**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.

**REFERENCES**

Adekannbi, J. O. and Olumide, M. A.(2017). Information literacy of women on family planning in rural communities of Oyo state Nigeria*. Inf Dev*.;33(4):351–60.

Afnan-holmes, H., Magoma, M., John, T., Levira, F., Msemo, G., Armstrong, C. E. (2015). Tanzania’ s countdown to 2015: an analysis of two decades of progress and gaps for reproductive, maternal, newborn, and child health, to inform priorities for post-2015. *Lancet Glob Health*.;3:396–409.

Ahmed, W. A. M., Shoka,i B. S., Abduelkhair, I. H., Boshra, A.( 2015). Factors afecting utilization of family planning services in a post-confict setting, South Sudan: a qualitative study. *AIMS Public Heal*.;2(4):655–66.

Ajayi, A. I., Adeniyi, O. V., Akpan, W. (2018).Use of traditional and modern contra - ceptives among childbearing women: fndings from a mixed meth - ods study in two southwestern Nigerian states. *BMC Public Health*.;18(604):1–9.

Anasel, M. G., Mlinga, U. J. (2014). Determinants of contraceptive use among married women in Tanzania : policy implication. *Afr Popul Stud*.;28(2):978–88.

Aziz, M. M., Jiang, M., Masood, I., Chang, J., Zhu, S., Raza, M. A. (2019). Patients’ anticipation for the pharmacies of rural communities: a qualitative study from Pakistan. *Int J Environ Res Public Health.*;16(143):1–14.

Baiden, F., Mensah, G. P., Akoto, N. O., Delvaux, T., Appiah, P. C. (2016). Covert contraceptive use among women attending a reproductive health clinic in a municipality in Ghana. *BMC Womens Health*.;16:1–10.

Chebet, J. J., Mcmahon, S. A., Greenspan, J. A., Mosha, I. H., Callaghan-koru, J. A., Killewo, J. (2015). “ Every method seems to have its problems ” - Perspectives on side efects of hormonal contraceptives in Morogoro Region, Tanzania. *BMC Womens Health*.;15(97):1–12.

Cleland, J., Bernstein, S., Ezeh, A., Faundes, A., Glasier, A., Innis, J. (2021) Family planning: the unfinished agenda. *Lancet*.;368:1810–27.

Cover, J., Namagembe, A., Tumusiime, J., Lim, J., Cox, C. M. (2018).Ugandan providers’ views on the acceptability of contraceptive self-injection for adolescents: a qualitative study. *Reprod Health.*;15:1–13.

Cyril, A., Siaity, E., Brownie, S., Holroyd, E. (2019). My husband will love me more if I give birth to more children: rural women’ s perceptions and beliefs on family planning services utilization in a low resource setting. *Int J Africa Nurs Sci*.;10:152–8.

Dev, R., Woods, N. F., Unger, J. A., Kinuthia, J., Matemo, D., Farid, S. (2019). Acceptability, feasibility and utility of a Mobile health family planning decision aid for postpartum women in Kenya;. p. 1–11.

Dixon-Muller R (2020). Gender inequalities and reproductive health: Changing priorities in an era of social transformation and globalisation. Belgium, International Union for the Scientific Study of Population (Policy and Research Paper No.16).

Eriksson-Backa, K., Ek, S., Niemela, R., Huotari, M-L. (2016). Health information literacy in everyday life: A study of Finns aged 65 – 79 years. *Health Inform J.;*18(2):83–94.

Family Planning (2020). Investing in Family Planning for Tanzania’s Health and Development. Dar es Salaam: United Republic of Tanzania, 2016.

Freer, R. (2015). Health literacy and how rural communities understand hypertension information in Kabale, Uganda. In: Adult Eduation research conference. Kansas: New Prairie Press.

Garside, R. (2017). Condom shape: a neglected factor influencing use and acceptability? UK family planning research network. *Int J STD AIDS*.;10: 758–90.

Ghanbari, S., Ramezankhani, A., Montazeri, A., Mehrabi, Y. (2016). Health literacy measure for adolescents (HELMA): development and psychometric properties. *PLoS One*. ;11(2zxzr4):1–13.

