

Impact of Socio-economic Factors on Women's Family Planning Decisions in Taraba State, Nigeria

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Abstract

Family planning plays a crucial role in empowering women and ensuring their reproductive rights, which are essential for their overall well-being and development. However, various socio-economic factors can significantly influence women's decisions regarding family planning, affecting their reproductive health outcomes and overall quality of life. Through an extensive literature review, this paper explores the socio-economic factors that shape women's family planning choices in Taraba State. The findings of the study revealed that socio-economic factors such as education, income, cultural norms, and healthcare access/quality play a pivotal role in women's family planning decisions. Higher levels of education are positively associated with increased contraceptive use and a greater likelihood of adopting modern family planning methods. Additionally, women with higher incomes and employment opportunities tend to have more control over their reproductive choices. The paper also highlights the need for comprehensive policies and interventions to address the socio-economic factors influencing women's family planning decisions in Taraba State. Empowering women through education, increasing economic opportunities, promoting gender equality, and improving access to reproductive healthcare services are crucial steps toward achieving sustainable development and improving women's reproductive health outcomes. In conclusion, this review emphasizes the importance of understanding the impact of socio-economic factors on women's family planning decisions in Taraba State, Nigeria.

Keywords: Family Planning, Decision-Making, Attitude, Socio-Economic Factors, Socio-Economic Status, Taraba State, Nigeria

Introduction

Family planning is an indispensable aspect of reproductive health and a key component of sustainable development. It empowers individuals to make informed decisions about the number and spacing of their children, guaranteeing better maternal and child health outcomes, reducing poverty, and promoting gender equality. In the context of developing regions such as Taraba State where maternal mortality rates remain high and access to healthcare services is limited, understanding the impact of socio-economic factors on women's family planning decisions becomes paramount. Taraba State, located in northeastern Nigeria, is characterized by diverse cultural practices, traditions, and economic disparities. These factors, combined with limited access to healthcare services, have important implications for women's reproductive health, including family planning decisions. While previous studies (Akamilee, Okedo-Alex & Ezeanosike, 2020; Alabi, Odimegwu, De-Wet & Akinyemi, 2019) have examined the influence of socio-economic factors on family planning at the national or regional level, a focused analysis of Taraba State is warranted due to its unique socio-cultural context and challenges. Socioeconomic factors encompass a wide range of variables, including education, income, occupation, access to

healthcare, and cultural norms. Research suggests that these factors play a critical role in shaping women's attitudes, knowledge, and utilization of family planning methods (Dioubaté et al., 2021).

Bongaarts, Cleland, Townsend, Bertrand and Gupta (2012) established that women with higher education levels are more likely to practice contraception and have smaller family sizes compared to those with inadequate education. Similarly, higher household earnings and occupation have been linked with improved access to family planning services and a higher likelihood of using modern contraceptive methods. Furthermore, cultural norms and beliefs influence women's decision-making regarding family planning. Taraba State is home to diverse ethnic groups, each with its own unique cultural practices and beliefs surrounding reproductive health and fertility control. These cultural factors may influence women's autonomy in decision-making, acceptance of family planning methods, and access to reproductive healthcare services. Therefore, understanding the influence of cultural norms is essential for tailoring interventions and promoting effective family planning programs in Taraba State. A survey conducted by Performance and Monitoring for Action (PMA) in 2020 showed that the frequency of contraceptive use among married couples in Taraba State is as low as 9%. This implies that the usage of contraceptives in Nigeria and Taraba state in particular is abysmally low when compared with the World Contraceptive Rate target of 60% (Department of Health Services Annual Report, 2019). While previous studies have contributed to our understanding of the impact of socio-economic factors on women's family planning decisions, a comprehensive review specific to Taraba State is lacking. This work aims to fill this gap by synthesizing existing research and identifying gaps in knowledge. By elucidating the complex relationships between education, income, occupation, access to healthcare, and cultural norms, this paper intends to contribute to the existing knowledge base and inform evidence-based interventions that can enhance women's reproductive health and empower them to make informed choices about family planning.

Methodology

The methodology employed in this research work is centred around the utilization of existing literature and secondary data for analysis. By relying on pre-existing scholarly works, this approach enables a comprehensive examination of the subject matter from various perspectives, as presented by different scholars. Drawing on a wide range of sources, including academic journals, books, research papers, and other relevant publications, this methodology ensures a comprehensive and thorough exploration of the topic. The primary advantage of this approach is its ability for comparative analysis which enables the identification of commonalities, differences, and areas of debate within the existing literature and contributes to a comprehensive overview of the topic.

