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# Not Just Women's Business: Exploring Men's Involvement in Family Planning

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## Abstract

**Background:** Family planning remains a critical component of reproductive health, yet much of the focus has traditionally been on women. Increasingly, male involvement is recognised as pivotal, particularly in patriarchal societies like Nigeria, where men's support or opposition can significantly influence contraceptive decisions.

**Objectives:** This study explored men's knowledge, perceptions, attitudes, and involvement in FP in Ogbomoso, Nigeria, and examined the socio-demographic and interpersonal factors influencing male participation.

**Methods:** A descriptive cross-sectional survey was conducted among 320 males aged 15–59 years in Ogbomoso North Local Government Area. Participants were selected through convenience sampling. Data were collected using a structured, pre-tested questionnaire and analysed using SPSS version 21. Descriptive statistics, chi-square tests, and binary logistic regression were employed to identify significant associations.

**Results:** While 89.7% of respondents had prior knowledge of FP and 84.1% recognised its importance, only 29.1% reported ever using FP methods. Misconceptions persisted: 77.2% believed FP reduces male sexual performance, and 66.9% perceived FP as a woman's responsibility. Monthly income was significantly associated with FP utilisation ($p=0.05$), whereas other socio-demographic variables were not. Logistic regression revealed that spousal communication (OR=0.348, $p<0.001$) and religious beliefs (OR=0.341, $p<0.001$) were significant predictors of men's approval of their partner's FP use. Key barriers included fear of side effects (28.3%), belief that FP is a woman's responsibility (27.1%), and religious beliefs (13.1%).

**Conclusion:** Despite high awareness, male utilisation and approval of FP remain low, influenced by spousal communication, religious beliefs, and socio-economic factors. Interventions promoting open couple communication, addressing religious misconceptions, and targeting low-income populations are critical for enhancing male involvement in family planning in Nigeria.

**Keywords:** Family planning, Male involvement, Spousal communication, Religious beliefs, Nigeria.

# INTRODUCTION

Family planning (FP) serves as a fundamental support of reproductive health, playing a vital role in ensuring the well-being of both mothers and children. For many years, public health initiatives have predominantly concentrated on women, viewing them as the primary users of contraceptive services. However, there is an increasing acknowledgement of the significant role that men play in family planning decisions, particularly in patriarchal societies where traditional gender roles are deeply entrenched. In these contexts, male partners often act as gatekeepers to reproductive health choices. This means they can either support their partners in accessing contraceptive methods and related healthcare services or create barriers that impede their access to such essential resources (1). Their attitudes and involvement in FP not only influence personal reproductive decisions but also have broader implications for maternal and child health outcomes. By recognising and engaging men as integral participants in FP, public health efforts could enhance the effectiveness of interventions and promote healthier families, communities and the nation (2).

Over the years, the Nigerian government has come to recognise the vital role that FP plays in enhancing health and overall development outcomes (3). This recognition has sparked the initiation of policies and programmes to enhance access to contraceptive services nationwide. These initiatives are particularly focused on increasing the modern contraceptive prevalence rate (mCPR), with an emphasis on reaching married women of reproductive age. The goal is to provide contraceptive options and seamlessly integrate FP services into broader primary healthcare provisions, ensuring that these essential services are accessible and effective for all (4).

Several international development partners and non-governmental organisations (NGOs) have made substantial contributions to FP initiatives, complementing the government's efforts. Key organisations, including the United Nations Population Fund (UNFPA), the United States Agency for International Development (USAID), the Bill & Melinda Gates Foundation, Marie Stopes International, Pathfinder International, and the Society for Family Health (SFH) have played a critical role in expanding these efforts (2,5). They have introduced innovative approaches, including community-based distribution models that empower local health workers to provide contraceptives directly within communities, mobile outreach services that deliver healthcare to underserved areas, and targeted behaviour change communication campaigns to raise awareness

and promote modern contraceptives. These programmes have helped to educate communities about FP options and encourage discussions around reproductive health, fostering an environment where individuals and couples can make informed choices regarding their FP needs. Collectively, these initiatives create a multifaceted approach to enhancing reproductive health, aiming for a healthier future for families in Nigeria.

