

Health System Dynamics and Women's Family Planning Decisions in Taraba State

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Abstract

Family planning plays a crucial role in maternal and child health, population control, and women's empowerment. However, despite efforts to promote family planning services, the uptake of modern contraceptive methods in Taraba State remains low. This study examined the various health system factors that influence women's family planning decisions in Taraba State. To achieve these objectives, the study employed a multi-stage and random sampling technique to gather information from 889 respondents within the childbearing age (15–49 years). The data were analyzed using descriptive statistics like percentages, graphs, and charts while Pearson Correlation was used to ascertain the strength of the relationship between the variables of the study. The findings reveal robust positive correlations between healthcare provider advice, quality of care, accessibility, and information/education received with women's family planning decisions. Conversely, a moderate positive correlation was observed between government policies/regulations and these decisions. Notably, healthcare provider advice and quality of care emerged as significant influencers, stressing the crucial role of healthcare professionals and the importance of maintaining high-quality care standards. Moreover, the study highlights the imperative of accessible and well-equipped family planning facilities, health education, and accurate information dissemination for informed decision-making. The study recommended that addressing the availability, quality of care, accessibility, information, and policies is essential to empower women and improve their reproductive health outcomes.

Keywords: health system factors, women's family planning decisions, availability, reproductive health, family planning, healthcare provider, access to care, accessibility, information, policies, women's autonomy, women's health, health system dynamics, health education, policy frameworks, decision-making, healthcare influence, client-centered care, Taraba state, women's empowerment

Introduction

In advancing the welfare of women and children, the significance of family planning or planned parenthood cannot be overstated. Empowering women to make informed decisions regarding the timing and number of children profoundly contributes to maternal and child well-being, poverty alleviation, and societal progress. In the context of Taraba State of Nigeria where indicators of women's reproductive health pose persistent challenges, understanding the factors influencing their choices in family planning is essential in devising impactful interventions. While research traditionally accords attention to individual factors such as knowledge, beliefs, and socioeconomic status in the aspect of family planning, the dynamics within the health system emerge as equally influential in shaping women's choices. Therefore, there is a need to give equal attention to the effect of health system factors in determining the decision of women on whether or not to utilize family planning. The health system encompasses an array of entities, including institutions, resources, and policies dedicated to delivering healthcare services. Its components, ranging from clinics to healthcare personnel and strategies, significantly impact the landscape of healthcare delivery and, by extension, family planning choices. Notably, some empirical evidence highlights the substantial impact of health system factors such as healthcare quality, the proficiency of healthcare providers, accessibility of fertility management services, health education initiatives, and policies centered on family planning [1–3]. According to Dehlendorf et al. [4], healthcare system factors and provider-related influences play a major role in affecting the decision of women about family planning. The findings of these researches have emphasized the interplay and the profound impact these factors have on various health outcomes, particularly concerning fertility management and family planning initiatives. The significance of healthcare quality, the expertise demonstrated by healthcare providers, the accessibility of fertility services, the implementation of educational interventions, and the enforcement of policies specifically tailored for family planning cannot be overstated in the realm of public health and reproductive healthcare [5, 6]. On the contrary, Cronin et al. [7] found no evidence that increased access to pharmacies and health facilities leads to an increase in the use of contraceptives among urban women in their study on the effects that health facility quality and access have on contraceptive use and desired number of children for women in urban Senegal. Although several studies related to this topic have been carried out in other nations and regions of Nigeria, as indicated by the above-cited sources, they are not exclusive to Taraba State, which has a distinct cultural environment. Also, a review of the literature revealed that no empirical studies on the impact of health system elements on women's attitudes towards family planning services in Taraba State are known to have been carried out. This leaves a gap in the conduct of this study. Hence, this research intends to unravel the influence of health system dynamics on women's decision-making concerning family planning in Taraba State. By probing the connection between health system dynamics and women's reproductive health choices, this study aims to elucidate the contextual forces that either facilitate or impede the adoption and consistent utilization of family planning methods in Taraba State. Additionally, it seeks to pinpoint inherent gaps and challenges within the health system that demand attention to enhance family planning outcomes in the state. The unique sociocultural context, high fertility rates, and enduring barriers to accessing family planning services render Taraba State a compelling case study. It is pivotal to acknowledge that Taraba State's sociocultural landscape and prevailing challenges in accessing and utilizing family planning services warrant a nuanced examination of the health system factors. By scrutinizing these factors, this research aims to bridge the gap between theory and practice, offering insights that could inform targeted interventions aimed at enhancing family planning outcomes. Through a holistic exploration encompassing health system dynamics, this study endeavors to contribute to the body of knowledge in understanding the determinants influencing women's family planning decisions. Moreover, the findings of this research will serve as a guide for policymakers, healthcare practitioners, and stakeholders to address the intricacies within the health system and bolster family planning initiatives in Taraba State.

