



# Perception of Men on Family Planning: A Community Based Cross-Sectional Study

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## **Authors' contributions**

*This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.*

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## **ABSTRACT**

Family planning plays a key role in population growth, poverty reduction, and improving maternal health. Family planning advocates call for engaging men in contraceptive decision making, yet little is known about men's contraceptive and pregnancy attitudes and behaviors. The aim of this study was to examine knowledge, attitudes and practice towards family planning of men in Jere Local government area, Borno State. The study employed the survey method and questionnaires were

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admitted to respondents, it was conducted in 2022. The study population comprised all the men who were aged older than 18 years. A combination of multi-stage and systematic sampling techniques was used to select a sample size of one hundred and fifty respondents used for the study. Related literatures were reviewed and primary data constituted and the inputs used for the analysis of data. Although 92.0% of the men had heard about family planning, only 26% practice it. Most men perceive that family planning make its users promiscuous (40%), their role in family planning conflict with their moral/ cultural/ religious beliefs (46%). Level of education, employment status, number of children and marital setting significantly affected family planning practice. While respondents aged >25years have higher negative perception toward FP than those aged between 18-25 years.  $X^2 = 13.253$ ,  $P < 0.010$ . Also married respondents have higher negative perception on family planning (95.0%) than single respondents (5.0%).  $X^2 = 13.276$ ,  $P < 0.010$ ; there is significant relationship between the marital setting of respondents  $X^2 = 87.780$ ;  $p < 0.0001$  and their attitude toward family planning. Respondents age 18-25 years and unmarried seem to have positive perception on family planning. The study have shown that majority of the respondents are aware and had knowledge of family planning and less than half of them practice family planning and most of them had never been involved themselves in family planning; this may be attributed to negative perceptions recorded among them on family planning and health care system. There should be intensive and adequate education programme addressed at the men based on accurate and relevant information to deal with not only the benefits but also the unfounded misconceptions, religious and socio-cultural belief.

*Keywords: Family planning; men; perception; implication.*

## 1. INTRODUCTION

Maternal mortality has remained a problem in most developing countries and Nigeria in particular [1, 2]. Despite the efforts put in place to improved maternal health, maternal mortality remains high in Nigeria in general and Borno state in particular, while some women are dying from pregnancy related causes, some suffer serious, sometimes permanent pregnancy-related injuries [3, 4]. "Nigeria's estimated maternal mortality ratio was over 800 maternal deaths per 100 000 live births, as the region accounts for 14% of the whole maternal deaths, and Borno state recorded maternal mortality ratio (MMR) of 7,364/100,000 live births with 2015 having the highest MMR of 8,517/100,000" [4, 5].

"Much of these sufferings and deaths could be prevented through effective family planning engendered by modern contraception. Contraceptive use protects women from the health risk of unwanted pregnancies and gives women control over their lives" [6].

Nigeria has the largest population in Africa and the seventh largest population in the world with approximately 200 million people in an area of 923,768 km<sup>2</sup> (356,669 sq mi) [7], Population growth (annual %) in Nigeria was reported at 2.6 % in 2018 [8, 9], this poses difficult economic, social and public health challenges. "One major reason for the persistent high fertility level and

high maternal and child mortality rate across the country is the low level of contraceptive uptake. For example, modern contraceptive prevalence rate was estimated at 11 percent among Nigerian women" [10].

"One of the reasons why family planning programs in the past focused on women instead of men was the assumption by many providers that women have the greatest stake and interest in protecting their own reproductive health" [11]. "But growing number of family planning researches are finding challenge on the isolated focus to the woman and are focusing the influence of her male partner in protecting women reproductive health" [12]. "This is especially true in sub Saharan Africa where men influence on decision making in many way" [13]. "Men are important actors who influence the reproductive health outcomes of women. The role of men is even more important in some developing countries or patriarchal structures where husbands or other family members control women's health-related decisions" [14]. In those societies female's reproductive health is affected by male policy makers, male health-care administrators, and male service providers, who may perpetuate a dominant "male definition" of what is important and what is not for women's needs. Men also affect women's reproductive health as partners and fathers [15,16]. Accordingly, understanding men's behavior and beliefs towards fertility and family planning

becomes crucial for the design of successful reproductive health policy.

Given the decision-making power of men in this community and the fact that they also control economic resources, it is important to consider their perception toward and willingness to use contraception to control family size.

It is against this backdrop that this study was carried out. The study investigated the knowledge, Attitude and Practice of family planning methods among men in Jere LGA. It also included the proportion of men who encourage and support their partners and their peers to use family planning.

### 1.1 Objectives of the Study

The general objective of the study was to assess the implications of men' perception on family planning in Jere Local Government Area, Borno State.

The specific objectives were to:

- i- To identify the proportion of men who have knowledge, attitude toward and willing to practice family planning
- ii- To identify the barriers that hinder men from participation in family planning services
- iii- To identify the social, economic and cultural factors associated with male involvement in family planning services

### 1.2 Research Questions

The study was guided by the following research questions

- i- What are the implications of men's perception on family planning?
- ii- What proportions of men have knowledge of family planning services?
- iii- What proportions of men are willing to practice family planning?
- iv- What are the barriers that hinder men from participating in family planning services?
- v- What are the social, economic and cultural factors associated with the male involvement in family planning services?

## 2. MATERIALS AND METHODS

### 2.1 Study Design

Community-based Cross-sectional study.

