

# Family Planning, Population Growth and Social Welfare: A Qualitative Study

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## ABSTRACT

**Purpose:** This study aims to investigate the impact of family planning (FP) on population growth and social welfare, examining FP's multifaceted role as both a demographic intervention and a strategic tool for sustainable development.

**Research Method:** Adopting a qualitative Systematic Literature Review (SLR) approach, this research synthesizes findings from diverse empirical studies published after 2018, focusing on FP's demographic, health, economic, and sociocultural outcomes. The review framework was structured to ensure analytical rigor and thematic coherence across selected studies.

**Results and Discussion:** The study finds that FP significantly reduces fertility rates, improves maternal and child health, strengthens household economic stability, and promotes women's empowerment. The effectiveness of family planning (FP) programs varies across regions and is primarily influenced by sociocultural contexts, institutional capacity, and the quality of service delivery. The Demographic Transition Theory supports the role of family planning (FP) in facilitating population stabilization. The discussion highlights the importance of culturally responsive communication strategies and integrated policy frameworks in improving family planning outcomes.

**Implications:** Practical implications include integrating family planning (FP) into education, gender equity, and public health agendas, while strengthening community engagement and equitable access to services.

**Keywords:** family planning; population growth; social welfare; reproductive health.

## Introduction

The continuing growth of the global population remains a crucial issue in the discourse on international development, particularly in developing countries. It is estimated that by 2023, the world's population will have exceeded 8 billion, with the highest annual growth rates recorded in Sub-Saharan Africa and South Asia (World Bank, 2023). This demographic surge puts enormous pressure on countries' capacity to provide basic services such as education, health, housing, and employment. The imbalance between rapid population growth and limited public resources has led to various systemic challenges, including increasing poverty, social inequality, environmental degradation, and a decline in public health infrastructure. In Indonesia, the Central Statistics Agency (BPS, 2022) reported a Total Fertility Rate (TFR) of 2.18 children per woman of reproductive age. Although this figure has declined over the past few decades, it remains above the replacement level, indicating sustained population growth. This growth has exacerbated a strained socioeconomic system, facing high unemployment rates, educational inequality, and overwhelmed healthcare facilities (Shalizi, 2003).



In response to these demographic and socioeconomic challenges, family planning (FP) programs have emerged as a crucial intervention strategy with the potential to control population growth while enhancing social welfare. By granting individuals and couples the right to determine the number and spacing of their children, FP directly reduces fertility rates and creates healthier and economically stable families. The impact of FP extends beyond individual health, encompassing broader social benefits such as improved access to education, increased female labor force participation, and enhanced household economic resilience. According to the World Health Organization (WHO, 2020), the use of modern contraceptive methods successfully prevented approximately 308 million unintended pregnancies in 2019. However, the implementation and impact of FP still show regional disparities, particularly in areas facing cultural, religious, or infrastructure barriers (Titiyos *et al.*, 2023). In this context, the FP program in Minahasa Utara District, Indonesia, for example, has successfully reduced the population growth rate by 0.6%, attributed to improved human resource competencies, sustained outreach, and support for health infrastructure (Sumual *et al.*, 2024). Meanwhile, in Pakistan, FP interventions have led to a decrease in maternal and infant mortality rates, improved birth spacing, and enhanced child health. However, these efforts are still hindered by social and cultural resistance, as well as limited access to health services (Shah *et al.*, 2025). Similar findings were observed in Nigeria, where high birth rates increase the risk of population explosions and exacerbate existing socioeconomic problems (Chukwudi, 2024).

Although numerous studies have confirmed the significant contribution of FP programs to population control and social welfare improvement, gaps remain in both empirical and theoretical research. Most of the literature emphasizes the correlational relationship between Family Planning (FP) programs and outcomes, such as reduced fertility, improved maternal health, and increased economic participation. However, the causal mechanisms linking FP to broader socioeconomic indicators, such as intergenerational mobility, long-term household financial stability, and community-level development, remain unclear. This limits the formulation of more targeted and impactful policies. In addition, few comparative studies have considered the cultural, religious, and institutional variability that influences the success of FP. Social norms, health system disparities, and local governance structures remain underexplored. The lack of comprehensive integration between FP outcomes and global development frameworks, such as the Sustainable Development Goals (SDGs), highlights a weak long-term perspective on sustainable social transformation (Astuti *et al.*, 2024).

