**PERCEPTION AND ATTITUDE OF MEN OF CHILD BEARING AGE TOWARDS THE USE OF FAMILY PLANNING BY THEIR SPOUSES**

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**ABSTRACT**

The broad objective of this study is to assess perception and attitude of men of child bearing age towards the use of family planning by their spouses on Oku Clan In Uyo local government area.Other specific objectives includes to investigate the sources of men information about family planning In Oku clan Uyo local government area, determine the attitude of married men towards family planning and contraceptives and determine factors influencing married men not to be fully involved in accessing family planning services. The research adopted the survey descriptive design and with the aid of convenience sampling method, the researcher conveniently selected one hundred and fifty (150) participant who are married men in Oku Clan In Uyo local government area.. Self- structure questionnaire was issued to the respondent of which one hundred and forty-one (141) were retrieved and validated for the study. The study made use of of descriptive analysis and inferential statistics where data from field survey was analyzed using simple percentage, mean and standard deviation presented in frequencies and tables. Hypothesis test was conducted using Chi-Square Statistical Package for the Social Sciences (SPSS v.23). This research is reported in five distinct yet interrelated chapters. In the chapter one we describes the study objectives clearly by stating the motive behind this study. Research hypotheses were developed for testing while the scope of this research was defined as well.The study was anchored on the theory of reasoned action (TRA) by Ajzen and Fishbein (1975 & 1980) and the Theory of Planned Behaviour (Tpb).Findings of the study reveals that married men in Oku has low level of knowledge about family planning and contraception although methods of family planning available for men include male condom, vasectomy and traditional withdrawal method. The sources of information about family planning include; Antenatal clinic, Television/Radio, and Church. The study further reveals that factors causing negative attitude of married men in Oku Clan In Uyo local government area towards family planning practices include; ear of side effects, religious and cultural belief, desire for more children & interest in polygamy and socioeconomic factors.The study therefore recommends among other that Awareness campaigns should be carried out targeting married men on the importance of contraceptives in preventing unplanned pregnancy and sexually transmitted diseases as this could encourage them to uptake contraceptives.

**CHAPTER ONE**

**INTRODUCTION**

* 1. **Background of the Study**

Family planning in couples is rarely discussed because the practice is less likely to be endorsed by the male partner. Family planning practices are essential for individuals or couples to prevent unwanted pregnancies, space out pregnancies, time births according to parental age, and decide on the family size (Reshma 2015). Contraceptive use has been on the rise globally in recent years, but the contraceptive prevalence rate (CPR) remains notably low in low-resource countries. In Sub-Saharan Africa, around 25% of couples who wish to space their children do not utilise any family planning methods. The National AIDS and Reproductive Health Survey (NARHS) report from 2012 in Nigeria highlighted that although awareness of contraceptives was widespread, only 13% of females used any method of contraception, with just 10% opting for a modern method. Park (2007) outlines the various methods of modern contraceptives available at regional and national levels, such as pills, intrauterine contraceptive device, injectables, implants, male condom, female condom, male and female sterilisation, diaphragm, foam/jelly, lactational ammenorrhoea, and emergency contraception.

It is surprising that in communities worldwide, men have limited participation in family planning compared to women, who are the ones primarily seeking contraceptive methods to control family size. According to Bill, Gady, Hanson, and Tafer (2017), men's participation in decisions regarding sex, contraception, and childbearing has a significant impact on sexual and contraceptive behaviour, relationship harmony, and a man's accountability for his children. Despite the detailed explanation of the benefits of couples' involvement in contraceptive methods, many Nigerian men still avoid accessing the service with their wives. Scientists have recently found various methods of contraception for men. The New Zealand Family Planning (2015) outlines various contraceptive methods, including the implant or intrauterine device (IUD), hormonal contraceptives like the pill and Depo Provera injection, barrier methods like condoms, and permanent contraceptive methods such as vasectomy and tubal ligation. Another approach involves fertility awareness methods, which educate individuals about fertility signs and the menstrual cycle to assist in pregnancy planning or prevention.

On the other hand, myths and misconceptions exist regarding the use and various methods of family planning, not only among women, who are the primary users, but also among men. One common misconception is the fear of infertility caused by using contraceptives. In a study carried out in Tanzania (Mbeya region, Handeni and Sinyanga districts), it was found that men's acceptance of contraceptives was influenced by their understanding of the significance of family planning. They perceived larger families to be more expensive than smaller ones (Sandararajan, 2019). They felt it was their duty to enable women to access family planning services. However, a study in Kenya found that the acceptability rate was very low among men. There were instances where married women resorted to using contraceptives discreetly due to lack of cooperation from their husbands (Matlala, 2016). While many men in Nigeria are familiar with family planning, some men in the Southern Nigeria region believe that women's use of family planning methods encourages promiscuity. The research discussed how men's negative attitude towards family planning was influenced by misconceptions and poor knowledge about the benefits of contraceptives. Contrasting with these falsehoods is the background that sparked the researcher's curiosity in this subject.

