Factors Influencing Women's Attitudes Towards Family Planning: An Explorative Study in Eku Community, Delta State, Nigeria

*Original Research Article*

**ABSTRACT**

The awareness of family planning is a major subject in the present-day health education advocacy with respect to child and maternal health considerations. Specifically, the aim of this study was to unravel the educational influence, religion, age, health, culture of women, including income as an important consideration in family planning. This research used a descriptive cross-sectional study and was carried out in Eku Community in Ethiope East Local Government of Delta State with the aid of a convenient sampling technique. A structured questionnaire was used to collected data from 100 respondents made up of women of childbearing age from the main street and quarters of the Eku community in Delta State, Nigeria. The 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, and cultural influence, as a determinant of couples' measures of involvement in family planning. The results showed that 42% of the respondents strongly agreed that the educational status of women of childbearing age influences the choice of family planning. Moreover, 20% of the respondents highly agreed that cultural and religious beliefs support family planning. In terms of socio-economic status and knowledge of family planning**,** 42% of the respondents strongly agreed that socio-economic status influences the attitude of women toward family planning. Lastly, 27% of the respondents strongly agreed that Healthcare providers' attitude influences family planning services. Incentive and educational awareness program was a key determinant recommended through various media channels to childbearing individuals to adopt family planning. The study showed that 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.

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

**INTRODUCTION**

“Family planning, as the name implies, is having children by choice and not by chance; it is the process of having a specific number of children at intervals acceptable to individuals or couples, to promote the health and welfare of the family. Family-planning policies have focused on contraceptive approaches to avoid unintended pregnancies, postpone, or terminate pregnancies and mitigate population growth” (Fauser et al.,2024; Fantaye & Damtew,2024).  “It is not a new idea all over the world, and also applies to the 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 breastfeeding and living with parents-in-law to avoid sex or polygamy” (Anasel and Mlinga, 2014; Starbird et al., 2016; Shariff, 2020; Orororo et al., 2022).

Large family numbers were encouraged over the years to suit into cultural family practices of involvement in 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 help to sustain lineage growth over generations, which helps to keep family support as parents age (Mustafa et al., 2015).

“African women traditionally have played major roles in agricultural production, though their primary roles are those of wives and mothers, having limited rights 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. Polygamy as a part of socio-cultural life was not peculiar to Africa but also had a strong biblical root” (Omotosho,2021). “At the societal level, childbearing is therefore an important way for women 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 child-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 counsellors, and the Planned Parenthood Federation of Nigeria (PPFN) are Elites group that promoted the use of contraceptives, and 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 beliefs in large numbers of children still exist, the use of family planning has come to stay as part of curbing overpopulation (WHO, 2020; Orororo et al., 2018). Several cultural practices based on ethnicity are still invoked to reduce birth rate, such use of magical lines from animal body preparations, also involving the use of a child’s tooth, abstinence and standing on the condition of sex after marriage were introduced. This shows various methods introduced before the modern state of orthodox medicine intervention to curb pregnancy (Tolefac et al., 2018; United Nations, 2020). These traditional methods of contraceptives look weird in their usage, which justifies the introduction of modern therapeutic regimens 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 for family planning is vasectomy for the male and tubal ligation for the female, preventing both sexes' sperm and ovum from fertilisation. Measures have been emphasized by various groups such as the United Nations (UN), World Health Organisation (WHO) and the National Population Census (NPC) of curbing the impacts of overpopulation and its effects on 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. **The study's goals were to describe the variables affecting Eku women's attitudes about family planning. The particular goals are to ascertain how women's opinions about family planning are influenced by their level of education and health; to assess how religion and culture affect women's attitudes toward family planning, to discuss how women's socioeconomic situation and awareness of family planning affect their attitudes and to identify medical professionals who are knowledgeable about contraceptives and can affect women's attitudes toward family planning. Thus, the following questions** were formulated to achieve the objectives of the study: (i) Does education influence women’s attitudes towards family planning? (ii) Do religion and culture affect women’s attitudes towards family planning? (iii) Socio-economic status and knowledge of family planning influence women's attitudes in regards family planning? (iv) Do medical personnel's awareness of contraceptives influence women's attitudes as pertaining to family planning?

**METHODOLOGY**

**Research Design:** This research used a descriptive cross-sectional study designed to assess the research variables among women within a specified period of time

**Study Setting:** The study was carried out in Eku Community in Ethiope East Local Government of Delta State, Nigeria. The Community is located within the Delta Center Senatorial District of Delta State it is of majorly Urhobo ethnicity. It is made of five main streets, which are 1st Urhusi/ 2nd Urhusi, Ikreghwa, Iyadjarho, Uruoku and Idioka. The Eku community also has three major villages known as Orhono, Oko Echi and Okorore. Though there are other major streets, avenues and closes now, which are an extension of the original inhabitants of the main streets, such as Felly Street, New and Old Commissioner Arthur Road, Odogu and Accasidy Street.