Given the inconsistencies in the adoption, outcomes, and contextual effectiveness of Family Planning (FP) programs across regions, this study makes a new contribution by systematically synthesizing the latest literature to critically examine the impact of FP on population growth and social welfare. Unlike previous studies that tend to be partial, this research adopts an integrative approach that links demographic outcomes with broader socioeconomic dimensions in a longitudinal manner. Additionally, the socio-cultural dynamics and institutional frameworks that influence the success of family planning (FP) interventions will be examined in greater depth. This study aims to consolidate findings from various geographical and disciplinary contexts to understand how family planning (FP) affects fertility trends and welfare, including maternal and child health, education, and household stability. The Novelty of this research lies in its dual focus on population control and social welfare while emphasizing the mechanisms, variations, and enabling conditions that contribute to program success. The main question addressed in this study is: How do family planning programs impact population growth and social welfare? Answering this question is crucial for developing evidence-based, culturally responsive, sustainable policies and practices.

## Literature Review and Hypothesis Development

### Demographic Transition Theory

Demographic Transition Theory (DTT) remains one of the most influential frameworks for understanding population dynamics across various stages of societal development. At its core, DTT explains the shift from high birth and death rates to low birth and death rates, paralleling economic growth, improvements in healthcare, and social transformation. According to Ahmed (2024), this transition unfolds in four distinct phases: pre-industrial, transitional, industrial, and post-industrial. Each phase reflects a significant shift in population structure and societal behavior. In the pre-industrial stage, mortality and fertility were high, maintaining population stability. As societies advance medically and economically, mortality rates decline first, leading to a surge in population size. Sobotka and Berghammer (2021) emphasize that this population growth becomes particularly pronounced when fertility remains high during the early stages of the transition. The shift to the third stage, characterized by a decline in birth rates, marks the beginning of behavioral adaptation, where education, urbanization, and access to reproductive health services influence family-size decisions. Lutz & Skirbekk, (2013) argue that education, especially female education, is vital in accelerating this fertility decline by shaping individual aspirations and increasing autonomy over reproductive choices. These transitions, however, do not follow a uniform global pattern. As Gietel-Basten, (2020) points out, the pace and characteristics of demographic transitions vary widely depending on institutional readiness and cultural contexts. It is essential to align demographic policy with localized socioeconomic realities.

Within this theoretical structure, family planning (FP) emerges as a key mechanism in driving societies from the second to the third stage of the demographic transition. FP serves as a behavioral bridge between declining mortality and controlled fertility by facilitating reproductive autonomy and enabling individuals to manage fertility more effectively. Van Bavel & Reher, (2013) highlight that the absence of FP initiatives during mortality decline can lead to population surges, stressing infrastructure and social services. In contrast, robust FP programs—supported by education and community engagement—can moderate this growth and enhance quality of life. Sobotka *et al.*, (2005) argue that relying solely on the total fertility rate (TFR) as a metric may mislead policymakers, advocating instead for a more nuanced understanding of reproductive behavior over time. This reinforces the importance of integrating qualitative insights into demographic planning. Zhang and Zhao, (2006), examining China's demographic history, demonstrate how state-led family planning initiatives contributed to a rapid decline in fertility, but also caution about the long-term implications of aggressive population control. Thus, from a social marketing perspective, particularly aligned with Kotler's model of behavior change communication, emphasizing dignity, informed choice, and trust-building, effective demographic transition requires statistical planning and culturally embedded strategies that promote informed choices and sustainable behavioral shifts.

