

## Assessment of the Attitude of married men toward Modern Contraceptive

Abdulmalik Suleiman<sup>1</sup>, Dauda Likita<sup>2</sup> & Obadiah Bulus<sup>3</sup>

<sup>1,2 &3</sup>Department of Sociology, Nasarawa State University, Keffi State

\*Corresponding Author: Abdulmalik Suleiman

Department of Sociology,

Nasarawa State University, Keffi

Nasarawa State

([abdulmaliks042@gmail.com](mailto:abdulmaliks042@gmail.com) +234(0)8167683930)

Doi: <https://doi.org/10.64450/njsh.v3i1.003>

### ABSTRACT

*This study aims to evaluate the attitude of married couples toward modern contraceptives to understand the underlying factors that influence their perceptions and decision-making process about family planning. The study adopts quantitative approach via surveys with married couples from diverse backgrounds. The research has three objectives to guide the study which are- To examine the knowledge of married couples about family planning methods, to assess the attitude of men towards modern contraceptives use in Keffi, to ascertain the method of family planning used by couples in Keffi and to find out the role of education on family planning in Keffi. The research explored factors such as cultural beliefs, religious influence, access to information and personal experiences. The findings will highlight the existing attitude, misconceptions and the overall knowledge about modern contraceptive methods, providing a comprehensive understanding of how these factors affect reproductive choices. The study recommends that there should be a Comprehensive Educational Campaigns on modern contraceptive methods among married couples, Community engagement to disseminate information and dispel myths and address concerns. Tailored Counseling to implement personalize counseling sessions for couples that consider their unique beliefs, experience and cultural backgrounds to promote informed choices about family planning.*

**Key words: Attitude, Modern Contraceptive, Birth spacing, married couples**

## 1. INTRODUCTION

Women's roles in family planning are well known as they are the primary caregiver of the child during and after pregnancy. What is less clear is the role and level of husbands' involvement. Birth control methods involving men such as coitus interruptus, periodic abstinence and condoms cannot be used without the complete cooperation of men. With the availability of modern methods (the pill and IUCD) in the 1960s, women gained reliable control of their reproductive capability (Edwards, 2021). In many societies, men are the primary decision makers regarding the family and family planning practice (Kamal, 2019; Sahin & Sahin, 2019; Al-Riyami, 2019) However, decisions about family planning are sometimes not discussed or made without sufficient communication between husbands and wives. In 2016, the number of women in the world with unmet need for modern contraception was estimated to be around 100 million, or about one in every five married women. The unmet need for contraception is often translated into a heavy health burden for many developing countries. There are about 30 million unwanted pregnancies each year in developing countries. About 19 million unsafe abortions take place worldwide each year, where approximately one in ten pregnancies ended in an unsafe abortion. Commack & Heaton 2021 opined that family planning (FP) is an important strategy in promoting maternal and child health. It improves health through adequate spacing of birth, avoiding pregnancy at high-risk maternal age and high uniformity. It is often used as a synonym for birth control; however, it has a wider view, dealing with birth control, reproductive health, as well as premarital and pre-conception counselling.

Despite the fact that contraceptive usage has increased over a period of time, there exists a knowledge attitude and practice-gap regarding contraception. Brown and Brain (2021) noted that the reasons for not using any family planning methods include lack of knowledge and education, religious belief and fear of side effects. The attitude of married men towards family planning program also varies according to their religion, culture and educational background. Although their attitude towards family planning services affects their involvement, studies show that using contraceptives (for different reasons) in the developing world is governed by the male dominance in these cultures of the people (Commack & Heaton, 2021). Brown & Brain (2022) asserted that the widespread adoption of family planning represents one of the most dramatic changes of the 20th century. The growing use of contraception around the world has given couples the ability to choose the number and spacing of their children and has tremendous lifesaving benefits. Despite the impressive gains, modern contraceptive use is still low and the need for contraception is high in some of the world's poorest and most populous places. Globally, the use of modern contraception has increased significantly over the years, with 48 per cent of women of productive age (15-49 years) use modern contraception. While 79 per cent of women who want to avoid pregnancy have their needs met with modern contraception. Thus, 163 million women who need contraception remain without access to modern methods.

However, the regional statistics shows that 24 per cent of women in Sub-Saharan Africa used modern contraception, with lowest demand satisfied (52%), with Nigeria having only 19.9 per cent of married women age 15-49 years use modern contraception and Sudan having only 2 per cent of women using modern contraception with an unmet need of 35 per cent. While, Southeast Asia, East Asia, and Oceania recorded 65 per cent of women using modern contraception to control their child production with 90% highest demand satisfaction. The high-income countries of Europe and North America having high rate of modern contraceptive use, with Norway at 88 per cent. As of 2025, only 22.3 per cent of families in Nasarawa state have adopted family planning, marking an improvement from 14.8 per cent in 2018 which is about 8% increase in the use modern contraception among married couples in the state, the number of people having access to the use of modern contraception is insignificant considering the population of about 3.9 million people (Nigerian Investment Promotion Commission 2025).

Evidence from medical history indicates that our forefathers did space their children through traditional means. Before the introduction of modern methods, Africans had methods of fertility regulation. Nigerian culture includes many myths, rituals, and the use of herbs in attempts to regulate women's fertility. Although, many of these traditional methods had no harmful effects on a woman's health, but some did. Besides, the complete effectiveness of these methods could not be ascertained, because some women still got pregnant despite the use of these methods. Contrarily, the introduction of the modern contraception has helped women around the world to avoid about 400 million unwanted pregnancies, reducing high risk of pregnancies and ultimately reducing the number of maternal deaths. The practices of modern contraceptive methods offer many advantages in health and economy of the couple and the country (WHO 2020).

Brown and Brain (2021) asserted that the widespread adoption of family planning represents one of the most dramatic changes of the 21st century. The growing use of contraception around the world has given couples the ability to choose the number and spacing of their children and has tremendous lifesaving benefits. Despite the impressive gains, contraceptive use is still low and the need for contraception is high in some of the world's poorest and most populous places. Family planning is not only focused on the planning of when to have children and use of birth control. Rather, in a broad view, it includes sex education, prevention and management of sexually transmitted infections (STIs), preconception counselling and management, and infertility management.