### 2.2 Study Area

The study area was Jere Local Government Area, one of the twenty-seven Local Government Areas of Borno State. It shares boundaries with Mafa Local Government Area to the east, Maiduguri Metropolitan Council to the north and Konduga Local Government Area to the south. The districts and town in Jere LGA include: Addamari, Alaw, Dala-lawanti, Bale-Galtimari, Dasuman, Gamboru, Gongulong, Jere, Koshebe, Lawanti, Maimusari, Masu, Ngudda, Mashamari and Tuba.

### 2.3 Sources of Data

Primary sources which consisted of interviewer administered questionnaires to males in Jere LGA, who met the inclusion criteria. Secondary data were published articles on subjects related to the research.

### 2.4 Inclusion Criteria

Males of 18 years of age and above who consented to participate in the study.

### 2.5 Exclusion Criterion

Sick clients who were unable to sustain an interview.

### 2.6 Population of the Study

Male population in Jere Local Government Council. Jere Local Government Area has a projected population of 283,300 persons with annual growth rate of 2.8% , with male making up to 41% of the population [17]. Majority of the inhabitants are farmers, traders and civil servants. The major ethnic groups are Kanuri and Shuwa-Arab. Others include Hausa, Bura and Fulani and many immigrants' settlers from within and outside Nigeria. The religions in Jere LGA are Islam and Christianity.

### 2.7 Sample Size

Since the target population was greater than 10,000, Kish Leslie formula (1969) stated below will be used to calculate the sample size since all the population cannot be studied.

$$n = (z^2 \times p \times q) / d^2 = (1.96)^2 \times (0.048) (1-0.048) / (0.05)^2 = 70.22$$

$z = 1.96 = z$  value for 95% confidence limits  
 $p = 0.048 =$  expected proportion of men involved in family planning services

$$q = 1 - p = 1 - 0.048 = 0.952$$

$d = 0.05$  is the acceptable error of the estimator at 95% confidence interval.

The calculated sample size was increased to 150 so as to make provision for nonresponse and promote generalization of findings.

## 2.8 Sampling Technique

A multistage sampling technique was used. The procedure is as follow:

1. Five (5) wards were purposively selected out of the twelve (12) wards in the area.
2. Two (2) villages were selected in each ward using simple random sampling.
3. Using systematic sampling procedure, 10 households were selected from each village.

Households served as the sampling frame from which the study unit (participants) who met the study criteria were interviewed.

## 2.9 Method of Data Collection

The survey comprised 3 parts. The first part was knowledge about family planning, in which men were asked to respond to questions such as methods of family planning and what they know about these methods, and the source of information. The second part was the practice of family planning and they were asked to respond to questions such as whether they were using any family planning methods and the method used. The third part was attitudes towards family planning, in which men responded to questions about their perceptions of contraceptive use. In addition, the survey collected data about the socio-demographic characteristics of the participants, man's status in the family, couple characteristics, communication, and male involvement outcome. Respondents were asked questions as documented on the questionnaire and the answers chosen by them were circled.

## 2.10 Method of Data Analysis

The completed copies of the questionnaire were serially numbered for control and recall purposes. The Statistical Package for Social Science (SPSS) version 25.0 was used for the analysis of the data. Descriptive statistics and Chi-square were used. Frequencies were generated and variable was cross-tabulated. The chi-squared test was used to test differences

across the knowledge, attitudes and practice domains in relation to selected demographic characteristics of the participants. Data were presented in frequency counts, descriptive and analytical tables, and graph.

## 3. RESULTS

Majority of respondents (93.3%) are above 25 years of age while those aged 18-25 years constituted 6.7%. Fifty-five point seven per cent of them were civil servants, 26.7% self-employed and only 20.7% were unemployed. Some (72.7%) of the respondents had tertiary level of education, followed by secondary education (17.3 %), and no formal education (8.7%). Only 1.3 % of them had primary education. Almost all (96.7%) of the respondents were currently married; only 3.3% of them were single. Most of them (51.3 %) were in monogamous family setting while 48.7 % were married in polygamous family setting. The majority (50.0%) of the respondents had 5 and more children and 45.3% had 2-4 children. Majority of them (74.0 %) were of Islam faith while 24.7 % were of Christianity faith. Only 1.3 % practiced traditional religion.

As shown in Table 1; most respondents were aware of family planning 138 (92.0%), only 12(8.0%) were not aware of FP. This reveals that family planning is not a new thing to the respondents as they have heard about it in one way or another. The next question explored the sources from which the respondents heard about family planning and its method. This reveals that majority of them 95 (63.4%) in the area got the information on family planning from Radio/Television, 28 (18.6%) agreed to having heard of family planning through friends/relatives, 21(14.0%) agreed that they got the information on family planning from Newspapers/magazine, whereas 6 (4.0%) concurred to being informed by health workers on the use of family planning. The respondents were asked about their knowledge of family planning that is in the forms of family planning they were aware of. A large percentage of the respondents 85 (61.6%) reported that they know only the modern methods. Also 30 (21.74%) of respondents know the traditional methods only, while 23(16.66%) know a combination of both the traditional and the modern family planning methods.

Use of family planning in this study refers to the present use of family planning. Respondents were asked to provide response to current use of family planning and the particular method they

are using. Table 2 presents the percentage of men presently using family planning and the method they are using. Majority 127 (74.0%) of the respondents are not using family planning, only 23(26.0%) are presently using FP. Also majority 10(38.4%) of respondents using family planning prefer periodic abstinence, while minorities use the male condom 9(34.6%) and 7 (27.0%) withdrawal methods.