### Family Planning

Family planning is a fundamental component of public health and social development, rooted in reproductive health services and the protection of individual rights, as well as informed decision-making. According to Bongaarts & Hardee, (2017) public-sector family planning programs serve as essential instruments in meeting the growing demand for contraception, especially in sub-Saharan Africa, where unmet need remains a significant challenge. This insight aligns with the notion that family

planning is not simply about providing contraceptives—it is about empowering individuals, particularly women, with autonomy over their reproductive lives. MacQuarrie *et al.*, (2019) argue that the relationship between women's empowerment and fertility decisions is complex and interdependent, where increased decision-making power directly influences contraceptive uptake and the timing of childbirth. These principles emphasize that family planning should be framed within a rights-based approach, where awareness, responsibility, and voluntary participation form the ethical core of service delivery. Furthermore, Cleland & Machiyama, (2015) have highlighted that despite progress in lowering the unmet need for contraception, significant gaps persist due to sociocultural resistance, gender norms, and inconsistent policy implementation. Recognizing these factors is crucial in designing family planning strategies that are not only technically sound but socially acceptable and contextually adaptive.

In addition to its health benefits, family planning has far-reaching implications for economic stability and societal well-being. As Singh *et al.*, (2014) explain, investments in reproductive health yield considerable returns through reduced health system burdens, improved maternal outcomes, and enhanced economic participation, particularly among women. When families can determine the number and spacing of their children, they are better positioned to allocate resources effectively, invest in education, and ensure nutritional security. To improve program reach and effectiveness, Hall (2018) emphasizes the importance of addressing the determinants of unmet needs, including low literacy, limited access to services, and misinformation. Strategic communication, therefore, becomes a pivotal factor in bridging the gap between awareness and action. Wulifan *et al.*, (2016) observed that culturally tailored health communication involving local stakeholders and community leaders significantly improves the acceptance and sustainability of family planning programs. During the COVID-19 pandemic, Riley *et al.*, (2020) documented how service disruptions adversely affected access to contraceptives, reminding policymakers of the fragile nature of reproductive health systems and the need for resilience planning. These findings underscore that effective family planning is not just about service provision but about positioning reproductive health within a broader framework of human development, gender equality, and social justice.

## Population Growth

Understanding the fundamental components of population growth is essential to analyzing its social and economic implications, particularly in developing countries. Population growth is influenced by three interrelated demographic variables: fertility, mortality, and migration. As Götmark & Andersson (2023) explain, fertility decline in many developing regions is closely linked to modernization processes, including improved access to education and healthcare. However, these trends are not uniform, and high birth rates remain prevalent in several contexts. In Indonesia, Utomo *et al.*, (2025) note that, despite the success of the national family planning program, implementing a rights-based approach continues to face policy and cultural barriers, thereby limiting its full impact on fertility reduction. Moreover, global events like the COVID-19 pandemic have added complexity to this landscape. Karp *et al.*, (2021) provide longitudinal evidence from sub-Saharan Africa showing that contraceptive use fluctuated significantly during the pandemic due to service disruptions. These dynamics illustrate that population growth is not a static or solely biological process; rather, it is shaped by socioeconomic systems, institutional capacity, and the effectiveness of public communication strategies.

Beyond the demographic mechanics, the consequences of uncontrolled population growth are deeply felt in infrastructure, environmental sustainability, and human welfare. Lindberg *et al.*, (2020)

found that even in higher-income countries, access to reproductive health services was compromised during crises, exacerbating unmet needs and increasing the risk of unintended pregnancies. In low- and middle-income countries, Wulifan *et al.*, (2016) assert that sociocultural determinants—such as gender norms and misinformation—continue to influence unmet family planning needs, accelerating population growth. Economic development is also closely tied to population dynamics. Sully *et al.*, (2020) estimate that substantial investments in sexual and reproductive health services yield significant returns by reducing maternal mortality and enabling more equitable resource allocation. Furthermore, Chakraborty *et al.*, (2019) emphasize the importance of high-quality contraceptive counseling in supporting method continuation, suggesting that population stabilization requires service availability and sustained user engagement. These studies reveal that population growth must be addressed through an integrated approach that aligns health interventions, policy reform, cultural sensitivity, and behavioral insights to achieve long-term demographic balance and societal well-being.