However, Male involvement in contraception and their attitudes differ between the developed and developing societies. Their attitude towards family planning program also varies according to their religion, culture and education. Although their attitude towards such a matter does affect their involvement, some studies show that using contraceptives (for different reasons) in the developing world is governed by the male dominance in these cultures (Commack & Heaton, 2021). Changes in both men's and women's knowledge, attitudes and behaviors are essential to the harmonious relationship between them, as men play a role in bringing about gender equality (Brindis et al., 2018). In Sudan, a high proportion of men oppose contraception and it was suggested that family planning programs "should increase the availability of male methods, include men in educational programs about population, health and contraception, and/or target younger men, who already have more positive attitude towards family planning (Taha, 2021). It also was generally believed that refusal by husbands and family leaders were the main obstacle in women's practice of contraception.

## **2. STATEMENT OF PROBLEM**

In the period between 2015-2017, the percentage of couples in the developing world using contraception is quite high. For instance, in the United State, about 64.9% of women aged 15-49 used a form of birth control, while in the United Kingdom the number is around 74% of reproductive age women using some form of contraception. Globally, the use of contraceptive varies significantly among developed and developing countries with high income countries tend to have higher rate and lower income countries having lower rate of the use of modern contraceptive. Scarcity of resources and information, falling donor support, cultural and political barriers, societal attitudes or misconceptions still contribute to the high level of unmet needs for contraception in many developing countries with Nigeria having only 19.9 per cent of married women age 15-49 years using modern contraception and in Nasarawa state only 22.3 per cent of families have adopted family planning, marking an improvement from 14.8 per cent in 2018 which is about 8% increase in the use modern contraception among married couples in the state, the number of people having access to the use of modern contraception is insignificant considering the population of about 3.9 million people (WHO 2016).

The attitude of married couples toward modern contraceptives is a critical factor influencing family planning and reproductive health. Despite the availability of various modern contraceptive methods, many couples show either skepticism or lack of understanding of the use of the contraceptives as well as its benefits and effectiveness. This attitude can lead to unplan pregnancies and negative impact on the physical and mental well-being of families. This assessment is important to identify barriers to contraceptive use, improve educational interventions, and foster informed decision-making regarding family planning options among married couples. It is recorded that about 85% of couples will become pregnant within one year without contraception, Cleland et al, 2022. Therefore, even the least effective form of contraception is considerably better than using nothing. There are a number of family planning methods available to the couple. These methods can be divided based on several criteria such as natural/artificial, traditional/modern, temporary/permanent, male/female and oral/injectable/IUCDs.

### **3. MAIN OBJECTIVE OF THE STUDY**

The main objective of this study is to assess the attitude of married couples toward modern contraceptive in Keffi, local government

## **4. LITERATURE REVIEW**

### **4.1 ATTITUDE**

Attitude refers to the positive or negative feelings or tendencies of an individual about an idea, an object or a symbol. According to Bohner, the attitude is anything that a person actually possesses and that he realizes later. According to Arkonaç, attitude, generally attributed to many academicians, is a tendency which is attributed to a person and which creates his feelings and behaviors related to a psychological object in an orderly way. Attitudes naturally affect beliefs as well. Faith includes true or false information, opinions and beliefs based on personal experimentation or external sources. All variables affecting family planning cause behavior to occur (James, 2021). Attitude is defined as learned, global evaluations of a person, object, place, or issue that influence thought and action. Put more simply, attitudes are basic expressions of approval or disapproval, favourability or unfavorability, or as Bem put it, likes and dislikes. Examples of a particular political party. Social psychologists have studied function of attitudes, and the relationship between attitudes and attitudes are not always good predictors of specific behaviour. For example, for a variety of reasons, a person may value the times, research on attitudes has examined the distinction between traditional, self-reported attitude measures and "implicit" or unconscious attitudes, for example, experiments using the Implicit Association Test have found that people often demonstrate implicit bias against other races, even when their explicit responses reveal equal mindedness. One study found that explicit attitudes correlate with verbal behaviour in interracial interactions, whereas implicit attitudes correlate with nonverbal behaviour. One hypothesis on how attitudes are formed, first advanced by Abraham Tesser in 1983, is that strong likes and dislikes are rooted in our genetic make-up. Tesser speculates that individuals are disposed to hold certain strong attitudes as a result of inborn physical, sensory, and cognitive skills, temperament, and personality traits. Whatever disposition nature elects to give us, our most treasured attitudes are often formed as a result of exposure to attitude objects; our history of rewards and punishments; the attitude that our parents, friends, and enemies express; the social and cultural context in which we live; and other types of experiences we have. Obviously, attitudes are formed through the basic process of learning. Numerous studies have shown that people can form strong positive and negative attitudes toward neutral objects that are in some way linked to emotionally charged stimuli. Attitudes are also involved in several other areas of the discipline, such as conformity, interpersonal attraction, social perception, and prejudice.

#### 4.2 Meaning of Modern contraceptives

Modern Contraceptive Method (MCM) encompasses a wide array of interventions designed to prevent pregnancy from acts of sexual intercourse. The overall aim is to prevent pregnancy from occurring while couples enjoy sexual intercourse as nature demands from human body. World Health Organizations (WHO) puts examples of MCM as; sterilization, intrauterine devices and systems, subdermal implants, oral contraceptives including emergency pills, injectables, condoms for both females and males, diaphragm and cervical caps, patches, spermicidal agents, vaginal rings and sponge; While the non-MCM include; fertility awareness, coitus interruptus, lactational amenorrhea and abstinence. Female healthcare workers don't only advocate for the use of MCM but are both providers and potential users of MCM themselves. The use of scientifically proven methods to prevent pregnancy- such as hormonal methods (pills, injectables, implants), intrauterine copper devices (IUCDs), levonorgestrel intrauterine devices (IUDs), barrier methods (male and female condoms), sterilization, and emergency contraception- is referred to as modern contraceptive use. Modern contraceptive methods are more effective and reliable than traditional methods such as withdrawal or calendar-based approaches, which have higher failure rates.

