**THE ATTITUDE OF WOMEN AND FACTORS AFFECTING THEM IN FAMILY PLANNING IN EKU COMMUNITY, DELTA STATE, NIGERIA**

**ABSTRACT**

The awareness of family planning, sensitization and programs are on the increase due to various social-economic, welfare, health and family responsibility is a major subject in the present day health education advocacy in respect to child and maternal health considerations. Specifically, the aim of this study unraveled educational influence, religion, age, health, culture of women including income as an important consideration in family planning. The benefits, types and its benefits were also evaluated in which simple random sampling were employed. The subjected examined were given 100 questionnaires consisting of women of child bearing age from the main street and quarters of Eku community in Delta State. Percentage system was used to determine the outcome of the data collected to map out considerations of various societal values such as religion, finance, education, cultural influence as a determinant of couples measures of involvement of family planning. Incentive and educational awareness program was a key determinant recommended through various media channels possible to child bearing individual to adopting family planning.

**KEYWORDS:** Eku, Family Planning, Women, Attitude

**INTRODUCTION**

Family planning as the name implies is having children by choice and not by chance; it is the process of having specific number of children at intervals acceptable by individuals or couples, to promote the health and welfare of the family.  Family planning is not a new idea all over the world and also applies to Eku community in Delta state.  Throughout the ages, individuals and families have tried to regulate their fertility either by using herbs, abstinence during ovulation, prolonged breast feeding and living with parent in-laws to avoid sex or polygamy (Anasel and Mlinga, 2014; Starbird et al., 2016; Shariff, 2020).

Large family numbers were encouraged over the years to suit into cultural family practices into involvement of agricultural productivity this is because Africa as a continent over the years has suffered setbacks in terms of economic and policy stability making societal families to opt for increase in child bearing as a model for increasing workforce to meet up with daily demands of life. It is a known fact among the black race that children helps to sustain lineage growth over generations which helps to keeps family support as parents aged (Mustafa et al., 2015).

African women traditionally have played major roles in agricultural production, though their primary roles are that of wives and mothers having limited right as subordinates to the males in the household.  The status of women is further eroded by the practice of polygamy because they have limited opportunities.  At the societal level, child bearing is therefore an important way for them to gain status through the number of children raised.

Children are also needed for labour in the farm and a potential old age security which they provide in later life, especially for their mothers because women are often denied inheritance right or forfeit right to use land upon death of husband; and they need children especially sons to ensure that someone cares for them in their old age.  According to African tradition, a man has the right to have as many women as he can manage, which justifies having more children and raising big families in order to preserve the lineage for future generations (Nansseu et al., 2015).

Since children reduction programs were implemented in the middle of the 1950s to combat social vices including early pregnancy, illiteracy, and out-of-school children, most women today are aware of the detrimental effects of financial hardship brought on by the expense of raising children (Solanke, 2018). The marital guidance counselors, an organization founded by this elite group, subsequently communicated with the global Planned Parenthood Federation of Nigeria (PPFN). The Elites group promoted the use of contraceptives, which resulted in a collaboration with the Planned Parenthood Federation of Nigeria (PPFN), a group that assisted in raising community awareness to reduce the number of births and help parents cope with the current economic climate (Mahadeen et al., 2016).

Though cultural belief in large numbers of children the use of family planning has come to stay as part of curbing overpopulation (WHO, 2020). Several cultural practices based on ethnicity are still invoked to reduce birth rate such use of magical lines from animals body preparations also involving the use of child’s tooth, abstinence and standing on the condition of sex after marriage were introduced. This shows various methods introduced before the modern stale of orthodox medicine intervention to curb pregnancy  (Tolefac et al., 2018; United Nations, 2020). Though these traditional methods of contraceptives look weird from their usage, on this note was the introduction of modern therapeutics regimen that are safe, reliable, affordable, convenient and suitable for family intending for their usage with easy access and pleasure usage (Sedgh, 2016). Major surgical procedure of family palning is vasectomy for the male and tubalization for the female preventing the both sex sperm and ovum from fertilization reach.

