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THE INFLUENCE OF HORMONAL CONTRACEPTIVE CHILD-SPACING METHODS ON FAMILY PSYCHOSOCIAL WELLBEING IN THE BONASSAMA HEALTH DISTRICT

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ABSTRACT

This study examined the influence of hormonal contraceptive child-spacing methods on family psychosocial well-being in the Bonassama Health District, Cameroon. This study was predicated on the understanding that the intentional timing of births within a family is a critical factor in maternal and child health outcomes. A convergent mixed-methods research design was employed, integrating quantitative and qualitative approaches. The study involved 531 couples with at least two children, selected through stratified, simple random, and purposive sampling techniques. Quantitative data were analyzed using descriptive statistics, Chi-square tests, and linear regression analysis, while qualitative data from focus group discussions were subjected to thematic analysis. Findings revealed that 31.4% of respondents utilized hormonal methods for child spacing, whereas 68.6% did not. A significant association was found between the use of hormonal methods and family psychosocial wellbeing ($\chi^2 = 5.277$, $p = 0.022$), with a higher proportion of users reporting elevated psychosocial wellbeing (72.0%) compared to non-users (61.6%). Regression analysis further demonstrated that hormonal methods exerted a positive, moderate, and statistically significant effect on family psychosocial wellbeing ($\beta = 0.438$, $F = 9.457$, $p = 0.004$), accounting for 13.6% of the variance in wellbeing outcomes. Qualitative findings indicated that hormonal child-spacing methods contributed to improved family health, reduced stress, enhanced financial stability, strengthened family relationships, better educational opportunities for children, and improved child development outcomes. The study concludes that hormonal contraceptive child-spacing methods significantly enhance family psychosocial well-being by enabling planned parenthood, reducing family burdens, and improving overall quality of life. The findings underscore the importance of strengthening family planning education and increasing access to hormonal contraceptive services as strategies for promoting holistic family wellbeing and sustainable development in Cameroon.

KEYWORDS: Hormonal contraceptives, child spacing, family psychosocial wellbeing

INTRODUCTION

The ability of families to determine the timing and spacing of childbirth has become an essential component of contemporary reproductive health and sustainable family development. Over the past several decades, hormonal contraceptive methods have emerged as one of the most widely utilized approaches to child spacing due to their effectiveness in preventing unintended pregnancies and supporting reproductive choice. While the health benefits associated with hormonal contraception are well documented, there is growing recognition that reproductive decisions extend beyond biological outcomes and are deeply embedded within the social and psychological realities of family life. Decisions concerning fertility regulation can influence interpersonal relationships, household planning, parental responsibilities, emotional well-being, and perceptions of family stability. Consequently, the impact of hormonal child-spacing methods should be examined not only from a clinical perspective but also through the broader lens of family psychosocial wellbeing.

Psychosocial well-being within the family encompasses the quality of interpersonal relationships, emotional adjustment, communication patterns, social support systems, and the capacity of family members to cope with daily demands and life transitions. The use of hormonal contraceptive methods may contribute positively to these dimensions by allowing couples to plan pregnancies, allocate resources more effectively, and reduce stress associated with unplanned births. Conversely, concerns about side effects, misconceptions surrounding contraception, partner disapproval, and sociocultural expectations regarding fertility may generate tensions that affect family functioning. Existing research has largely concentrated on contraceptive prevalence, effectiveness, and maternal health outcomes, with comparatively limited attention given to the psychosocial experiences of families using hormonal methods, particularly within sub-Saharan African settings. This imbalance in the literature has created an important knowledge gap regarding how contraceptive practices shape family wellbeing in diverse sociocultural contexts.

In Cameroon, family planning remains a central strategy for improving maternal and child health outcomes and promoting socioeconomic development. Despite ongoing efforts to increase access to modern contraceptive services, contraceptive decision-making continues to be influenced by cultural norms, gender relations, religious beliefs, and community perceptions of ideal family size. These contextual factors may affect how hormonal contraceptive methods are experienced within households and how they influence family interactions and well-being. Yet, empirical evidence examining these psychosocial dimensions remains scarce, especially at the district level, where local realities often differ significantly from national trends. Understanding these dynamics is essential for developing family planning interventions that are both socially responsive and psychologically supportive.