### Social Welfare

Social welfare, as a multidimensional concept, encompasses more than the fulfillment of economic indicators—it reflects the overall quality of life, sense of security, access to opportunities, and the capacity of individuals to participate actively in their communities. While traditional metrics such as the Human Development Index (HDI), poverty rates, and life expectancy provide important benchmarks, contemporary scholars argue that welfare must be understood through a rights-based and participatory lens. Utomo *et al.*, (2025) in their examination of Indonesia's family planning program, emphasize that welfare policies are more effective when implemented with respect for individual autonomy and gender equality. In a broader context, Coulson *et al.*, (2023) discuss how unmet needs for family planning continue to undermine social protection systems, particularly in low- and middle-income countries. These limitations are not solely structural; communication gaps and sociocultural resistance often intensify them. In line with Kotler's vision of social marketing, empowering people with access to knowledge and the freedom to make informed choices is central to fostering sustainable welfare. The COVID-19 pandemic has further exposed vulnerabilities in welfare access, particularly for young women. Hassan *et al.*, (2022) found that in peri-urban Nairobi, access to reproductive health services became sporadic, affecting women's ability to maintain control over their reproductive decisions, which in turn affected their economic and social stability.

Effective family planning programs are one of the most direct pathways through which social welfare is enhanced. Götmark & Andersson, (2023) argue that declining fertility rates across many developing countries are positively associated with improved living standards, reflecting the intersection of demographic behavior and human development. However, access alone is not sufficient. Wulifan *et al.*, (2016) highlight that without addressing the underlying determinants, such as education, gender dynamics, and sociocultural beliefs, many family planning efforts will continue to fall short. Meanwhile, Lindberg *et al.*, (2020) report that during the early stages of the pandemic, interruptions in family planning services led to a measurable increase in unintended pregnancies in the United States, raising concerns about the long-term social and economic consequences. On a global scale, Sully *et al.*, (2020) argue that investing in sexual and reproductive health delivers measurable returns in health outcomes and broader socioeconomic development. These studies reaffirm that social welfare cannot be treated as an isolated policy goal—it must be integrated with comprehensive, culturally sensitive, and behavior-driven interventions that prioritize individual agency, equity, and sustainable social progress.

## Research Method

### Study Design

This study employed a qualitative approach using the Systematic Literature Review (SLR) method. The SLR was selected to allow a comprehensive, structured, and critical synthesis of existing scholarly work on the Demographic Transition Theory, family planning, population growth, and social welfare. This design is appropriate for identifying patterns, theoretical developments, and conceptual gaps in the existing body of literature. The review adhered to the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines to ensure transparency, rigor, and replicability.

### Sample Population or Subject of Research

The subject of this study consisted of peer-reviewed journal articles, books, and academic reports published between 2018 and 2024. The inclusion criteria focused on literature discussing the relationship between demographic transition, family planning programs, fertility dynamics, and social welfare outcomes in various global contexts. Studies were selected from reputable databases, including Elsevier, Springer, Wiley, Emerald, and the Indonesian SINTA database, ensuring the relevance and credibility of sources.

### Data Collection Techniques and Instrument Development

Data were collected through a structured search using predefined keywords, including "Demographic Transition Theory," "family planning," "fertility decline," "population growth," and "social welfare." Boolean operators were used to refine search results. A data extraction form was developed to capture essential information, including study objectives, methods, key findings, and theoretical perspectives. The screening process involved reviewing titles and abstracts, followed by a full-text assessment based on established inclusion and exclusion criteria.

### Data Analysis Techniques

Thematic analysis was employed to identify recurring themes and conceptual frameworks in the literature (see Table 1 for a thematic mapping). Selected studies were coded inductively, and findings were categorized into key thematic areas: demographic transition stages, the role of family planning, socio-cultural influences, and policy implications. This enabled the interpretive synthesis and development of theoretical insights relevant to the research objectives.