Measures have been emphasized by various groups such as United Nations (UN), World Health Organization (WHO) and National Population Census (NPC) these are with similar objectives of curbing the impacts of over population and its effects on the society.

Therefore, this study assessed the perspectives and involvement of Eku women of childbearing age in using contraceptives for family planning, taking into account cultural, economic, and religious beliefs that may encourage or discourage family planning participation and maximize its significance.

**Objectives of the Study**

 **The study's goals were to describe the variables affecting Eku women's attitudes about family planning. The particular goals are:**

**i. To ascertain how women's opinions about family planning are influenced by their level of education and health.**

**ii. To assess how religion and culture affect women's attitudes toward family planning**

**iii. To discuss how women's socioeconomic situation and awareness of family planning affect their attitudes iv. To identify medical professionals who are knowledgeable about contraceptives and can affect women's attitudes toward family planning.**

**Research Questions**

The following research questions were formulated to achieve the objectives of the study:

1. Does education influences women’s attitude towards family planning?
2. Do religion and culture affects the women’s attitude towards family planning?
3. Socio-economic status and knowledge of family planning influences women attitude in regards family planning?
4. Do medical personnel andwareness of contraceptives of influences women attitude as pertaining family planning?

**RESEARCH METHODOLOGY**

**3.1 Research Design**

This research used descriptive cross sectional study. It is designed to assess the research variables among women within specified period of time

**3.2 Study Setting**

The study was carried out in Eku Community in Ethiope East Local Government of Delta State. The Community is centralised in Delta state and it is of majorly Urhobo ethnicity, it is made of five main streets which are 1st Urhusi/ 2nd Urhusi, Ikreghwa, Iyadjarho, Uruoku and Idioka. Eku community also has three major villages known as Orhono, Oko Echi and Okorore). Though there are other major streets, avenue and close now which is an extension of the original inhabitants of the main streets such as Felly Street, new and old Commissioner Artgur Road, Odogu and Accasidy Street.

**3.3 Target Population**

The target population were the women of child bearing age in Eku community which were randomly selected with an estimate of 100 women of child bearing age from different streets of the community.

**3.4 Sample Size Determination**

The estimated population of the community was used in the course of this study as questionnaire was spread across the various streets. A 400 questionnaires were distributed this is determined accordingly (Safari et al., 2019).

**Using Slovin’s formula for sample size determination:**

**n = N / 1+ N (e) 2**

**Where: n = Sample size required**

**N= Number of people in the population**

**e = margin on error**

**n = 400 / (1+ 400(0.06)2 )**

**n = 400 / (1 + 400(0.0036) )**

**n = 400 / 1 + 1.44**

**n = 400 / 2.44**

**n = 173**

However, for easy computing and better understanding, the study used 100 respondent

**3.5 Sampling Technique**

A convenient sampling technique were used for this study that is only those respondents who were available online and were willing to participate in the study were selected to participate in the study

**3.6 Instrument for Data Collection**

A self-structured questionnaire was used for data collection in the study. It was divided into 5 sections

Section A: Demographic characteristics

Section B: Determine education and health status in influencing the women attitude in respect to family planning

Section C: Assess culture and religion in influencing women attitude for family planning

 Section D: Evaluate income status in influencing women attitude towards family planning

Section E: To infer the level of contraceptive use among women in influencing their attitude towards family planning

**3.7 Validity of Research Instrument**

The instrument was constructed based on extensive literature review and in line with the objectives of the study to ensure clarity and avoid ambiguity, this was to ensure face validity of the instrument.

**3.8 Reliability of Research Instrument**

In order to ensure the internal consistency of the research instrument, a pilot study was carried out among 20 women of child bearing age in Eku community. The questionnaires was administered, same was retrieved after they have filled it (1-2 hours was used for filling the questionnaire). Then was analysed and relevant adjustment was made before being administered to the research population.

**3.9 Method of Data Collection**

An administration of questionnaire was used for this study. The researcher used an aided platform for individual distributed questionnaires to them and they were allowed to use less than 24 hours to fill the questionnaires and it was retrieved by the researcher.