The Bonassama Health District presents a particularly relevant setting for investigating this phenomenon. As a densely populated urban district characterized by social diversity, economic disparities, and evolving family structures, Bonassama offers a unique context in which reproductive choices intersect with complex family and community dynamics. Families within the district navigate multiple pressures related to child-rearing, employment, housing, and social expectations, all of which may shape the perceived benefits and challenges of hormonal child-spacing methods. Exploring the influence of these methods on family psychosocial wellbeing can therefore provide valuable insights into how reproductive health interventions affect everyday family life beyond their intended medical outcomes. This study seeks to examine the influence of hormonal contraceptive child-spacing methods on family psychosocial wellbeing in the Bonassama Health District. By focusing on the social and psychological experiences associated with hormonal contraceptive use, the study contributes to a more holistic understanding of family planning and expands existing knowledge beyond traditional demographic and health indicators.

STATEMENT OF THE PROBLEM

Despite the increasing adoption of hormonal contraceptive methods as a cornerstone of family planning programs, their success continues to be evaluated predominantly through biomedical and demographic indicators such as contraceptive prevalence, fertility reduction, and maternal health outcomes. While these measures provide valuable evidence of effectiveness, they offer limited insight into how hormonal child-spacing methods influence the psychosocial wellbeing of families who use them. Emerging experiences from healthcare settings suggest that hormonal contraceptive use may affect family life in complex ways, shaping marital relationships, emotional stability, communication patterns, parental roles, and overall family functioning. At the same time, concerns related to perceived side effects, partner acceptance, fertility expectations, and sociocultural beliefs may generate psychosocial challenges capable of undermining family wellbeing. In Cameroon, and particularly within the Bonassama Health District, little empirical evidence exists on the extent to which hormonal child-spacing methods contribute to or detract from the psychosocial wellbeing of families. Consequently, family planning policies and interventions are often implemented without adequate understanding of their broader social and psychological consequences. This knowledge gap limits the capacity of health practitioners and policymakers to design family-centred reproductive health services that not only promote contraceptive uptake but also enhance the quality of family life. It is against this backdrop that this study investigates the influence of hormonal contraceptive child-spacing methods on family psychosocial wellbeing in the Bonassama Health District, to generate evidence capable of informing more holistic and responsive family planning strategies.

LITERATURE REVIEW

These are drugs that contain hormones like those in the menstrual cycle that are used to prevent conception. These hormonal contraceptives are effective through the manipulation of the hormones that directly affect the normal menstrual cycle so that ovulation does not occur. These methods include:

Combined oral contraceptive (COC) or the pill: These pills contain synthetic versions of estrogen and progesterone, which prevent ovulation and reduce the chances of fertilization. The effectiveness of oral contraceptives is high when used correctly, with a failure rate of less than 1% (Trussell, 2011). However, missed doses or inconsistent use can reduce their effectiveness. Oral contraceptive pills, commonly known as the pill or COCs (combination oral contraceptives) are composed of varying amounts of synthetic estrogen and progestogen hormones. Estrogen acts to suppress follicle-stimulating hormone (FSH) and LH, thereby suppressing ovulation. Progesterone action complements that of estrogen by causing a decrease in the permeability of cervical mucus, thereby limiting sperm motility and access to ova. Progesterone also interferes with tubal transport and endometrial proliferation to such degrees that the possibility of implantation is significantly decreased (Pillitteri, 2010). A variety of pills are available, but essentially, they all work in the same way.

Keogh, Otupirib, Castilloa, Polisa, Nakuad, and Belle (2021) concluded that hormonal method use was associated with younger age, higher parity, and education. Studies of sexually active individuals found that relationship characteristics, such as age at first sexual encounter (Manlove, Ryan & Franzetta, 2003), relationship type and length (Manlove, Welte, Wildsmith & Barry, 2014) are associated with contraceptive use. One national study found that young women's odds of ever having used contraception in their first sexual relationships increased with the relationship duration and decreased if they had not known their partner before dating him. However, odds of consistent use (vs. inconsistent or no use) were higher for women in more casual relationships than for those in committed relationships and for women using a hormonal method instead of condoms (Manlove, Ryan & Franzetta, 2004).