**Table 1. Distributions of respondents by awareness of family planning, knowledge of FP methods and sources of information**

Variable	Frequency	Percentage
Awareness of FP		
Yes	138	92.0
No	12	8.0
Total	150	100
Sources		
Radio/television	95	63.4
News peppers/magazine	21	14.0
Friend/relatives	28	18.6
Family planning clinics	6	4.0
Total	150	100
FP methods		
Modern method	85	61.6
Traditional method	30	21.74
Combination of traditional and modern method	23	16.66
Total	138	100

**Table 2. Distributions of respondents by use of family planning and methods used**

Variable	Frequency	Percentage
Use		
Yes	23	26.0
No	127	74.0
Total	150	100
Method		
Periodic abstinence	10	38.4
Condom	9	34.6
Withdrawal	7	27.0
Total	26	100

In Table 3, 60 (40.0%) of respondents perceive that family planning makes users promiscuous. while 69(46.0%) of them stated that their role in family planning conflict with their moral/ cultural/ religious beliefs, 9(6.0%) perceive that FP are harmful because of their side effects, and

6(4.0%) of them agree that family planning services are expensive. Only 6(4.0%) affirmed that contraceptives are actually effective in planning families.

As depicted in Fig. 1, majority of respondents have knowledge of FP (92.0 %), and 26.0% practice FP, only (4.0%) have positive attitude toward FP.

Table 4 shows the relationship between the knowledge of FP and education, religion and number of children of respondents. The results show that respondents knowledge of FP ( $X^2=51.347$ ;  $p<0.001$ ) is significantly influenced by their educational level. Among respondents with no formal education, only 3.0% have knowledge of FP. However, among respondents with secondary level of education, 18.7% knew of FP, while majority (76.9%) of respondents with high level of education has knowledge of FP.

Concerning religion, majority of the respondents (74.6%) of Islamic religion have knowledge of FP more than their Christian counterpart (25.4%);  $X^2=17.071$ ,  $P=0.0001$ .

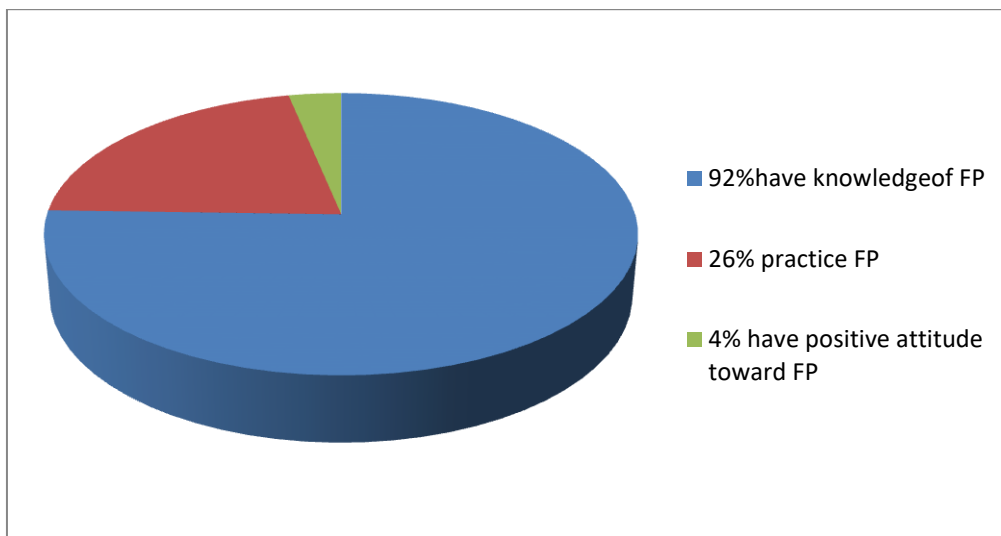
There is significant relationship between respondents' number of children and the knowledge of family planning;  $X^2=7.126$ ,  $P=0.021$ ; as shown in Table 4. Knowledge of FP significantly increased with increased number of children. Among those having 1 child, 5.2% knew of FP, while 48.5% of those having 2-4 children, and 81.82% of those having more than five children also have knowledge of FP.

Table 5 examines the practice of FP in relation to demographic characteristics of respondents. The analysis showed that the man's level of education, employment status, religion background, number of children in the family and marital setting were significant factors affecting the practice of FP. Those who had tertiary level of education had a significantly higher rate of FP use(80.5%) than those who had primary education (2.3%) or no formal education(1.1%); ( $\chi^2 = 11.66$ ,  $P = 0.001$ ). Respondents who are civil servant had higher rates of practicing FP (72.4%) than those who are unemployed (14.9%); ( $\chi^2 = 33.89$ ,  $P = 0.001$ ). Moreover, those who had many children had lower rates of FP practice: 28.7% of those who had 5> children versus 65.5% of those with 2-4 children ( $\chi^2 = 37.866$ ,  $P = 0.0001$ ), participants in monogamous marital setting (75.9%) had a

significant higher rate of practice FP than practicing FP in relation to age and marital polygamous setting (24.1%). No significant differences were found in the respondents' status.