Guiella, G. (2019). Post-partum family planning interventions in Burkina Faso. *Lancet Glob Health.*;7:e996–7.

Guttmacher Institute, No. 38. http://guttmacher.org/ pubs/ 2008/01/28/or38.pdf.

Hailemariam, A., Haddis, F. (2018). Factors afecting unmet need for family planning in southern nations, nationalities and peoples region*, Ethiopia. Ethiop J Health Sci.;*21(2):77–89.

Heck, C. J., Grilo, S. A., Song, X., Lutalo, T., Nakyanjo, N., Santelli, J. S. (2018). “It is my business”: a mixed-methods analysis of covert contraceptive use among women in Rakai, Uganda. *Contraception.*;98:41–6.

Hennink, M. M., Kaiser, B. N., Marconi, V. C. (2017). Code saturation versus meaning saturation: how many interviews are enough? *Qual Health Res*.;27(4):591–608.

Hennink, M. M., Kaiser, B. N., Weber, M. B. (2019). What infuences saturation? Estimating sample sizes in focus group research. *Qual Health Res*.;29(10):1483–96.

Kakoko, D. C., Ketting, E., Kamazima, S. R., Ruben, R. (2016). Provision of family planning services in Tanzania: a comparative analysis of public and private facilities. *Afr J Reprod Health*.;16(4):140–8.

Kassim, M. (2018). Maternal health information needs and seeking behaviour of women in rural Tanzania: a case of Mpwapwa District, Dodoma Region: University of Dares Salaam.

Kassim, M. (2020). A qualitative study of the maternal health information-seeking behavior of women of reproductive age in Mpwapwa district, Tanzania. *Health Inf Libr J*.;38(3):182–93.

Kestelyn, E., Van Nuil, J. I., Umulisa, M. M., Umutoni, G., Uwingabire, A., Mwambarangwe, L. (2018).High acceptability of a contraceptive vaginal ring among women in Kigali, Rwanda. *PLoS One*.;13:e0199096.

Kibira, S. P. S., Karp, C., Wood, S. N., Desta, S., Galadanci, H., Makumbi, F. E. (2020). Covert use of contraception in three sub-Saharan African countries: a qualitative exploration of motivations and challenges. *BMC Public Health*.;20:1–10.

Kilfoyle, K. A., Conor, R. O., Bailey, S. C., Vitko, M.( 2016) Health literacy and women ’ s reproductive health: a systematic review. *J Women’s Health*.;25(12):1237–55.

Kim, T. Y., Haider, M., Hancock, G. R., Boudreaux, M. H. (019). The role of health literacy in family planning use among Senegalese women. *J Health Commun*. 2;24(3):244–61.

Kohan, S., Ghasemi, S., Dodangeh, M.(2017) Associations between maternal health literacy and prenatal care and pregnancy outcome. *Iran J Nurs Midwifery Res Autumn*. ;12(4):146–52.

Kriel, Y., Milford, C., Cordero, J., Suleman, F., Beksinska, M., Steyn, P. (2019). Male partner infuence on family planning and contraceptive use: perspectives from community members and healthcare providers in KwaZulu-Natal, South Africa. *Reprod Health*.;16(89):1–15.

Lam, Y., Broaddus, E. T., Surkan, P. J. (2017). Literacy and healthcare-seeking among women with low educational attainment: analysis of cross-sectional data from the 2011 Nepal demographic and health survey. *Int J Equity Health*.;12(95):1–12.

Lee, S., Begley, C. E., Morgan, R., Chan, W., Kim, S. (2019). Addition of mHealth (mobile health) for family planning support in Kenya: disparities in access to mobile phones and associations with contraceptive knowledge and use. *Int Health*.;11:463–71.

Mahadeen, A. I., Khalil, A. O., Sato, T., Imoto, A. (2016). Knowledge, attitudes and practices towards family planning among women in the rural southern region of Jordan. *East Mediterr Health J*.;18(6):567–72.

Mangone, E. R., Agarwal, S., Engle, K. L., Lasway, C., Zan, T., van Beijma, H. (2016). Sustainable cost models for mHealth at scale: Modeling program data from m4RH Tanzania. *PLoS One*.;11(1):1–12.