**3.10 Method of Data Analysis**

Data collected were analysed manually using Statistical Product for Social Sciences (SPSS) version 24 and the results was presented using percentages, frequency distribution tables and charts etc.

**3.11 Ethical Consideration**

Due permission was obtained from Eku Elders and the sample (child bearing age women of Eku Community) were clearly informed that their responses were treated confidentially and their anonymity was guaranteed their right to withdraw from the study at any point in time was made known to them (Safari et al., 2019).

**PRESENTATION OF RESULTS**

**SECTION A**

**Demographic Characteristics of Respondents**

**Table 1 Educational Qualification of Respondents**

|  |  |  |
| --- | --- | --- |
| Educational qualification  | Number of respondents  | Percentage  |
| SSCE  | 32 | 32% |
| OND/ ND | 34 | 34% |
| HND/B.SC. | 25 | 25% |
| MSc/PhD | 9 | 9% |
| Total | 100 | 100% |

**Interpretation**

Table 1 above shows that out of 100 respondents, 32% are SSCE holders, 34% of the respondents are OND/ND holders while 25% of the total respondents are HND/B.Sc. and 9% of the respondent are Postgraduate.

**Table 2 Age Distribution of Respondents**

|  |  |  |
| --- | --- | --- |
| Age limit  | Number of respondent | Percentage |
| 18-24 | 15 | 15% |
| 25-30 | 45 | 45% |
| 31-35 | 25 | 25% |
| 36 -40 | 10 | 10% |
| 41-above  | 5 | 5% |
| Total | 100 | 100% |

**Interpretation**

The table.2 above reveals that out of 100 respondents 15% were between the age limit of 18-24 years, 45% of the respondent were between the age limit of 25 – 30 years, 25% of the respondents were between the age of 31-35 while10% of the respondent were also between the age limit of 36-40 years of age, and 5% were 41 years of age and upward.

**Table 3 Marital Status**

|  |  |  |
| --- | --- | --- |
| **Status**  | **Numbers of respondent**  | **Percentage**  |
| Married  | 60 | 60 |
| Single  | 30 | 30 |
| Divorced  | 3 | 3 |
| Separated  | 7 | 7 |
| Total  | 100 | 100% |

**Interpretation**

The table 3 above shows that out of 100 respondents, single are representing 30% of the total respondents while married person represent 60% of the total respondent also and there was 3% response for divorced and 7% response for separated.

**Table 4 Religion**

|  |  |  |
| --- | --- | --- |
| **Status**  | **Numbers of respondent**  | **Percentage**  |
| Christian | **84** | **84%** |
| Muslim | **4** | **4%** |
| Pagan | **12** | **12%** |
| Total  | **100** | **100** |

**Interpretation**

From the table.4 above shows that out of 100 respondents, 84% of the respondents were Christians while 4% of the respondents were Muslims, and 12% are pagans.

**SECTION B**

**Table 5 Educational status of women of childbearing age; influence the choice of family planning.**

|  |  |  |
| --- | --- | --- |
| **RESPONDENT** | **NUMBER OF RESPONDENTS**  | **PERCENTAGE**  |
| Strongly agree  | 42 | 42% |
| Agree  | 28 | 28% |
| Disagree  | 17 | 17% |
| Strongly disagree  | 13 | 13% |
| **Total**  | **100**  | **100%** |

**Interpretation**

The Table 5 above shows that, out of 100 respondent 42% of the respondent strongly agreed that educational status of women of childbearing age, influence the choice of family planning. 28% of the same respondent also agree that educational status of women of childbearing age, influence the choice of family planning, while 17% of that respondent disagree to that statement and 13% of the respondent strongly disagree that educational status of women of childbearing age, does not influence the choice of family planning.

