Data extracted included authors, publication year, objectives, design and population, geographical setting, communication channels, and reported findings.

Method of Analysis

Data were analysed thematically. Relevant findings were coded and grouped into themes generated from patterns across the included studies. The synthesis compared communication channels, reported family planning outcomes and geographical contexts, distinguishing descriptive findings, statistical associations and intervention effects. Particular attention was given to evidence from North-East Nigeria and gaps in the existing literature.

Corpus Identified

S/N	Author(s) and year	Study focus	Design, data and setting	Communication channel	Main findings
1	Ugo et al. (2022)	Communication strategies and family planning messages in Cross River State, Nigeria	Survey and interviews; reported survey sample of 300, with key informant interviews	Radio, television, radio drama, films, flyers, talk shows, town criers, opinion leaders, churches and markets	The study identifies mass media and community-based communication as important routes for family planning information. It reports differences in channel use between urban and rural communities and identifies cultural and religious beliefs and inadequate information as constraints.
2	Ojih et al. (2023)	Cultural practices and adoption of national family planning communication campaigns	Survey of 597 respondents in Ogbadibo, Benue State, and Olamaboro, Kogi State	Mass media, health workers, social media, spouses, religious leaders, community leaders and traditional leaders	Health workers and mass media were reported as important information sources. The study examines how cultural practices and beliefs influence the adoption of family planning campaign messages.
3	Maigoro et al. (2023)	Acceptance and utilisation of modern family planning methods	Cross-sectional survey; 271 women in Potiskum, Yobe State	Friends, relatives and other information sources	The study reports on family planning knowledge, acceptance and utilisation, with



		among women of childbearing age in rural north-eastern Nigeria			friends and relatives identified as an important information source.
4	Amoak et al. (2023)	Exposure to mass-media family planning messages among men in Nigeria	Analysis of the 2018 Nigeria Demographic and Health Survey; 13,294 men; logistic regression	Mass-media family planning messages	Exposure varied by socioeconomic and demographic characteristics. Wealthier, more educated and employed men, as well as urban residents, were more likely to be exposed to family planning messages.
5	Okunlola et al. (2023)	Internet use, digital family planning messages and sexual agency among partnered women in Northern Nigeria	Analysis of 2018 DHS data; 18,205 partnered women; multinomial logistic regression	Internet use, text messages and social-media family planning messages	Exposure to digital family planning messages was positively associated with women's reported ability to ask a male partner to use a condom. Internet use was also associated with some measures of sexual agency.
6	Sampson et al. (2023)	Mobile technology to address barriers to family planning services among internally displaced persons in Abuja	Baseline and endline assessment among women of reproductive age in Wassa camp; baseline sample of 105 women, with service-use data also analysed	Mobile family planning messages, SMS and consultations	Awareness increased from 54.2% at baseline to 98% at endline; contraceptive prevalence increased from 18.1% to 26.2%. The study also reports associations between service uptake, family planning consultations and receipt of bulk SMS.
7	Ansari et al. (2024)	Community groups co-designing evidence-based docudramas about child spacing in Bauchi State	Qualitative descriptive study involving six women's and six men's co-design groups; reported total of 96 participants	Video docudramas and community dialogue	Examines community participation in developing culturally appropriate child-spacing communication materials. The central contribution is the co-design process and the use of locally grounded communication formats.
8	Obeta and Amuka (2024)	Family planning counselling, media messages and	Secondary analysis of Nigeria Demographic	Family planning counselling and media messages	Examines the relationship between counselling, media-