Marimwe, C., Dowse, R. (2019). Health literacy test for limited literacy populations (HELT-LL): validation in South Africa*. Cogent med*.;6(01).

Mayora, C., Kitutu, F. E., Kandala, N., Ekirapa-kiracho, E., Peterson, S. S., Wamani, H. (2018). Private retail drug shops: what they are, how they operate, and implica - tions for health care delivery in rural Uganda. *BMC Health Serv Res*.;18(532):1–12.

McCarthy, O. L., Zghayyer, H., Stavridis, A., Adada, S., Ahamed, I., Leurent, B. (2019). A randomized controlled trial of an intervention delivered by mobile phone text message to increase the acceptability of effective contraception among young women in Palestine. *Trials*.;20:1–13.

Merkatz, R. B., Plagianos, M., Hoskin, E., Cooney, M., Hewett, P. C., Mensch, B. S. (2017). Acceptability of the nestorone®/ethinyl estradiol contraceptive vaginal ring: development of a model; implications for introduction. *Contraception*.; 90:514–21.

Ministry of Health Community Development Gender Elderly and Children. Tanzania national family planning costed implementation plan 2019-2023. Dar es Salaam; United Republic of Tanzania; 2019.

Mkangi K (2020). The Social Cost of Smaller Nuclear Families: A Critique of demographic transition. Dev. Stud., (2): 43 – 49.

Mprah, W. K., Anaf, P., Yeaboah, P. Y. A. (2017) Exploring misinformation of family planning practices and methods among deaf people in Ghana. *An Int J Sex Reprod Heal Rights.*;25(50):20–30.

Mselle, L. T., Kohi, T. W. (2016). Healthcare access and quality of birth care: narratives of women living with obstetric fstula in rural Tanzania. *Reprod Health*.;13(87):1–9.

Msovela, J., Kessy, A. T., Mubyazi, G. M. (2016). Access to family planning information and contraception methods use among Tanzanian men: a cross-sectional study in Kibaha District. *J Epidemiol Prev Med*.;2(2):1–6.

Msovela, J., Tengia-Kessy, A., Rumisha, S. F., Simba, D. O., Urassa, D. P., Msamanga, G. (2020). Male partner approval on the use of modern contraceptive methods: factors determining usage

Mustafa, G., Azmat, S. K., Hameed, W., Ali, S., Ishaque, M., Hussain, W.( 2015). Family planning knowledge, attitudes, and practices among married men and women in rural areas of Pakistan: fndings from a qualitative need assessment study. *Int J Reprod Med*.; (1):1–8.

Nansseu, J. R. N., Nchinda, E. C., Katte, J., Nchagnouot, F. M., Nguetsa, G. D. (2015). Assessing the knowledge, attitude and practice of family planning among women living in the Mbouda health district, Cameroon. *Reprod Health*.;12(92):1–7.

Rasheed AA (2021). Islamic family planning.<http://www.epi-> gee.org/guide/ islamic.html.Rogers

Reiss, K., Penfold, S., Alabi, O., Ali, M., Hopkins, K., Dinh Ngo, T. (2018). Safety, quality, and acceptability of contraceptive subdermal implant provision by community health extension workers versus nurses and midwives in Nigeria: protocol for a quasi-experimental, noninferiority study. *J Med Internet Res*.;7(3):e67.

Safari, W., Urassa, M., Mtenga, B., Changalucha, J., Beard, J., Church, K. (2019). Contraceptive use and discontinuation among women in rural north-West Tanzania. Contracept Reprod Med.;4(18):1–10.

Scheepers, E., Mantell, J. E., Atkins, K., Hoffman, S., Weiss, E., Adeokun, L. (2016). The acceptability of the female condom: perspectives of family planning providers in new York City, South Africa, and Nigeria. *J Urban Health*.; 78:658–68.

Schonfield A, Alrich C, Gold RB (2022). Public Funding for Family Planning Sterilization and abortion services , FY 1980–2006, Occasional Report, New York.

Schrauben, S. J., Wiebe, D. J. (2017). Health literacy assessment in developing countries: a case study in Zambia. *Health Promot Int*.;32:475–81.

Sedgh, G., Ashford, L. S., Hussain, R.( 2016). Unmet need for contraception in developing countries: examining women ’ s reasons for not using a method. New York: Guttmacher Institute.