**Table 6 Family planning is been influence by the level of one’s educational status.**

|  |  |  |
| --- | --- | --- |
| RESPONDENT | NUMBER OF RESPONDENTS  | PERCENTAGE  |
| Strongly agree  | 28 | 28% |
| Agree  | 48 | 48% |
| Disagree  | 10 | 10% |
| Strongly disagree  | 14 | 14% |
| **Total**  | **100**  | **100%** |

**Interpretation**

The Table 6 above shows that, out of 100 respondent 28% per cent of the respondent strongly agreed that family planning is been influence by the level of one’s educational status, 48% of the same respondent also agree that Family planning is been influence by the level of one’s educational status, while 10% of that respondent disagree to that statement and 14% of the respondent strongly disagree that educational status does not influence family planning.

**SECTION C**

**Table 7 Religious factors militate against family planning.**

|  |  |  |
| --- | --- | --- |
| **RESPONDENT** | **NUMBER OF RESPONDENTS**  | **PERCENTAGE**  |
| Strongly agree  | 43 | 46.32 |
| Agree  | 31 | 36.3 |
| Disagree  | 7 | 5.26 |
| Strongly disagree  | 19 | 12.11 |
| **Total**  | **100**  | **100%** |

**Interpretation**

The Table 7 above shows that, out of 100 respondent 43% of the respondent strongly agreed that Religious factors militate against family planning. 31% of the same respondent also agree that religious factors militate against family planning, while 7% of that respondent disagree to that statement and 19% of the respondent strongly disagree that religious factors does not militate against family planning.

**Table 8 Religious affiliation of family’s influences the attitude of women toward family planning.**

|  |  |  |
| --- | --- | --- |
| **RESPONDENT** | **NUMBER OF RESPONDENTS**  | **PERCENTAGE**  |
| Strongly agree  | 31 | 31% |
| Agree  | 49 | 49% |
| Disagree  | 17 | 17% |
| Strongly disagree  | 3 | 3% |
| **Total**  | **100**  | **100%** |

**Interpretation**

The Table 8 above shows that, out of 100 respondent 31% of the respondent strongly agreed that Religious affiliation of family’s influences the attitude of women toward family planning, 49% of the same respondent also agree that Religious affiliation of family’s influences the attitude of women toward family planning, while 17% of that respondent disagree to that statement and 3% of the respondent strongly disagree that Religious affiliation of family’s dose not influences the attitude of women toward family planning.

**Table 9 My cultural and religious beliefs support family planning**

|  |  |  |
| --- | --- | --- |
| **RESPONDENT** | **NUMBER OF RESPONDENTS**  | **PERCENTAGE**  |
| Strongly agree  | 20 | 20% |
| Agree  | 14 | 14% |
| Disagree  | 40 | 40% |
| Strongly disagree  | 26 | 26% |
| **Total**  | **100**  | **100%** |

**Interpretation**

The Table 9 above shows that, out of 100 respondent 20% of the respondent strongly agreed that My cultural and religious beliefs support family planning, 14% of the same respondent also agree that my cultural and religious beliefs support family planning, while 40% of that respondent disagree to that statement and 26% of the respondent strongly disagree that their cultural and religious beliefs does not support family planning.

**Table 10 The Cultural norms of women of childbearing age affect the attitude of women’s toward family planning.**

|  |  |  |
| --- | --- | --- |
| **RESPONDENT** | **NUMBER OF RESPONDENTS**  | **PERCENTAGE**  |
| Strongly agree  | 35 | 35% |
| Agree  | 27 | 27% |
| Disagree  | 17 | 17% |
| Strongly disagree  | 21 | 21% |
| **Total**  | **100**  | **100%** |

**Interpretation**

The Table 10 above shows that, out of 100 respondent 35% of the respondent strongly agreed that the Cultural norms of women of childbearing age affect the attitude of women’s toward family planning, 27% of the same respondent also agree that The Cultural norms of women of childbearing age affect the attitude of women’s toward family planning, while 17% of that respondent disagree to that statement and 21% of the respondent strongly disagree that the cultural norms of women of childbearing age does not affect the attitude of women’s toward family planning.