Conceptual Clarifications

For clarity and proper understanding of this work, family planning and socio-economic factors are conceptualized.

Conceptualizing Family Planning

Family planning is a crucial aspect of reproductive health that involves making informed decisions about the timing and spacing of pregnancies. It is a concept that encompasses a range of strategies and methods aimed at assisting individuals and couples in achieving their desired family size while promoting the overall well-being of individuals, families, and communities. At its core, family planning empowers individuals to exercise their reproductive rights, including the right to decide if and when to have children, the number of children they want, and the spacing between pregnancies. It recognizes that reproductive choices are deeply personal and should be based on an individual's or couple's unique circumstances, aspirations, and values. One of the fundamental objectives of family planning is to ensure that individuals have access to comprehensive and accurate information about reproductive health and contraception. This includes education about sexual and reproductive health, fertility awareness, and the various methods of contraception available. Empowering individuals with knowledge enables them to make informed decisions about their reproductive lives, fostering responsible and proactive approaches to family planning. Different scholars have defined family planning in different ways. However, it generally refers to organized efforts to assure couples who want to limit their family size and space their children have access to contraceptive information and services and are encouraged to use them as needed (Akamilee, Okedo-Alex & Ezeanosike, 2020).

Individuals or couples may use family planning to plan their childbearing for a variety of reasons, including the desire to have a smaller family size and birth spacing, the mother's health status, fear of health complications, educational needs of the family, and age at first marriage. To this end, Dixon-Meller and Germain (2012), conceives family planning as not only the ability to avoid childbearing when it is not wanted but also the ability to ensure childbearing when it is wanted. This means that family planning is not only important to the society as a whole; it is a good health measure for the life of mothers, fathers and children (Ugal, Ashipu & Obi, 2009). Family planning, according to the World Health Organization (2015) is the ability of individuals and couples to anticipate and achieve their desired number of children, as well as the spacing and timing of their births. It is accomplished by using contraceptive measures and treating involuntary infertility (Odimegwu, 2019). Sensoyet al. (2018) defined family planning as the freedom and duty of all couples and people to determine how many children they want and to have the information, education, and resources to do so.

Family planning may include thinking about how many children a woman wants, including the option of having none and when she wants to have them. External variables such as marital status, job concerns, financial circumstances, and any impairment that may limit their capacity to have and raise children all have an impact on these decisions. If you are sexually active, family planning may entail using contraception and other methods to manage the timing of reproduction. Family planning has been used by the inhabitants of Djenné in West Africa since the 16th century. Physicians advised women to space their children, having them every three years rather than too many and too quickly (WHO, 2015). Explaining the concept of birth control, Ogidi, Okere, Ogbuabor and Nwadike (2019) maintains that family planning is done both traditionally and in modern ways. Family planning is occasionally used as a synonym or euphemism for contraceptive access and use. However, it frequently includes technologies and activities other than contraception. Furthermore, many people want to use contraception but are not planning a family

(for example, unmarried teens, and young married couples deferring childbirth while pursuing a job).

Family planning has become a catch-all word for most of the work done in this field. However, since conceptions of women's empowerment and reproductive autonomy have gained popularity in many areas of the world, current notions of family planning tend to place a woman and her childbearing decisions at the center of the conversation (Adanu, 2009). It is usually applied to a female-male couple that wish to limit the number of children they have or control pregnancy timing (also known as spacing children). Other aspects of family planning include sex education (Oye-Adeniran, 2006), prevention and management of sexually transmitted infections (Olaitan, 2011), pre-conception counselling and management, and infertility management. According to the United Nations and the World Health Organization, family planning includes services prior to conception. Abortion is not a component of family planning (WHO, 2015), although access to contraception and family planning reduces the desire for abortion.