Proper intake of pills has a 92 – 99% efficacy rate (FPWA, 2009). It is easy to use, as pills are just taken orally every day. Special precautions are necessary, remembering to take it daily at the same time, it is not suitable for women who cannot take estrogen, and there are certain medication and vomiting or diarrhea, which can make the pill less effective (FPWA, 2009). Indeed, there are numerous side effects which, unfortunately, are not made known to the public. For example, on top of numerous studies showing its carcinogenic properties since the development of synthetic estrogens in 1938 by Sir Edward Charles Dodds. Organizations' goal to promote family planning has suffered whenever the primary care human resource, especially physicians, did not have adequate knowledge and a favorable attitude toward family planning (White, Hopkins, Grossman & Potter, 2018). Most reproductive-age women know little or have incorrect information about family planning methods. Even when they know some names of contraceptives, they do not know where to get them or how to use it. These women have a negative attitude about family planning, whereas some have heard false and misleading information (Oyedokun, 2007).

The International Agency for Research on Cancer (IARC) of the World Health Organization (WHO) announced on July 29, 2005, that after a thorough review of the published scientific literature, it has

concluded that combined estrogen-progestogen oral contraceptives (and combined estrogen-progestogen menopausal therapy) are carcinogenic to humans - Group I category. This category is used when there is sufficient evidence of carcinogenicity in humans (Miguel-Aguirre, 2008; Nidoy, 2010). Cancers, heart attacks, strokes, and may cause abortion, are just some of the listed major adverse effects of the pill on women. Although the primary effect of the BCP is to prevent ovulation and to change the cervical mucus which increases the difficulty of sperm entry into the uterus, in 1978 (sometime after abortion became legal in the U.S. in January 1973), a third effect has been listed in drug references and textbooks of pharmacology that is, it causes changes in the lining of the uterus which makes it hostile to implantation or nidation World Health Organization & Johns Hopkins Bloomberg School of Public Health (2022).

The most used oral contraceptive pills combine two synthetic hormones: estrogens and progestin. Estrogen suppresses the Follicle Stimulating Hormone (FSH) and Luteinizing Hormone (LH) to suppress ovulation. While progesterone decreases the permeability of the cervical mucus to limit the sperm's access to the ova (WHO, 2018). Advantages include being very effective if used properly, making menstrual periods more regular and lighter, and making the woman less likely to get ovarian and uterine cancer, pelvic inflammatory disease, ovarian cysts, and anemia (Jirapongsuwan et al., 2016). Its disadvantages are as follows: does not protect against STIs, needs to remember to take every day at the same time, cannot be used by women with certain medical problems or taking certain medications, can occasionally cause effects such as nausea, increased appetite, headache, and rare blood clots, and breast tenderness (Jirapongsuwan et al., 2016). They had as results that 73.3% of women practiced family planning, with injectable contraceptives being the most commonly used method.

Injectables: Injectable contraceptives are hormones given through parenteral routes, such as Depo-Provera (medroxyprogesterone acetate), norethisterone enanthate (NET-EN), which contain a progestin like the natural hormone progesterone in a woman's body. It does not contain estrogen and so can be used throughout breastfeeding and by women who cannot use methods with estrogen (WHO, 2011). Effectiveness depends on getting injections regularly: This means that 97 of every 100 women using injectables will not become pregnant. The risk of pregnancy is greatest when a woman misses an injection; thus, fertility returns after injections are stopped (WHO, 2011). WHO (2011) reports that users may experience the following in the First 3 months: irregular or prolonged bleeding.

In the first year of use, there is a possibility of none / infrequent/irregular monthly bleeding. NET-EN affects bleeding patterns less than DMPA. NET-EN users have fewer days of bleeding in the first 6 months and are less likely to have no monthly bleeding after one year than DMPA users. Weight gain, headaches, dizziness, abdominal bloating and discomfort, mood changes, and less sex drive may also be noted.