Despite the concerted efforts made by the government and various organisations, the uptake of modern contraceptives in Nigeria remains alarmingly low. The 2018 Nigeria Demographic and Health Survey (NDHS) revealed a modern contraceptive prevalence rate of only 12% among married women (6). This unsettling figure starkly contrasts with the ambitious national targets for FP initiatives. This limited acceptance highlights a significant gap in reaching reproductive health goals and suggests that more intensive measures are necessary to enhance accessibility and usability of contraceptive methods. Research has increasingly indicated that the participation of men in FP can be a transformative factor in this equation (7–9). When men are actively involved in discussions and decisions regarding contraceptive use, it not only influences the acceptance of these methods but also plays a crucial role in their effective and sustained use over time. This involvement helps dismantle traditional barriers, often discouraging couples from exploring or utilising available FP options.

Existing studies related to contraceptive usage have largely focused on women, with relatively few studies conducted on men (10–15). The research on men's involvement in contraceptive use has examined various dimensions. For instance, a study conducted in Tanzania shows a high level of knowledge regarding contraception, with 94.6% for females and 96.0% for males, respectively. However, the study indicates a low level of contraceptive use among the participants (16). In Ghana, a study reveals a low level of male involvement in FP, despite a high level of awareness. Marital status, employment status, and knowledge about FP were positively associated with male participation in FP (17). A study in Pakistan highlights several factors that influence FP decisions. These include the desire for more children, lack of information, family dynamics, concerns about potential side effects, and the belief that FP contradicts Islamic principles.

In Nigeria, studies (8,18–20) have highlighted factors influencing male participation in FP. These factors include educational background, employment status, polygamy, cultural and religious beliefs, and the prevalent misconception that FP is solely a woman's concern. In addition to the

limited availability of FP methods for men, demographic variables such as age, occupation, religion, and overall knowledge play a significant role. A research study conducted in Niger State indicates a lack of spousal communication regarding FP services, with 66.5% of men reporting that they have never participated in any FP discussions with their partners (21). Conversely, a study in Owo, Ondo State, reveals that most men (96.4%) possess good knowledge of FP, although their active involvement in FP practices is moderate, at 50.9%. Additionally, findings concerning men's attitudes towards FP show that a substantial 75.1% disagree with the notion that FP is solely a female responsibility, and they believe that contraceptives are ineffective for men (22). While previous studies have investigated factors affecting male participation in FP on national or regional scales, there is a lack of localised studies that reflect men's perceptions, decision-making processes, and the sociocultural influences within semi-urban Nigerian communities like Ogbomoso. Moreover, there has been limited research into how gender norms and the dynamics impact men's roles in contraceptive decision-making. This study addresses this gap by exploring the contextual, relational, and attitudinal aspects of male involvement in FP in Ogbomoso, Nigeria.

### Research Questions

1. What is the level of knowledge, perceptions and attitudes of men in FP decision-making in Ogbomoso?
2. What are the barriers to male involvement in FP in Ogbomoso?
3. How do interpersonal dynamics (e.g., spousal communication, decision-making power) shape men's participation in FP?

## MATERIALS AND METHODS

### Study Location

Ogbomoso North Local Government Area (LGA) is a prominent feature of Oyo State, located in the southwest geopolitical zone of Nigeria. The LGA is part of the larger Ogbomoso metropolitan area, bordered by Ogbomoso South to the south, Surulere to the east, and Orire to the north, with its northcentral boundary adjacent to Kwara State. The administrative centre of Ogbomoso North

is Kinnira, which integrates seamlessly into Ogbomoso town and serves as a hub for activity and governance. The area is characterised by a lively semi-urban atmosphere, hosting a diverse community engaged in various sectors, namely civil service, trade, vocational activities, and agriculture. A notable aspect of Ogbomoso North is its vibrant student population due to the presence of numerous educational institutions. Key institutions, including Ladoke Akintola University of Technology, Bowen University Teaching Hospital, and Baptist Theological Seminary, play significant roles in fostering learning and innovation, greatly enriching the community's academic, economic, and social dynamics (23). According to the National Population Commission, Ogbomoso North has an estimated population of 198,859 residents, which includes 103,418 males; the estimated number of males of reproductive age (15-59 years) is 62,000 (24) This demographic information highlights the area's dynamic character and emphasises the importance of its diverse population in shaping the local landscape. The combination of educational opportunities, a vibrant community life, and economic prospects makes Ogbomoso North a noteworthy region within Oyo State.

**Study Population**

All consenting males of reproductive age (15-59 years) in the study areas were considered.