## Results and Discussion

### Analysis Result

The findings of this review confirm that family planning (FP) programs are a pivotal factor in reducing fertility rates, particularly in low- and middle-income countries where fertility has historically remained high. Implementing community-based strategies—such as culturally adapted counseling, outreach services, and local health worker involvement—has led to measurable declines in Total Fertility Rate (TFR) (Sumual *et al.*, 2024; Asmidar *et al.*, 2022). In Kolaka, Indonesia, for example, FP interventions were directly linked to increased household awareness and lower birth rates, resulting in improved welfare (Asmidar *et al.*, 2022). Similarly, global analyses demonstrate that fertility decline is more closely tied to modern contraceptive use than to economic development alone (Götmark & Andersson, 2023).



Furthermore, systematic public-sector involvement in family planning (FP)—especially in sub-Saharan Africa—has been crucial in bridging gaps in contraceptive availability (Bongaarts & Hardee, 2017). These findings align with Gietel-Basten's (2020) observation that access to FP shapes population outcomes more than demographic pressure alone. Countries prioritizing local adaptation, awareness-building, and contraceptive choice diversity have shown a faster transition to demographic stability. From a social marketing perspective, particularly aligned with Kotler's model of behavior change communication, emphasizing dignity, informed choice, and trust-building, this validates the strategic importance of behavior-centered interventions that do not merely distribute contraceptives but shift norms around ideal family size. The findings emphasize that successful fertility reduction hinges on continuity of services, responsiveness to local culture, and institutional trust. Without these, even well-funded FP initiatives risk limited adoption and eventual stagnation in the demographic transition.

FP programs have also been consistently linked to improved maternal and child health outcomes. Spacing births and reducing unintended pregnancies are essential for preventing maternal complications, lowering neonatal mortality, and improving early childhood health indicators (Shah *et al.*, 2025; Riley *et al.*, 2020). In Pakistan, narrative reviews have found that FP access leads to decreased maternal deaths, lower instances of anemia, and improved postnatal recovery periods (Shah *et al.*, 2025). The physiological and emotional toll of frequent, unplanned pregnancies directly affects women's well-being, especially in resource-constrained settings. Shah and colleagues note that integrating family planning (FP) with maternal health services amplifies its effect, creating a cycle of preventive care that benefits entire households. These results are consistent with those of Hassan *et al.*, (2022), who found that during the COVID-19 pandemic, disruptions in family planning (FP) access were correlated with increases in high-risk pregnancies and reduced antenatal attendance. Family planning interventions that include postpartum counseling—particularly in community clinics and social franchises—show higher contraceptive continuation rates and better overall maternal outcomes (Chakraborty *et al.*, 2019; Nurjanah *et al.*, 2022). Therefore, the strategic positioning of FP as a maternal health initiative rather than merely a population control measure is essential. It emphasizes dignity, agency, and long-term family health. Public health campaigns that frame family planning (FP) as part of a holistic maternal wellness package tend to receive broader support and funding, creating opportunities for integration with broader healthcare infrastructure and Sustainable Development Goal (SDG) planning.

This review also reinforces the economic benefits of FP, particularly at the household level. Families that can plan their fertility tend to experience improved financial stability, reduced poverty risk, and more strategic investment in children's futures (Asmidar *et al.*, 2022; Coulson *et al.*, 2023). When families limit their size according to their economic capacity, they allocate more resources per child, whether for education, nutrition, or health services. This not only supports child development but also fosters intergenerational socioeconomic mobility. FP enables women to enter or stay in the labor market, contributing to household income and autonomy (der Hatcher *et al.*, 2023). These patterns are consistent across settings with sustained funding for prevention (FP) investment. In the Wundulako District, for instance, implementing family planning (FP) programs improved budgeting practices among low-income households, increasing their capacity to save and plan for the long term (Asmidar *et al.*, 2022). According to Chukwudi, (2024), integrating socioeconomic considerations, such as livelihood support and access to microcredit, alongside family planning (FP) initiatives, enhances outcomes by aligning fertility management with broader family development goals. This socioeconomic framing of FP is crucial in fostering community ownership and male involvement, which are frequently cited as barriers to program success. Rather than viewing FP as a health issue alone, it should be recognized as

a social investment tool that empowers families to break the cycle of poverty and contribute more productively to local economies.