**Table 3. Attitude toward FP**

Attitude toward FP	Frequency	Percentage
Does family planning make its users promiscuous?	60	40.0
Are contraceptives harmful because of their side effects?	9	6.0
Are the family planning services somewhat expensive?	6	4.0
Does your role in family planning conflict with your moral/ cultural/ religious beliefs?	69	46.0
Are contraceptives actually effective in planning families?	6	4.0
TOTAL	150	100



**Fig. 1. men's knowledge, attitude and practice of FP in Jere LGA**

**Table 4. Factors associated with knowledge of FP**

Variable	Knowledge of family planning			Chi-square	P-value
	Yes	No	Total		
<b>EDUCATION</b>					
No Formal Education	4 (3.0)	9 (56.2)	13	51.347	<0.0001
Primary	2 (1.5)	0 (0.0)	2		
Secondary	25 (18.7)	1(6.2)	26		
Tertiary	103 (76.9)	6 (37.5)	109		
<b>RELIGION</b>					
Islam	100(74.6)	11(68.8)	111	17.071	<0.0001
Christianity	34(25.4)	3(18.8)	37		
Traditional	0(0.0)	2(12.5)	2		
<b>No. OF CHILDREN</b>					
1	7(5.2)	0(0.0)	7	7.126	<0.021
2-4	65(48.5)	3(18.8)	68		
5>	68(81.82)	7(46.3)	75		

**Table 5. Factors associated with practice of family planning**

Variable	Practice of family planning				
	Frequency (%)		Total	Chi-square	P-value
	Yes	No			
<b>EDUCATION</b>					
No Formal Education	1(1.1)	1 (1.6)	2	11.6660	<0.001
Primary	2 (2.3)	11 (17.5)	13		
Secondary	14 (16.1)	12 (19.0)	26		
Tertiary	70 (80.5)	39 (61.9)	109		
<b>RELIGION</b>					
Islam	58(66.7)	53 (84.1)	111	6.303	<0.043
Christianity	28(32.2)	9 (14.3)	37		
Traditional	1(1.1)	1 (1.6)	2		
<b>EMPLOYEMENT</b>					
Civil servant	63 (72.4)	16 (25.4)	79	33.896	<0.0001
Self employed	11 (12.6)	29 (46.0)	40		
unemployed	13 (14.9)	18 (28.6)	31		
<b>No. OF CHILDREN</b>					
1	5(5.7)	2(3.2)	7	37.866	<0.0001
2-4	57(65.5)	11(17.5)	68		
5>	25(28.7)	50(79.4)	75		
<b>MARITAL SETTING</b>					
Monogamous	66(75.9)	8(12.7)	74	58.365	<0.0001
polygamous	21(24.1)	55(87.9)	76		

The study also investigated the relationship between the socio-demographic characteristics of respondents and their attitude toward FP. The results show in Table 6 that respondents aged >25years have higher perception that FP make its users promiscuous (93.3%), conflict with their morale/cultural/religious beliefs (97.1), harmful because of their side effects (66.7%) than those aged between 18-25 years.  $X^2=13.253$ ,  $P=0.010$ . Also married respondents have higher negative perception on FP (95.0%) than single respondents (5.0%).  $X^2=13.276$ ,  $P=0.010$ . There is significant relationship between the marital setting of respondents  $X^2=87.780$ ;  $p<0.0001$  and their attitude toward FP. In polygamous setting, 83.3% of respondents perceive that FP make it users promiscuous, contraception harmful because of side effects (77.8%), while only 16.6% and 22.2% of monogamous set of marriage have these perceptions respectively; also 88.4% of polygamous set of marriage perceive that their role in family planning conflicts with their morale/cultural/religious beliefs. Men having 2-4 children and more than 5 children have higher rate of negative perception on FP (76.7%) than those who have one child (8.3%);  $X^2=81.350$ ,  $P=0.0001$ .

Only 12.0% of respondents reported to had ever been involved in family planning with their wives

(Fig. 2). The reported involvement among these respondents were provision of money for FP (34.6%), accompanied wife to FP clinic (17.3%), joint plant discussion about FP with wife (27.3%) and allowing their wife from practicing FP (21.3%). Majority of the respondents (75%) gave the reason not allowing their wife from practicing FP because of religion implication, 18.4 % said because of desire for more children; while 2.6 % and 2.0% because of social stigma and cultural taboo respectively. Other barriers reported by respondents were long waiting times at FP clinic (52%), FP clinic is not male-friendly (50.0%), attitude of health workers (70.3%).