		contraceptive use among Nigerian men	and Health Survey data		message exposure and men's contraceptive use.
9	Oseni and Omale (2024)	Participatory communication and family planning knowledge and practices in Abuja	Focus group discussions and key informant interviews in Abaji Central Ward, FCT	Participatory communication and community dialogue	The authors report that participatory communication supports understanding, knowledge, attitudes and acceptance of family planning practices.
10	Ojih et al. (2023)	Adoption of national family planning communication campaigns among selected ethnic groups	Survey of married or previously married respondents in two local government areas	Health workers, mass media, social media, spouses and community or religious leaders	Finds that information exposure alone does not guarantee adoption of campaign messages; cultural context matters.
11	Meekers et al. (2023)	Use of routine monitoring data to guide adjustments to a Nigerian family planning intervention	Programme monitoring and routine implementation data	Family planning intervention communication and monitoring feedback	Examines how routine monitoring data can inform changes to an intervention during implementation.
12	Oyebode (2023)	Multimodal resources in Nigeria's "Get It Together" reproductive health campaign	Multimodal discourse analysis of campaign materials	Visual, written and design elements in campaign communication	Analyses how campaign messages are represented through multiple semiotic resources.
13	Fagbemi et al. (2025)	Quality of responses to callers' questions in a family planning radio programme	A record reports analysis of 723 questions and responses from Delta, Oyo and Plateau States	Interactive radio, phone-in questions and expert health discussions	The reported focus is the quality of responses, including technical information and empathy.
14	Ojo et al. (2025)	Partner support and communication in women's family planning method preferences	Mixed-methods study; reported survey of 260 women and 20 in-depth interviews at a healthcare facility in Abeokuta, Ogun State	Spousal communication and healthcare-provider discussions	The reported findings indicate that discussions with healthcare providers and partners are common, while the quality of spousal communication varies.
15	Ojetola et al. (2025)	Radio messages and family planning use among rural women in Ogun State	Qualitative study using in-depth interviews and focus group discussions with 24 rural market women in two local government areas	Radio programmes, medical-professional discussions and radio drama	Participants described radio as accessible and trusted. They reported that exposure supported awareness and influenced attitudes and decisions about methods, although



					cultural resistance and misconceptions remained.
16	Meekers et al. (2026)	Radio jingles promoting a family planning call centre	Comparative interrupted time-series analysis of call-centre data	Radio jingles directing audiences to a family planning call centre	The campaign was associated with an increase of about 360 calls per month, but the effect was temporary, with little sustained increase after broadcasts ended.
17	Iluno et al. (2026)	Fertility preferences, spousal communication and contraceptive uptake among postpartum mothers in Abuja	Cross-sectional study of 248 postpartum mothers attending four district hospitals	Spousal communication about contraception	The study found that 56.5% expressed a desire to use contraception, 15.3% were current users, and frequent spousal communication was significantly associated with uptake ($p = .0001$).
18	Ayowole et al. (2026)	Partner support, communication and family planning choices among Nigerian women	Qualitative phenomenological study; in-depth interviews with 20 women at a tertiary facility in Abeokuta, Ogun State	Spousal discussion, partner support, healthcare-provider information and awareness campaigns	Participants described open partner communication as supporting shared decisions and method choice. Provider information was also an important source, while concerns about side effects and expectations of large families were barriers.
19	Solanke et al. (2023)	Community health-worker contact and intention to use modern contraceptives among rural Nigerian women	Reported analysis of 12,140 rural women	Contact with community health workers	Potentially relevant to interpersonal communication and contraceptive intentions.
20	Ayodeji, Oni and Ogunoye (2025, candidate record)	Mobile technology, social media and reproductive choices	Mixed-methods survey and thematic analysis examining digital health tracking and mobile/social media engagement among Nigerian women of reproductive age.	Mobile technology and social media	Increased digital literacy and mobile adoption significantly improved awareness and tracking of modern family planning methods; however, online exposure also introduced challenges related to unverified



					information and privacy concerns.
21	Adeoye et al. (2023)	Media campaign and contraceptive access during COVID-19	Cross-sectional quantitative survey of $N = 3,200$ respondents (aged 15–49) across four Nigerian states (Lagos, Oyo, Kano, and Kaduna).	Integrated Omni-media campaign (mass media combined with online procurement links and digital platforms).	Campaign awareness reached 41%, with 31.8% directly reached. Oral contraceptive pills were the most recognized method (82.9%). Younger respondents (≤ 34 years; OR = 3.23) and unmarried respondents (OR = 5.31) were significantly more likely to procure contraceptives via online channels linked to the media campaign during movement restrictions.
22	Okoye (2025)	NTA Health Watch and family planning communication	Content analysis of broadcast episodes combined with a audience perception survey among urban and suburban broadcast viewers in South-Eastern/Central Nigeria.	Television health programming	Regular exposure to <i>NTA Health Watch</i> significantly elevated general awareness and conceptual knowledge of family planning methods. However, television exposure alone had a limited direct impact on actual contraceptive adoption without complementary community-level or clinical follow-up services.

Synthesis and Discussion

The corpus was synthesised using thematic analysis, guided by the two research objectives. For Objective 1, the analysis identified recurring communication channels and grouped them according to their dominant modes of delivery. For Objective 2, the analysis examined the reported outcomes associated with these channels, distinguishing changes in awareness and knowledge from interpersonal communication.