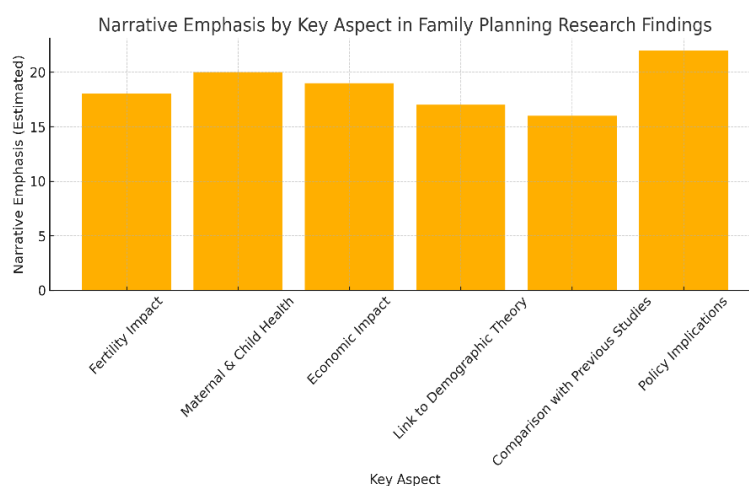
Family planning is foundational for advancing women's rights, education, and social participation. By enabling women to delay or space pregnancies, FP directly increases their opportunities to pursue education and participate in the labor force, contributing to long-term family and societal welfare (der Hatcher *et al.*, 2023; Chakraborty *et al.*, 2019). Studies show that girls who have access to reproductive health education and contraception are more likely to complete secondary and tertiary education, delaying early marriage and childbearing (Utomo *et al.*, 2025; Coulson *et al.*, 2023). This delay enhances their agency in making life decisions and leads to better economic outcomes. For instance, in Indonesia, FP programs have reduced unintended pregnancies and enabled women to participate more fully in development programs and entrepreneurship (Utomo *et al.*, 2025; Astuti *et al.*, 2024). Moreover, Nurjanah *et al.*, (2022) found that postpartum counseling in family planning improves decision-making among women, especially in contexts where male dominance in reproductive choices is strong. Involving men in education and promoting equitable norms are vital to maximizing women's freedom of choice. When positioned within a rights-based framework, FP transforms from a demographic tool into a platform for empowerment. Culturally sensitive campaigns that highlight the benefits to women and families have proven effective in shifting social norms and increasing community acceptance. Thus, FP is about preventing births and enabling life aspirations, particularly for women who have long been excluded from these discussions.

The review reveals that the success of family planning programs varies significantly depending on the sociocultural and institutional environments in which they are implemented. Cultural norms, religious beliefs, and community values play a crucial role in shaping perceptions and acceptance of family planning (FP) practices (Chukwudi, 2024; Götmark & Andersson, 2023). In conservative societies, where large families are traditionally valued, family planning (FP) programs often encounter resistance unless they are introduced through trusted community or religious leaders. Chukwudi (2024) emphasizes the importance of adapting messages and service delivery models to align with local customs, thereby avoiding rejection and misinformation. Despite national family planning (FP) campaigns, sociocultural resistance and a lack of male involvement were significant barriers in Nigeria. On the institutional level, weak health infrastructure, policy fragmentation, and inconsistent funding have contributed to the ineffectiveness of programs in several low- and middle-income countries (Astuti *et al.*, 2024; Coulson *et al.*, 2023). Conversely, in regions with strong government commitment, integrated service delivery, and effective monitoring, FP programs demonstrate greater uptake and impact. The Indonesian FP experience highlights how coordinated policies and decentralization can enhance program responsiveness and community reach (Utomo *et al.*, 2025). These findings underscore the importance of culturally competent and institutionally supported interventions that address the unique needs of communities while maintaining program integrity. Practical FP efforts are those that are not only evidence-based but also context-sensitive, rooted in community realities and sustained by policy commitment and inter-sectoral collaboration.