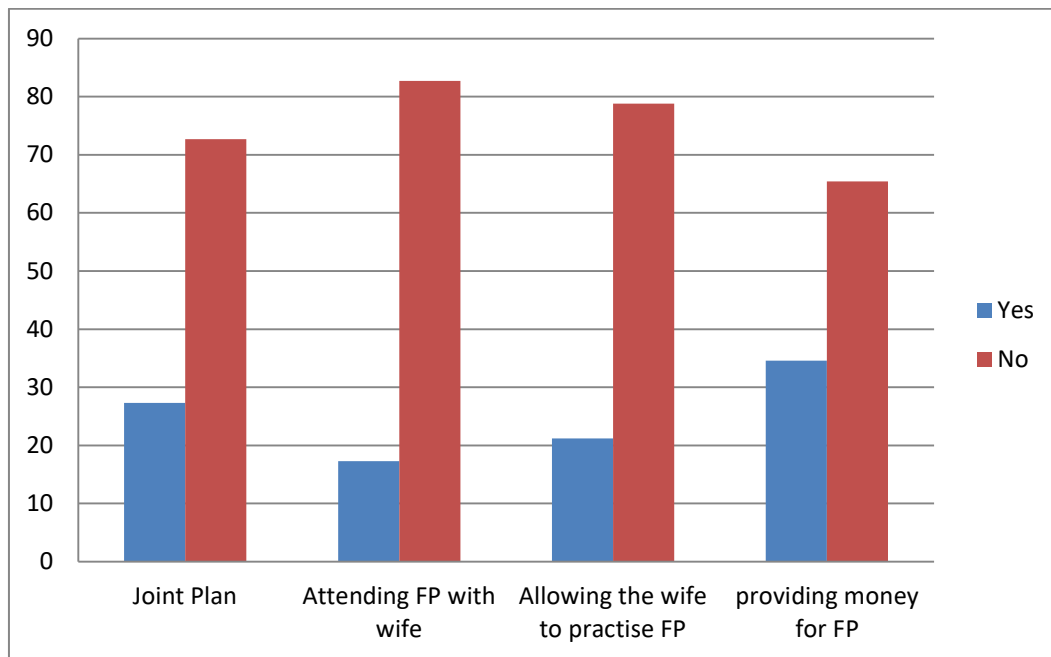
#### 4. DISCUSSION

In this study, more males are aware of family planning and its method, and most of them got the information on family planning from Radio/Television. Study also discovered that less than half of them practice FP and majority has negative perception toward FP. Factors that were found to be associated with men knowledge and practice of FP included higher education status, employed husband, religion, number of children, and marriage setting. The study also found that majority of the respondents had never been involved in family planning services [18].

**Table 6. Factors associated with attitude toward FP**

Variable	Does FP make Its users Promiscuous	Are contraception harmful because of side effect	Are FP services expensive	Does your role in FP conflict with your morale, cultural or religious believes	Are contraception Is expensive	chi-square.	P-Value
<b>Age</b>							
18-25years	4(6.7)	3(33.3)	0(0.0)	2(2.9)	5(83.3)	$X^2=13.253$	P<0.01
Above 25years	56(93.3)	6(66.7)	6(100)	67(97.1)	1(16.7)		
<b>Marital Status</b>						$X^2=13.276$	P<0.010
Married	57(95.0)	7(77.8)	6(100)	69(100)	0(0.0)		
Not married	3(5.0)	2(22.2)	0(0.0)	0(0.0)	6(100)		
<b>Marriage Setting</b>						$X^2=87.780$	P<0.0001
polygamous	50(83.3)	7(77.8)	3(50.0)	61(88.4)	0(0.0)		
Monogamous	10(16.6)	2(22.2)	3(50.0)	8(11.6)	6(100)		
<b>Number of Children</b>						$X^2=81.350$	P<0.0001
1	5(8.3)	2(22.2)	0(0.0)	0(0.0)	0(0.0)		
2-4	9(15.0)	3(33.3)	3(50.0)	9(13.0)	6(100)		
5 and above	46(76.7)	4(44.4)	3(50.0)	60(87.0)	0(0.0)		





**Fig. 2. Male involvement in family planning**

This study reveals that majority of men in Jere Local Government Area are aware of family planning and its methods such as modern method, traditional method, use of condoms among others. Findings reveal that although men in that community are aware of family planning, most of them do not practice it. This is in agreement with previous studies in other part of the country [19-22]. The finding in this study shows that less than half of respondents used one of these methods; this suggests that they have not invested their knowledge about the benefits of family planning towards actual use of contraception. The discrepancy between the rates of knowledge and the rates of transfer into practice prompts attention to the reasons for not using family planning methods. One explanation is that even though male in that area have heard about family planning, they may not have sufficient accurate information about methods of family planning in order to use them.

“The main source of information about Family Planning in this study was the Mass Media, with the Radio/television as the primary medium of information; family planning clinic is the least source of information of FP. This result is similar to that presented on airmen in Ikeja Lagos that the radio is the most frequent source of family planning message for both men and women” [20]. “This result shows that the mass media plays a important role in

providing information on family planning; Information from sources that highlights positive aspects of contraception may encourage its adoption and use” [23, 24]. “A number of some studies have demonstrated positive influences towards the use of contraception following FP education by health personnel” [25, 26, 27].

“The analysis of employment status of respondents indicates that employed men are more likely to use FP compared to those who are unemployed. Some studies have shown that spouses of male partners with formal employment or engaged in businesses are more likely to use FP than those whose partners who are unemployed because of economic power” [28, 29]. This is particularly true in our environment where husband is considered the head of the family. Furthermore, employment is directly linked to formal education which provides the man with an opportunity to get employed in the first instance. This in addition therefore makes him to practice contraception and to be aware of the need to be part of his wife’s contraceptive practice. Also men who had no formal education are less likely to use contraception. It is through education that knowledge is imparted and acquired. Thus husbands who are not educated are less likely to understand the need for them and their wives to practice FP.

“The number of children given birth to in a population may be an indication of the success or otherwise of FP. This study shows that respondents who have two to four children are more likely to use of FP than those with more than 5 children. This is in contrast with previous study which started that the use of FP significantly increased with increase in the number of children” [21].

Furthermore, respondents aged 25 years and above are more likely to be influenced by socio-cultural and religious belief on FP than those aged between 18-25 years, also married men and married in a polygamous setting are more likely to be influenced by socio-cultural and religious belief than single men and marriage in monogamous setting respectively. Analysis of the respondent's number of children indicates that those who had more than five children are more likely to be influenced by sociocultural belief than those who had less than four children. These indicate that older men and married men did not acquire adequate knowledge of FP; this result is similar to that presented in the previous study [30-33], that young people seem to be more favorable disposed to family planning method. These can help reduce high rates of non-marital pregnancy among teenagers and young adult.

Health facility factors such as attitude of health workers and clinic waiting time of less than 30 minutes are more likely to lead to the man attending FP clinic [34, 35, 36]. This implies that if health workers can have friendly attitude to clients' husbands, and facilitate consultation so that time spent by clients waiting to see the doctors is reduced, the likelihood of men accompanying their wives for FP services will be increased. This is not the case in this study; majority of respondents perceived that health workers are unfriendly and there is long waiting time at the health center before seeing the Doctor. This can probably discourage men from attending FP services.