Literature Review

Health system dynamics

This term encapsulates the interconnected elements, structures, processes, and stakeholders within a healthcare system. It involves the interactions between healthcare providers, facilities, policies, information, resources, and the

overall functioning of the system. Dynamics refer to the complex and ever-evolving nature of these elements and their impact on healthcare delivery, accessibility, quality, and outcomes.

Women's family planning decisions

This term represents the choices and actions women make regarding contraception, fertility, and reproductive health. It involves decisions about whether to have children, the timing and spacing of pregnancies, and the methods or strategies employed to prevent or achieve pregnancies. These decisions are influenced by personal, societal, cultural, and healthcare-related factors.

Availability and accessibility

A few scholars have argued that the availability and affordability of family planning services are of paramount importance when considering women's decision-making process regarding contraception [7–10]. By having accessible birth control amenities, women will be enabled to take charge of their reproductive health and being able to obtain information regarding different contraceptive methods, their value, and potential side effects [7]. Having access to knowledge gives them the power to make the right decisions that take into consideration their individual needs, predilections, and health dynamics [11]. The existence of family planning services also helps them to have access to some diverse choices of selecting contraceptive options, comprising of barrier methods such as condoms, hormonal methods like birth control pills or injections, long-acting reversible contraceptives which include intrauterine devices (IUDs) or implants, and permanent methods including tubal ligation. The provision of an extensive array of contraceptive methods will give women the opportunity to opt for the method that is most attuned to their way of living, desired results for reproduction, and medical history [3]. In addition, the availability of family planning services can help cut down the number of unintended pregnancies and the risk of maternal death [12]. Through the provision of reliable contraception to women, they can enhance their ability to plan and space out pregnancies, which eventually leads to improved maternal health and healthier babies. Also, it offers them the ability to seek out enlightening and professional prospects since they have a higher level of control over their reproductive choices. Risky abortions can be reduced by having easily reachable planned parenthood services. When provided with contraception options, women can take measures to prevent unintended pregnancies, thereby minimizing the requirement for unsafe abortion procedures that carry substantial risks to their health and overall being.

Quality of care

Quality of care, attitudes and expertise of healthcare providers, accessibility and availability of family planning services, health education programs, and family planning-related policy frameworks are just a few examples of the many variables that make up the health system. Various researchers have stressed the impact of health system factors on the attitude of women to family planning [7, 10, 11, 13]. According to the literature that is currently available on the issue, the healthcare system has a significant impact on how women feel about family planning. According to research by Yirgu et al. [1], health extension workers were instrumental in raising women's knowledge of family planning, while doctors' recommendations were crucial in encouraging women to use certain techniques. According to Bronstein et al. [2], the potential for providing preconception or general health care could be expanded through augmented provider involvement in identifying client health concerns and improved integration of publicly supported family planning with other sources of health care for low-income women. According to Klerman et al. [3], who focused on the influence of health system factors, the organizational and structural characteristics of publicly accessible family planning facilities are linked to greater availability, and changing some of these policies might increase the use of reproductive planning services. Also, the findings of research by Koenig et al. [14] also show a substantial relationship between women's opinions of the care provided by field workers and their likelihood of later adopting a family planning strategy. A study of family planning clients in Kenya by Wekesa, et al. [13] supported this position, stating that offering women higher quality contraceptive services can help them be more determined in their pregnancy intentions, lowering unsureness and the likelihood of unintended pregnancy. According to Diamond-Smith

et al. [12], person-centered treatments showed a high success rate in raising clients' opinions of the value of family planning and their familiarity with it.