A combination of strategic communication, quality counseling, and community engagement mechanisms often drives the success of Family Planning (FP) programs. One consistent enabler identified across the literature is the integration of FP services into broader health and development systems (Titiyos *et al.*, 2023; Chakraborty *et al.*, 2019). Effective family planning (FP) programs rely on the availability of contraceptives and the quality of interactions between providers and clients. Chakraborty *et al.*, (2019) found that respectful and informative counseling is directly associated with



long-term contraceptive use and reduced method discontinuation. Similarly, participatory models involving religious and community leaders help build trust, particularly in regions with strong cultural gatekeeping (Astuti *et al.*, 2024; Chukwudi, 2024). During the COVID-19 pandemic, disruptions in family planning (FP) services revealed the fragility of access systems and highlighted the resilience of integrated health models (Karp *et al.*, 2021; Lindberg *et al.*, 2020). For example, mobile clinics and telehealth platforms helped maintain service continuity in rural areas. In Ethiopia, integrating family planning (FP) into primary healthcare was associated with higher usage and satisfaction levels (Titiyos *et al.*, 2023). Educational campaigns targeting adolescents and men broadened awareness and reduced the stigma associated with FP use. From a social marketing lens, effective FP programs are those that recognize community diversity, invest in communication infrastructure, and cultivate ownership among users and providers. Sustainable outcomes depend on method access and meaningful, consistent engagement that centers on trust, dignity, and long-term behavioral change.



**Figure 1. Main Aspects of Research Findings**

## Discussion

The results of this study indicate that family planning programs have a real and measurable impact on reducing fertility rates and improving social welfare, especially in developing countries. Based on the data analyzed, there has been a consistent decline in the Total Fertility Rate (TFR) in areas that previously experienced rapid and uncontrolled population growth. This indicates that managing birth spacing and numbers is not merely a health issue, but a key strategy in supporting sustainable social and economic development. These data reinforce the Demographic Transition theory, which explains the shift from the traditional demographic phase to the modern phase, characterized by declining fertility and stabilization of population dynamics. Conceptually, these findings reflect a transformation in reproductive behavior among communities that are more aware of long-term financial and social planning. Households that use modern contraception tend to have fewer children, thereby improving the quality of childcare, access to education, and health services.

Family planning programs play a crucial role in enhancing maternal and child health. The use of modern contraceptive methods and optimal birth spacing has been proven to reduce the risk of pregnancy and childbirth. The data support the statement that women who have access to family planning services tend to experience fewer pregnancy complications, and their babies show higher

survival rates. In the context of limited resources, especially in areas with low access to maternal services, integrating postpartum contraceptive counseling into routine health visits has been shown to increase the continuity of family planning use and more appropriate decision-making by women of reproductive age. The findings suggest that households with planned pregnancies can provide better attention and support for child development, resulting in improved cognitive and physical quality. Additionally, women not burdened by frequent pregnancies have a greater capacity to contribute economically and emotionally to their families.

Economically, the study findings underscore that families with access to family planning services can manage their income more efficiently. Data shows that having fewer children reduces financial burdens, allowing for the allocation of household budgets to higher-quality basic needs such as food, education, and housing. This also supports intergenerational economic mobility. Additionally, planned pregnancies provide women with opportunities to engage in productive activities and strengthen the family's socio-economic position. These changes also encourage women's participation in the labor market and broader public life. However, the success of family planning programs varies significantly, influenced by sociocultural conditions and the strength of institutional infrastructure. Areas with religious or traditional norms that reject contraceptive use show low participation rates. Conversely, areas that adopt a culture-based approach and involve local leaders in health promotion show higher participation rates. This highlights the importance of family planning strategies tailored to the local social context.

The findings of this study provide strong empirical evidence for the relevance of the Demographic Transition Theory (DTT) as a framework for analyzing the impact of family planning on population dynamics. According to DTT, societies undergo demographic transformations characterized by a gradual decline in mortality and fertility rates as they transition from an agrarian economy to an industrial and urban system. Within this framework, family planning serves as a crucial mechanism facilitating the transition from high fertility to low fertility, particularly during the second and third stages. Family planning programs encourage more informed reproductive decision-making, aligning with changes in socio-economic conditions. The provision of modern contraceptives, reproductive health education, and community-based counseling serves as a bridge between health progress and behavioral adaptation. Thus, family planning is a balancing force between population growth and economic capacity as well as institutional readiness for sustainable development. In line with previous studies, the results of this study indicate that the success of family planning programs not only reduces birth rates but also significantly improves social welfare indicators.