Conceptualizing Socio-Economic Factors

In this work, socio-economic factors are the various social and economic conditions that influence individuals' lives, including their access to resources, education, income, employment, and social status. In this research, socio-economic factors are considered key variables that may affect women's family planning decisions in Taraba State. Below are some key socio-economic factors that can influence women's family planning decisions:

i. Education: Education plays a crucial role in empowering women and providing them with knowledge about reproductive health, contraception, and the benefits of family planning. Women with higher levels of education are more likely to have a greater awareness of their options, make informed decisions, and have the ability to plan their families according to their aspirations and goals.

ii. Income: Economic considerations can heavily impact family planning choices. Women with higher incomes may have better access to resources, including contraceptive methods and healthcare services. Financial stability can also provide a sense of security that encourages women to make choices regarding the timing and size of their families.

iii. Occupation: The type of work women engage in can affect their family planning decisions. Certain occupations may have more flexible schedules or better maternity leave policies, enabling women to plan their pregnancies more effectively. Conversely, occupations that involve physical labor or lack supportive policies might pose challenges in terms of timing and managing family responsibilities.

iv. Social Status: Social status and gender norms prevailing in a particular society can influence family planning decisions. Women with higher social status, who may enjoy more autonomy and decision-making power, are likely to have greater control over their reproductive choices. Conversely, women with lower social status may face more barriers and limited agency in family planning decisions.

v. Cultural Beliefs: Cultural norms and beliefs surrounding contraception, fertility, and family size can significantly impact women's decisions. Cultural values, religious beliefs, and traditional gender roles may shape attitudes towards family planning, affecting the perceived acceptability and accessibility of contraceptive methods.

vi. Access to Healthcare: The availability and quality of healthcare services, including reproductive healthcare and family planning resources, play a critical role in women's decision-making. Adequate access to healthcare facilities, trained healthcare providers, and affordable contraceptive methods can facilitate informed choices and ensure safe and effective family planning.

vii. Availability of Contraceptive Methods: The availability and affordability of contraceptive methods are vital factors influencing family planning decisions. Easy access to a variety of contraceptive options allows women to choose methods that align with their preferences and reproductive goals. Limited availability, lack of information, or cultural barriers to contraceptive use can limit options and affect women's decisions.

Impact of Socio-economic Factors on Women's Family Planning Decisions in Taraba State

Family planning plays a crucial role in promoting maternal and child health, empowering women, and enhancing overall socioeconomic development. In Taraba State, Nigeria, where access to quality reproductive healthcare is limited, understanding the impact of socio-economic factors on women's family planning decisions is essential for designing effective interventions. The key sub-variables of socio-economic factors that could influence women's family planning decisions in Taraba State are discussed below:

Level of Education/Awareness

Education has been widely recognized as a critical factor in influencing women's family planning decisions. A study conducted by Anyanti et al. (2017) in Nigeria found that educated women are more likely to use modern contraceptive methods compared to their less educated counterparts. Similarly, a study by Kamal (2015) highlighted that higher educational attainment positively correlates with the use of family planning services. Several studies have demonstrated that the lower the level of education a woman has, the less likely she is to use contraceptives. Women's level of education has been linked to increased contraceptive use, as women's aspiration for a smaller family is likely to increase with more education. According to NDHS (2018) the percentage of married women using modern contraceptive methods is greater among those with further than a secondary education (23%) than among women without any form of education (4 percent). Lack of education may serve as an impediment to utilizing family planning services (Owoyemi, Ifatimehin, Egwuaba, & Obaka, 2020), as incidence of unwanted pregnancies is high amongst the less educated women (Juma, Mutombo & Mukiira, 2015). The South African Department of Health (2014) disclosed that women's educational level has a strong impact on contraceptive use among them. Nsofor, Jellason and Somorija (2022) also corroborated this standpoint. If women are not educated, they are less likely to find a worthwhile job. Therefore, her hope for survival is to find her husband who will support her. She then does her homework while her husband decides how many people will be in her family and whether she will be able to use contraception.

As education increases, women's involvement in decision-making processes also increases (NDHS, 2018). This indicates that increasing women's educational levels in Taraba State will help them to get more information and expertise about contraception. It also helps individuals to pursue better job possibilities, boosting their economic independence and giving them more control over their sexual and reproductive life (Ganley, 2013). Education contributes substantially to the quality

of women's lives. Scholars have continued to argue that improving women's access to education and encouraging constant and persistent exposure would pointedly increase the use of family planning and decrease unmet need. This is because education will likely help women to access information and use the clinics properly. According to the NDHS (2018), the proportion of women that did not open up discussions about family planning in health facilities was highest among those without education (88%) and lowest among those who had secondary education (78%). Other reasons for non-use of contraceptives may lack of information, fear of health effects, perception of spousal opposition, and fear of societal condemnation (Mahboub, Abdelkader, Al-Muhanna, Al-Musallam, Al-Ghannam & Al-Munyif, 2015, p. 338), but the educational level of women is a key factor. While education has been majorly accepted as the conduit to empowerment of women in taking decision that concerns their reproductive health and contraceptive use, it is also possible that highly educated women may become too busy pursuing their career and professional goals and have little or no time for contraceptives.

