

KNOWLEDGE, ATTITUDES AND PRACTICE OF MODERN FAMILY PLANNING AMONG MARRIED MEN: A CASE STUDY OF UMUAHIA NORTH LOCAL GOVERNMENT AREA, ABIA STATE, NIGERIA

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Abstract

This study evaluated the knowledge, attitudes, and practices of contemporary family planning among married men in Umuahia North Local Government Area, Abia State, Nigeria. A community-based cross-sectional descriptive research design was adopted, involving a sample of 308 married men aged 25 to 59 years, selected using a multi-stage sampling technique. Data were collected using a structured, interviewer-administered questionnaire and analyzed using both descriptive and inferential statistics at a 5% level of significance. The level of awareness of contemporary family planning methods was high (96.8%), with condoms (98.1%) and injectables (74.0%) being the most commonly known methods. However, awareness of vasectomy was relatively low (34.4%). Most respondents demonstrated positive attitudes, with 85.7% acknowledging the benefits of family planning for child spacing and 75.3% supporting the use of contraceptives by their spouses. Despite this, the level of practice was lower than that of knowledge and attitudes. About 59.1% reported that their partners were currently using a modern contraceptive method, while only 33.8% had accompanied their spouses to a family planning clinic.

The findings reveal a persistent knowledge–practice gap, highlighting the need for targeted male-focused reproductive health interventions in Southeastern Nigeria. Active male involvement in family planning can be enhanced through improved spousal communication, the provision of male-friendly services, and the elimination of sociocultural myths surrounding contraceptive use.

Keywords: Knowledge, Attitudes, Practice, Modern Family Planning, Married Men, Umuahia North Local Government Area

Introduction

Contemporary family planning has remained a core component of reproductive health programmes all over the world, which entail empowering couples to plan and spacing births in a manner that enhances maternal and child health outcomes. In spite of vigorous initiatives by governments and other health bodies, the modern family planning methods have not gained optimum uptake in a significant percentage among Sub-Saharan Africa, and their distribution across socio-demographic segments is not even. Low levels of contraceptive use and high fertility levels in Nigeria have remained the main challenges to the general public health, particularly in rural and peri-urban populations where cultural and socio-economic factors are highly influential in shaping reproductive behaviours (Mercer et al., 2018).

The importance of the role of men in decision-making in family planning has been recognised as essential towards better utilisation of modern contraceptives. Research indicates that despite the fact that most Nigerian men have basic information about family planning techniques and tend to have positive attitudes regarding them, they actually engage in a little to no contraceptive use, as well as communication with their spouses (Akaba et al., 2016; Obionu, 1998). Disengagement in males can be due to socio-cultural beliefs, wrong perceptions regarding the effects of contraceptives, and the deeply rooted beliefs regarding masculinity and childbirth (Nwankwo&Okeke, 2024; Okwor and Olaseha, 2009).

In Umuahia North Local Government Area of Abia State, there is a paucity of empirical research that has been conducted on the knowledge, attitudes, and practices (KAP) of married men regarding the use of modern family planning, and this gap in evidence requirement has contributed to the lack of evidence to support specific public health interventions. These dimensions are critical to understand because male partners can usually be primary decision-makers with respect to the family size, use of birth control, and pregnancy timing (Akaba et al., 2016). Except the particular obstacles and enablers of male involvement are attend to, the policy efforts will not produce equal and lasting change in reproductive health indicators.

The present study thus attempts to determine the level of knowledge regarding modern family planning methods among married men in Umuahia North LGA, their attitude towards modern family planning methods and how their attitudes have been translated into real contraceptive behaviors. It will further determine the kind of socio-demographic and socio-cultural factors that relate to these outcomes thereby making a contribution in giving a finer picture of the male reproductive health behaviour in southeastern Nigeria.