In a study conducted by Ayanore et al. [15], it was found that the interpersonal skills and attitudes of healthcare providers had an ample impact on women's satisfaction, trust, and continued usage of contraception in Nigeria. This highlights the importance of addressing provider bias, promoting respectful care, and implementing client-centered approaches to enhance the overall value of family planning services in the region. Provider bias refers to any preconceived notional judgments that healthcare personnel may hold concerning certain contraceptive methods, family planning, or the persons seeking these services. If healthcare employees display prejudice, it can expressively affect the way they relate with patients and this in turn, can influence women's decisions and satisfaction with the services received. To improve the quality of family planning facilities, it is critical to lessen provider bias through complete training programs, which aim to stimulate impartial and evidence-based care. Respectful care is another vital aspect of enhancing family planning.

Information and education

Existing literature shows that accessing all-inclusive information about family planning techniques and their benefits is not only important but vital for women to make informed choices regarding their reproductive health [15, 16]. By having access to this information, women will be able to take control of their reproduction-related issues, and plan and space their pregnancies, thereby making decisions that take their personal goals and peculiarities into cognizance [17]. In the first place, accurately comprehensive information about birth control methods will empower women to make well-versed judgments as it concerns their reproductive health condition. It will provide them with a strong understanding of the various contraceptive methods available, their effectiveness, and potential side effects for each of the methods. With this awareness, women can evaluate alternatives and select a method that suits best, their individual needs, inclinations, and lifestyle without any obstacles. Moreover, access to information about family planning methods and their benefits enables women to better plan and space their pregnancies, leading to a better understanding of the importance of birth spacing and its impact on maternal and child health [12]. Using contraception will help them to ensure that they have adequate time to recover between pregnancies, reducing the risks associated with closely spaced births and improving both mother and child health outcomes. Also, wide-ranging education about family planning methods can dispel misconceptions, and cultural obstructions surrounding contraception.

Health system governance and policies

According to some existing literature, effective health system governance plays a critical and indispensable role in ensuring the availability, accessibility, and quality of family planning services [17–19]. This is particularly vital where the advancement and promotion of women's reproductive health choices require robust policy support, strategic resource allocation, and seamless coordination among different levels of the health system. Regulation in the health system incorporates a range of strategic factors such as policy formulation, implementation, monitoring, and appraisal [20]. Strong and well-defined policies are essential to create an enabling environment that supports and upholds the rights of women to make informed decisions regarding their reproductive health. These policies need to emphasize the importance of contraception, advocate for their integration into primary healthcare systems, and encourage an alliance between public and private stakeholders [5, 6]. Additionally, effective governance necessitates the allocation of adequate resources to family planning services. This involves securing financial investments to ensure the availability of contraceptives, medical equipment, trained healthcare providers, and infrastructure necessary for delivering comprehensive reproductive healthcare [21]. The allocation of sufficient resources will enhance the accessibility of family planning services, particularly in rural and marginalized communities where accessibility may be limited. Moreover, coordination among various levels of the health system is crucial for the successful implementation of family planning programs. This includes partnerships between the state government, local authorities, healthcare facilities, community organizations, and civil society groups. Operative coordination

mechanisms can facilitate the sharing of information, harmonization of efforts, and prevention of duplication, resulting in improved service delivery and better outcomes for women seeking reproductive health services.

Research Methods

Population of the study

The population for the study was made up of couples and those who ever married within childbearing age (women aged 15–49 years). This population and the age bracket were chosen because 15–49 years is demographically considered as the childbearing age.