Income/Financial Empowerment

Income and financial status can significantly impact women's family planning choices because economic empowerment and financial independence have been associated with increased access to family planning services. Researchers such as Alabi, Odimegwu, De-Wet and Akinyemi (2019); NDHS, (2018); Udomand Tobin (2015); Sensoy, Korkut, Akturan, Yilmaz and Tuncel (2018) have demonstrated the role of income and financial standing in determining the attitude of women towards family planning services and contraceptives use. According to Alabi, Odimegwu, De-Wet and Akinyemi (2019) female independence is vital in influencing the utilization of modern contraceptives among married women, especially in conservative and extremely traditional societies like northern Nigeria. However, it is not possible to discuss female independence without linking it to their wealth status, income and educational level. Socio-economic indicators such as family living conditions and employment status have also proven to be a strong predictor of a woman's likelihood of using reproductive health services (NDHS, 2018). NDHS (2018) the request for birth control increases with increasing family affluence, from 21% among women in the lowermost affluence status to 52% among women in the highest status. It is understood that there are some contraceptive methods that are costly, and some couples cannot be able to pay for these services because of their financial status in society. These expensive methods usually fall within the realm of modern contraceptives. For instance, Olaitan (2011) posited that people in rural regions are not able to afford costly methods of family planning such as vasectomy, Intra-uterine devices (IUD) (which are small, malleable, elastic frames inserted in the vagina of women) and female sterilization technique. This could influence the use of inexpensive methods that falls within the traditional realm.

Muhammad and Bhola (2019) highlighted the impact of socioeconomic status on contraceptive use, pointing out that the low socioeconomic status of African women makes them dependent on their husbands for financial support. Therefore, they are unable to determine the number of children required in the household, the introduction of contraceptives, the use of condoms by the husband, or the husband's extramarital activities. Due to their low socioeconomic status, women lack self-confidence, initiative and self-esteem, and assume subordinate roles. A husband may need to allow his wife to use birth control. The higher the socioeconomic status of women, the more confident they are and the more they enjoy reproductive rights. Women who have no income or whose income is below the subsistence level lose the right to make decisions about reproductive issues in general and contraceptive use in particular (Sensoy, Korkut, Akturan, Yilmaz & Tuncel,

2018). Because of their lower financial standing, women may frequently exhibit subservient behaviour owing to a lack of self-confidence, assertiveness, and self-esteem. Husbands in the State may be needed to consent to their wives' usage of contraception. The greater a woman's socioeconomic level, the more actively and competently she utilizes her reproductive rights. A woman who is unemployed or working in a low-wage job below the poverty line will always be dependent on her husband and will relinquish her autonomy over reproductive matters in general, and contraceptive usage in particular. According to Iorkosu, Alugwa, Anum, and Dooior (2020), men and women in most rural areas have little or no formal schooling. This drives many people to use traditional birth control techniques. This view is supported by Asekun-Olarinmoye, Adebimpe and Bamidele(2013), who explains that less educated women are likely not to use modern family planning methods than those who have attained tertiary education.

The South African Department of Health (2014) maintained that women living in poor socioeconomic conditions and women in countryside regions are inclined to having lesser awareness about contraception and a lesser amount of access to contraceptive facilities, and these factors are related to lower use of contraceptives. According to the NDHS (2018), the number of married women who use modern contraception increases with family wealth, rising from 4% in the lowest wealth quintile to 22% in the highest. If this statistic is anything to go by, it means wealthy women are more likely to accept and use contraceptives compared to their poor or less wealthy counterparts. If a woman has low socio-economic power, she may not be able to possess the power to take decisions for herself since economic power and political power are in most cases linked. This implies she can't start using contraception on her own; she needs someone to be in a relationship with her and support her in order for her to make the decision. Extending on this theoretical premise, it may be claimed that unless important other people in the woman's life (such as her husband, partner, or mother-in-law) support her decision to take contraception, she may be unable to continue using them. Alabi, Odimegwu, De-Wet & Akinyemi (2019) revealed that educational level, wealth status, and frequency of viewing television also determine contraceptive use among the women as the argued that advanced educational level of husband and wife led to better women reproductive independence which also improved the use of contraceptives among Pakistani women.