Literature Review

Men's Knowledge of Modern Family Planning

The attitudes and actual use of contraceptive methods is a crucial precursor of the knowledge with which men approach the family planning in modern times. The studies carried out in different Nigerian settings prove that there is an overall high awareness of the family planning concepts and techniques among the married Nigerian men. In Imo and Ondo States of Nigeria, about 90 percent of all ever-married men were familiar with at least one modern form of contraception and recognised its possible role in fertility regulation and limitation of the family size (Makinwa-Adebusoye et al., 2002).

Equally, Obionu (1998) discovered that the majority of male respondents living in Enugu, an urban population of the South Eastern part of Nigeria, had basic knowledge in family planning with 90 per cent of the respondents understanding that couples should make family planning decisions together. Nevertheless, this research also shed light on the fact that even with positive reported awareness, there were lower levels of men who actively use contraceptives, and especially among the respondent groups, misconception about the method control and gender roles were high.

Even so, the quality and depth of knowledge are not constant. As described by Odu et al. (2006), although the awareness regarding such common methods of family planning like condoms, oral contraceptive pills, and injectables among men who lived in suburbs of Ilorin was high, knowledge of other methods of family planning, which men could control (e.g. vasectomy, rhythm method), was rather low. It means that the awareness on the surface does not necessarily mean in-depth knowledge of the method options.

Attitudes towards Family Planning

The attitude of men towards family planning is a complex interaction of a variety of cultural norms, gendered beliefs and health perceptions. There is a powerful predictor of a willingness to engage in family planning decision-making and subsequent practice. In a community-based study carried out in Nigeria by Akaka et al. (2016), over three-quarters (76.3%) of men surveyed supported the use of modern contraceptives by their wives, and a sizeable percentage of men said they wished to learn more about family planning, which points to an overall positive outlook on the use of modern contraceptives.

Despite such positive tendencies, the socio-cultural factors tend to tame the positive inclinations. According to Nwankwo and Okeke (2025), the male attitude towards family planning is highly influenced by peer and community standards, where patriarchal structures, religious values, and the myths, have remained to hamper the progressive thought processes. Such norms may, as an example, support the beliefs that contraceptive use is a female issue, or that family planning contradicts religious beliefs, so that translation of positive attitudes into practice may be constrained.

In addition, some men in South-West Nigeria have been found to believe that the use of modern contraceptives has some negative side-effects or immoral tendencies in women, which subsequently affect their own attitudes and behavioural intentions toward the adoption of family planning (Tukur et al., 2017). These peeps of negative perception further stress that high awareness does not necessarily translate to positive attitudes that are fully supportive especially when cultural beliefs about the role of men and their fertility still exist.

Practice and Participation in Family Planning

Although knowledge and positive attitude are essential they do not always translate to contraceptive practice. Ijadunola et al. (2010) discovered that 89 percent of the male respondents who were in Ile-Ife expressed willingness to use family planning, but only half of them were actually using family planning, and communication with spouse on family planning was also low. This implies that there is out of sync between the attitude and the actual performance which is usually moderated by the contextual variables like intra household communication and accessibility of services.

Moreover, qualitative data provided in Akure South LGA Ondo State enlightened the fact that even though there were high levels of knowledge, the participation of married men in contraceptive use was low-key. The researchers put this down to the socio-cultural beliefs, economic factors, and the misconceptions that existed about the modern practices. This highlights that knowledge-practice gap requires the use of enabling environments such as economic empowerment and cultural sensitisation.

More specifically, in the case of Abia State, active male participation has been recorded as moderate, and the associated determinants, that is, joint decision-making with the spouse, access to media, and attendance of family planning clinics, have shown a positive effect on participation. These results highlight that the structural and relational variables at the household level have a significant impact on whether men should become acquainted with the concept of family planning and move to an active level of support and execution of the concept.