**Study Design and Sampling**

The study employs a descriptive survey design to examine knowledge, perceptions, attitudes, and men's roles in FP decision-making in Ogbomoso. It focuses on interpersonal dynamics that shape men's participation in FP. The study utilises a descriptive survey design, which is beneficial because it permits the use of a questionnaire and allows for gathering data from a large sample size (25). The following steps were followed to determine the sample size for the study.

The sample size for a population of 62,000 was calculated using Cochran's formula (26)

The formula is:

$$n_0 = \frac{Z^2 \cdot p \cdot (1-p)}{e^2}$$

Where:

Z = Z-Score (1.96 for 95% confidence level)

- p = estimated proportion (commonly assumed as 0.5 for maximum variability)

e = margin of error (commonly set to 0.05 or 5%)

Substituting the values:

$$n_0 = \frac{(1.96)^2 \cdot 0.5 \cdot (1 - 0.5)}{(0.05)^2}$$

$$n_0 = \frac{3.8416 \cdot 0.25}{0.0025}$$

$$n_0 = \frac{0.9604}{0.0025} = 384.16$$

Thus, the sample size (n) is approximately 384.

The convenience sampling technique was employed to select participants, which means that individuals were chosen for inclusion based on their availability and accessibility to the researchers. This approach enables the team to concentrate on easily accessible respondents, making the recruitment process more efficient by prioritising those who were easy to contact and willing to participate. The researchers aimed to gather relevant data within a limited timeframe. The convenience sampling method allows for rapid data collection, but it comes with the drawback that the sample may not accurately reflect the larger population. Nonetheless, this pragmatic approach enabled the study to proceed effectively.

**Participant Selection**

A convenience sampling technique was used to select participants. It ensured that all males of reproductive age who consented were included.

**Inclusion Criteria**

Eligible participants were males aged 15 to 59 who expressed their willingness to participate in the study.

**Exclusion Criteria**

Males outside the reproductive age range of 15 to 59 years were excluded from the study.

**Validity and Reliability of the Instrument**

Experts in Test and Measurement from Ladoke Akintola University of Technology, Ogbomoso, evaluated the items for face and content validity. This assessment sought to verify that each item was articulated, relevant, and appropriately aligned with the constructs it aimed to measure. In addition, the instrument's reliability was assessed through an internal consistency analysis, resulting in a Cronbach's alpha coefficient of 0.75, indicating moderate and acceptable reliability(25).

**Data Collection**

The study utilises a questionnaire design consisting of twenty-three items focusing on male involvement in FP in Ogbomoso. This questionnaire is divided into five main sections: Section A collects demographic information, including age, marital status, educational level, occupation, monthly income, type of marriage and religion. Section B comprises three items related to FP. Section C contains five items that address attitudes and perceptions. Section D includes five items on mail participation in FP. Section E contains two items on barriers and enablers to participate in FP. The questionnaires were designed for self-administration to promote independent and unbiased responses. Two research assistants, who are proficient in translating English to Yoruba, were available to assist. The data gathering took place between January 13, 2025, and March 14, 2025.

**Measurement of variables**

The explanatory variables in the study were knowledge, attitudes and perceptions. The variables adjusted for in this study were selected background characteristics of respondents including age [under 30, 30–39, 40–49 50-59], marital status [single, married], type of marriage [monogamous, polygamous], level of education [none, primary, secondary, tertiary], occupation [self-employed, civil servant, student], religion [Christianity, Islam, Traditional] and monthly income [less ₦70,000, ₦70,000 and above]. The outcome variable was male participation in FP, proxied by two

answers, with an affirmative answer assigned “1” and a negative answer assigned “0” for the questions.

**Data Analysis**

A total of 320 (83.3%) questionnaires were retrieved and analysed using IBM SPSS version 21 (27)for frequency distributions related to the socio-demographic variables among the participants. Subsequently, cross-tabulation analysis was performed with the chi-square test and regression analysis to evaluate the relationship between variables and identify statistically significant associations.

**Ethical Consideration**

The study underwent a rigorous ethical review process and received formal approval from the Ethical Research Committee at Ladoke Akintola University of Technology, Ogbomoso, under Approval Number: ERCBMSLAUTECH:090/01/2025. Before distributing the questionnaires, permission was properly secured, following essential ethical standards required for research. Informed consent was obtained from all respondents before data collection, ensuring the confidentiality and security of their information. The primary objective of the research was clearly articulated to the participants, promoting transparency. Throughout the study, there was a steadfast commitment to protecting the privacy of all participants, adhering to established ethical principles in the research process.