From the foregoing review of existing literature, it means low-income women in Taraba State will definitely face financial barriers that limit their access to family planning services. This is because their limited income can impede their ability to afford contraception, visit healthcare facilities, or access information about available family planning methods. The financial constraints faced by these women can have a profound impact on their reproductive health and overall well-being. Without the financial means to purchase contraception, they may find themselves unable to effectively control and plan their pregnancies, which can result in unintended or closely spaced pregnancies. This lack of control over their reproductive choices can have far-reaching consequences for their personal lives, families, and communities. Furthermore, the inability to visit healthcare facilities due to financial limitations can further exacerbate the situation. Regular check-ups, consultations, and access to medical professionals are crucial for receiving appropriate family planning services. Low-income women may find it challenging to afford transportation costs, consultation fees, or other related expenses, preventing them from seeking the necessary care and support. In addition, the lack of access to information about available family planning methods due to financial barriers further compounds the issue. Accessible and accurate information is vital

for making informed decisions about reproductive health. Unfortunately, low-income women may face difficulties in accessing educational resources, attending awareness campaigns, or receiving counseling services due to financial limitations. This lack of information can perpetuate misconceptions and prevent them from adopting effective family planning strategies. Consequently, the financial barriers experienced by low-income women in Taraba State create a cycle of limited access to family planning services, hindering their ability to make informed decisions about their reproductive health. Addressing these barriers requires a multifaceted approach that includes improving affordability, expanding access to healthcare facilities, and implementing comprehensive educational programs that reach out to marginalized communities. By breaking down these financial barriers, we can empower low-income women to exercise their reproductive rights, enhance their overall well-being, and promote sustainable development in Taraba State.

Cultural and Social Norms

Cultural and social norms hold significant sway over women's family planning decisions in Taraba State, Nigeria. These deeply ingrained norms encompass various aspects such as cultural beliefs, gender roles, and traditional practices, all of which contribute to the acceptability and utilization of contraceptives. Understanding the influence of these factors is crucial in comprehending the dynamics of family planning in the region. Cultural beliefs play a pivotal role in shaping women's perceptions and attitudes towards family planning (Sensoy, Korkut, Akturan, Yilmaz & Tuncel, 2018). In Taraba State, certain cultural beliefs may associate large families with prosperity, societal status, and fertility. Consequently, the use of contraceptives could be perceived as contradicting these values, leading to reluctance or resistance in adopting modern contraception methods. Additionally, cultural norms often prioritize the role of women as mothers and caretakers, which can deter women from considering family planning as it may be viewed as a deviation from these established gender roles. Gender roles, deeply rooted in the societal fabric, also exert a significant influence on women's family planning decisions. In Taraba State, traditional gender norms assign women the primary responsibility for childbearing and rearing. As a result, women may face pressure to conform to societal expectations and bear children continuously, regardless of their own desires or health considerations. Such gender roles may limit women's autonomy and decision-making power in matters related to family planning. Traditional practices and customs further impact women's choices regarding family planning. These practices may be deeply entrenched in cultural and religious rituals, such as the preference for large families or the perception that contraception interferes with natural reproductive processes. In many cases, women are expected to adhere to these traditions, often under the influence of husbands, in-laws, and religious leaders. Their opinions and pressures can act as significant barriers to women's autonomy in making independent decisions about family planning (Alabi, Odimegwu, De-Wet & Akinyemi, 2019).

Societal pressure, particularly from husbands, in-laws, and religious leaders, can significantly affect women's agency and decision-making power regarding family planning. Husbands often hold considerable influence in family matters, including reproductive choices. In-laws, too, may exert control and reinforce traditional expectations, thereby limiting a woman's ability to make informed decisions about family planning. Religious leaders, who are highly respected and influential in the community, may discourage or condemn the use of contraceptives based on religious teachings or interpretations. To address these barriers, it is essential to engage communities, religious leaders, and influential individuals in promoting a more inclusive and

informed understanding of family planning. Efforts should be made to raise awareness about the benefits of contraception, dispel misconceptions, and challenge harmful cultural norms that limit women's autonomy. Empowering women to make independent choices through education, counseling, and access to a range of family planning services can help overcome these cultural and social barriers, leading to improved reproductive health outcomes for women in Taraba State.