Methods

Study Design and Setting

The cross-sectional descriptive design was considered in this research to determine the knowledge, attitudes and practices of modern family planning among the married men in Umuahia North Local Government Area (LGA), Abia State, Nigeria. Cross-sectional designs are common in public health research to provide information of the description of the characteristics of a target population at a particular point in time as well as to determine the association between the variables of interest in the target population. Cross-sectional surveys are most frequently used to describe the prevalence estimates and behavioural patterns of male involvement in family planning and reproductive health (Odu et al., 2006; Akaba et al., 2016).

Umuahia North LGA, which is within the southeastern geopolitical region in Nigeria, is a blend of urban and semi-urban communities, with different socio-cultural and religious backgrounds. These environments are common to demographic groups whose male perceptions and involvement on reproductive health decisions are shaped by the conventional gender norms. The research was carried out during July to August 2025 to coincide with community activities planned in addition to sufficient information gathering.

Population and Eligibility Criteria

The target population included married men of the age group 25-59 years and living in Umuahia North LGA whose wives or partners were in reproductive age (18-49 years). The selection of married men was based on the fact that their influence as a significant decision-maker in family issues in most Nigerian societies, as well as the fact that current evidence shows that attitudes of male partners greatly affect contraceptive uptake and utilisation (Blackstone and Iwelunmor, 2017).

Men were eligible to participate if they had lived in the LGA at least one year before the study and could speak either English or the local language (Igbo) with interpreters provided when needed. Individuals whose period of residence in the area was less than one year and persons who did not give their consent were excluded to reduce possible recall bias and guarantee a well-informed participation.

Sample Size and Sampling Technique.

The formula that was used to estimate the required sample size is the cross-sectional study formula: $n = Z^2 \times P(1-P) / d^2$

In which n is the required sample size, Z is the standard normal deviate that represents the 95% confidence range (1.96), P is an expected percentage of married men who have favourable understanding of modern family planning, and d is the margin of error (0.05). The sample size calculation gave at least 280 individuals based on the previous research that showed that about 76 percent of married men support the use of contraceptives (Akaba et al., 2016). Non-response correction of 10 percent was made and the ultimate target population was set at 308 respondents.

The participants were selected using a multi-stage sampling method. To begin with, Umuahia North LGA was subdivided into wards. Second, the simple random sampling was used to select the wards. Third, households in wards that were selected were systematically selected and one qualified married man in every household was interviewed. The sampling strategy is similar to those of community-based studies in Nigeria and makes the study sample more representative.

Instrument and Procedure of Data Collection

A structured and interviewer-administered questionnaire was employed to collect the data based on the validated tools that have been applied in previous studies of family planning (Odu et al., 2006; Akaba et al., 2016). The questionnaire included four sections:

1. Socio-demographic factors (e.g. age, education, occupation, religion).
2. The knowledge of modern family planning (method awareness, source of information).
3. The attitudes on modern family planning (beliefs, cultural perceptions, support spouse use).
4. Practice and participation (current/concurrent use, spousal discussion, clinic attendance).

Two public health professionals reviewed questionnaires in terms of content validity and pre-tested on 30 married men in an adjacent LGA (Umuahia South) not part of the main study, to determine clarity, language relevance, and internal consistency. Any required modifications to wording and flow were done before real data were collected. The questionnaires were administered directly to the respondents through the administration of the questionnaires by trained research assistants who were knowledgeable in both English and Igbo in order to reduce the chances of misunderstanding and maximize the accuracy of the responses.

Ethical Considerations

The involvement was made voluntary and all respondents were informed about the process and they were made to give consent after which the interviews were conducted. Questionnaires were identified by unique identification codes and forms were kept in a safe place to ensure confidentiality and anonymity.

Data Analysis and Management.

Field supervisors review completed questionnaires every day to determine if they were complete and coded them and put them under analysis using Statistical Package for the Social Sciences (SPSS) version 25.0. The frequency, proportions, mean and other descriptive statistics (frequencies, proportions, means) were used to summarise the socio-demographic characteristics, levels of knowledge, attitudes and reported practices. Correlations were tested using bivariate (Chi-square) to assess the relationship between the most important outcome variables (knowledge, attitudes, practice) and the socio-demographic variables selected (significance level was $p < .05$).