In addition, modern methods allow couples to engage in sexual intercourse at any mutually desired time. Modern contraceptive use plays a key role in ensuring universal access to sexual and reproductive health and rights, which is essential for achieving Sustainable Development Goals (SDGs) 3 and 5- promoting health and well-being for all and achieving gender equality.

#### 4.3 Types of Modern contraceptives

Modern contraceptives available for couples to use include the following;

i. The Rhythm method (the calendar method), mucus method, basal body temperature method or a combination of these methods. This method has no systemic or long-term side-effects. However, these methods are based on the timing of the women's fertile period, which can be highly unpredictable, even if their cycles are regular. The timing is even less predictable for women with irregular menstrual cycles. The fertile period occurred during a broad range of days in the menstrual cycle. On every day between day 6 and 21, women have at minimum a 10% probability of being in their fertile period. Only about 30% of women had their fertile period entirely within the days of the menstrual cycle identified by the clinical guidelines, which is between day 10 and 17 and only 10 percent of women ovulate exactly 14 days before the next menses. Most women reach their fertile period earlier and others much later Wilcox et al, 2021.

ii. Barrier methods; Cleland et al, 2012, said that of contraception prevent sperm in the ejaculate from entering either the vagina or the cervical of, by either mechanical or chemical means, or both. It includes male condoms, female condoms, diaphragms and cervical caps. It creates a barrier that prevents sperm from reaching the ovum. Male condoms are one of the most commonly used contraceptives. It is one of the oldest methods used to prevent pregnancy and sexual transmission of diseases. They were initially made from animal skins but most modern condoms are made from latex or polyurethane. Use of condoms is advocated as an effective primary prevention for HIV/AIDS in the fight to control of the current epidemic. Spermicides can be used as a primary birth control method or, more commonly, as an adjunct to the barrier methods. They are chemical barriers that kill or inactivate sperm in the vagina before they can move in to the upper genital tract. The spermicides are surfactants – surface – active compounds that can destroy sperm – cell membranes. These barrier methods are safe and fairly

effective if used consistently and correctly. It also can be used as a backup method in cases of failure by the barrier methods.

iii. Hormonal methods are the most popular family planning methods used worldwide. Ludwig Haber Land, a physiologist in 1921, suggested that extracts of ovaries could be used as oral contraceptive. There are several types of hormonal contraception available. These include oral contraceptive pills, which include combined oral contraceptive pills, progestogen only pills and post coital contraceptive pills, injectable and implants. The first oral contraceptive, Enovid was marketed in the USA in 1960. Since then, many different steroidal contraceptives have been developed, progressively containing lower doses of estrogen and progestogen/progestin. More than 200 million women have used these preparations worldwide since 1960. By 1965, the pill had become the most popular birth control method used in the United States. Combined oral contraceptive pills contain two hormones, an estrogen and a progestin that come in packets of either 21 or 28 pills. The 21 pills pack contains only active pills and requires women to take a seven-day break in between packs. The 28- pills pack contains 21 active pills and 7 inactive or hormone free pills. There are three types of combined pills, which are monophasic pill, where the hormone content is constant in all 21 active pills, biphasic pills and triphasic pills, where the ratio of estrogen to progestin varies among the active pills. Progestogen only pills contain only progestin and no estrogen. They are especially suitable for women who are breastfeeding since this type of pills does not affect milk supply and quality.

iv. Post-coital contraceptive pills are intended for emergency use and must be taken within 72 hours of a single episode of unprotected coitus and repeated exactly 12 hours later to prevent pregnancy. This method is indicated in a woman who is exposed to unexpected and / or unprotected sexual intercourse such as cases of rape. Worldwide, this emergency post-coital contraception has been used extensively for over two decades. The options currently available include progestin alone (levonorgestrel, 750 mcg (Prostinor), an estrogen -progestin combination, which comprises of combination of 100 mcg ethinyloestradiol and 500 mcg levonorgestrel, which is called yuzpe regimen. The pregnancy rate in these treated women varies from 1 % to 4 %, depending on the stage in the cycle when coitus occurred and also depends on the timing of the pill used. A recent analysis of the timing of pill use suggests an inverse linear relationship between efficacy and the time from intercourse to treatment. The earlier the pills were used, the more effective they were during the 72 hours' period studied. Delaying the first dose by 12 hours increased the odds of pregnancy by almost 50 % Piaggio et al, 1999.

v. Injectable forms of hormonal contraception are considered safe, very effective, simple to use and easy to administer. Injectable contraceptives are among the most effective reversible contraceptive available, with a failure rate less than one percent after a year of use. It is particularly suited to the needs of young women, providing very high efficacy rate and less complication. The disadvantages include irregular bleeding, weight gain and delayed return to fertility. Injectable contraceptives work in several ways to prevent pregnancy. The primary action is the inhibition of ovulation. Besides that, it also increases the viscosity or thickness of the cervical mucus, making it less permeable to sperm penetration to the uterine cavity.

vi. Another type of hormonal contraception is the Contraceptive Implant. It is an effective, long acting, reversible, low dose progestogen-only product, suitable for use in family planning programs along with other currently available contraceptive preparations and devices. It offers long term contraception and

is an alternative to the irreversible methods of contraception. Implant is inserted sub dermally in the first seven days of menstrual cycle and once in place, it requires no further attention by the user. However, it must be inserted or removed by a specially trained health professional. The mode of actions includes inhibitions of ovulation, suppression of endometrium and increase the viscosity or thickness of the cervical mucus. The effectiveness of this method is comparable to combined oral contraceptive pills and intrauterine device. Amenorrhea is common after insertion of implants, reported by 20% of users at any time in the first two years (Kubba et al, 2011).