“This study also found that many participants seem to be obstacles to women's utilization of family planning, and largely uninformed despite the fact that men are often responsible for decisions which affect the household. This was attributed to men's reluctance to support use of modern FP methods for their spouses or themselves based on fears of harmful side effects and spousal infidelity, as well as religious, cultural and moral beliefs” [37, 38, 39]. “Some men in this study perceive that FP makes its users promiscuous and somewhat expensive.

There was a common impression that such barriers hindered men's positive and constructive participation such as discussing the couple's fertility preferences, accompanying partners to seek reproductive health services, or providing other forms of support” [40, 41, 42]. Previous studies reported that some socio-cultural factors such Islamic religion, the importance of having many children and perceived side effect influence males' decision to use family planning methods [43, 44, 45]; this is in agreement with our study. However, the results of our study contradict previous study in Jordan about men's attitudes to family planning [46]; this showed that both husbands and wives were agree about using contraceptive, which indicates that husband nor wives hindered contraceptive use. Reproductive health decision-making is the shared responsibility of men and women [47]. Growing evidence suggests that involving men in family planning can increase women's contraceptive uptake. Yet, in many sub-Saharan African settings, few men are involved in issues relating to reproductive health [48, 49], and there is a dearth of evidence on barriers to men's constructive engagement [50, 51].

## 5. CONCLUSION

The conclusion that might be drawn from the study is that more males are aware of family planning and its method, and most of them got the information on family planning from Radio/Television, family planning clinic is the least source of information, study also discovered that less than half of them used one of these methods suggests that they have not invested their knowledge about the benefits of family planning towards actual use of contraception. Factors that were found to be associated with men 'knowledge and practice of FP included higher education status of the husband, employed husband, number of children, and marriage setting. The study also found that majority of the respondents had never been involved in family planning services this may be as a result of negative perceptions men have on family planning in the society.

## 6. RECOMMENDATION

Measures identified for effective participation of men in family planning include intensive and adequate education in both print and electronic media based on accurate and relevant information to deal with not only the benefits but also the unfounded misconceptions, religious

and socio-cultural belief. Accordingly the focus should be on religious, traditional and other opinion leaders who constitute the reservoir of these religious and cultural belief systems.

To increase male involvement in FP services, the health workers have to improve their attitude towards men who accompany their partners for FP services. In addition health worker must remain friendly so as to motivate men to attend or accompany their wives.

## 7. LIMITATIONS AND STRENGTHS OF STUDY

The study had some limitations: The sample size is small so the study cannot be generalized to either the whole community or other comparable settings. We did not conduct focus group discussion (FGD) till data saturation. Rather, the results can be used to support existing literature or add new perspectives on the topic. The study also highlights the characteristics of men perception and involvement in FP in an area where fertility and maternal mortality is high and the utilization of these methods has remained consistently low.

## CONSENT

As per international standard or university standard, Participants' written consent has been collected and preserved by the author(s)

## ETHICAL APPROVAL

Ethical clearance for the study was obtained from Borno State Health Research Ethics

## COMPETING INTERESTS

Authors have declared that no competing interests exist.

## REFERENCES

1. Adamu PI, Adamu MO, Okagbue HI. Data in support of high rate of pregnancy related deaths in Maiduguri, Borno state, Northeast Nigeria. *Data Br. Elsevier.* 2018; 18:409–14. Article Google Scholar
2. Trends in maternal mortality: 2000 to 2017: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organization; 2019.
3. Jibirilla, Fatima Mahmood, Reproductive Health Factors and Maternal Mortality of Internally Displaced Women in Nigeria. *Walden Dissertations and Doctoral Studies.* 2021;10808. Available:<https://scholarworks.waldenu.edu/dissertations/10808>
4. Bakari M, Takai UI, Bukar M. Rising trend in maternal mortality at University of Maiduguri teaching hospital. *Trop J Obstet Gynaecol.* 2015;32:124-31
5. Usman HA, Audu BM, Kullima AA, Bilkisu I, Sanusi SM. A continuing tragedy of maternal mortality in a rural referral center in Northeast Nigeria: A wake-up call. *Trop J Obstet Gynaecol [serial online].* 2018;35:18-24. Available:<https://www.tjogonline.com/text.asp?2018/35/1/18/229866> Access on: 2020 Dec 8
6. United Nations Department of Economic and Social Affairs, Population Division. *World Family Planning 2020 Highlights: Accelerating action to ensure universal access to family planning (ST/ESA/SER.A/450);* 2020.
7. National Population Commission. *Population and housing census of the Federal Republic of Nigeria: priority tables volume 1.* Abuja: National Population Commission; 2018.
8. World population projected to reach 9.8 billion in 2050, and 11.2 billion in 2100". *UN DESA / United Nations Department of Economic and Social Affairs.* 2017. Access on: 27 May 2020.
9. Isa B, Ibrahim SM, Mairo Mandara M, Bako B. Uptake and reason for discontinuation of long-acting reversible contraception in a tertiary hospital: A 5 years retrospective review. *Afr. J. Med. Health Sci.,* 2020;19(9):142-149 DOI:10.5897/AJMHS2020.0111 Article Number: E4E160065500
10. Population Reference Bureau (PRB). *Men as contraceptive users and family planning clients.* Washington, DC: PRB; 2016. Available:[http://thepaceproject.org/ce/multi-media/men\\_as\\_fp\\_clients/](http://thepaceproject.org/ce/multi-media/men_as_fp_clients/). Accessed on October 19, 2016.
11. Singh S, Darroch JE, Ashford LS. *Adding it up: the costs and benefits of investing in sexual and reproductive health 2014.* New York: Guttmacher Institute; 2014. Available:<http://www.guttmacher.org/pubs/AddingItUp2014.pdf>. Accessed on December 11, 2017.