Objective 1. To identify the communication channels for family planning documented in the existing literature

The analysis identified six principal themes: traditional mass media; interactive and entertainment-based media; digital and mobile communication; interpersonal communication and counselling; community-based and participatory communication; and multimodal campaign communication.



Theme 1. Traditional mass media

Radio and television constitute prominent channels in the reviewed literature. Their use is documented in studies of family planning messages, campaign exposure and contraceptive-related decision-making. Ugo et al. (2022) identified radio and television alongside films, flyers and talk shows in Cross River State. Amoak et al. (2023) examined men's exposure to mass-media family planning messages using national survey data, while Ojetola et al. (2025) investigated radio messages among rural women in Ogun State. Ojih et al. (2023) also identified mass media as an important source of information within the context of national family planning campaigns.

The prominence of radio and television suggests that family planning communication in Nigeria continues to rely on established broadcast media. These channels can distribute messages beyond face-to-face interactions and provide repeated exposure to information about contraceptive methods. Radio may be particularly useful where access to internet-enabled devices is limited, although its actual reach depends on broadcast availability, language, listening habits and the relevance of the programmes to local audiences. The evidence therefore supports recognising mass media as an important component of family planning communication in Nigeria.

Theme 2. Interactive and entertainment-based media

A second theme that emerged concerns communication formats that combine information with entertainment or opportunities for audience participation. The corpus identifies radio drama, phone-in programmes, expert discussions and video docudramas as relevant formats. Ugo et al. (2022) documented radio drama and talk shows, while Fagbemi et al. (2025) reportedly examined responses to questions raised during a family planning radio programme. Ansari et al. (2024) investigated the co-design of video docudramas about child spacing with community groups in Bauchi State. These formats differ from one-way information dissemination because they can represent familiar situations, address audience concerns and create opportunities for questions or community involvement. Radio phone-in programmes may allow listeners to seek clarification, while drama can present family planning decisions within recognisable social relationships. Community participation in the development of docudramas may also help ensure that the language, characters and dilemmas reflect local experiences.

Theme 3. Digital and mobile communication

Digital communication is another identifiable theme, encompassing internet access, social media, text messages, bulk SMS, mobile technologies and online links to contraceptive information or services. Okunlola et al. (2023) examined digital family planning messages and sexual agency among partnered women in Northern Nigeria. Sampson et al. (2023) investigated mobile communication in addressing family planning service barriers among internally displaced persons in Abuja. The corpus also identifies a national analysis of men's media exposure by Amoak et al. (2023), which includes text messages among the media channels examined.

Digital and mobile channels can extend communication beyond conventional broadcasting by delivering information directly to individuals and potentially linking them to counselling or services. Text messages can provide repeated reminders, while online platforms can facilitate access to more detailed information. These possibilities are particularly relevant where displacement or disrupted health services make conventional communication networks difficult to access. However, digital communication is not inherently inclusive or reliable. Access to devices, internet connectivity, digital literacy, privacy and the credibility of online information can shape exposure and interpretation. Nevertheless, the evidence points to the potential of digital



communication as a complement to broadcast and interpersonal channels, rather than as a universal replacement for them (Ayodeji et al., 2025; Adeoye et al., 2023).

Theme 4. *Interpersonal communication and professional counselling*

Interpersonal communication appears through healthcare-provider counselling, discussions with partners, conversations with friends and relatives, and contact with community health workers. Maigoro et al. (2023) identified friends and relatives as important information sources among women in rural Yobe State. Obeta and Amuka (2024) examined counselling and media messages in relation to contraceptive use among Nigerian men. Ojo et al. (2025) and Ayowole et al. (2026) examined partner communication and healthcare-provider information in studies conducted in Abeokuta, Ogun State. This theme highlights the role of direct interaction in explaining contraceptive options, addressing concerns and negotiating reproductive decisions. Unlike general media exposure, interpersonal communication allows information to be interpreted within the circumstances of a particular individual or couple. Healthcare professionals can provide method-specific information, while partners and trusted relatives may influence whether such information is accepted or acted upon.