* 1. **Statement of the Problem**

Contraception use offers numerous advantages for men and women of reproductive age. However, it remains an underutilised public intervention in Nigeria due to prevalent myths and misconceptions, particularly among men in the study area. According to Gady, Hanson, and Tafer (2017), this is because men belong to a subset of the population that is currently underserved and under-targeted by reproductive health programmes. In many societies, men typically hold the primary power and decision-making role in family affairs, including reproductive health. As a result, engaging men in family planning is widely acknowledged as crucial globally.

In Nigeria, there has been an imbalance in the distribution of responsibility for fertility regulation and family planning between men and women (Ringheim, 2017). This interest arises from the commonly accepted notion that in the patriarchal, traditional African family, husbands play a crucial role in couples' decisions regarding fertility regulation. While this belief is widely endorsed by the research of numerous scholars, there is a scarcity of empirical studies on the family planning knowledge, attitudes, and practices of African men. Nevertheless, their involvement is vital due to their significant impact on women's health, their ability to access healthcare, and their utilisation of family services (Drennan 2018).

The conventional African pattern of male involvement in fertility decision-making is evident in current research on men's impact on these issues in Nigeria. During a research conducted among married Nigerian students, it was found that one in five women who were not using a contraceptive method cited their husband's objection as the reason for non-use. However, many of these studies were carried out in the past, and newer research in Africa, especially in Nigeria, has revealed a decline in knowledge, positive attitudes, and use of contraceptives among both men and women. Given this premise, the research aims to assess the understanding, views, and approval of family planning practices among married men in Oku Clan, Uyo local government area.

* 1. **Objectives of the Study**

The broad objective of this study is to assess perception and attitude of men of child bearing age towards the use of family planning by their spouses on Oku Clan In Uyo local government area.Other specific objectives includes:

1. What is the perception of married men in contraceptive use In Oku clan Uyo local government area.
2. To investigate the sources of men information about family planning In Oku clan Uyo local government area.
3. To determine the attitude of married men towards family planning and contraceptives.
4. To determine factors influencing married men not to be fully involved in accessing family planning services.
   1. **Research Questions**
5. What is the perception of married men in contraceptive use in Oku clan Uyo local government area?
6. What are the sources of men information about family planning in Oku clan Uyo local government area?
7. What is the attitude of married men towards family planning and contraceptives?
8. What are the factors influencing married men not to be fully involved in accessing family planning services?
   1. **Research Hypothesis**

**Ho1:** The perception and attitude of men of child bearing age towards the use of family planning by their spouses is negative.

**Hi1:** The perception and attitude of men of child bearing age towards the use of family planning by their spouses is positive.

**1.6 Significance of the Study**

The study aims to give essential information that will improve the implementation of family planning activities and programmes. Moreover, the results will be useful for those planning to conduct study on a related topic as it has added to the current body of literature. The research will provide new insights and serve as a catalyst for other studies on the knowledge, attitudes, and behaviours of women regarding family planning services. It will also benefit health science students, lecturers, and the general public.

**1.7 Scope of the Study** This study aims to evaluate the view and attitude of males of childbearing age about their spouses' usage of family planning in Oku Clan, Uyo LGA. The study will explore the sources of knowledge on family planning for men and determine the variables that prevent married men from fully engaging with family planning services. The study is limited to certain married men in Oku Clan in Uyo LGA, Akwaibom state.

**1.8 Limitation of the Study**

As in all human activities, the researchers faced minor limitations during the investigation. The main limitation was the lack of literature on the knowledge, attitude, and acceptance of family planning among married males. The researcher dedicated a significant amount of time and effort to gather the necessary materials for the investigation. The study is limited in scope, concentrating specifically on the Oku Clan in Uyo LGA, Akwa Ibom state. Thus, the findings of this study are not generalizable to married men beyond the study area, highlighting a research vacuum and the need for future investigations on this topic.

**1.9 Definition of Terms**

**Knowledge:** Knowledge is a familiarity or awareness, of someone or something, such as facts, skills, or objects contributing to ones understanding.