vii. Intrauterine Contraceptive Devices (IUCDs) are small plastic devices that come in different sizes and shapes and have a life span ranging from one to five years. It prevents pregnancy primarily by preventing fertilization. Fertilisation is prevented by a foreign body sterile inflammatory reaction in the endometrium that prevents sperm from reaching the fallopian tubes. In the past, there were objections to IUCDs as it believed to function primarily as an abortifacient, preventing implantation of the fertilized egg. The IUCD is inserted in to the uterus through the cervix by a trained health professional at any time convenient to the user, normally within the first seven days after normal menses, or within the first seven days' post abortion, or six to eight weeks post-delivery, or within five days of unprotected sexual intercourse. Grimes et al (2011) noted that the insertion of an IUCD immediately after abortion, either induced or spontaneous abortion was both safe and practical. O' Hanley & Huber (2012) also found that insertion of an IUCD in the post-menstrual and immediate post-partum periods was convenient, efficient, safe and have a low incidence of infection. Sterilization is a permanent contraceptive option available to couples that have decided to end bearing child. Female sterilization involves occlusion or transaction of the fallopian tubes, commonly referred to as 'tubal ligation'. Male sterilization is performed by vasectomy. In many developed countries, this remains the most popular method in couples over 35 years. Female sterilization is the most common birth control method at 30% worldwide for married couples, followed by intrauterine devices at 20% and contraceptive pills at 14% Hamilton, 2017.

#### **Empirical studies on practice of modern contraceptives among men**

The practice of modern contraceptives can be divided into personal, demographic, socio-cultural, religion, economic, and health services. Among the personal factors associated with modern contraceptives is the influence of family members and friends, especially those who have experience in family planning methods. Demographic factors such as parity, age, marital status, religion, husband's education, husband's occupation, monthly family income, and woman's occupation are also known to be associated with family planning practice. However, a study in Mexico by Romero-Gutierrez et al (2019) found that many of these factors which have previously been considered to affect family planning acceptance were not significant. He found the reasons were the women accepted family planning mainly for personal reasons and their decision was only influenced by the family size desired. Al-Riyami et al (2014) found that Oman women's autonomy. Education and employment were influential in their contraceptive practice. Approval of husbands was an important factor for women noted in many studies in developing countries (Kamal, 2012)

In Africa, about 42% of women said they had not talked to their husbands about family planning in the year preceding the survey while 26% had discussed it once or twice and 32% had discussed it more often (CSOY, 2018). Women in the oldest and youngest cohorts were least likely to have discussed family planning with their husbands. In 40% of couples, both husband and wife approved of family planning; in 22% both disapprove. In 12% of couples, the wife approved but the husbands did not, while in 4%, the husband approved but the wife did not. There were marked differential by level of education: the higher the wife's level of education, the more likely it is the couple approves family planning. Partly

for this reason, couples in urban areas are twice as likely to approve of family planning as those in rural areas. Couples' approval of family planning is highest in the Plateau and Desert region (48%) and lowest in the Mountainous region (29%) (CSOY, 2018) A national survey of men conducted in the United States 1991 found that about 12% of married men aged 20-39 years have had a vasectomy and about 13% were married to a woman who is sterilized. Sterilization rises with the husband's age, wife's age, duration of marriage and number of children. Black couples were significantly less likely than white couples to rely on sterilization, and interracial couples were less likely than same-race couples to be sterilized. Use of male sterilization is also strongly associated with having had recent contraceptive failure while using a male method Tanfer et al., 2020.

#### **4.3 Attitude of men towards modern contraceptives**

Negative attitudes and Behaviors of men towards modern contraceptives affect the decision of family planning and this play an important role among the choice of using modern contraceptives and so it effects the change of fertility status and population rate indirectly. In order to promote the usage of an effective method, attitudes and behaviors play an important role on preference of choosing a family planning method. The identification of attitudes that affect the use of the family planning method by individuals is an important factor contributing to the scheduling of family planning services (James, 2022). The basis of most attitudes depends on childhood and is generally acquired through direct experience, reinforcement, imitation and social learning. The most important feature is that once they have developed, they are very resistant to change. Studies conducted in different countries have found that most women know the methods of family planning but have a lack of practice. This is due to the fact that individuals are in a negative and prejudiced attitude toward modern contraceptives. It is known that positive or negative attitude affects the use of family planning method. It is considered important to examine the current attitudes and determinants in order to spread the choice of effective method (Ibra, 2021). Individuals obtain information about family planning methods, emotionally empower them with information and ultimately turn their attitudes toward information into positive or negative behavior. Individuals also respond to the reactions they have through the process of transformation into behavior.

Individuals' attitudes for family planning methods are influenced by some characteristics, such as economic factors, sociocultural factors, environmental factors, location, age, educational, traditional beliefs, religion, family type and level of knowledge. It is known that these factors have effects on turning the attitudes into behaviors. Attitude is a notional concept and although it cannot be observed directly, the effects on behavior are well known Rama, 2015 Individuals get the knowledge of family planning methods and they transcribe it emotionally by themselves. After all they combine them with their attitudes and positive or negative behavior is ready for decision of which method is suitable for them Febure, 2017. Many anthropologists have insisted that reproductive behavior or decisions made in relation to family planning is not only decided by economic factors, but also affected by sociocultural factors such as fertility preferences or values related to having children. Further, political issues such as national population policy or reproductive health programs, are also influential matters. Subsequently, anthropologists emphasize that it is very important to understand what social, cultural or structural factors may shape people's thoughts and behaviors.

In early 1970s, two factors were found to affect the fertility behavior of women. Surveys on sex preferences have used deductions from attitude and behavior charts due to inadequate direct scales. In this regard it is possible to distinguish three groups of countries: countries where it is reasonable to choose male siblings; male siblings are preferred due to certain criteria; and countries with no sexual preference systematically. There is a period during which the transition from high fertility to low fertility

requires couples to decrease the number of family members but yet not practitioners of contraception. Those who do not use any contraception methods, among those at any age, who want to limit their family size are far more numerous than those in developed societies compared to the developing societies. When education is considered as one of the variables of modernization, it is understood that inconsistent behavior tends to decrease with education.