**SECTION D**

**Table 11 Socio-economic status influence attitude of women toward family planning**

|  |  |  |
| --- | --- | --- |
| **RESPONDENT** | **NUMBER OF RESPONDENTS**  | **PERCENTAGE**  |
| Strongly agree  | 42 | 42% |
| Agree  | 30 | 30% |
| Disagree  | 16 | 16% |
| Strongly disagree  | 12 | 12% |
| **Total**  | **100** | **100%** |

**Interpretation**

The Table 11 above reveals that, out of 100 respondent 42% of the respondent strongly agreed that Socio-economic status influence attitude of women toward family planning, 30% of the same respondent also agree to same question, while 16% disagree to that fact and 12% of the respondent strongly disagree that Socio-economic status does not influence attitude of women toward family planning.

**Table 12 Healthcare providers attitude influence your family planning services**

|  |  |  |
| --- | --- | --- |
| **RESPONDENT** | **NUMBER OF RESPONDENTS**  | **PERCENTAGE**  |
| Strongly agree  | 27 | 27% |
| Agree  | 30 | 30% |
| Disagree  | 27 | 27% |
| Strongly disagree  | 16 | 16% |
| **Total**  | **100**  | **100%** |

**Interpretation**

The Table 12 above shows that, out of 100 respondent 27% of the respondent strongly agreed that medicare providers attitude influence your family planning services, 30%of the same respondent also agree that Healthcare providers attitude influence your family planning services, while 27% of that respondent disagree to that statement and 16% of the respondent strongly disagree that Healthcare providers attitude does not influence their family planning services.

**SECTION E**

**Table 13. I am aware and knowledgeable about the available family planning services.**

|  |  |  |
| --- | --- | --- |
| **RESPONDENT** | **NUMBER OF RESPONDENTS**  | **PERCENTAGE**  |
| Strongly agree  | 53 | 53% |
| Agree  | 33 | 33% |
| Disagree  | 6 | 6% |
| Strongly disagree  | 8 | 8% |
| **Total**  | **100**  | **100%** |

The Table 13 above shows that, out of 100 respondent 53% of the respondent strongly agreed that I am aware and knowledgeable about the available family planning services. 33% of the same respondent also agrees that they are aware and knowledgeable about the available family planning services, while 6% of that respondent disagree to that statement and 8% of the respondent strongly disagree that they are not aware and knowledgeable about the available family planning services.

**Table 14 Adoption of contraceptive use is a prerequisite for family limitation and child spacing**

|  |  |  |
| --- | --- | --- |
| **RESPONDENT** | **NUMBER OF RESPONDENTS**  | **PERCENTAGE**  |
| Strongly agree  | 46 | 46% |
| Agree  | 28 | 28% |
| Disagree  | 20 | 20% |
| Strongly disagree  | 6 | 6% |
| **Total**  | **100** | **100%** |

**Interpretation**

The Table 14 above shows that, out of 100 respondent 46% of the respondent strongly agreed that Adoption of contraceptive use is a prerequisite for family limitation and child spacing, 28% of the same respondent also agree that Adoption of contraceptive use is a prerequisite for family limitation and child spacing, while 20% of that respondent disagree to that statement and 6% of the respondent strongly disagree that the adoption of contraceptive use is not a prerequisite for family limitation and child spacing.

 **Table 15 Contraception is an effective method for prevention of unwanted pregnancy.**

|  |  |  |
| --- | --- | --- |
| **RESPONDENT** | **NUMBER OF RESPONDENTS**  | **PERCENTAGE**  |
| Strongly agree  | 55 | 55% |
| Agree  | 34 | 34% |
| Disagree  | 5 | 5% |
| Strongly disagree  | 5 | 5% |
| **Total**  | **100**  | **100%** |

**Interpretation**

The Table 15 above shows that, out of 100 respondent 55% of the respondent strongly agreed that, Contraception is an effective method for prevention of unwanted pregnancy 34% of the same respondent also agree that Contraception is an effective method for prevention of unwanted pregnancy, while 5% of that respondent disagree to that statement and 5% of the respondent strongly disagree that Contraception is not an effective method for prevention of unwanted pregnancy.