Sample size estimation

According to official estimate of National Population Commission (NPC, 2016) Taraba State has a total population projection of 1,502,749 females. Taro Yamane formula was used in determining the sampling size of the study as shown below:

The formula is given thus:

$$n = \frac{N}{1 + N(e)^2}$$

Where,

N = required sample size

N = actual population

1 = statistical constant

e = the assumed error of margin or level of significance which is taken as 0.03, *i.e.*, 97% confidence level.

Therefore, sample size

$$\begin{aligned} &= \frac{1,502,749}{1 + 1,502,749 (0.03)^2} \\ &= \frac{1,502,749}{1 + 1,502,749 (0.0009)} \\ &= \frac{1,502,749}{1 + 1,352.4741} \\ &= \frac{1,502,749}{1,353.4741} \\ &= 1110 \end{aligned}$$

Therefore, the sample size for this study was 1110.

Sampling technique

A multi-stage and simple random sampling technique was applied to select 1110 respondents for the study. Taraba State is made up of three Senatorial Zones (Northern, Central, and Southern Senatorial Zones). The first stage included the selection of all three Senatorial Zones with 370 respondents allocated to each of the zones making a total of 1110. The second stage was the selection of two Local Government Areas from each of the three Senatorial Zones using

simple random sampling by balloting. The third stage was the selection of five wards from each of the selected two Local Government Areas in each Senatorial Zone using simple random sampling by balloting. Thirty-seven respondents were selected from each of the 30 wards across all the three senatorial zones making the required 1110 sample for the study. Ultimately, a systematic random selection approach was employed to choose the necessary number of respondents from the Primary Healthcare Household (PHCH) database, which included all the houses in the corresponding council wards within the cluster. An eligible respondent who provided informed permission was chosen from among the houses that were chosen. Only one participant was chosen from among eligible respondent families with multiple eligible respondents. The next home with the necessary responder was utilized in place of the one where there was no lady in the relevant age range. A comparable method was employed to choose participants for further wards.

Instruments of data collection

The questionnaire served as the tool used to gather data for this investigation which was considered the best tool for gathering information from a representative sample of individuals that could be utilized to characterize or examine a broader group.

Data analysis

The data from the questionnaire was processed with the help of the Statistical Package for the Social Sciences (SPSS). Frequency distribution tables and descriptive statistics like percentages, graphs, and charts were used to describe the characteristics of the study while Pearson Correlation was used to establish the strength of the relationship between the variables of the study.

Findings and Discussion

1110 questionnaires were distributed to the respondents, of which 889 were retrieved representing an 88.1% return rate, forming the basis on which the analysis was done.

The data in Table 1 presents the relevant socio-demographic characteristics of respondents covered in the study. This was essential for understanding the nature of respondents and their relevance in providing useful information in addressing the study objectives. It also had implications for the findings of the study and its generalizations. Analysis of these characteristics showed the suitability of the respondents and the validity of the findings.

Variable	Categories	Frequency (N = 889)	Percent
Age	15-20	87	9.8
	21-25	261	29.4
	26-30	289	32.5
	31-40	181	20.4
	41-49	71	8
Marital status	Single	105	12.0
	Married	631	71
	Divorced	84	9.4
	Separated	45	5.1
	Widowed	24	2.7
Educational status	No formal	169	19.0
	Primary	237	26.7
	Secondary	295	33.2
	Tertiary	188	21.1
Occupation	Student	114	12.8
	Unemployed	312	35.1
	House wife	67	7.5
	Farming	211	23.7

	Civil servants	143	16.1
	Petty trading	42	4.7
Annual income	50,000	332	37.3
	51-100,000	146	16.4
	101-200,000	154	17.3
	201-300,000	173	19.5
	300,000 and above	84	9.4
Religion	Christians	461	51.9
	Muslims	398	44.8
	Traditional religion	21	2.4
	Free thinkers	9	1

Table 1: Socio-demographic variables of respondents.