Efforts to improve couples' communication can help lead to decisions about family planning that reflect the needs of both women and men. Husbands will need relevant information to participate responsibly in making decisions on family planning. The family planning services should also be relevant for husbands to participate. Husbands can learn more about family planning by accompanying their wives on clinic visits and by taking advantage of special clinics hours for men, where available. Husbands also can participate in family planning by helping their wives to remember to take a pill every day or to return to the clinic for regular injections. Husbands also can help their wives by organizing transportation to the clinic, paying for family planning methods and services, and taking care of children during clinic visits (WHO, 2021).

The aim of family planning is to enable couples to decide freely and responsibly the spacing of their children, to have the information and means to do so, to ensure informed choices and to make available a full range of and effective methods (UN, 1994). A survey done in United States in 1993 of publicly funded family planning clinics found that in only 13% of clinics do male patients comprise more than 10% of the total clientele; just 6% of all family planning clients are men. This is due to the fact that these clinics are staffed with females and most of these patients are women and their messages address their perspectives and needs of women. Statistics show that the number of male clients had increased over the last five years (Schulte & Sonenstein, 2018).

#### **4. METHODS**

Keffi Local Government Area was created in 1976 under Benue-Plateau State. it is one of the oldest area councils in Nasarawa State; it is about 50km to the Federal Capital Territory, Abuja and about 150km to Lafia, the State Capital to the south-east of its boundaries and Kaduna State in the North axis. Keffi local government share boundaries with Karu local government area in the south, west and north as well as Kokona local government in the east respectively (Hussein 1999). Keffi town is located in Nasarawa State of North – Central Nigeria. It was founded about 1800 by Abdul Zang (Abdullahi), a Fulani warrior from the north who made it the seat of a vassal emirate subject to the emir of Zaria. Although to the emir paid tribute to Zaria throughout 19<sup>th</sup> century, it was constantly raided for slaves; it was in the reign of Sidi Umaru (1877-1894) with the nearby towns such as Nasarawa resulted in a further payment of slaves to Zaria. In 1902 the British transferred the headquarters of Nasarawa province to Keffi to protect the trade Caravans going north from the Benue River. The killing of a British administrator in Keffi by the Zaria Magaji (representative), who subsequently fled to Kano the most powerful of the Fulani emirates, led to the British attack on and defeat of kano in 1903 (Muffett & Allen, 1963).

Keffi local government area covers about 140.47 square kilometre of land with the population density of 654 persons per square kilometre. Keffi Local Government has a total population projection released by National Population Commission (NPC, 2012). Most people in the area different religion with at most equal proportion between Christian and Muslim while a small proportion adhere to traditional religion. The people of Keffi local government are known for their traditional religious practice before the coming of Jihadist and Europeans, which brought Islam and Christianity. Keffi Local Government area is an agrarian society coupled with commercial activities as a result of proximity to the Federal Capital Territory FCT. Crops such as Yam, Cassava, Nut, Beans among others are grown in Keffi

local government. However, Government institutions such as Nasarawa State University, Nasarawa State College of Sciences and Health Technology, Federal Medical Centre, Medium Security and Correctional Centre are located in Keffi town and they have attracted some level of structural development to the entire Keffi Local Government.

Purposive sampling technique was used to select the participants. The choice of the sampling techniques was based on the nature of the study are and the target population. And questionnaire was administered to the selected respondents, dully completed and returned questionnaire was used for data analysis. The sample size for this study is 200 married couples selected across Keffi local government.

## 5. FINDINGS

This study was designed as survey research. Its main purpose is to assess the attitude of married men toward modern contraceptives in Keffi. Quantitative data were collected through a survey instrument which includes closed and open-ended Questionnaire. The researcher analyzed data gathered from the field using descriptive statistics which includes cross tabulation, frequency table and percentage for easy understanding. Hence, this was achieved with the use of Statistical Package for Social Sciences (SPSS).

**Table 1: Practice of modern contraceptive**

| Family planning practice | Frequency  | Percentage |
|--------------------------|------------|------------|
| Yes                      | 83         | 45.4       |
|                          | 100        | 54.6       |
| <b>Total</b>             | <b>183</b> | <b>100</b> |

**Source: Field Survey, 2025**

Table 1 is showing the respondents option when asked about the practice of family planning which shows that 83(45.4%) of the respondents attests to practicing family with majority using male condom and injectable while a higher majority of 100(54.6%) of the respondents are different on this option with various reasons stated below. By implication, majority of the respondents are not practicing modern contraception as indicate by 100 (54.6%) of the total respondent who ticked No option to the practice of modern family planning.

**Table 2: Reasons for practicing family planning (multiple responses allowed)**

| Multiple reason for practicing modern contraceptives | Frequency  | Percentage |
|--|------------|------------|
| Completed my family planning                         | 80         | 43.7       |
| Spacing  | 20         | 10.9       |
| Doctor's advice for my health                        | 50         | 27.3       |
| Financial problem in taking care of many children    | 33         | 18.1       |
| <b>Total</b>   | <b>183</b> | <b>100</b> |

**Source: Field Survey, 2025**

Table 2 is showing a response of the respondents' reasons for practicing family planning with a score of 80(43.7%) that the number of family size is completed, 20(10.9%) is based on spacing of the children while 50(27.3%) of the respondents based on Doctor's advice for health reasons and then finally is for financial need for children upkeep with a score of 33(18.1%) respectively. It is indicated by

the majority of the respondents 80 representing 43.7 per cent of the entire population has completed their family planning spacing.