**Table 16 The involvement of partner’s and effective family planning**

|  |  |  |
| --- | --- | --- |
| **RESPONDENT** | **NUMBER OF RESPONDENTS**  | **PERCENTAGE**  |
| Strongly agree  | 27 | 27% |
| Agree  | 42 | 42% |
| Disagree  | 12 | 12% |
| Strongly disagree  | 19 | 19% |
| **Total**  | **100**  | **100%** |

**Interpretation**

The Table 16 above shows that, out of 100 respondent 27% of the respondent strongly agreed that the involvement of partner’s effect effective family planning., 42% of the same respondent also agree that the involvement of partner’s effect effective family planning., 12% of that respondent disagree to that statement and 19% of the respondent strongly disagree that the involvement of partner’s does not affect family planning.

**ANSWERING OF RESEARCH QUESTIONS**

**RESEARCH QUESTION 1: Does education and health status in influencing the attitude of women towards family planning?**

This intends to show the outcome of how educational status affects the attitude of women towards family planning with the results showing 42% of the respondent strongly agreed that educational status of women of childbearing age, influence the choice of family planning. 28% of the same respondent also agree that educational status of women of childbearing age, influence the choice of family planning, while 17% of that respondent disagree to that statement and 13% of the respondent strongly disagree that educational status of women of childbearing age, does not influence the choice of family planning.

**RESEARCH QUESTION 2: Does the culture and religion of women in influencing their attitude towards family planning?**

Revealing the impact of culture and religion with its implication in attitude of women towards family planning as 20% of the respondent highly agreed that My cultural and religious beliefs support family planning, 14% of the same respondent also agree that my cultural and religious beliefs support family planning, while 40% of that respondent disagree to that statement and 26% of the respondent strongly disagree that their cultural and religious beliefs does not support family planning.

**RESEARCH QUESTION 3: Does socio-economic status and knowledge of family planning influences the attitude of women towards family planning?**

This enables an understanding in evaluating the influence of socio-economics and knowledge of family planning in influencing women of child bearing age as 42% of the respondent strongly agreed that Socio-economic status influence attitude of women toward family planning, 30% of the same respondent also agree to same question, while 16% disagree to that fact and 12% of the respondent strongly disagree that Socio-economic status does not influence attitude of women toward family planning. In respect to women being knowledgeable about family planning this research indicates that 53% of the respondent strongly agreed that I am aware and knowledgeable about the available family planning services. 33% of the same respondent also agrees that they are aware and knowledgeable about the available family planning services, while 6% of that respondent disagree to that statement and 8% of the respondent strongly disagree that they are not aware and knowledgeable about the available family planning services.

 **RESEARCH QUESTION 4: Does health workers and knowledge of contraceptives of women influence their attitude towards family planning?**

These figures tends to reveal the involvement of health workers in influencing women attitudes towards family planning as 27% of the respondent strongly agreed that Healthcare providers attitude influence your family planning services, 30%of the same respondent also agree that medicare professional attitude influence your family planning services, while 27% of that respondent disagree to that statement and 16% of the respondent strongly disagree that Healthcare providers attitude does not influence their family planning services. As touching their disposition towards contraceptives it indicates 55% of the respondent strongly agreed that, Contraceptives are good method for prevention of unwanted pregnancy 34% of the same respondent also agree that Contraception is an effective method for prevention of unwanted pregnancy, while 5% of that respondent disagree to that statement and 5% of the respondent strongly disagree that Contraceptives is not a good method for avoiding unwanted pregnancy.

**DISCUSSION OF FINDINGS**

Bases on the findings of this research work, finding shows that economic status significantly influence the character of women of childbearing age as affecting family planning. The result was supported by Schonfield and Alrich (2022) with current economic situation where families also believe they don’t have the financial well to do to me up with current modern system of induction of contraceptives program. Family in villages will not be able to adjust with money implication of some of the practice contraceptive function of tubulizaton, inserts, vasectomy and sterilization.