12. Croce-Galis M, Salazar E, Lundgren R. Male engagement in family planning: reducing unmet need for family planning by addressing gender norm. Washington, DC: Institute for Reproductive Health; 2014. Available:<http://irh.org/resource-library/male-engagement-family-planning-reducing-unmet-need-family-planning-addressing-gender-norms/>. Accessed on August 5, 2016.
13. Sylvest R, Koert E, Vittrup I, et al. Men's expectations and experiences of fertility awareness assessment and counseling. *Acta Obstet Gynecol Scand.* 2018; 97(12):1471-1477. DOI:10.1111/aogs.13449
14. Davis J, Vyankandondera J, Luchters S, Simon D, Holmes W. Male involvement in reproductive, maternal and child health: a qualitative study of policymaker and practitioner perspectives in the Pacific. *Reprod Health.* 2016;13(1):1–11.
15. Cecilia Madu Sr Op. Promoting Men's Involvement in Family Planning: Its' Implication for Social Work Practice in Nigeria. *Research on Humanities and Social Sciences.* 2016;6(21). Available:[www.iiste.org](http://www.iiste.org). ISSN (Paper)2224-5766 ISSN (Online)2225-0484 (Online)
16. National Population Commission (NPC) [Nigeria] and ICF International. Nigeria demographic and health survey 2013. Abuja: NPC and ICF International; 2014.
17. Kish L. Survey Sampling. *Journal of the Royal Statistical Society.* 1969;132(2):272-274.
18. Ahmed-adams ZB. Knowledge, attitude and practice of natural family planning among couples in Kaduna metropolis. A thesis submitted to the school of postgraduate studies; 2012.
19. Mairiga AG, Kullima AA, Bako BG, Kolo MA. Sociocultural factors influencing decision making related to fertility among the Kanuri tribe of north-eastern Nigeria. *Afr J Prm Health Care Fam Med.* 2010; 2(1): 4. Art. #94 DOI: 10.4102/phcfm.v2i1.9
20. Ofomegbe DE, Mayowa GM. Knowledge, Attitude and Practice of Family Planning Among Air Men in the Sam Ethnan Air Force Base, Ikeja, Lagos. *AFRREV.* 2015;9(1):183-198 S/NO 36:.
21. Omishakin MYJ. Knowledge, Attitude and Practice of Family Planning among Healthcare Providers in Two Selected Health Centres in Osogbo Local Government, Osun State Women's Health & Gynecology. 2015;1(2):009
22. Dougherty A, Kayongo A, Deans S, et al. Knowledge and use of family planning among men in rural Uganda. *BMC Public Health.* 2018;18(1):1294. DOI:10.1186/s12889-018-6173-3. Access on 2018 Nov 26.
23. Akinyemi A et al. Contraceptive use and distribution of high-risk births in Nigeria: a sub-national analysis. *Glob Health Action.* 2015; 8: 10.3402/gha.v8.29745. DOI: 10.3402/gha.v8.29745 Published online 2015 Nov 9. PMID: PMC4642363
24. Akwenabuaye et al/ Family Planning Behaviours and Decision-Making among Couples in Cross River State, Nigeria, *International Journal of Learning & Development.* 2015;3(1). ISSN 2164-4063
25. Adanikin AI, McGrath N, Padmadas SS. Impact of men's perception on family planning demand and uptake in Nigeria. *Sex Reprod Healthc.* 2017;14:55–63. PMID:29195635
26. Hyder A, Asif M. Policy Paper: Contraception (Birth Spacing) as Women and Child Health Intervention [Internet]. Islamabad; 2020. Available:[https://www.pc.gov.pk/uploads/report/Policy\\_Paper\\_Contraception\\_as\\_Women\\_and\\_Child\\_health](https://www.pc.gov.pk/uploads/report/Policy_Paper_Contraception_as_Women_and_Child_health) Accessed on 2022 May 2.
27. Ifeadike OC, Precious N. Eze NP, Ugwoke U and Nnaji AG. Rural-urban differentials in family planning practices and determinants of use among men in Anambra state *Epidemiology Reports* ISSN. 2015; 2054-9911
28. Aransiola J O, Akinyemi AI, Fatusi AO. Women's perceptions and reflections of male partners and couple dynamics in family planning adoption in selected urban slums in Nigeria: a qualitative exploration. *BMC Public Health,* 2014;14:869. Available:<http://www.jstor.org/stable/30032471> PMC free article] [PubMed] Accessed on 12th April 2011
29. Mustafa G, Azmat SK, Hameed W, Ali S, Ishaque M, Hussain W. Family Planning Knowledge, Attitudes, and Practices among Married Men and Women in Rural Areas of Pakistan: Findings from a