According to their sociodemographic characteristics, most respondents were young people between the ages of 20 and 40. This indicated that the respondents were not chosen at random, which is why the research was specifically intended for women who are or may become pregnant. Based on the respondents' educational background, most of them had completed secondary and advanced school. This suggested that formal education was generally accepted in the study region, especially as the majority of respondents (51.9%) were aware of the research's issue. It was also discovered that Christians made up the majority of the responders. This showed that the Southern Senatorial District of Taraba State is a Christian-dominated area. According to the respondents' occupations, the majority of them (35.1%) were jobless, with farmers coming in second (23.7%). This suggested that even while formal schooling was widely accepted in the study region, the desire to farm, which had traditionally been the area's traditional employment, had not been much impacted.

The majority of the respondents made less than the approved national minimum wage of N360,000 per year, according to data on their anticipated yearly income. This indicated that most respondents were of relatively poor financial standing, which may have had a role in women's dependency on their spouses.

On the factors that influenced their decision to use family planning methods, 13.6% of the respondents cited healthcare provider's advice as a factor influencing their family planning decisions, suggesting that healthcare professionals play a role in educating and counseling women on family planning. 15% of the respondents mentioned the quality of care they received as an influence on their family planning choices which captures the importance of maintaining high-quality healthcare services in family planning facilities. About 36.1% of the respondents indicated that accessibility to family planning facilities influenced their decisions, signifying the significance of geographical and physical access to these services in encouraging family planning. As high as 30.6% of respondents pointed to the information and education they received as influential. This underlines the importance of providing comprehensive and accurate information about family planning options. Only 4.7% of respondents mentioned government policies and regulations as a factor. This suggests that government policies might have a relatively limited impact on family planning decisions compared to other factors (Table 2).

Health system factors influencing decision	Frequency (889)	Percent
Healthcare provider's advice	121	13.6
Quality of care received	133	15
Accessibility of family planning facilities	321	36.1
Information and education received	272	30.6
Government policies and regulations	42	4.7

Table 2: Health system factors influencing family planning decisions.

Based on the data in Table 3, the respondents were asked how satisfied they were with the quality of care provided by healthcare providers at family planning facilities in Taraba State. The high percentages of "dissatisfied"(28.9%) and "very dissatisfied"(30.3%) respondents suggest that there might be significant issues with the quality of care in family planning facilities.

Satisfaction with quality of care	Frequency (889)	Percent
Very satisfied	123	13.8
Satisfied	182	20.5
Neutral	58	6.5
Dissatisfied	257	28.9
Very dissatisfied	269	30.3

Table 3: Satisfaction with quality of care.

Table 4 reveals the barriers faced by women when trying to access family planning services in Taraba State. A majority of women (57%) reported facing barriers in accessing family planning services. Identifying and addressing these barriers is essential to ensure that women can easily access the services they need.

Barriers to accessing family planning services	Frequency (889)	Percent
Yes	507	57
No	382	43

Table 4: Barriers to accessing family planning services.

Table 5 presents data on whether women believe government policies have influenced the provision and utilization of family planning services. A good number of women (61%) believe that government policies have influenced family planning services. This suggests that government policies are recognized as important in this context.

Influence of government policies	Frequency (889)	Percent
Yes	543	61
No	346	39

Table 5: Influence of government policies.

Table 6 shows the correlation between several factors and women's family planning decisions in Taraba State. The Pearson Correlation coefficient measured the strength and direction of the relationship between two variables, ranging from -1 to 1. A value closer to 1 signifies a strong positive correlation, while a value closer to -1 indicates a strong negative correlation. A value around 0 suggests no linear relationship. From the data, there's a strong positive correlation (Pearson Correlation = 0.541) between the advice given by healthcare providers and women's family planning decisions. This infers that when healthcare providers offer advice regarding family planning, there's a noticeable influence on the decisions made by women. Similarly, there's a strong positive correlation between the quality of care received and women's family planning decisions. Better quality of care seems to be associated with more favorable decisions regarding family planning. A very strong positive correlation (0.751) exists between the accessibility of family planning facilities and women's family planning decisions which indicates that improved accessibility to these facilities greatly influences women's decisions regarding family planning. The data also shows that there's a strong positive correlation at 0.701 between the information and education received by women and their family planning decisions. This suggests that well-informed and educated women tend to make more informed decisions about family planning. Finally, a moderate positive correlation (Pearson Correlation = 0.411) between government policies and regulations and women's family planning decisions. This indicates that government policies have some influence, although it might not be as strong as the other factors mentioned above.