METHODS

This study employed a mixed-methods approach. The aim was to benefit from both the detailed, contextualized insights of qualitative data and the generalizable, externally valid insights of quantitative data. The research design used was the study employed the convergent research design comprising a quantitative and qualitative method. With the help of stratified sampling, the eleven targeted health areas were divided into two strata. “Strata A” had only health areas with large population size of couples, while “Strata B” consisted of health areas with low population densities. This technique was necessary in this study because it avoided bias since it was based on the population size of each health area. The simple random sampling technique was applied to select four accessible health areas. This was because the simple random sampling technique provided each health area in the strata of interest with an equal chance of being represented in the sample. The purposive sampling techniques ensured only couples having at least two children were selected to participate in the study. The research sample comprised 531 couples having at least two children, estimated using an inbuilt formula for sample size in EPI-Info 7.0.

The quantitative data were analyzed using the descriptive and inferential statistical tools. The descriptive statistical tools used were frequency count, percentages, mean, and standard deviation, and a multiple-response set aimed at calculating the summary of findings for each variable for a quick comprehension of the overall findings. The addition of the mean was to better appreciate the use of natural contraceptive methods, hormonal methods, barrier methods, and surgical methods to space their children. In addition, the mean was equally used to better grade the family psychosocial well-being of the respondents. In addition to the descriptive statistical tools, the linear regression test was used to test the hypotheses because the hypotheses aimed to measure “effect” and not the relationship. The use of the linear regression test gives us additional information/prediction on the extent to which a unit of improvement in the use of natural contraceptive methods, hormonal methods, barrier methods, and surgical methods for child-spacing would have on family psychosocial wellbeing. To guide the mathematical procedure before the use of the linear regression test, a test of normality was computed. The computing of the normality assumption was done using an advanced statistical test, the Kolmogorov-Smirnov, because the sample size is above 50. Finally, the Chi-Square test was used for the hormonal method, by demographic information for some specific details, and to determine possible patterns in the use of the natural contraceptive child-spacing method (Table 1).

Table 1:
Test of Normality

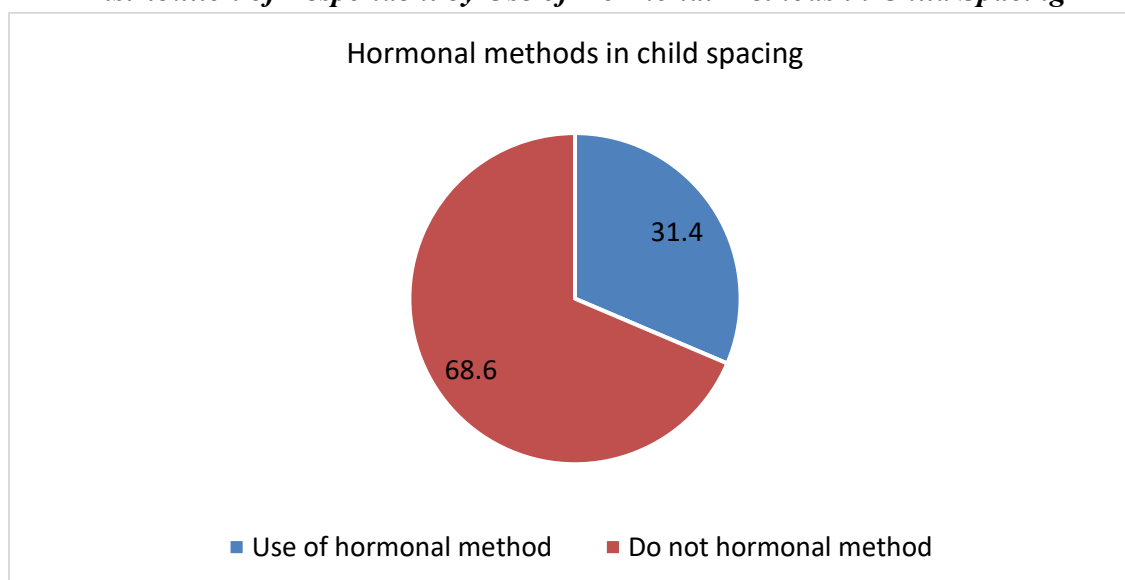
Variables	Kolmogorov-Smirnov		
	Statistic	df	Sig.
Hormonal method	.135	510	.000
Family psychosocial wellbeing	.191	510	.000

Statistics from the test of normality revealed that data significantly deviate from the normal distribution curve (p -value < 0.05). Data that do not significantly deviate from the normal distribution curve, the p -value is greater than 0.05. Therefore, the data was subjected to log transformation, and scores were standardized and boot trapping used for optimal results.