Findings also shows that religious affiliation would have significant influence on the attitude of women towards family planning this hypothesis was supported by Dixon-Mueller (2020) who has a similar view that some religions, such as Catholicism, have restrictions on contraception based on the belief that it is God’s will to bring children into the world. Based on Dixon-Muller (2020), faith worshippers could engage and avoid some certain contraceptive methods that are in contrast to their faith based on their doctrinal belief in respect to the use of pills.

Findings also reveal that cultural norms and attitude of women of child bearing age toward family planning are been influence by their culture, this was supported by Rasheed (2021) the state differences of various communal settlement in deciding which family planning fixed into their culture.

When different families have attractive subscriptions to different types of contraceptives, it makes it easy for the community system to accept the use of different types of contraceptives. However, when the majority of the population accepts a particular type of family planning, it makes it harder for other types of contraceptives to be accepted based on the people's cultural perspective. The results of this study also shed light on women's attitudes regarding family planning and education; they showed that women of reproductive age's educational attainment had a major impact on their attitudes on using contraceptives. According to Mkangi (2020), women with higher levels of education are more likely to be exposed to the use of contraceptives, and their educated male parents are more likely to encourage them to do so, which makes it easier for them to be welcomed. The study was successful in identifying the family planning-related elements that influence women's childbearing age. To improve logical and organized arrangement, this research was done in chapters. Five study objectives that adhered to the scope as a guide were identified in order to accomplish the goal of the research project.

According to Webster et al. (2021), Family planning has been a key issue in the promotion and improvement of reproductive health as well as in population reduction programs. The use of contraception has been associated with declining fertility; improving the health of women and children through birth-spacing and the reduction of the number of pregnancies; as well as increasing women’s empowerment through allowing them to continue their education and join the labour force. The respondents reply was in line with Webster et al., (2021), which also relate to this studies that family helps in regulation of birth but this is due to educational awareness and various women indulging in good work that engaged them in meaningful time of economic value.

The 2022 International Conference on Population and Development confirmed that family planning has also been promoted through a reproductive rights framework, according to Sekhon et al. (2017). "Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and that they have the freedom to decide if, when, and how often to do so." According to the respondent's comparisons, the study by Sekhon et al. (2017) supports this research with differences in sex life, where some family members view family planning as a disruption of the mother's effective reproductive cycle and ancestral line.

The last criteria, according to Zhu's (2020) study, is that each person should have the correct mindset and a stress-free approach to safe, effective, inexpensive, and acceptable family planning methods of their choosing. The values of the response differed slightly from Zhu's (2020) research, which is in fact consistent with this study because the Eku community has had a medical facility for more than 60 years, making it easy for guardians to visit the facility and ask nurses for advice on which family program to use.

Across a range of reproductive ages, these studies have identified women's education, employment, access to, and understanding of contraception as critical indicators of reproduction and contraception. According to earlier research, fertility desire, couple views toward family planning, and women's decision-making skills were significant determinants of family planning use (Cleland et al., 2021).

This studies indicated that in cases where there was couple disagreement, childbearing was less likely to occur, whereas other studies in India and Nigeria have shown that men’s attitudes played a bigger role in determining actual childbearing behaviour than that of their wives (Sully, 2020).

**CONCLUSION**

The result of this study revealed the following:

1. Financial status significantly affects women’s behaviour toward family planning, this is because various factors determines a person’s personal decisions about what types of family planning scheme mostly in Nigeria, men are recognised as the head of the family and they take most of the family decisions.
2. Cultural norms also influence attitude of women toward family planning; which involves societal values, cultural and ethics belief, gender view and religion conviction and gender role. Community norms also prescribe how much reliance an individual has in making family planning decisions.
3. Women's attitudes toward family planning are greatly influenced by their educational attainment when they reach childbearing age. The degree of information regarding contraception increases with educational attainment: A deeper comprehension of women's current contraceptive behaviors is necessary to provide effective contraceptive treatment.

According to these results, although the participation of community health professionals has also lessened this attitude, women in the Eku community in Delta State, Nigeria, still see family planning as a means of impeding a natural process that could have a major negative impact on reproductive health.

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