Factor	Healthcare provider's advice	Quality of care received	Accessibility of family planning facilities	Information and education received	Government policies and regulations
Women's family planning decisions	Pearson Correlation (.541**)	Pearson Correlation (.563**)	Pearson Correlation (.751**)	Pearson Correlation (.701**)	Pearson Correlation (.411**)
	Sig. (2-tailed) (.000)	Sig. (2-tailed) (.000)	Sig. (2-tailed) (.000)	Sig. (2-tailed) (.000)	Sig. (2-tailed) (.000)

N	889	889	889	889	889
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Table 6: Magnitude of correlation between healthcare provider's advice, quality of care received, accessibility of family planning facilities, information/education received, and government policies/regulations. **Correlation is significant at the 0.01 level (2-tailed).

Discussion of findings

This study aimed to explore how health system dynamics affect women's decisions about family planning in Taraba State. The research focused on five key factors: healthcare provider's advice, quality of care received, accessibility of family planning facilities, information/education received, and government policies/regulations. The Pearson Correlation coefficients were utilized to measure the strength and direction of the relationships between these factors and women's family planning decisions. Firstly, the data reveals a significant and strong positive correlation between healthcare provider's advice and women's family planning decisions. This suggests that the advice provided by healthcare providers plays a substantial role in shaping women's decisions regarding family planning. When healthcare providers actively engage in offering guidance on family planning, it positively influences the choices made by women in Taraba State. Similarly, a strong positive correlation was observed between the quality of care received and women's family planning decisions. This implies that as the quality of care improves, women are more likely to make favorable decisions regarding family planning. Quality healthcare services appear to contribute significantly to the reproductive choices of women in the region. The findings further indicate a very strong positive correlation between the accessibility of family planning facilities and women's family planning decisions. This highlights the critical role that improved accessibility to family planning facilities plays in influencing women's decisions. As access to these facilities becomes more convenient, there is a notable impact on family planning choices. Moreover, a strong positive correlation is evident between the information and education received by women and their family planning decisions. This underscores the importance of education and information in empowering women to make informed decisions about family planning. Well-informed and educated women tend to exhibit a higher degree of agency in their reproductive choices. Lastly, a moderate positive correlation is observed between government policies and regulations and women's family planning decisions. While government policies exert some influence, the correlation is not as strong as the other factors examined. This suggests that while governmental interventions play a role, their impact may be somewhat less pronounced compared to factors like healthcare provider advice, quality of care, accessibility of facilities, and information/education.

This study's findings resonate with existing literature, highlighting the substantial impact of health system factors on women's decisions regarding family planning. Previous research emphasizes the role of healthcare providers in educating and guiding women, the necessity of accessible and integrated family planning services, and the influence of health system policies on access and utilization of services. For instance, Yirgu et al. [1] found that health extension workers played a crucial role in increasing women's knowledge about family planning, while recommendations from doctors were influential in encouraging women to adopt specific family planning techniques. This underscores the importance of healthcare providers' expertise and guidance in promoting family planning. Bronstein et al. [2] proposed that enhanced provider involvement in identifying client health concerns and improved integration of publicly supported family planning with other healthcare services for low-income women could expand the potential for providing preconception or general health care. This indicates that the accessibility and availability of family planning services within the broader healthcare system are critical factors. Klerman et al. [3] delved into the influence of health system factors and demonstrated that the organizational and structural characteristics of publicly accessible family planning facilities are linked to greater availability. Changing certain policies within these facilities could potentially increase the utilization of reproductive planning services. This underlines the importance of health system policies in shaping women's access to family planning. Moreover, Koenig et al. [14] revealed a substantial relationship between women's perceptions of care provided by field workers and their likelihood of later adopting a family planning strategy. This highlights the role of healthcare providers' attitudes and the quality of care in influencing women's decisions. A study conducted by Wekesa et al. [13] among family planning clients in Kenya supported the idea that offering women higher-quality contraceptive services can strengthen their determination to achieve their pregnancy intentions. This can reduce uncertainty and the likelihood of unintended pregnancies, emphasizing the significance of