**Family planning:** Contraceptiveis designed to prevent pregnancy. Birth control methods may work in a number of different ways: Preventing sperm from getting to the eggs. Types include condoms, diaphragms, cervical caps, and contraceptive sponges.

**Utilization**; this is the act of using something.

**Attitude;** is positive or negative behaviour towards something.

**CHAPTER TWO**

**LITERATURE REVIEW**

**2.1 Introduction**

Our focus in this chapter is to critically examine relevant literatures that would assist in explaining the research problem and furthermore recognize the efforts of scholars who had previously contributed immensely to similar research. The chapter intends to deepen the understanding of the study and close the perceived gaps.

**2.1 Conceptual Framework**

**2.1.1 Concept of Family Planning**

On a global scale, approximately two hundred million pregnancies happen annually, with half being unplanned and a quarter being unwanted (World Health Organisation, 2014). These pregnancies lead to unsafe practices that greatly increase maternal mortality rates worldwide, particularly in developing countries such as Nigeria (Goldstuck & Kluge, 2017). Furthermore, the prevalence of sexual activities among Nigerian undergraduates has led to significant health and social consequences, such as Sexually Transmitted Infections (STI) like Human Immunodeficiency Virus (HIV), Teenage Pregnancy, Unsafe Abortion practices, School dropout, and more. For example, a prior research conducted at the University of Port Harcourt SouthSouth Nigeria revealed a 47.20% incidence of abortion among female students. Moreover, based on the United Nations projection from 2006, half of the new HIV infections are reported among young adults aged 15 to 24, a demographic that includes many college students (UNAIDS/WHO, 2016). Using contraceptives has been suggested as the most effective method to decrease unsafe abortion, avoid certain sexually transmitted infections like HIV, and prevent unwanted pregnancy among sexually active young adults.

In 1971, the World Health Organisation defined Family Planning as a practice that assists individuals or couples in achieving specific goals such as preventing unwanted pregnancies, timing desired pregnancies, spacing out pregnancies, managing parental age in relation to birth timing, and deciding on family size. Family planning is considered a crucial aspect of reproductive health. Reproductive Health encompasses overall physical, mental, and social wellbeing, going beyond the absence of disease, in all aspects concerning the reproductive system and its functions. Reproductive health involves individuals being able to enjoy a fulfilling and secure sex life, with the ability to have children and the freedom to choose when and how often to do so.

Structured family planning initiatives in developing regions since the 1960s have predominantly centred on women, with limited emphasis on engaging men. Efforts for an enhanced gender balance were sparked by the 1994 International Conference on Population and Development (ICPD). However, there has been a continuous need to strengthen male involvement and encourage them to participate in family planning and support women in its use (IGWG, 2009).

An exclusive definition of family planning that the researcher utilised in her study was that it involves a deliberate attempt to control the number and timing of births. It is the prerogative of individuals and couples to make informed and responsible decisions regarding the number and spacing of their children, as stated in the World Population Conference of 2015.

Even though men make up approximately half of the sexually active adult population, they often feel left out of these services and therefore hesitate to utilise them. Men have different reasons for opposing family planning. Some desire more children, while others fear their wives may be unfaithful if they use contraception (khasiani, 2017). As per Caldwel et al. (2002), the focus has been on maintaining contraceptive usage. It is essential for both men and women to participate in family planning to align with current societal trends. According to Lawrence & Wylie (1977), a man and woman collaborate in the process of conception. Nevertheless, advancements in contraceptive technology and family planning facilities have been made. Some have suggested that this disproportionate focus is linked to the limited involvement of men in family planning initiatives.

**2.1.2 Modern Family Planning Methods (Contraceptive)**

Modern family planning methods refer to contraceptive methods of family planning other than traditional or natural family planning (NFP) methods. A contraceptive is **a** device or drug that prevents a woman from becoming pregnant. Some contraceptives prevent pregnancy by preventing ovulation (Practice Bulletin 2015). Contraceptive use is a key factor in preventing unwanted pregnancies, reducing maternal and child mortality as well as improving the lives of women and their families. A recent study estimated that contraceptive use could avert more than two-fifths of maternal deaths. Increased access to contraceptive services has been established as a cost-effective strategy for countries to reduce maternal and child mortality. Onokerhoraye (2016) sees contraceptives as “the provision of birth prevention information services and appliances.The provision of quality contraceptives is an important service in ensuring the utilization of modern contraceptive methods among females within reproductive age.