**Table 3: Respondents Attitude towards modern contraceptives**

| S/N | Attitude towards Family Planning   | SA<br>4 | A<br>3 | D<br>2 | SD<br>1 | N   | Fx  | $\bar{X}$ |
|-----|--|---------|--------|--------|---------|-----|-----|-----------|
| 1   | It encourages promiscuity  | 50      | 55     | 45     | 33      | 183 | 488 | 2.7       |
| 2   | Only females should use contraceptives                                   | 50      | 55     | 45     | 33      | 183 | 488 | 2.7       |
| 3   | Only males should use contraceptives                                     | 23      | 20     | 40     | 100     | 183 | 292 | 1.6       |
| 4   | Contraceptives are ineffective   | 40      | 50     | 80     | 13      | 183 | 483 | 2.6       |
| 5   | Family planning is against my religion                                   | 55      | 50     | 45     | 33      | 183 | 573 | 3.2       |
| 6   | Diminishes sexual pleasure   | 23      | 20     | 40     | 100     | 183 | 292 | 1.6       |
| 7   | It is only for the literate  | 50      | 55     | 45     | 33      | 183 | 488 | 2.7       |
| 8   | It is only for the rich people   | 8       | 15     | 40     | 120     | 183 | 277 | 1.5       |
| 9   | Should Husbands be involved in family planning decision                  | 60      | 70     | 30     | 23      | 183 | 533 | 2.9       |
| 10  | Religious heads should be involved in family planning decision           | 13      | 20     | 30     | 120     | 183 | 282 | 1.5       |
| 11  | Do you agree with national policy for Family Planning                    | 55      | 75     | 33     | 20      | 183 | 531 | 2.9       |
| 12  | Does Family planning have any side effect on the wellbeing of the family | 50      | 80     | 31     | 22      | 183 | 546 | 3.0       |

**Source: Field Survey, 2025**

Table 3 is a representation of the respondent's attitude towards family planning with a score of 50 respondents who strongly agree that family planning is against their religion while 55 agree as well followed by 78 respondents who feel different on this notion. More so, only females should use contraceptives as affirmed by 50 respondents who strongly agree and 55 respondents who agree as against 78 respondents who are different on this notion as at the time of the study.

Nevertheless, only males should use contraceptives as affirmed by 43 of the total respondents for the study as against 40 respondents who disagree and 100 who strongly disagree to this statement as at the period of the study. Nonetheless, contraceptives are ineffective as affirmed by the respondents where 40 respondents agree, 50 respondents disagree and then 80 respondents disagree while 13 respondents strongly disagree accordingly.

However, the uses of contraceptive encourage promiscuity as affirmed by the respondents with a score of 55 respondents who strongly agree, 50 respondents who agree followed by 45 respondents who disagree and 33 respondents who strongly disagree accordingly. Conversely, the use of contraceptives does not diminish sexual pleasure following the score of 23 respondents who strongly agree and 20 respondents who agree while 40 respondents disagree and 100 strongly disagree accordingly.

On the other hand, family planning is not meant for the rich people alone as affirmed by the score of 8 respondents who agree and 15 respondents who strongly agree as against 40 who disagree and 120 of the respondents who strongly disagree as at the time of the study. On the contrary, Husbands should be involved in family planning decision based on the score of the study with 60 respondents who strongly agree and 70 of the respondents who agree while 30 of

the respondents disagree and 23 of them strongly disagree respectively. The table captures a range of attitudes towards family planning, covering religious, gender-related, effectiveness, pleasure, socio-economic, decision-making, and policy-related aspects. The responses indicate a diversity of opinions, reflecting the complex interplay of cultural, religious, and social factors influencing individuals' perspectives on family planning.

These findings are valuable for understanding the challenges and opportunities in promoting family planning awareness and education, as well as for designing targeted interventions that address the concerns and beliefs of different groups within the population. Thus, it is evident that respondents believed Family planning is against their religious belief, as indicated by majority of the respondents in table 3 above with 573 respondents strongly agreed that family planning is against their religion. This however, show a negative and not realistic attitude of men toward family planning.

**Table 4: Contraceptive methods use by couples**

| Family planning methods | Frequency  | Percentage |
|-------------------------|------------|------------|
| Male condom             | 50         | 27.3       |
| Female condom           | 11         | 6.0        |
| Diaphragm               | 7          | 3.8        |
| Injectable              | 58         | 31.6       |
| IUCD                    | 2          | 1.1        |
| Implant                 | 29         | 15.8       |
| Pills                   | 22         | 12.0       |
| Others (specify)        | 4          | 2.2        |
| <b>Total</b>            | <b>183</b> | <b>100</b> |

**Source: Field Survey, 2025**

Table 3 is the presentation of the family planning method with the score of 50 (27.3) of the respondents who approve of Male condom follow by 11(6.0) who are approve of Female condom, and then 7(3.8) who are Diaphragm while 58(31.6) of the respondents Injectable also 2(1.1) are IUCD, the 29 (15.8) are Implant then 22(12.0) are Pills and 4 (2.2) are other forms of family planning. Hence majority vouched for the injectable as the best form of family planning method as at the time of the study. Based on this analysis, it is evident that the injectable is the most favored among the respondents, with a relatively high percentage (31.6%) of approval. This suggests that, at the time of the study, injectable were perceived by the respondents as the most effective or suitable contraceptive option. It's important to note that these preferences might vary based on factors such as availability, cultural beliefs, personal preferences, and medical considerations.

**Table 4: Main reason for not using modern contraception**

| <b>Reason for not using family planning</b> | <b>Frequency</b> | <b>Percentage</b> |
|---|------------------|-------------------|
| Side effect                                 | 5                | 5.0               |
| Religious opposition                        | 30               | 30.0              |
| My spouse doesn't like it                   | 10               | 10.0              |
| Non access facilities for family planning   | 15               | 15.0              |
| Cost of getting them                        | 7                | 7.0               |
| People's negative comments                  | 20               | 20.0              |
| Unawareness                                 | 13               | 18.0              |
| Total                                       | 100              | 100               |

**Source: Field Survey, 2025**

Table 4 show the various reason why a respondent will not use family planning with a score of 5(5.0%) says side effects, 30(30.0%) religious reasons, 10(10.0%) spousal differences, 15(15.0%) no access to facilities, 7(7.0%) high cost of getting one, 20(20.0%) are worried about negative comments while 13(13.0%) affirmed to unawareness to these practices. By implication, religion is the major reason to why many respondents are not using modern contraception as indicated by 30.0 per cent of the respondents.