Results

A total of 308 married men participated in this study, yielding a 100% response rate. Respondents were aged 18–59 years with a mean (\pm SD) age of 38.6 (\pm 8.7) years. The majority were of Igbo ethnicity, Christian faith, and had at least secondary school education.

Socio-Demographic Characteristics

Table 4.1 Summary of socio-demographic profile of the respondents.

Age

Age (years)	Frequency (n)	Percentage (%)
• 18–29	64	20.8
• 30–39	128	41.6
• 40–49	88	28.6
• 50–59	28	9.1

Educational Attainment

Educational Attainment	Frequency (n)	Percentage (%)
• No formal education	18	5.8
• Primary school	60	19.5
• Secondary school	134	43.5
• Tertiary education	96	31.2

Employment Status

Employment Status	Frequency (n)	Percentage (%)
• Employed	238	77.3
• Unemployed	70	22.7

4.2 Knowledge of Modern Family Planning

Table 4.2 Knowledge of Modern Family Planning Methods

Knowledge Item	Yes (n, %)	No (n, %)
Heard of modern family planning methods	298 (96.8)	10 (3.2)
Know at least three modern contraceptives	256 (83.1)	52 (16.9)
Aware that condoms are a method	302 (98.1)	6 (1.9)
Aware of injectable contraceptives	228 (74.0)	80 (26.0)
Aware of male sterilisation (vasectomy)	106 (34.4)	202 (65.6)

Most respondents reported awareness of condoms and injectables as contraceptive options, while awareness of male-controlled methods such as vasectomy was substantially lower—findings that mirror other Nigerian studies (Odu et al., 2006; Ijadunola et al., 2010)

Attitudes Towards Family Planning

Table 4.3 Attitudes Towards Modern Family Planning

Attitude Statement	Agree (n, %)	Disagree (n, %)
Family planning is beneficial for child spacing	264 (85.7)	44 (14.3)
I support my spouse's use of contraceptives	232 (75.3)	76 (24.7)
Men should be involved in family planning decisions	278 (90.3)	30 (9.7)
Religious beliefs discourage use of modern contraceptives	96 (31.2)	212 (68.8)

The majority agreed that family planning is beneficial for child spacing and supported joint decision-making, consistent with positive attitude trends observed in comparable Nigerian settings (Akaba et al., 2016; Blackstone & Iwelunmor, 2017).

Practice of Modern Family Planning

Table 4.4 Practice of Modern Family Planning Methods

Practice Indicator	Yes (n, %)	No (n, %)
Partner currently using a modern contraceptive	182 (59.1)	126 (40.9)
Discussed family planning with partner in past 12 months	204 (66.2)	104 (33.8)
Personally accompanied partner to family planning clinic	104 (33.8)	204 (66.2)
Ever used male condom in last 12 months	188 (61.0)	120 (39.0)

While *condom use* featured prominently—as expected given its dual protection role—the proportion of respondents who accompanied their partners to clinics was comparatively low, indicating areas for improved male engagement.

Discussion

The present study revealed a high level of awareness of modern family planning methods among married men in Umuhia North LGA. Nearly all respondents had heard of modern contraceptive methods, and a substantial proportion could identify at least three methods. This finding is consistent with earlier Nigerian studies that reported widespread awareness of contraception among men (Odu et al., 2006; Ijadunola et al., 2010). Similarly, analysis of nationally representative data from the Nigeria Demographic and Health Survey demonstrated that awareness of at least one contraceptive method among married men exceeds 90% (Blackstone &Iwelunmor, 2017). The high awareness observed in this study may be attributed to increased media exposure, urbanisation, and ongoing public health campaigns.