Contraceptive methods are by definition, preventive methods that help the woman avoid unwanted pregnancies resulting from coitus (Park, 2007). The modern contraceptive devices are nothing but a modification of the old, with clearer understanding of their mode of actions and adverse effects, if any. They are safe and more reliable than the formerly accepted traditional methods. Modern family planning methods may be broadly grouped into two classes namely; spacing methods and terminal methods. These methods are further categorized into three sub-categories which include: non-appliance methods, appliance methods, and surgical methods.

Oreachata (2017) referred to non-appliance methods as non-manipulative methods of family planning such as pills which are taken orally to prevent pregnancy, whereas appliance methods according to Park (2017), refer to any contraceptive instrument, drug, preparation or thing designed, prepared or intended to prevent pregnancy, resulting between human beings. Appliance methods include spermicides, condoms, diaphragm, intra-uterine contraceptive devices (IUCDs), depoprovera, implant, and abortion. Surgical methods of family planning on the other hand are simple or minor surgical operations for permanent contraception. They include: tubal ligation (female sterilization) and vasectomy (male sterilization). Tubal ligation and vasectomy are irreversible family planning methods which once done, the woman or man can not have children again. The presence of all these family planning methods elicits some attitudes towards them which may be either positive or negative.

According to National Research Council (2000) and Mandani (1999), they highlighted that the new modern methods of family planning is categorized into three types. These include.

Temporary family planning methods

Permanent family planning methods

Natural family planning methods

**Temporary family planning methods:** These are methods that couples can use to delay pregnancy and space their children as they wish. They can stop using them when they want to have a child. Examples are:

**IUCD (Intrauterine Contraceptive Device):** This device is chosen by some women who want to avoid pregnancy. It is placed inside the uterus.

**Pills:** These are oral contraceptive which helps to reduce the fertility rate in women with ease and little upset. A women taking oral contraceptives is unlikely to have dysmenorrheal, her menstrual flow will reduce (which in turn helps to prevent anemia) and she is likely to have a reduce amount of premenstrual tension.

**The Injectable:** The injectable is an injection of a hormone give to a women to prevent her ovaries from releasing an egg for some monthsn. This prevents pregnancy. There are two commonly used injecable: DEPO-PROVERA (DOPA) given every three months and Noristerart (NE-EN) given every two months.

**Implant:** Implant system is a set of 6 small, plastic capsules. Each capsule is about the size of a small match stick. The capsules are placed under the skin of a woman’s upper arm. A set of implant capsules can prevent pregnancy for at least 5 years. It may prove to be effective longer.

**The condom:** A condom is a close-fitting thin rubber that a man wears over his erect penis during sexual intercourse to hold sperm. Condoms help prevent both pregnancy and sexually transmitted disease (STD’s) used correctly, they keep sperm and any disease organisms in semen out of the vagina. Condoms also stop any disease organisms in the vagina from entering the penis.

**Permanent Family Planning Methods:** These are methods that are used by men and women who do not want to have any more children but want to enjoy sex without fear of pregnancy. Examples vasectomy ad tubectomy.

**2.1.4 Knowledge of Family planning of Men**

Men’s knowledge of contraception is a key driver of whether men will use contraception and what method they choose. It may also influence overall contraceptive prevalence rates, particularly in contexts where women have limited autonomy over their health care and reproductive behavior. Both men’s overall knowledge of contraceptive methods and the variety of methods they are familiar with may be important, particularly in terms of the level of control they are able to exert over use of the method.

A study in Haiti showed that 93.5% of the married men reported that they have heard about family planning, and 90.9% of them had heard about a method to prevent pregnancy. Surprisingly when asked what methods they had heard about, more than three-quarters mentioned female methods of contraception such as IUD, contraceptive pill and injection. In addition, and there was no response on external ejaculation and vasectomy. Although people knew about external ejaculation, they did not consider it much, as a method of family planning (United Nations Technical Report (1995). This study uncovered that there is no direct relationship between knowledge of contraception by men to practice.

In the western world, men, just like women are aware and prefer to limit family size although excess fertility is usually involuntary and undesired. Misra (1967) states that current research in developed countries indicate that men are knowledgeable and aware of the economic difficulties concomitant with large families. Study has reviewed that both men and women believe they must share the responsibility in birth control and pregnancy, as well as decision making and financial support. 90% of men in developed countries feel that family planning services should be available to them, (John & Hardee 2016). In developed countries, the knowledge of contraception by men is also translated into practice because they understand fully the challenges of having a large family.

A study conducted by Orji et al. (2007) on 370 married men in urban and rural areas of Nigeria was demonstrated that 83.3% of men in cities were agreed with family planning and believed that decisions on family planning must be made with participation of both men and women. Results of this study indicated that; awareness and participation rate of men about family planning program was not good, however; their attitude was acceptable.