**RESULTS**

Table 1 presents demographic information about the respondents. Over one-third of the study population (35.9%) fell within the 30–49 age range, while a smaller portion (13.4%) was under 30. The sample is predominantly married, with 71.9% of respondents, compared to 28.1% single. The group is well-educated, with 95.3% having obtained some level of education. Employment status indicates that 87.4% of respondents are employed, whereas 17.2% are students. On income,

67.2% earn less than the national minimum wage of ₦70,000 ($44.90) monthly. Moreover, monogamous relationships are common, with 55.6% of respondents identifying as such. Finally, more than half of the sample (55.9%) identifies as Christian.

**Table 1: Distribution of Respondents' Demographic Variables**

| Variables | Categories | N (%) |
|---|---|---|
| Age of men in years | | |
| | <30 | 43 (13.4) |
| | 30 – 39 | 115 (35.9) |
| | 40 – 49 | 100 (31.3) |
| | 50 – 59 | 62 (19.4) |
| Mean ± SD (40.16 ± SD 9.30) | | |
| Marital status | | |
| | Single | 90 (28.1) |
| | Married | 230 (71.9) |
| Educational level | | |
| | No education | 15 (4.7) |
| | Primary education | 56 (17.5) |
| | Secondary education | 146 (45.6) |
| | Tertiary | 103 (32.2) |
| Occupation | | |
| | Self-employed | 172 (53.8) |
| | Civil servant | 93 (29.1) |
| | Student | 55 (17.2) |
| Religion | | |
| | Christianity | 179 (55.9) |
| | Islam | 108 (33.8) |
| | Traditional | 33 (10.8) |
| Monthly income | | |
| | <₦70,000 | 215 (67.2) |
| | >₦70,000 | 105 (32.8) |
| Types of marriage | | |
| | Monogamous | 178 (55.6) |
| | Polygamous | 66 (20.6) |
| | Not applicable | 76 (23.8) |

Table 2 presents a comprehensive overview of participants' knowledge, attitudes, and perceptions regarding FP. The data reveals a significant level of awareness, with 89.7% of respondents indicating prior knowledge of FP or contraception, while only 10.3% reported not having heard of it. This high awareness accompanies a strong sentiment regarding its importance, as 84.1% of participants acknowledged the value of FP for couples. Despite this awareness, the adoption of FP methods appears low, with only 29.1% respondents acknowledging utilising any form of FP. In addition, the perception of FP with religious beliefs is worth noting; 32.8% of participants expressed that they believe FP contradicts their religious principles, while a significant majority (67.2%) did not perceive any such conflict. Furthermore, the data highlights a prevalent concern regarding the influence of FP on male sexual performance, with 77.2% of respondents. Exploring the perceived responsibility for FP, the results indicate a gender disparity: 66.9% of respondents felt that the woman should primarily bear the responsibility, in contrast to 33.1% who believed it should be the man's responsibility.

**Table 2: Respondents' Knowledge, Attitudes and Perceptions of Family Planning**

| Variables | Categories | N=320 | Percentage |
|---|---|---|---|
| Have you heard about family planning or contraception before? | Yes | 287 | 89.7 |
| | No | 33 | 10.3 |
| Do you believe family planning is important for couples? | Yes | 269 | 84.1 |
| | No | 51 | 15.9 |
| Have you used any family planning method | Yes | 93 | 29.1 |
| | No | 227 | 70.9 |
| Do you believe family planning contradicts your religious beliefs? | Yes | 105 | 32.8 |
| | No | 215 | 67.2 |
| Do you think using family planning can reduce a man's sexual performance? | Yes | 247 | 77.2 |
| | No | 73 | 22.8 |
| | The woman | 214 | 66.9 |

| | | | |
|---|---|---|---|
| Who do you think should be responsible for family planning? | The man | 106 | 33.1 |

Table 3 illustrates the relationship between selected socio-demographic variables and the utilisation of male contraceptive methods among respondents. The analysis included a total of 320 male participants, out of which 93 reported having used a male contraceptive method, while 227 indicated they had not. Notably, monthly income emerged as the sole variable demonstrating a statistically significant correlation with the uptake of male contraception ($\chi^2 = 3.851$, $p = 0.05$). Other socio-demographic factors, including age group, marital status, education, occupation, religion, and types of marriage, did not reveal statistically significant associations. Thus, the prevalence of male contraceptive use was relatively uniform across these other variables, with only minor variations observed.