On the other hand, the qualitative data that were derived from the focus group were analyzed using the thematic analysis approach with the aid of themes and quotations. Themes are umbrella words that capture the main idea of the participants' statements, while quotations are the direct statements from the participants.

FINDINGS

Figure: 1
Distribution of Respondent by Use of Hormonal Methods in Child Spacing



In aggregate, 31.4% of respondents uses hormonal method in spacing children while 68.6% do not and

the overall mean of 2.18 below 2.5 on 4 signify low utilisation of hormonal methods.

Table: 2
Association between Hormonal Methods and Family Psychosocial Wellbeing

			Family psychosocial wellbeing		Total	Test of association (Chi-Square)
			High	Low		
Hormonal methods	Used	n	116	45	161	X ² =5.277 p-value = 0.022
		%	72.0%	28.0%		
	Not used	n	215	134	349	
		%	61.6%	38.4%		
Total		n	331	179	510	
		%	64.9%	35.1%		

More so, when family psychosocial was compared by use of hormonal methods in child spacing, a significant association was observed ($X^2=5.277$, p-value 0.022, < 0.05), whereby, respondents using hormonal methods 72.0% experience higher family psychosocial wellbeing than those not using it 61.6%.

Table: 3
Respondents' Opinion on the Use of Hormonal Methods Affects on their Family Psychosocial Wellbeing

Themes	Quotations
Financially/economically	“The fact that we have children only when needed, it has helped to enhance our family economic stability.” (Respondent H) “From the use of hormonal method in spacing our children, financially, we are able to care better for the children and family overall wellbeing. (Respondent J) Our family has been impacted positively health wise, economically, and in the education of our children as well as general wellbeing.” (Respondent J) “Financially, we are fine because we have the required number of children.” (Respondent B) “I am to provide for my family because I only have children when ready and planned.” (Respondent E)
Stress reduction	“The use of the hormonal family planning method to space our

	children has help to reduce family stress and burden because we only have our children when ready financially.” (Respondent I) “We enjoy less stress in the family because the use of the hormonal family planning method has helped us to have the required number of children.” (Respondent J) “With the use of the hormonal family planning method which is very effective, it has enabled us to have fewer children, thereby we do not stress much to care for the children.” (Respondent K)
Improve health	“The use of the hormonal family planning method has helped us to have fewer children thus, improves on family health.” (Respondent B) “My ability to take good care of my children is good because I have fewer children thanks to the hormonal family planning method. In addition, this has helped to improve on our family health.” (Respondent E) “We are able to provide good health care of the family because of the family method practice.” (Respondent K) “Our family has been impacted positively health wise, economically, and in the education of our children as well as general wellbeing.” (Respondent B) “The health of the family is improved.” (Respondent F)
Children education	“With the fewer number of children that we have, we stand a better chance to provide our children educational needs.” (Respondent F) “Our family has been impacted positively health wise, economically, and in the education of our children as well as general wellbeing.” (Respondent G) “Good education for the family members.” (Respondent G)
Enhance family relationship	“The use of hormonal family planning methods has helped improved our family relationship because we have avoided unplanned pregnancy.” (Respondent H) “One benefit of using hormonal method in spacing our children is enhanced family relationship because we do not have

	unwanted pregnancy.” (Respondent J)
Child development	“With planned pregnancies, we are able to devote more time, resources, and attention to our children development and wellbeing.” (Respondent E)

Furthermore, in a focus group discussion, among respondents accepted to use hormonal methods in spacing their children, some said helped them financially to cater for their family as depicted in statements “*Our family has been impacted positively health wise, economically, and in the education of our children as well as general wellbeing.*” (Respondent J), “*Financially, we are fine because we have the required number of children.*” (Respondent B).