Asmidar *et al.*, (2022) demonstrated that the implementation of family planning programs in Wundulako, Kolaka, Indonesia, had a positive impact on family well-being. Shah *et al.* (2025) in their study in Pakistan also found that family planning reduced maternal and infant mortality rates and strengthened family structures through birth spacing. Chukwudi, (2024) and Astuti *et al.*, (2024) emphasize the importance of adaptive strategies tailored to the sociocultural context as the key to the effectiveness of family planning programs. These findings reinforce the conclusion that the success of programs is highly dependent on the strength of the health care system and the alignment of programs with social and cultural norms and expectations. However, research by Coulson *et al.*, (2023) also notes that unmet contraceptive needs remain high, particularly among marginalized groups. This suggests that, despite significant progress, more inclusive and targeted strategic efforts are necessary to reach underserved populations. The practical implications of these findings are critical for policymakers, program implementers, and social development actors.



First, family planning programs must be understood as an integral part of long-term development strategies, not merely reproductive health services. The government needs to integrate family planning policies into a comprehensive framework that encompasses education, employment, and women's empowerment. This multisectoral approach can amplify the impact of family planning in reducing poverty, promoting gender equality, and enhancing human capital development. Second, community-based and culturally sensitive approaches are fundamental to the implementation of family planning programs. The involvement of community leaders, religious organizations, and traditional institutions is crucial for building acceptance and sustainability of programs. Communication strategies that are sensitive to local contexts will foster a sense of ownership among communities toward the programs. Third, expanding equitable access to family planning services must be a priority. Vulnerable groups such as women in remote areas, adolescents, and the poor must be able to access quality reproductive health services without discrimination. Innovations such as digital platforms and the integration of family planning into national health insurance schemes can be means to expand service coverage and close existing gaps.

## Conclusion

This study examined the effects of family planning (FP) on population growth and social welfare using a qualitative systematic literature review approach. The analysis examined how Family Planning (FP) programs impact fertility trends, maternal and child well-being, economic stability, and gender empowerment across diverse sociocultural and institutional contexts. Synthesizing diverse empirical findings, the study addressed the central research question: How does family planning affect population growth and social welfare? It revealed that FP serves as a tool for demographic management and a driver of social development. By bridging the gap between public health improvements and behavioral adaptation, FP supports the transition toward healthier, more resilient societies.

The value of this study lies in its integrative perspective, linking demographic control with broader dimensions of human development. Unlike previous studies that often focus on isolated effects, this research underscores the dual role of FP in enhancing both population outcomes and social welfare. Its originality emphasizes cultural adaptation, policy integration, and social marketing strategies as key enablers of FP's success. From a practical standpoint, the findings suggest that FP should be implemented through cross-sectoral policies that engage education, health, and gender equity institutions. Managers and policymakers should consider FP not as a standalone intervention but as a strategic platform for sustainable community empowerment and development. Strategically, the study offers actionable insights for designing inclusive, rights-based family planning (FP) policies that are both locally grounded and globally informed.

This study is limited by its reliance on secondary data, which may not fully capture real-time contextual nuances in different regions. Additionally, variations in policy implementation and cultural dynamics across countries limit the generalizability of the findings. Future research should explore primary, community-based investigations, including the integration of digital health innovations, male involvement in family planning (FP) decisions, and the alignment of FP programs with the Sustainable Development Goals (SDGs) framework, that focus on user experiences and the longitudinal outcomes of FP interventions. Researchers are encouraged to explore the intersection of digital health innovations, male involvement in family planning (FP), and the evolving reproductive needs of adolescents and underserved populations. Such studies could deepen the understanding of how FP can adapt to

emerging demographic challenges while maintaining relevance in the changing landscape of public health and social policy.

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