Sekhon, M., Cartwright, M., Francis, J. J. (2017) Acceptability of healthcare interventions: an overview of reviews and development of a theoretical framework. *BMC Health Serv Res.*;17:88.

Sensoy, N., Korkut, Y., Akturan, S., Yilmaz, M., Tuz, C., Tuncel, B. (2018). Factors afecting the attitudes of women toward family planning. In: Family planning. Ankara: *IntechOpen;.* 5(3):1–7.

Sharif, H. (2020). Family planning in Tanzania: An investment in our women and our future. Washington, DC: Devex;.

Shipman, J., Kurtz-Rossi, S., Funk, C. (2019). The health information literacy research project. J Med Libr Assoc.;97(4):293–301.

Silverman, J. G., Challa, S., Boyce, S. C., Averbach, S., Raj, A. (2020). Associations of reproductive coercion and intimate partner violence with overt and covert family planning use among married adolescent girls in Niger. *EClinicalMedicine*.;22:100359.

Solanke, B. L. (2018). Drivers of unmet need for family planning among women of advanced reproductive age in urban Western Africa. In: Family Planning. London: IntechOpen.

Starbird, E., Norton, M., Marcus, R. (2016). Investing in family Planning : key to achieving the sustainable development goals. *Glob Heal Sci Pract*.;4(2):191–210.

Sully, E. A. (2020). Adding it up: investing in sexual and reproductive health 2019. New York: Guttmacher Institute.

Sundararajan, R., Yoder, L. M., Kihunrwa, A., Aristide, C., Kalluvya, S. E., Downs, D. J. (2019). How gender and religion impact uptake of family planning: results from a qualitative study in northwestern Tanzania. *BMC Womens Health*.;19(99):1–10.

Tang, C., Wu, X., Chen, X., Pan, B., Yang, X. (2019). Examining income-related inequality in health literacy and health-information seeking among urban population in China. *BMC Public Health*.;19(221):1–9.

Tolefac, P. N., Nana, T. N., Yeika, E. V., Awungafac, N. S., Ntsama, Y., Njotang, P. N.(2018) Trends and patterns of family planning methods used among women attending family planning clinic in a rural setting in sub - Sahara Africa : the case of Mbalmayo District Hospital , Cameroon. *BMC Res Notes*.;11(541):10–4.

UNFPA Tanzania. Fact Sheet: Family planning. Dar es Salaam: United Nations Population Fund; 2018.

United Nations. World fertility and family Planning 2020: highlights [internet]. New York United Nations; 2020.

VanEnk, L., Shelus, V., Mugeni, C., Mukabatsinda, M., Cachan, J. (2018). Assessing the competency and acceptability of community health worker provision of standard days method® in family planning services in Gisagara district, Rwanda. *Stud Fam Plann*.;49:159–163.

Van Zijl, S., van der, Spuy, Z. M. and Morroni, C. (2019). A survey to assess knowledge and acceptability of the intrauterine device in the family planning services in Cape Town, South Africa. *J Fam Plann Reprod Health Care*.;36:73–8.

Vozikis, A., Drivas, K. Milioris, K. (2014). Health literacy among university students in Greece: determinants and association with self-perceived health, health behaviours and health risks. *Arch Public Heal*.;72(1):1–6.

Webster, J., Krishnaratne, S., Hoyt, J., Demissie , S. D., Spilotros, N., Landegger, J., Kambanje, M., Pryor, S., Moseti, E., Marcus, S., Gnintoungbe, M., Curry, D. and Hamon, J. K. (2021). Context-acceptability theories: example of family planning interventions in five African countries. *Implementation Science:* 16:12.

World Health Organization. Family planning / Contraception [Internet]. 2020 [cited 2020 May 13]. p. 1–9.

Zhu, B. (2020). Effect of interpregnancy interval on birth outcomes: findings from three recent US studies. *Int J Gynaecol Obstet*.;80(Suppl 1):S25–33

Zureick-Brown, S., Newby, H., Chou, D., Mizoguchi, N., Say, L., Suzuki, E. (2017). Understanding global trends in maternal mortality. *Int Perspect Sex Reprod Health*.;39(1):32–41.