Healthcare Access and Quality

The availability, accessibility, and quality of healthcare services play crucial roles in influencing women's family planning decisions in Taraba State. These factors encompass various aspects that can significantly impact women's ability to make informed choices and access the necessary resources for family planning. Limited access to healthcare facilities, especially in rural areas, poses significant challenges for women seeking contraceptives and family planning information. In such areas, the distance to the nearest healthcare facility may be considerable, making it difficult for women to access the services they need (Akamilee, Okedo-Alex & Ezeanosike, 2020). This lack of proximity can result in delayed or inadequate provision of contraceptives, which can hinder effective family planning and increase the risk of unintended pregnancies. Additionally, limited availability of healthcare services may translate to fewer options for women, limiting their ability to choose the most suitable contraceptive method for their needs. Moreover, the quality of healthcare services is paramount in ensuring positive outcomes for women's family planning efforts. Poor service quality can manifest in various ways, such as stockouts of contraceptives, where the desired methods may be unavailable due to supply chain issues. This can lead to frustration and may result in women resorting to less reliable or suboptimal contraceptive methods or abandoning contraception altogether.

Long waiting times at healthcare facilities can also deter women from seeking family planning services, as it can be time-consuming and inconvenient. Inadequate counseling or limited information provision during healthcare visits can further compound these issues, as it hampers women's ability to make informed decisions about their contraceptive options and use (Alabi, Odimegwu, De-Wet & Akinyemi, 2019). The aforementioned challenges can impact women's satisfaction and continuation of contraceptive methods. If women encounter difficulties in accessing contraceptives or experience poor-quality services, they may become dissatisfied with their family planning experiences. This dissatisfaction can lead to discontinuation of contraceptive use, increasing the likelihood of unintended pregnancies and other reproductive health risks. To ensure effective family planning, it is crucial to address these issues and improve the availability, accessibility, and quality of healthcare services, particularly in underserved areas. In summary, the availability, accessibility, and quality of healthcare services significantly influence women's family planning decisions. Limited access to healthcare facilities, especially in rural areas, and poor service quality can impede women's ability to obtain contraceptives and family planning information. These challenges can contribute to dissatisfaction and discontinuation of contraceptive use. To promote positive reproductive health outcomes, it is essential to address these barriers and improve healthcare services to ensure that women have access to the resources they need for informed family planning decisions.

Theoretical Framework

This research work is anchored on the postulations of Rational Choice Theory. The Rational Choice Theory is a sociological theory that has scholars such as George C. Homans, Peter Blau,

Anthony Downs, Gary Becker, Mancur Olson, James Coleman, and Gary Becker as some of its proponents. According to this theory, people choose what to do after carefully weighing the advantages and disadvantages of the various options. The theory maintains that people are rational beings who make decisions based on cost-benefit analyses and behave in their own self-interest. It is of the view that people try to maximize their benefits and reduce their expenses in every given situation. Costs can include time, money, effort, or social standing, whereas rewards can be monetary gain, social position, good health, or personal happiness. People are said to be able to weigh the advantages and disadvantages of many options and base their decisions on the likely results of those options.

In the context of family planning, women may consider various socio-economic factors when making decisions, such as income, education, cultural norms, and access to healthcare services. Rational Choice Theory can be applied to this specific case:

1. Preferences and Goals:

Individuals, according to Rational Choice Theory, have preferences and goals and want to maximize their well-being or utility. Women may have diverse preferences and aims when it comes to family planning, such as establishing economic stability, improving their personal health, or guaranteeing the well-being of their current children.

2. Decision-Making Process:

Individuals, according to Rational Choice Theory, weigh the costs and advantages of several possibilities before making a decision. When it comes to family planning, women in Taraba State may evaluate considerations such as the financial cost of contraception, potential health concerns, the influence on their ability to work or seek school, and societal and cultural constraints.