Despite this high awareness, knowledge of male-controlled methods, particularly vasectomy, was comparatively low. This pattern has been documented in other Nigerian settings, where knowledge and acceptance of vasectomy remain limited due to misconceptions regarding masculinity, fertility, and sexual performance (Odu et al., 2006). Such misconceptions may discourage men from considering permanent contraceptive options and reinforce the perception that family planning is primarily a woman’s responsibility.

In relation to attitudes, the majority of respondents expressed positive views towards family planning, including support for spousal contraceptive use and endorsement of joint decision-making. These findings align with Akaba et al. (2016), who reported that over three-quarters of men in a Nigerian community study approved of modern contraceptive use. The strong endorsement of male involvement in decision-making observed in the present study is particularly encouraging, as spousal communication and shared decision-making have been shown to significantly predict contraceptive uptake (Blackstone &Iwelunmor, 2017). However, approximately one-third of respondents indicated that religious beliefs discourage contraceptive use, highlighting the continuing influence of faith-based norms in reproductive health behaviours.

Although knowledge and attitudes were generally favourable, practice indicators were comparatively lower, revealing a persistent knowledge–practice gap. While over half of respondents reported current partner use of a modern method, only one-third had accompanied their spouses to a family planning clinic. Similar discrepancies between knowledge and practice have been documented in Southwestern Nigeria (Ijadunola et al., 2010). This divergence may reflect entrenched gender norms that position reproductive health services as female-oriented spaces, thereby limiting men’s active engagement. Furthermore, socio-cultural expectations concerning masculinity and fertility may inhibit overt male participation, even where approval exists (Blackstone &Iwelunmor, 2017).

The findings therefore suggest that increasing awareness alone is insufficient to ensure sustained behavioural change. Interventions must address deeper socio-cultural barriers, enhance male-friendly service delivery, and promote couple-centred reproductive health education. Integrating men into maternal and reproductive health programmes may improve contraceptive uptake and foster equitable decision-making within households.

Conclusion

This study evaluated the knowledge, attitudes, and practices of contemporary family planning among married men in Umuahia North Local Government Area, Abia State, Nigeria. A community-based cross-sectional descriptive research design was adopted, involving a sample of 308 married men aged 25 to 59 years, selected using a multi-stage sampling technique. Data were collected using a structured, interviewer-administered questionnaire and analyzed using both descriptive and inferential statistics at a 5% level of significance. The level of awareness of contemporary family planning methods was high (96.8%), with condoms (98.1%) and injectables (74.0%) being the most commonly known methods. However, awareness of vasectomy was relatively low (34.4%). Most respondents demonstrated positive attitudes, with 85.7% acknowledging the benefits of family planning for child spacing and 75.3% supporting the use of contraceptives by their spouses. Despite this, the level of practice was lower than that of knowledge and attitudes. About 59.1% reported that their partners were currently using a modern contraceptive method, while only 33.8% had accompanied their spouses to a family planning clinic. The findings reveal a persistent knowledge–practice gap, highlighting the need for targeted male-focused reproductive health interventions in Southeastern Nigeria. Active male involvement in family planning can be enhanced through improved spousal communication, the provision of male-friendly services, and the elimination of sociocultural myths surrounding contraceptive use.

Recommendations

1. **Male-Focused Health Education:** Public health campaigns should specifically target married men through community forums, workplaces, religious institutions, and media platforms to address misconceptions about male contraceptive methods and reinforce shared responsibility.
2. **Promotion of Spousal Communication:** Couple-centred counselling services should be strengthened within primary health care facilities to encourage joint reproductive decision-making.
3. **Male-Friendly Family Planning Services:** Health facilities should incorporate male-inclusive service models, including flexible clinic hours and outreach activities designed to increase male attendance.
4. **Engagement of Religious and Community Leaders:** Collaboration with faith-based and traditional leaders may help address religious concerns and reshape community norms surrounding family planning.
5. **Policy Integration:** State and local health authorities should integrate male involvement indicators into reproductive health monitoring frameworks to ensure sustained attention to male participation.

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