## 6. DISCUSSIONS

Below is a well-structured and coherent discussion of findings based on data analyze and presented from table 1-4. The discussion synthesizes all results, highlights key themes, and interprets the findings in lines with the study objectives. The study assessed the practice, preasons, attitude, methods used and barriers associated with modern contraceptive uptake among respondents. Findings from the four tables reveal important patterns regarding knowledge, perception and utilization of family planning methods. The results from table 1 indicate that slightly less than half of the respondents (45.4%) practice modern family planning methods, while a higher proportion (54.6%) do not. This shows that despite the availability of various contraceptives options, uptake remains relatively low. The findings imply that barriers-whether cultural, religious, informational or access related factor continue to limit the actual practice of family planning services among couple in Keffi local government. This shows that there is a low-level uptake aligns with trends often reported in similar communities, where misconceptions and socio-cultural factors hinder consistent use of modern contraceptives. Its highlights the need for strengthened awareness campaigns and accessibility of family planning services.

The finding also revealed in table 2 multiple motivations for those who use modern contraceptives. The majority (43.7%) reported doing so because they had completed their desired family size, suggesting that family planning is perceived mainly as a tool for limiting births rather than for spacing children. Another 27% adopted family planning based on Doctor's advice for health reasons, showing that health professionals play a significant role in influencing uptake. Only 10% used modern contraceptive for spacing, which indicates low awareness of the health and developmental benefits of spacing births. Meanwhile, 18.1% cited financial constraints as a reason for practicing family planning – a reflection that economic reality shapes reproductive choices. These findings underscore the importance of integrating economic and health education into family planning programs to ensure that spacing becomes more widely understood and practiced among couples.

Findings from table 3 show complex and often conflicting attitude of men toward modern contraceptives. However, the most dominant negative attitude is the believe that family planning is against the religious teachings, with many respondents agreeing or strongly agreeing to this statement. This confirms religion as a major ideological barrier to modern contraceptive acceptance. Such beliefs directly affect usage patterns and reflect the strong influence of religious norms in personal reproductive decisions. Conversely, a significant number of respondents agree that only females should use contraceptives, indicating a gender bias and misconception about male involvement in family planning. Thus, the idea that only males should use contraceptives was largely rejected, showing that respondents do not perceived men as primary contraception users but expect women to bear the responsibility. The belief that contraceptives are ineffective and that they encourage promiscuity remains prevalent. These misconceptions may discourage new adopters and reinforce fear of usage. Interesting, most respondents rejected the idea that contraceptives diminish sexual pleasure, indicating partial awareness and acceptance of their non-interference with sexual activity.

However, in decision making dynamics and policy respondents strongly supported that husband's involvement in family planning decisions, suggesting that spousal communication is valued. Support for the national family planning policy indicates a moderate level of acceptance of government initiatives. Overall, the attitudes reveal a combination of religious resistance, gender bias, misconception and moderate openness to share decision making and policy. The factors interact to shape contraceptive uptake within the population. Findings from table 4 indicate that injectable are the most commonly used method as shown by 31.6% of the respondents. Follow by male condoms with 27.3%. the popularity of injectable may be due to their convenience, longer duration of action and discreetness attribute valued in communities where contraception may be socially frowned up. The use of method like IUCD constitute (1.1%) and diaphragm (3.8%), reinforcing existing patterns where male-controlled methods dominate contraceptives choices. The moderate use of implants (15.8%) and pills (12.0%) suggests a growing acceptance of semi-permanent and hormonal methods among some users. This pattern reflects broader trends in many regions where injectables remain one of the most preferred methods due to ease of use and perceived effectiveness. In the same vein, the finding also revealed that religious opposition is the leading reason for no-use (30%). This corresponds with the above findings that many respondents view family planning as contrary to their religious beliefs. This highlights the Stronge role of faith values in shaping reproductive decisions. These findings revealed that both structural factors (access, cost) informational constraints (unawareness, misconceptions) and social factors (religion, negative comments, spousal disapproval) play significant roles in hindering contraceptives uptake. The relatively low reporting of side effects (5%) suggests that misinformation and social influences are more critical deterrents than actual health concerns.

## 7. CONCLUSION

In conclusion, the findings from the tables discussed provide a comprehensive understanding of various aspects related to modern contraceptives, including attitudes, practices, and beliefs of the respondents. These insights offer valuable guidance for public health policies, education initiatives, and awareness campaigns aimed at promoting responsible family planning and improving overall reproductive health outcomes. The data revealed a mixed landscape when it comes to modern contraceptives. While a significant proportion of respondents indicated practicing modern contraception, there were also notable numbers who were not engaged in such practices due to cultural, religion, economic and accessibility. This dichotomy underscores the importance of addressing barriers and misconceptions that might hinder family planning adoption. The diversity in preferred modern contraception indicated the need for a range of options that cater to individual preferences and

lifestyles. Additionally, the insights regarding beliefs and attitudes towards gender roles, religious involvement, and family planning policies shed light on the complex interplay of cultural, social, and personal factors that influence reproductive health decisions.

The findings also underscore the necessity of comprehensive education and awareness campaigns. Addressing misconceptions, providing accurate information, and promoting the benefits of modern contraceptives can contribute to informed decision-making. Ensuring equitable access to a variety of family planning methods and involving both partners in decision-making can further enhance the effectiveness of modern contraceptives initiatives. As societies evolve, understanding these attitudes and practices is vital for shaping responsive and culturally sensitive reproductive health policies. By taking into account the diverse perspectives presented in the findings, policymakers, healthcare providers, and advocates can work towards fostering an environment where individuals can make informed choices about modern contraceptives, leading to improved maternal and child health, reduced unintended pregnancies, and better overall well-being for families and communities.

## **8. RECOMMENDATIONS**

Based on the findings here are some recommendations for addressing the various aspects of family planning:

- i. **Comprehensive Educational Campaigns:** Develop and implement targeted educational campaigns that address common misconceptions, provide accurate information about family planning methods, and emphasize their benefits. Utilize various communication channels, including community workshops, digital platforms, healthcare facilities, and schools, to ensure widespread awareness. Support family planning education by increasing investment in family planning programs to ensure that individuals are well-informed from a younger age
- ii. **Community Engagement:** Collaborate with religious and community leaders to dispel myths, address concerns, and promote family planning as compatible with cultural and religious values. Tailor messaging to resonate with specific cultural norms and beliefs.
- iii. **Tailored Counseling:** implement personalized counseling sessions for men that consider their unique beliefs, experiences and cultural backgrounds to promote informed choices about their families.
- iv. **Access to Resources:** improve access to modern contraceptive methods through healthcare facilities and community programs to ensure couples can easily obtain the information and resources they need.