**Target Population:** The target population were the women of childbearing age in the Eku community who were randomly selected with an estimate of 100 women of childbearing age from different streets of the community.

**Sample Size Determination:** The estimated population of the community was used in the course of this study, as the questionnaire was spread across the various streets (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 of 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 respondents

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

**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: Determined education and health status in influencing women's attitudes with respect to family planning

Section C: Assessed culture and religion in influencing women's attitudes toward family planning

Section D: Evaluated income status in influencing women's attitudes towards family planning

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

**Validity of Research Instrument:** The instrument was constructed based on an extensive literature review and in line with the objectives of the study to ensure clarity and avoid ambiguity, which was to ensure face validity of the instrument.

**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 childbearing age in the Eku community. The questionnaires were administered, same was retrieved after they had filled it (1-2 hours were used for filling the questionnaire). They were then analysed and a relevant adjustment was made before being administered to the research population.

**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 out the questionnaires, and it was retrieved by the researcher.

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

**RESULTS**

**Demographic Characteristics of Respondents**

The Demographic Characteristics of Respondents in this study is Presented in Table 1.

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 respondents are Postgraduate holders.

In terms of age bracket, 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.

As regards marital status, out of 100 respondents, singles are representing 30% of the total respondents, while married persons represent 60% of the total respondents also and there were 3% responses for divorced and 7% responses for separated.

Analysis of the religious status of the respondents showed that out of 100 respondents, 84% of the respondents were Christians, while 4% of the respondents were Muslims, and 12% were pagans.

**Table 1: The Demographic Characteristics of Respondents**

|  |  |  |
| --- | --- | --- |
| **Demographic Characteristics** | **Number of respondents** | **Percentage** |
| **Educational qualification** |  |  |
| SSCE | 32 | 32% |
| OND/ ND | 34 | 34% |
| HND/B.SC. | 25 | 25% |
| MSc/PhD | 9 | 9% |
| Total | 100 | 100% |
| **Age Brackets** |  |  |
| 18-24 | 15 | 15% |
| 25-30 | 45 | 45% |
| 31-35 | 25 | 25% |
| 36 -40 | 10 | 10% |
| 41-above | 5 | 5% |
| Total | 100 | 100% |
| **Marital Status** |  |  |
| Married | 60 | 60 |
| Single | 30 | 30 |
| Divorced | 3 | 3 |
| Separated | 7 | 7 |
| Total | 100 | 100% |
| **Religion** |  |  |
| Christian | **84** | **84%** |
| Muslim | **4** | **4%** |
| Pagan | **12** | **12%** |
| Total | **100** | **100** |

**Factors Influencing the Choice of Family Planning by Women of Childbearing Age**

The factors influencing the Choice of Family Planning by Women of Childbearing Age is presented in Table 2.

Analysis of the responses in this study as to whether the educational status of women of child bearing age influences their choice of family planning showed that out of 100 respondents, 42% of the respondents strongly agreed that the educational status of women of childbearing age influences 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.

Out of 100 respondents, 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.

Furthermore, out of 100 respondents, 43% of the respondents 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 with that statement and 19% of the respondent strongly disagree that religious factors do not militate against family planning.

When asked if religious affiliation of family influences the attitude of women toward family planning, out of 100 respondent 31% of the respondent strongly agree, 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.

Also as shown in Table 2, out of 100 respondents, 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 2 also shows that, out of 100 respondents, 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.

Table 2 reveals that, out of 100 respondents, 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 2 also shows that, out of 100 respondents, 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.

It is also shown in Table 2 that that out of 100 respondents, 53% of the respondents 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 disagrees with that statement, and 8% of the respondent strongly disagree that they are not aware and knowledgeable about the available family planning services.

**Table 2:** Factors Influencing the Choice of Family Planning by Women of Childbearing Age

|  |  |  |
| --- | --- | --- |
| **FACTORS** | **NUMBER OF RESPONDENTS** | **PERCENTAGE** |
| **Educational status of women of child bearing age** |  |  |
| Strongly agree | 42 | 42% |
| Agree | 28 | 28% |
| Disagree | 17 | 17% |
| Strongly disagree | 13 | 13% |
| **Total** | **100** | **100%** |
| **Family planning is been influenced by the level of one’s educational status.** |  |  |
| Strongly agree | 28 | 28% |
| Agree | 48 | 48% |
| Disagree | 10 | 10% |
| Strongly disagree | 14 | 14% |
| **Total** | **100** | **100%** |
| **Religious factors militate against family planning.** |  |  |
| Strongly agree | 43 | 46.32 |
| Agree | 31 | 36.3 |
| Disagree | 7 | 5.26 |
| Strongly disagree | 19 | 12.11 |
| **Total** | **100** | **100%** |
| **Religious affiliation of family influences the attitude of women toward family planning.** |  |  |
| Strongly agree | 31 | 31% |
| Agree | 49 | 49% |
| Disagree | 17 | 17% |
| Strongly disagree | 3 | 3% |
| **Total** | **100** | **100%** |
| **My cultural and religious beliefs support family planning** |  |  |
| Strongly agree | 20 | 20% |
| Agree | 14 | 14% |
| Disagree | 40 | 40% |
| Strongly disagree | 26 | 26% |
| **Total** | **100** | **100%** |
| **The Cultural norms of women of childbearing age affect the attitude of women toward family planning.** |  |  |
| Strongly agree | 35 | 35% |
| Agree | 27 | 27% |
| Disagree | 17 | 17% |
| Strongly disagree | 21 | 21% |
| **Total** | **100** | **100%** |