**Table 3: Socio-demographic Factors by Utilisation of Male Contraceptive Methods**

| Variables | Yes (n=93) n (%) | No (n=227) n (%) | Total (n=320) n (%) | Chi-square | p-value |
|---|---|---|---|---|---|
| Age of male in years | | | | | |
| <30 | 10 (23.3) | 33 (76.7) | 43 (100.0) | 5.785 | 0.123 |
| 30 - 39 | 30 (26.1) | 85 (73.9) | 115 (100.0) | | |
| 40 - 49 | 38 (38.0) | 62 (62.0) | 100 (100.0) | | |
| 50 - 59 | 15 (24.2) | 47 (75.8) | 62 (100.0) | | |
| Marital status | | | | | |
| Single | 31 (34.4) | 59 (65.6) | 90 (100.0) | 1.759 | 0.185 |
| Married | 62 (27.0) | 168 (27.0) | 230(100.0) | | |
| Educational level | | | | | |
| No formal education | 5 (33.3) | 10 (66.7) | 15 (100.0) | 4.441 | 0.218 |
| Primary education | 15 (26.8) | 41 (73.2) | 56 (100.0) | | |
| Secondary education | 50 (34.2) | 96 (65.8) | 146 (100.0) | | |
| Tertiary | 23 (22.3) | 80 (77.7) | 103 (100.0) | | |
| Occupation | | | | | |
| Self-employed | 47 (29.9) | 110 (70.1) | 157 (100.0) | 0.145 | 0.93 |
| Civil servant | 30 (27.8) | 78 (72.2) | 108 (100.0) | | |
| Student | 16 (29.1) | 39 (70.1) | 55 (100.0) | | |
| Religion | | | | | |
| Christianity | 56 (31.3) | 123 (68.7) | 179 (100.0) | 1.502 | 0.472 |
| Islam | 30 (27.8) | 78 (72.2) | 108 (100.0) | | |
| Tradition | 7 (21.2) | 26 (28.8) | 33 (100.0) | | |
| Monthly income | | | | | |
| <₦70,000 | 55 (25.6) | 160 (74.4) | 215 (100.0) | 3.851 | 0.05* |

| | | | | | |
|---|---|---|---|---|---|
| >₦70,000 | 38 (36.2) | 67 (63.8) | 105 (100.0) | | |
| Types of marriage | | | | | |
| Monogamous | 48 (27.0) | 130 (73.0) | 178 (100.0) | 0.97 | 0.616 |
| Polygamous | 20 (30.3) | 46 (69.7) | 66 (100.0) | | |
| Not applicable | 25 (32.9) | 51 (67.1) | 76 (100.0) | | |

* =Statistical significance at p<0.05

Table 4 provides data on the frequency and percentage of various barriers reported by respondents regarding the use of male contraceptive methods. Since participants could select multiple barriers, the total number of responses (N = 1,027) surpasses the number of participants (N = 320). The most commonly cited barrier was "Fear of Side Effects," reported by 28.3% of respondents. A sizeable 27.1% of participants indicated that FP is primarily a woman's responsibility. Moreover, 13.1% of respondents noted "Religious Beliefs" as a barrier. "Inaccessibility of Services" was reported by 12.1% of respondents. Other barriers included "Cultural Beliefs" at 8.4%, "Partner Disapproval" at 5.9%, and "Lack of Information" at 5.1%, which were noted less frequently but are still remarkable.

**Table 4: Distribution of Barriers to Using or Supporting Family Planning**

| Variables | N | Percent |
|---|---|---|
| Fear of side effects | 291 | 28.3% |
| Religious beliefs | 135 | 13.1% |
| Cultural beliefs | 86 | 8.4% |
| Partner disapproval | 61 | 5.9% |
| Lack of information | 52 | 5.1% |
| The belief that it is a woman's responsibility | 278 | 27.1% |
| Inaccessibility of services | 124 | 12.1% |
| Total | 1027 | 100.0% |