In addition, some said it has improved their family health as narrated in the statements “*The use of the hormonal family planning method has helped us to have fewer children thus, improves on family health.*” (Respondent B) “*My ability to take good care of my children is good because I have fewer children thanks to the hormonal family planning method. In addition, this has helped to improve on our family health.*” (Respondent E).

Furthermore, some responded added that it has helped them to provide for their children educational needs with ease as depicted in the statements “*With the fewer number of children that we have, we stand a better chance to provide our children educational needs.*” (Respondent F), “*Our family has been impacted positively health wise, economically, and in the education of our children as well as general wellbeing.*” (Respondent G).

To elucidate, some of the respondents said it has enhanced their family relationship as depicted in the statements “*The use of hormonal family planning methods has helped improved our family relationship because we have avoided unplanned pregnancy.*” (Respondent H)

Finally, some respondents said it has helped in their children development as narrated “*With planned pregnancies, we are able to devote more time, resources, and attention to our children development and wellbeing.*” (Respondent E)

In conclusion, the use of hormonal method in child spacing was reported by the respondents to have aid in their children development, improve family health, reduce family stress, contribute to family financially stability, enhance family relationship, and support in children education.

TESTING OF HYPOTHESIS

H₀₂: Hormonal methods of child-spacing have no significant effect on family psychosocial wellbeing in the Douala IV municipality.

Ha₂: Hormonal methods of child-spacing have a significant effect on family psychosocial wellbeing in the Douala IV municipality.

Table: 4
Linear Regression Predicting a Unit of Effect of Hormonal Methods on Family Psychosocial Wellbeing

	Coefficients		p-value
	B	Std. Error	
(Constant)	22.877	.569	.000
Hormonal methods in child spacing	.438	.033	.004
Model Summary			
R		.438	
R-Square		.136	
Std. Error of the Estimate		4.757	
ANOVA^a			
F-test		9.457	
p-value		.005	
n		510	

Dependent Variable: Family psychosocial wellbeing

Predictor: (Constant), Hormonal methods in child spacing

Statistically, findings showed that use of hormonal methods in spacing children has a positive, moderate, and significant effect on family psychosocial wellbeing (Coefficient value 0.438, F-test 9.457, p-value $0.004 < 0.05$) significant at 5% level. Predictively, this implies that for every unit of improvement in the use of hormonal methods in spacing children, family psychosocial wellbeing moderately increases. Thus, the null hypothesis was rejected and alternative accepted.

DISCUSSIONS

Findings showed that the use of hormonal methods in spacing children has a positive, moderate, and significant effect on family psychosocial well-being. Predictively, this implies that for every unit of improvement in the use of hormonal methods in spacing children, family psychosocial wellbeing moderately increases. Thus, the null hypothesis was rejected and the alternative accepted. This implies that, when couples use birth control pills to space children; see that, pills are easy to use and use injectables to space children, they experience psychosocial wellbeing. This is in line with The Family Development Theory by Peterson (2020), which highlights that families must adapt to various stages of life, including the addition of children, changes in the parents' careers, financial stability, or even health.

Some respondents revealed that in terms of motivation, they will be motivated to use hormonal methods if health workers' attitude is motivating and accepted to use implants if properly educated. This is supported by White, Hopkins, Grossman & Potter (2018) who opined that Organizations' goal to promote family planning has suffered whenever the primary care human resource, especially physicians, did not have adequate knowledge and a favorable attitude toward family planning. Most reproductive-age women know little or have incorrect information about family planning methods. Even when they know some names of contraceptives, they do not know where to get them or how to use them. Finally, in terms of effectiveness, respondents confirmed that hormonal methods are effective if properly used. This is in congruence with Trussell (2011) who argued that the effectiveness of oral contraceptives is high when used correctly. Also, Oyedokun (2007) adds that false and misleading information leads to a negative attitude about family planning.