**REFERENCES**

- Aghajanian A. & Merhyar A. (2022). Fertility, contraceptive use and family planning program activity in the Islamic Republic of Iran. 25 (2): 98-102
- Ahman, E., Shah I. (2021) unsafe abortion: worldwide estimates for 2000. *Reproductive Health Matters*; 10(9):13-17
- Al Riyami, A., Afifi, M. & Mabry. A. (2021). Women's autonomy, education and employment in Oman and their influence on contraceptive use. *Reproductive Health Matters*, 12(23): 144- 154.
- Al-Fotih.F. (2006). Safe motherhood strategy, Is on the way. *Yemen Times Journal*, {Online}. Volume 13 (850), Available from: <http://www.Yementimes.com/issue850/volume13>
- Al-Gallaf.K., AL-Wazzan. H, AL-Namash. H, Shah. N, &Behbehani J. (2019). Ethnic differences in contraceptive use in Kuwait: A clinical –based study. *Social Science and Medicine*, 41(7): 1023-1031
- Angin Z., & Shorter, F. (2019). Negotiating reproduction and gender during the fertility decline in Turkey. *Social Science and Medicine*, 47(5): 555- 64.
- Associated Press. (2018). Barbers and condoms. AP wire service, Hyderabad, India.
- Ayad, M. (2018). Ideal family size in Arab countries. *Alusrahwaalumran Albashari*, (5-6): 23-36
- Becker S. (2022) Measuring unmet need: wives, husbands or couples? *International Family Planning Perspectives* 25(4):172-180
- Bergsjö P. (2022). Iranian fertility: two weeks in another town. *Actaobstetrica Gynecologica Scandinavia*, 73(2): 93- 94.
- Brindis C., Bogess j., Katsuranis F., Mantell M., Carter V.& Wolfe A. (2022). Profile of the adolescent male family planning client. *Family Planning Perspectives*, 30(2):63-66
- Centers for Disease Control. (2021). Achievements in public health, 1900-1999: Family planning. *Journal American Medical Association*, 283 (3): 326-332
- Central Statistical Organization Yemen (CSOY), *Macro International. Yemen Demographic and Maternal and Child Health Survey1997*. Calverton MD: Central Statistical Organization and Macro International, 2019: pp1- 279
- Chapagain M. (2019). Masculine interest behind high prevalence of female contraceptive methods in rural Nepal. *Australian Journal Rural Health*, 13 (1): 35-42.
- Chichakli. L., Atrash. H., Musani. A., Johnson. J., Mahaini. R. &Arnaocute. S. (2019). Family planning services and programs in countries of the Eastern Mediterranean Region. *Eastern Mediterranean Health Journal*, 6(4):614-624.
- Cleland,J., Bernstein,.S., Ezeh, A., Faundes,A., Glasier,A. & Innis J. (2018). *Family planning: the unfinished agenda. The Lancet*, 368(18): 1810-1827.
- Commack M.& Heaton T. (2018). Regional variation in acceptance of Indonesia's family planning program. *Population Research and Policy View*, 20 (6): 565-585
- Ezeh A. (2021). The influence of spouses over each other's contraceptive attitude in Ghana. *Studies in Family Planning*, 24(3): 163- 174
- Farah A. &Belhadj- el Ghouayel, H. (2019). Too many births, too many deaths. *World Health Forum*, 15(1): 78- 81.
- Fargues P. (2019). Women in Arab countries: challenging the patriarchal system? *Reproductive Health Matters*, 13 (25): 43-48.
- Farid, S. (2018). Fertility and family planning in the Arab region. *IPPF Medical Bulletin*, 20(1):1-3.
- Forrest, J.D. (2018). Contraceptive use in the United States: Past, present and future. *Advance in Population*, 2:29-48

- Green C, Cohen S. & Belhadj-el Ghouaye, H. (2022). Male involvement in reproductive health, including family planning and sexual health. New York: *United Nations Population Fund*.
- Grimes D, Schulz K & Stanwood N. (2019). Immediate abortal insertion of intrauterine devices. *Cochrane Data Base of Systematic Reviews*, Issue 4.
- Khalifa, M. (2021). Attitudes of urban Sudanese men toward family planning. *Studies in Family Planning*,19(4): 236- 243
- Kishor S, Ayad. M & Way A. (2021). Women’s empowerment and demographic outcome: *examining links using Demographic and Health Survey data. Paper*
- Kishor, S. (2021). Autonomy and Egyptian women: findings from the 1988 Egypt Demographic and Health Survey. Calverton, M D: *Macro International, Demographic Health Surveys ( DHS)*, (Occasional Papers 2).
- Rosenfield, A., Schwartz, K. (2019) Improving the health of women in developing countries: The time is now. *Journal Midwifery & Women’s Health*; 50(4): 272-274
- Roth &Mbizvo. (2018). promoting safe motherhood in the community: the case for strategies that include men. *Africa Journal Report Health*, 5 (2): 10-21
- Sahin,. H A. & Sachin,. H G. (2013). Reasons for not using family planning methods in Eastern Turkey. *European Journal of Contraception and Reproductive Health Care*, 8:11-16
- Sathar ZA & Mason KO. (2020). How female education effects reproductive behavior in urban Pakistan. *Asian and Pacific Population Forum*, 6(4): 93- 103.
- Shah MA., Shah NM., & Menon I. (2021) Unmet need for contraception: a developing country without a family planning program. *International Journal of Gynecology and Obstetrics*; 83 (3) :335-338
- Westoff&Bankole A. (2020). Trends in the demand for family limitation in developing countries. *Articles*,
- Wilcox A., Dunson.D. & Day Baird D. (2019). The timing of the “fertile window” in the menstrual cycle: day specific estimation from a perspective study. *British Medical Journal*, 321(7271): 1259- 1262.