- Qualitative Need Assessment Study. *Int J Reprod Med.*;2015:190520. Doi: 10.1155/2015/190520.
30. Chekole MK, Kahsay ZH, Medhanyie AA, Gebreslassie MA, Bezabh AM. Husbands' involvement in family planning use and its associated factors in pastoralist communities of Afar, Ethiopia. *Reprod Health.* 2019; 16(1):33. Available:https://doi.org/10.1186/s12978-019-0697-6.
  31. Duze MC and Mohammed IZ. Male Knowledge, Attitudes, and Family Planning practice in Northern Nigeria. *African Journal of Reproductive Health Women's Health and Action Research Centre ISSN: 1118-4841* 2006; 10(3):53-65 Available:https://www.ajrh.info/index.php/ajrh/article/view/718
  32. Bhatt N, Bhatt B, Neupane B, Karki A, Bhatta T, Thapa J, et al. Perceptions of family planning services and its key barriers among adolescents and young people in Eastern Nepal: A qualitative study. *PLoS ONE* 2021;16(5):e0252184. Available:https://doi.org/10.1371/journal.pone.0252184
  33. Sanchez EK, McGuire C, Calhoun LM, Hainsworth G, Speizer I S. Influences on contraceptive method choice among adolescent women across urban centers in Nigeria: a qualitative study. *Contracept Reprod Med.* 2021;6:1–10. DOI: 10.1186/s40834-020-00146-1
  34. Ahanoun, E.L., 'Attitude of healthcare providers towards providing contraceptives for unmarried adolescents in Ibadan, Nigeria', *Journal of Family & Reproductive Health* 2014,8(1), 33–40. PMID: 24971131
  35. Ezenwaka U, Mbachu C, Ezumah N, Eze I, Agu C, Agu I, et al. Exploring factors constraining utilization of contraceptive services among adolescents in Southeast Nigeria: an application of the socio-ecological model. *BMC Public Health.* 2020;20:1162. DOI: 10.1186/s12889-020-09276-2
  36. Hyder A, Asif M. Policy Paper: Contraception (Birth Spacing) as Women and Child Health Intervention [Internet]. Islamabad; 2020 Available:https://www.pc.gov.pk/uploads/report/Policy\_Pape\_Contraception\_as\_Women\_and\_Child\_health Accessed on 2022 May 2].
  37. Namasivayam A, Schluter PJ, Namutamba S, Lovell S Understanding the contextual and cultural influences on women's modern contraceptive use in East Uganda: A Qualitative Study. *PLOS Glob Public Health* 2022;2(8): e0000545. Available:https://doi.org/10.1371/journal.pgph.0000545
  38. Engelbert Bain L, Amu H, Enowbeyang Tarkang E. Barriers and motivators of contraceptive use among young people in Sub-Saharan Africa: A Systematic Review of Qualitative Studies. *PLoS ONE.*2021 16(6): e0252745. Available:https://doi.org/10.1371/journal.pone.0252745
  39. Durowade KA, Omokanye LO, Elegbede OE, Adetokunbo S, Olomofe CO, Ajiboye AD, et al. Barriers to contraceptive uptake among women of reproductive age in a semi-Urban Community of Ekiti state, Southwest Nigeria. *Ethiop J Health Sci.* 2017;27:121–8. PubMed PubMed Central Article Google Scholar\
  40. Dougherty A, Kayongo A, Deans S, et al. Knowledge and use of family planning among men in rural Uganda. *BMC Public Health.* 2018;18(1):1294. DOI:10.1186/s12889-018-6173-3. Published 2018 Nov 26.
  41. Sylvest R, Koert E, Vittrup I, et al. Men's expectations and experiences of fertility awareness assessment and counseling. *Acta Obstet Gynecol Scand.* 2018;97(12):1471-1477. DOI:10.1111/aogs.13449
  42. Cavallaro FL, Benova L, Owolabi OO, Ali M. A systematic review of the effectiveness of counselling strategies for modern contraceptive methods: What works and what doesn't? *BMJ Sex Reprod Heal.* 2019;0:1–16.
  43. Ali A, Zar A, Wadood A Factors associated with modern contraceptive use among men in Pakistan: Evidence from Pakistan demographic and health survey 2017-18. *PLoS ONE.*2022: 17(9): e0273907. Available:https://doi.org/10.1371/journal.pone.0273907
  44. Sundararajan R, Yoder LM, Kihunrwa A, Aristide C, Kalluvya SE, Downs DJ, et al. How gender and religion impact uptake of family planning: results from a qualitative study in Northwestern Tanzania. *BMC Women's Health.* 201919(1):99. PMID:31331306
  45. Adanikin AI, McGrath N, Padmadas SS. Impact of men's perception on family

- planning demand and uptake in Nigeria. Sex Reprod Healthc. 2017;14:55–63. PMID:29195635
46. Hamdan-Mansour et al. Men's perceptions of and participation in family planning in Aqaba and Ma'an governorates, Jordan Eastern Mediterranean Health Journal. 2016;22(2).
47. Adelekan A, Omoregie P, and Edoni E. (2014), Male Involvement in Family Planning:Challenges and Way Forward. International Journal of Population Research Article ID 416457, 9 pages. <http://dx.doi.org/10.1155/2014/416457>
48. Dioubaté N, Manet H, Bangoura C, Sidibé S, Kouyaté M, Kolie D, Ayadi AME and Delamou A. Barriers to Contraceptive Use Among Urban Adolescents and Youth in Conakry, in 2019, Guinea. Front. Glob. Womens Health 2021;2:655929. DOI: 10.3389/fgwh.2021.655929
49. Ezenwaka U, Mbachu C, Ezumah N, Eze I, Agu C, Agu I, et al. Exploring factors constraining utilization of contraceptive services among adolescents in Southeast Nigeria: an application of the socio-ecological model. BMC Public Health. 2020;20:1162. DOI:10.1186/s12889-020-09276-2
50. Jungari S, Paswan B. Male perception and participation in family planning among tribal communities of Maharashtra, India: a mixed-method study. International Quarterly of Community Health Education. 2020;40(3):163-9.
51. Mosha I, Ruben R, Kakoko D. Family planning decisions, perceptions and gender dynamics among couples in Mwanza, Tanzania: a qualitative study. BMC public health. 2013;13(1):1-3.

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