3. Costs and Benefits:

Based on their socioeconomic conditions, women might consider the costs and advantages of various family planning alternatives. For example:

- Women with limited money may examine the financial costs of contraception, including the affordability of various techniques, as well as the possible economic benefits of spacing or reducing the number of children they have.
- Education can have an impact on a woman's decision-making process. Higher-educated women may have greater access to knowledge regarding family planning options and are more likely to make informed judgments.
- Social norms and expectations may impact women's family planning decisions. Some women may suffer societal or religious pressure to have additional children, whilst others may prioritize their personal health or the well-being of their existing children.

4. Constraints and Resources:

Rational Choice Theory acknowledges that individuals operate within certain constraints and have access to limited resources. In the case of family planning, women in Taraba State may face constraints such as limited access to healthcare facilities, lack of awareness about different contraceptive methods, or social barriers that discourage open discussion about family planning.

By applying Rational Choice Theory to the impact of socio-economic factors on women's decision-making regarding family planning in Taraba State, Nigeria, we can gain insights into how women's choices are influenced by their preferences, goals, costs, benefits, constraints, and available resources. This analysis can help policymakers and healthcare providers understand the factors that shape women's decision-making and develop interventions and programs to support informed and empowered choices in family planning.

Conclusion

This paper explored the impact of socio-economic factors on women's family planning decisions in Taraba State. Through the analysis of various studies and empirical evidence, it became apparent that socioeconomic factors play a decisive role in shaping women's attitudes, access, and utilization of family planning services. The findings revealed that women's education and employment status are key determinants of their family planning decisions. Educated women tend to have better knowledge about contraceptive methods and their benefits, leading to higher contraceptive use. Similarly, women who are employed have more financial autonomy, enabling them to make informed choices regarding their reproductive health. Income and poverty were identified as influential factors affecting family planning decisions. Women with higher incomes generally have better access to family planning services and resources, increasing their ability to control their fertility. On the other hand, poverty and limited resources often restrict women's access to contraceptives, leading to higher fertility rates and reduced family planning usage. Furthermore, cultural and social norms were found to significantly impact women's family planning decisions. Traditional beliefs, gender roles, and societal pressures influence women's perception of family planning and their ability to exercise autonomy over their reproductive choices. These cultural barriers often contribute to low contraceptive use and hinder effective family planning programs. Access to healthcare services emerged as a critical factor affecting women's family planning decisions. Limited availability of reproductive health services, especially in rural areas, hampers women's ability to access contraceptives and receive appropriate counselling. Improving the availability and quality of healthcare services, particularly in underserved areas, is vital to empower women and enable them to make informed decisions about their reproductive health. To address these challenges, it is essential to implement comprehensive interventions that tackle socio-economic barriers to family planning. Educational programs should be designed to promote awareness and knowledge about contraception, targeting both women and men. Efforts should also be made to enhance women's economic opportunities and financial empowerment, enabling them to exercise agency over their reproductive choices. Additionally, community engagement and sensitization campaigns should aim to challenge harmful cultural and social norms, promoting gender equality and women's rights. Partnership between the government, healthcare providers, and civil society organizations is vital in improving the accessibility and quality of family planning services, particularly in marginalized areas. In conclusion, this review emphasizes the need for a multi-dimensional approach to address the impact of socio-economic factors on women's family planning decisions in Taraba State. By recognizing and addressing these factors, we can empower women, enhance their reproductive autonomy, and contribute to improved maternal and child health outcomes, leading to a healthier and more prosperous society.

Recommendations

1. Low-income women in the region should have access to subsidized or free family planning services. Subsidies or financial aid for women to receive family planning services can be provided by the government and non-governmental organizations.
2. The government of Taraba State should improve access to quality education for women in Taraba State, since education plays a crucial role in empowering women and enhancing their decision-making abilities. By providing educational opportunities, women can gain knowledge about family planning methods, their reproductive rights, and the socio-economic benefits of smaller family sizes. This will enable them to make informed decisions regarding family planning.
3. Government agencies in Taraba State should encourage economic empowerment initiatives aimed at women. Women's ability to exert agency in decision-making, including family planning, is sometimes limited by limited economic options. Women may have more control over their life, including reproductive decisions, through developing income-generating possibilities such as vocational training, microfinance programs, and entrepreneurial support.
4. Taraba State Government should launch comprehensive awareness campaigns to increase awareness about the benefits of family planning, dispel myths and misconceptions, and address cultural and religious concerns.

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