The channel, however, cannot be assumed to be beneficial in every circumstance. The quality, accuracy and neutrality of counselling matter, as do the power relationships within couples and families. Friends and relatives may offer trusted support but may also circulate incomplete or inaccurate information. Similarly, partner communication may facilitate shared decisions but could constrain individual autonomy where gender relations are unequal. The analytical concern is therefore not simply whether interpersonal communication occurs, but also who communicates, what is communicated, how credible the information is and whether the interaction supports informed and voluntary decision-making.

Theme 5. *Community-based and participatory communication*

The corpus also documents communication through town criers, traditional and religious leaders, opinion leaders, churches, markets and community dialogue. Ugo et al. (2022) identified several of these channels in Cross River State, while Ojih et al. (2023) examined campaign adoption in relation to cultural practices and community influences. Oseni and Omale (2024) considered participatory communication and family planning knowledge and practices in the Federal Capital Territory. Ansari et al. (2024) provide a related example through community participation in the development of child-spacing docudramas in Bauchi State. These channels situate family planning communication within existing social networks.

Community leaders and locally trusted figures may help explain messages in familiar languages and address concerns associated with cultural expectations, religion and family roles. Participatory approaches may go further by involving community members in identifying communication problems and developing responses, rather than treating audiences as passive recipients. Their significance is particularly relevant to North-Eastern Nigeria, where ethnolinguistic diversity, displacement and variations in health-service access may affect how information travels. Nevertheless, community endorsement should not be confused with universal acceptance. Community structures may reinforce resistance as well as facilitate communication, depending on the views of influential actors and the concerns of particular groups. Moreover, evidence from Cross River, Benue, Kogi or the FCT cannot automatically establish which community channels are most effective in Adamawa, Bauchi, Borno, Gombe, Taraba or Yobe.



Theme 6: Multimodal campaign communication and referral pathways

A final theme concerns communication strategies that combine several media or link information to a subsequent action. Oyeboode (2023) analysed the visual, written and design resources used in the *Get It Together* reproductive health campaign. Meekers et al. (2023) examined the use of routine monitoring data to guide adjustments to a family planning intervention, while Meekers et al. (2026) evaluated radio jingles promoting a family planning call centre. These studies suggest that family planning communication can be organised as a pathway rather than a single exposure. A broadcast message may direct an audience to a call centre, counselling service or other source of information. Multiple formats can also reinforce a consistent message across different audience settings. Monitoring data can help implementers identify weak points and modify a campaign during delivery.

Objective 2. To evaluate their reported influence of communication channels on family planning outcomes.

The findings were grouped into five themes: awareness and knowledge; reproductive agency and interpersonal negotiation; contraceptive intentions and method preferences; service utilisation and contraceptive uptake; and the constraints affecting sustained outcomes.

Theme 1. Communication drives awareness, but awareness alone does not drive adoption

Several studies in the corpus report outcomes relating to exposure to family planning information, awareness or knowledge. Amoak et al. (2023) examined the distribution of men's exposure to mass-media messages nationally, while Maigoro et al. (2023) assessed family planning knowledge and utilisation among women in rural Yobe State. The Wassa intervention reported by Sampson et al. (2023) recorded an increase in awareness from 54.2% at baseline to 98% at endline.

The findings demonstrate the relevance of communication to information access and awareness. However, the outcomes measured are not interchangeable. Exposure indicates that an individual encountered a message; awareness indicates recognition or familiarity; and knowledge requires a more specific assessment of what an individual understands. None of these outcomes, by itself, establishes that the individual intends to use contraception or has adopted a method. This insight is important when interpreting family planning campaigns. An individual may understand the available methods but face opposition from a partner, fear side effects, lack access to a provider or be unable to obtain a preferred method. Therefore, awareness should be interpreted as an important but intermediate outcome. Research that measures awareness alone cannot establish whether a communication strategy has influenced actual contraceptive behaviour.

Theme 2. Digital and interpersonal channels strengthen reproductive autonomy

A second theme concerns the relationship between communication and women's capacity to participate in reproductive decisions. Okunlola et al. (2023) found a positive association between exposure to digital family planning messages and partnered women's reported ability to ask their partners to use condoms. Ojo et al. (2025) and Ayowole et al. (2026) examined partner communication and family planning decisions in Abeokuta, while Iluno et al. (2026) examined spousal communication in relation to contraceptive uptake among postpartum mothers in Abuja. These studies indicate that communication can be relevant beyond the transmission of contraceptive facts. Digital messages may provide information that women can draw upon during discussions, while direct conversations can help partners express preferences, consider methods and address concerns.