Furthermore, when use of hormonal methods was compared by demographic information, significant association was observed with gender, age range, and level of education. This is supported by Bongaarts (2020), who argued that, women with less education or who are unaware of family planning options may experience shorter birth intervals and higher fertility rates. This is also consistent with the study of Zegeye, Idriss-Wheeler, Ahinkorah, et al. (2022), who arrived at a conclusion that hormonal method use was associated with younger age, higher parity, and education. Further supporting this finding is the empirical work of Goswami, Samsuzzaman, Barman (2022) who found that reasons for contraceptive choice, gender of the first baby, education, and personal preference. By gender, females were more affirmative to hormonal methods than male. By age range, younger respondents were more affirmative to the use of hormonal methods than older respondents. Finally, by level of education, those with a tertiary degree were more affirmative to the use of hormonal methods than counterpart.

More so, monogamous respondents utilize hormonal methods slightly more than polygamous counterparts. In terms of duration in a relationship, the use of hormonal methods slightly decreases with increasing duration in a relationship. This is consistent with the findings of Manlove, Welti, Wildsmith & Barry (2014), who opined that relationship type and length are associated with contraceptive use. In the same trend, the utilization of hormonal methods slightly decreases with increasing number of children, and the same with birth spacing. This is in line with Duvall's family life cycle theory (1977), which explains that, during the first sub-stage is school-age children, the family adapts to a more structured routine. Key events involve children's academic and social development, leading to changes in family routines, such as involvement in school activities. Common challenges here are that parents face the need to balance work, school, extracurricular activities, and maintain family cohesion.

In addition, some said it has improved their family health as narrated in the statements "*The use of the hormonal family planning method has helped us to have fewer children thus, improves on family health.*"

(Respondent B) *“My ability to take good care of my children is good because I have fewer children thanks to the hormonal family planning method. In addition, this has helped to improve on our family health.”* (Respondent E). This is in congruence with the studies in Latin America (Population Report, 2002) which showed evidence that 3-5-year birth spacing led to positive effects for maternal health. This is further supported by Smith, Ashford, Gribble, and Clifton (2009) who opined that child spacing increases survival, improves the health of millions of people, and helps achieve national goals. Women will not be faced with unwanted pregnancies, illegal abortions, and childbearing that will threaten their own personal health and that of the children.

Finally, some respondents said it has helped in their children development as narrated *“With planned pregnancies, we are able to devote more time, resources, and attention to our children development and wellbeing.”* (Respondent E) this is in congruence with Rutstein (2005) who argued that Well-spaced pregnancies are associated with improved maternal health, reduced risks of infant mortality, and better child development outcomes.

RECOMMENDATIONS

Couples are encouraged to embrace family planning methods that best suit their reproductive goals and household circumstances. Healthcare providers should adopt a holistic, family-centred counselling approach that incorporates psychosocial assessment into contraceptive service delivery. Counselling sessions should provide accurate information on the benefits, possible side effects, method selection, and partner communication while promoting shared reproductive decision-making among couples. By practicing responsible child spacing, families can reduce economic pressure, enhance their psychosocial well-being, and invest more effectively in their children’s education and health. Choosing appropriate methods, whether temporary or permanent, fosters stronger marital relationships and a more supportive home environment.

CONCLUSION

In conclusion, the findings of this study provide empirical evidence that hormonal contraceptive child-spacing methods contribute significantly to improving family psychosocial wellbeing among couples in the Bonassama Health District. Both quantitative and qualitative findings consistently demonstrated that the use of hormonal methods was associated with enhanced emotional well-being, reduced family stress, improved economic stability, stronger marital relationships, and better opportunities for child health and education. Respondents’ testimonies supported these results, as many highlighted the convenience, discretion, and satisfaction associated with injectables and implants. These benefits translated into enhanced family health, improved emotional stability, and strengthened economic and educational outcomes, as couples experienced reduced pressure from unplanned pregnancies. These findings extend existing family planning literature by demonstrating that the benefits of hormonal contraception extend

beyond fertility regulation to encompass broader psychosocial dimensions of family life. By rejecting the null hypothesis and accepting the alternative, this study affirms that hormonal child spacing methods are not only medically effective but also psychosocially beneficial. Therefore, integrating hormonal methods into family planning programs remains vital in promoting holistic family wellbeing and sustainable development.

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