Table 5 summarises a binary logistic regression analysis to identify the factors influencing respondents' approval of their partner's FP use. The final model included three variables: whether respondents had ever discussed FP with their spouse, whether they believed FP contradicted their religious beliefs, and whether they had ever accompanied their spouse to a FP clinic. The variable "ever discussed FP with spouse" emerged as a significant predictor of approval for their partner's use of FP. Men who had not engaged in discussions about FP with their spouse were found to be much less likely to approve of their partner's use of family planning, with odds of 0.348

(statistically significant, p=0.001, 95% CI= 0.037-0.166). Similarly, the second variable—whether FP contradicts their religious beliefs—also had a significant negative impact. Men who perceived FP as inconsistent with their religious beliefs were considerably less likely to approve of their partner's use of FP, with odds of 0.341 (statistically significant, p=0.001, 95% CI= 0.224-0.313). In contrast, the third variable, "ever accompanied spouse to a FP clinic," did not show significant results.

**Table 5: Factors influencing respondents' approval of their partner's family planning use**

| Predictors | B (Regression Coefficient) | Adjusted Odds Ratio (aOR) | 95% C.I. for OR | | p-value |
|---|---|---|---|---|---|
| | | | Lower | Upper | |
| Ever discussed FP with your spouse? | | | | | |
| Yes | -3.304 | 0.348 | 0.037 | 0.166 | 0.001 |
| No (Ref) | 1 | | | | |
| FP contradicts your religious beliefs? | | | | | |
| Yes | -1.494 | 0.341 | 0.224 | 0.313 | 0.001 |
| No (Ref) | 1 | | | | |
| Ever accompanied your spouse to the FP clinic? | | | | | |
| Yes | -20.077 | 5801.355 | 0.000 | | 0.997 |
| No (Ref) | 1 | | | | |

# DISCUSSION

This study examines men's role in FP in Ogbomoso, Nigeria. It delves into their attitudes, knowledge, perceptions, barriers to male involvement in FP, and the interpersonal dynamics that shape men's participation. The findings reveal a mature, mostly married, moderately educated, largely Christian, and low-income sample, with economic variation and a diverse marital structure that establishes a strong demographic foundation for analysing how these factors shape men's involvement in FP. The mean age (40.16 ± SD 9.30) indicates that the study population primarily comprises adult males in their peak reproductive years. This demographic alignment is pertinent given the focus on FP decisions and contraceptive utilisation. The age range of the majority, 115

(35.9%) of the study population, was between 30 and 39 years, which aligns with similar findings from a study conducted in Ondo State, Nigeria (22). This could be attributed to the fact that most respondents were adults and in their reproductive years. A large proportion, 230 (71.9%), were married, and more than half of the population, 179 (55.9%), were Christians. This is similar to a survey conducted to determine male involvement in FP in Abia State, Nigeria (19). The majority, 178 (55.6%) of the respondents were monogamous. This contrasts with a study conducted in the Tarime district, Tanzania, which observed that strong social and cultural practices, such as patriarchy in African society, influenced the dominance of polygamy (16).

The group is relatively low-income, as more than one-third—215 (67.2%)—earn less than ₦70,000 ($44.90), which is the National Minimum Wage. This could reflect the broader economic challenges facing Nigeria, including high rates of underemployment, dominance of the informal sector, and limited access to stable formal employment, and therefore, may influence FP behaviour. Most of the respondents, 146 (45.6), had secondary education. These findings differ from a study that reported that most respondents had a tertiary education (22).

The findings reveal a high level of awareness, with 287 (89.7%) respondents indicating prior knowledge. A significant level of understanding was observed in similar studies (1,7–9,17). The study shows a low level of utilisation, at 105 (32.8%), despite the high level of awareness. A low level of utilisation was also observed in a study conducted among male teachers in South-west Nigeria (18). A total of 105 (32.8%) respondents believed that FP contradicts their religious beliefs. Religious beliefs have been identified as a factor in decision-making regarding FP. These findings align with studies conducted in Sokoto State, Nigeria (28), and Buner, KPK, Pakistan (29). A striking 247 (77.2%) of respondents thought FP could reduce a man's sexual performance. This misconception is widespread and constitutes a major psychological or cultural barrier to male involvement. Two-thirds of the study population, 214 (66.9%), believed that women should be responsible for FP. These findings differ from a study conducted in Ghana, where over two-thirds (68.7%) of the respondents disagreed that total FP was an issue for only women (17)

In examining the relationship between selected socio-demographic variables and the utilisation of male contraceptive methods, only monthly income was statistically significant with the uptake of male contraception ($\chi^2 = 3.851$, $p = 0.05$). The results indicated that most respondents who earn more than ₦70,000 had utilised male FP methods (36.2%) compared to those earning below