Provider discussions may also give women an opportunity to seek clarification and make more informed choices. However, the nature of the relationship requires careful interpretation. Okunlola et al.'s findings concern reported sexual agency, not necessarily contraceptive adoption. Qualitative accounts of supportive partner communication explain how decisions may be negotiated, but they do not quantify the independent effect of communication on uptake (Ojo et al., 2025; Ayowole et al., 2026). Even a statistically significant association between spousal communication and contraceptive use does not establish causal direction: communication may encourage use, but couples who are already considering or using contraception may also be more likely to discuss it (Iluno et al., 2026). The evidence therefore supports examining communication as a possible facilitator of agency and negotiation, while recognising that its influence depends on the quality of interaction and the extent to which individuals can make voluntary reproductive choices.

Theme 3. *Communication shapes contraceptive intentions and preferences, but not actual use*

The corpus includes studies examining fertility preferences, method preferences and intentions to use contraception. Iluno et al. (2026) reported that 56.5% of the postpartum mothers in their study expressed a desire to use contraception, while 15.3% were current users. The study also reported a statistically significant association between frequent spousal communication and contraceptive uptake ($p = .0001$). Solanke et al. (2023) add evidence on community health-worker contact and intentions to use modern contraception. These outcomes represent different stages in the reproductive decision-making process. A preference reflects an individual's stated choice; an intention indicates a prospective plan; and uptake refers to actual use. Communication may influence one stage without necessarily changing the next. For example, an individual may become more willing to consider a method after counselling but may not obtain it because of cost, distance, availability or partner opposition.

The contrast between the reported desire to use contraception and current use in the Iluno et al. study illustrates why intention and behaviour should be analysed separately. The difference cannot be attributed to a communication failure without further evidence, but it indicates that expressed demand does not necessarily translate into use. Studies should therefore examine whether communication is followed by access to suitable services, method choice and continued use, rather than assuming that favourable attitudes or intentions demonstrate programme success.

Theme 4. *Communication linked to services may contribute to information-seeking and uptake*

Some studies assess communication interventions that are connected more directly to family planning services. Sampson et al. (2023) reported that contraceptive prevalence among women in the Wassa camp increased from 18.1% at baseline to 26.2% at endline, alongside the reported increase in awareness. Meekers et al. (2026) found that radio jingles promoting a family planning call centre were associated with an increase of approximately 360 calls per month, although the increase was not sustained after the broadcasts ended. These findings are important because they move beyond exposure alone. Nevertheless, the strength of the evidence differs. An interrupted time-series design can provide evidence of changes associated with the timing of a campaign, although alternative explanations must still be considered. A baseline–endline change in contraceptive prevalence is also informative, but attributing that change exclusively to SMS or mobile communication requires a design capable of separating the intervention's contribution from other influences. Moreover, calling a helpline is not equivalent to adopting a contraceptive method, and adoption does not necessarily indicate sustained use. The findings support linking



communication with accessible, responsive services. They do not establish that every communication channel will improve uptake or that the observed changes will persist without continued engagement and service availability.

Conclusion and implications

The review suggests that family planning communication in Nigeria operates through several interconnected pathways. Mass media and digital channels can provide exposure and information; interactive formats and interpersonal discussions can help audiences interpret messages; partners, health workers and community actors can influence how reproductive choices are negotiated; and service-linked communication can create opportunities for further information-seeking and contraceptive access. However, the strength of the evidence varies by outcome. The corpus contains evidence of message exposure, awareness, reported agency, partner communication, service contact and contraceptive use, but these measures cannot be treated as equivalent. Some studies report statistical associations, others describe participants' experiences, and a smaller number assess changes following an intervention. The available findings therefore do not justify a single ranking of communication channels by effectiveness.

The implication is that family planning campaign designers must avoid relying solely on mass media for behavioural adoption and instead adopt an integrated model that pairs high-reach mass and digital media with localised, interpersonal and service-linked channels to bridge the gap between initial awareness and sustained contraceptive use. Additionally, future researchers should move beyond measuring simple message recall or awareness and prioritise longitudinal, intervention-based and experimental designs that rigorously evaluate channel-specific impacts on actual contraceptive adoption and behavioural retention.

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AI Use Declaration:

SciSpace was used to identify relevant literature, while ChatGPT was used for brainstorming and grammatical refinement of the manuscript. The author takes full responsibility for the content, accuracy and final version of the manuscript.