quality care and services within the health system. Additionally, Diamond-Smith et al. [12] found that person-centered treatments had a high success rate in improving clients' perceptions of the value of family planning and familiarity with it. This demonstrates that client-centered care and effective communication can positively impact women's attitudes toward family planning. Comparing the findings of this study with existing literature emphasizes the intricate interplay of health system factors in shaping women's family planning decisions. In summary, healthcare provider expertise, service quality, accessibility, policy frameworks, and client-centered care are all essential components that collectively influence women's attitudes and choices regarding family planning.

Conclusion

The findings of this study accentuate the interaction between health system dynamics and women's decisions regarding family planning in Taraba State. Through the examination of various factors within the healthcare system in Taraba State, significant insights have emerged, shedding light on the influences that shape women's attitudes and choices concerning fertility management in the state. Several critical factors within the health system have been identified as influential in determining women's attitudes toward family planning. These factors encompass healthcare provider advice, quality of care, accessibility of family planning facilities, information and education, and governmental policies and regulations. Healthcare professionals, particularly health extension workers, and doctors, emerged as significant influencers in guiding women's decisions regarding family planning. Their advice and expertise play pivotal roles in enhancing women's knowledge and encouraging the adoption of specific fertility management techniques. The study highlighted the substantial impact of quality care on women's satisfaction and decision-making regarding family planning facilities. Furthermore, improved accessibility to these facilities significantly influences women's decisions, emphasizing the necessity of conveniently located and well. Health education programs were identified as essential tools in empowering women with accurate information about family planning options. These programs bridge information gaps and facilitate informed decision-making. The influence of governmental policies and regulations on women's family planning decisions, while present, appeared to be comparatively less impactful than other determinants within the health system. Overall, this study underscores the intricate interplay of health system dynamics in shaping women's attitudes and decisions concerning family planning in Taraba State. The identified factors serve as critical focal points for interventions aimed at enhancing women's access to comprehensive and quality family planning services, ultimately empowering them to make informed choices about their reproductive health.

Limitations and Future Research

The study's findings might have limitations in terms of generalizability due to its focus on Taraba State with unique socio-cultural characteristics that differ significantly from other regions, limiting the broader applicability of the results. Secondly, the cross-sectional nature of the research might restrict the ability to establish causality between variables. Longitudinal studies could offer a better insight into the impact of the health system factors over time in Taraba State. Also, given the sensitive nature of reproductive health topics, participants might have provided responses influenced by social desirability bias. Therefore, future research should focus on conducting longitudinal studies to track changes in the impact of health system factors over time. It should also supplement quantitative findings with qualitative research methods like in-depth interviews or focus groups.

Recommendations

- The Ministry of Health in Taraba State should ensure that family planning services are readily available and easily accessible to women across all regions of Taraba State, which can be achieved by establishing more family planning clinics, mobile health units, and outreach programs in rural and remote areas.
- The government and private health organizations should invest in wide-ranging training programs for healthcare workers, including doctors, nurses, and midwives, on family planning methods, counseling

procedures, and patient-centered care in order to help them offer precise information, address anxieties, and help women in making well-versed decisions about their reproductive issues.

- The state government through the Ministry of Health should initiate community-based consciousness campaigns to educate women and men about the importance of family planning and the offered options. Engaging religious and traditional leaders can help overcome cultural hurdles and promote affirmative attitudes toward contraception.
- There is a need to strengthen the health system's capacity of Taraba State to procure and distribute a wide range of contraceptive methods, including both short-acting and long-acting options by regularly assessing the demand for different methods and ensure an uninterrupted supply to meet women's diverse needs.
- Taraba State Ministry of Health should implement client-centered counseling approaches that provide comprehensive information about all available family planning methods, their effectiveness, potential side effects, and benefits, ensuring that women have the opportunity to make informed choices based on their preferences and individual circumstances.

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