**Continuation of Table 2**

|  |  |  |
| --- | --- | --- |
| **Socio-economic status influences attitude of women toward family planning** | **NUMBER OF RESPONDENTS** | **PERCENTAGE** |
| Strongly agree | 42 | 42% |
| Agree | 30 | 30% |
| Disagree | 16 | 16% |
| Strongly disagree | 12 | 12% |
| **Total** | **100** | **100%** |
| **Healthcare providers' attitude influences your family planning services** |  |  |
| Strongly agree | 27 | 27% |
| Agree | 30 | 30% |
| Disagree | 27 | 27% |
| Strongly disagree | 16 | 16% |
| **Total** | **100** | **100%** |
| **I am aware and knowledgeable about the available family planning services.** |  |  |
| Strongly agree | 53 | 53% |
| Agree | 33 | 33% |
| Disagree | 6 | 6% |
| Strongly disagree | 8 | 8% |
| **Total** | **100** | **100%** |

**Use of Family Planning**

Responses related to the actual use of family planning methods by women of child bearing age in Eku is shown in Table 3.

Table 3 shows that, out of 100 respondents, 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.

Also, Table 3 shows that, out of 100 respondents, 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.

Also revealed in Table 3 is the fact that, out of 100 respondents, 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.

**Table 3: Use of Family Planning**

|  |  |  |
| --- | --- | --- |
| **Adoption of contraceptive use is a prerequisite for family limitation and child spacing** | **NUMBER OF RESPONDENTS** | **PERCENTAGE** |
| Strongly agree | 46 | 46% |
| Agree | 28 | 28% |
| Disagree | 20 | 20% |
| Strongly disagree | 6 | 6% |
| **Total** | **100** | **100%** |
| **Method for the prevention of unwanted pregnancy.** |  |  |
| Strongly agree | 55 | 55% |
| Agree | 34 | 34% |
| Disagree | 5 | 5% |
| Strongly disagree | 5 | 5% |
| **Total** | **100** | **100%** |
| **The involvement of partners and effective family planning** |  |  |
| Strongly agree | 27 | 27% |
| Agree | 42 | 42% |
| Disagree | 12 | 12% |
| Strongly disagree | 19 | 19% |
| **Total** | **100** | **100%** |

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

This study intends to show the outcome of how educational status affects the attitude of women towards family planning, with the results showing 42% of the respondents strongly agreed that the educational status of women of childbearing age influences 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 influence 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 influence 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 respondents 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 disagrees with 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: Do health workers and the 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**

Based on the findings of this research work, it is shown that economic status significantly influences the character of women of childbearing age as affecting family planning. The result was supported by Schonfield and Alrich (2022) with a current economic situation where families also believe they don’t have the financial means to do it up, with a current modern system of induction of contraceptive programs. Family in villages will not be able to adjust to the monetary implications of some of the contraceptive functions of tubal ligation, inserts, vasectomy and sterilisation.

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 certain contraceptive methods that are in contrast to their faith based on their doctrinal beliefs with respect to the use of pills.

Findings also reveal that cultural norms and attitudes of women of childbearing age toward family planning are been influenced by their culture, which was supported by Rasheed (2021), the state differences of various communal settlements in deciding which family planning is 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 toward 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 organised 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 relates to this study that family helps in the regulation of birth, but this is due to educational awareness and various women engaging in good work that engaged them in a 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 criterion, 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, couples' views toward family planning, and women's decision-making skills were significant determinants of family planning use” (Cleland et al., 2021).

“This study indicated that in cases where there was a 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 that financial status significantly affects women’s behaviour toward family planning. This is because various factors determine a person’s personal decisions about what types of family planning scheme. In Nigeria, men are recognised as the head of the family and they take most of the family decisions. The study also showed that Cultural norms influence the attitude of women toward family planning, which involves societal values, cultural and ethical beliefs, gender views and religious convictions and gender roles. Community norms also prescribe how much reliance an individual has in making family planning decisions. Lastly, the study showed that 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 behaviours 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.

**Ethical Approval and consent:** Due permission was obtained from Eku Elders, and the respondents (childbearing 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).

Disclaimer (Artificial intelligence)

Author(s) hereby declare that NO generative AI technologies such as Large Language Models (ChatGPT, COPILOT, etc.) and text-to-image generators have been used during the writing or editing of this manuscript.

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