₦70,000 (25.6%), implying that income influences men's participation in FP. This finding contrasts with a similar study conducted in a state in the northern part of Nigeria, where education was identified as a significant variable affecting the utilisation of male contraceptive methods (20) On the utilisation of FP, the most identified barriers by the respondents include: "Fear of Side Effects," reported by 291 (28.3%), "The belief that it is a woman's responsibility", by 278 (27.1%) and "Religious Beliefs" by 135 (13.1%). This finding goes in tandem with similar studies identifying barriers to male involvement in FP (1,16,19).

The logistic regression analysis indicates that two of the selected variables were significant. The variable "ever discussed FP with spouse" has been identified as a crucial predictor of men's approval regarding their partner's use of FP methods. Specifically, men who had not engaged in discussions about FP with their spouses were found to have markedly lower odds of approving their partner's use of FP, quantified at an odds ratio of 0.348, which is statistically significant (p=0.001) with a 95% confidence interval of 0.037 to 0.166. Moreover, the second variable, which assesses whether FP contradicts their religious beliefs, also significantly influences approval. Men who perceived FP as inconsistent with their religious beliefs demonstrated considerably lower odds of approving their partner's use of FP, showing an odds ratio of 0.341. This finding is also statistically significant (p=0.001) with a 95% confidence interval of 0.224 to 0.313. However, accompanying a spouse to an FP clinic does not appear to exert a significant independent effect within the context of this model. These results highlight the importance of communication and belief systems in influencing men's perspectives on FP within their relationships. These findings are supported by earlier studies by Waqar et al. (29) and Abubakar et al.(28), who have explored important sociocultural factors that influence men's approval of their partners' use of FP methods. Their research highlights the significant impact of religious beliefs and spousal communication as key determinants in shaping men's attitudes toward contraceptive use. Religious beliefs often dictate personal values and practices, influencing how individuals perceive FP. In many communities, religious doctrines may endorse or discourage the use of contraceptives, profoundly affecting both men's and women's preferences regarding reproductive health. For some men, adherence to religious principles can lead to misconceptions about contraception, seeing it as contrary to their faith. On the other hand, effective spousal communication plays a pivotal role in shaping men's approval of FP methods. Strong communication between partners fosters an

environment where both can discuss their views, desires, and concerns regarding contraceptive use.

## CONCLUSION

The study reveals that while there is a high level of awareness regarding FP, actual utilisation remains low. Religious beliefs have been identified as a significant factor affecting decision-making in this area. This widespread misconception creates substantial psychological and cultural barriers to male participation in FP. Among the various socio-demographic factors examined, monthly income emerged as the only statistically significant factor influencing male contraception uptake. The logistic regression analysis highlighted two meaningful variables. First, the likelihood of men's approval of their partner's use of FP methods is strongly linked to whether they have discussed FP with their spouse. Men who have not discussed FP with their partners are less likely to support its use. Second, the perception that FP conflicts with religious beliefs also negatively impacts approval rates. Men who view FP as incompatible with their faiths show significantly lower odds of approving their partner's use of contraceptive methods. Therefore, policymakers are advised to: (1) support initiatives that foster open conversations about FP among partners. Educational workshops or counselling sessions can facilitate these conversations, allowing men and women to share their thoughts and concerns. (2) Develop targeted awareness programmes that involve religious leaders and communities in discussions about the compatibility of FP with various religious beliefs. Providing evidence-based information that aligns FP with religious teachings could help reduce misconceptions. (3) Since monthly income was found to be a significant factor in the uptake of male contraception, consider implementing financial assistance or subsidy programmes aimed at low-income families could help lower barriers to accessing contraceptive methods. The study contributes significantly to understanding the multifaceted nature of reproductive health decisions. It emphasises the importance of acknowledging men as active participants, challenging traditional views that focus solely on women. By doing so, it underscores how men's attitudes and support could influence their partners' access to contraceptive

methods and healthcare. It draws a connection between male involvement and improved maternal and child health outcomes, suggesting that engaging men could lead to better reproductive health decisions within couples and families. One limitation of this study is its reliance on self-reported data, which can lead to recall bias and may impact the accuracy of the reported family planning practices.

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### CONFLICT OF INTEREST

The authors declare no conflict of interest.

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