**2. 1.4 Methods of Male contraception**

Currently, there are only two clinical and one traditional method of male contraceptive methods available which include the

* Barrier method(male condom)
* Male sterilization (vasectomy) and
* traditional withdrawal method.

**Barrier methods**

Barrier methods are either devices (male and female condoms) that physically block sperm from reaching an egg, or chemicals (spermicides) that kill or damage the sperm in the vagina. The effectiveness of barrier methods greatly depends on people’s ability to use them correctly every time they have sex. The most common barrier family planning method is the male condom. The condom is the oldest method of contraception; however, it was not until 2004 that the WHO established the manufacturing specifications for condom production. Its main disadvantage is high failure rates, which in “real life” conditions concern up to 19% of couples during the first year of use.3 In general, the older the condom, the higher the risk of rupture (Steiner M, Foldesy R, Cole D, Carter E, 1992)

Male condoms are the only contraceptive methods that provide protection from STIs, including HIV, in addition to pregnancy. Less common barrier methods are diaphragms and cervical caps; they are not readily available in many countries. All of these devices form a mechanical barrier between the sperm and an egg. Finally, spermicides are chemical substances placed in the vagina — a foam, a gel, film, or a tablet, for example. Spermicides work by killing or disabling sperm. Barrier methods should be used every time a couple has sex (Yahaya, 2022). The effectiveness of barrier methods depends greatly on people’s ability to use them consistently and correctly. If a woman is fertile and does not use the method consistently and correctly, she can become pregnant. These methods all present significant limitations because they have proved to be unreliable and for causing permanent damage.

Some countries in the world have made tremendous strides in influencing awareness and practice of male contraception use by men. For example, condom usage is the most common method in Japan because men really felt the need to reduce the fast growing population of their nation. In India, vasectomy was the most popular form of sterilization at 84% in 1972-1973. In developing countries, at least 37% of methods used are male-directed. But research has proven that condom use in developing countries is not for the reason of family planning, but protection.Trussell (2004) argue that condoms are typically used in casual sexual encounters or the early stages of a relationship, and are often abandoned once a relationship becomes ‘serious’; they have also been criticized for having an unacceptably high failure rate buy bursting during sexual encounter without those involved in sex noticing.

**Male sterilization**

Male sterilization are permanent methods of contraception. Sterilization involves a relatively simple surgical procedure that provides life-long protection against pregnancy. Sterilization is appropriate for men and women who are certain they do not want more children. The permanent methods of contraception are female sterilization, also called tubal ligation, and male sterilization, also called vasectomy. Both methods involve minor surgery. This surgery is very safe and in most cases does not require hospitalization. According Yahaya, (2022) female and male sterilization are close to 100% effective and are considered permanent methods of contraception, although a small risk of pregnancy still remains. Once a woman or man has the procedure, it is very likely that she or he cannot have any more children because generally the procedure cannot be reversed. The couple must talk over the decision to use a permanent method carefully and be certain that they will not want more children Men and women should understand that other highly effective and reversible contraceptive methods are available if they are not ready for a permanent method. Yahaya, (2022) assert they should discuss the decision with a family planning provider, who will make sure that their decision is voluntary, conduct a physical examination, and decide with the client on a good time to have the sterilization done. A provider can also reassure men and women that sterilization does not affect sexual function and does not make men less masculine or women less feminine.

Vasectomy became popular as a MCM in the 1960s, particularly in the US. Nowadays, vasectomy use is slowly being abandoned and is selected by 2.7% of couples seeking contraception in the U.S (Dowbiggin, 2008; Schwingl & Guess, 2000).The main disadvantage of vasectomy is its poor reversibility, a fact that should be emphasized preoperatively to the patient and which renders this option suitable for men who do not intend to father children in the future. Schwingl & Guess (2000) states short-term complications of vasectomy include bleeding and hematomas, wound infection and epididymitis. Recently, concerns have been raised regarding an association of vasectomy with an increased incidence of high-grade prostate cancer; however, a causal relation could not be established (Goldstein M, 1983).

**Traditional method of Contraception**

Traditional methods of birth control is the practice, beliefs or customs handed down from one generation to another aimed at preventing pregnancy (Delano 2015). With respect to the practice of contraception there have been many methods which can be considered as the early forerunners of modern birth control and the basic concept of most of them still guides the idea of contraception today. Women at those days consume different types of seeds and leaves so that their chemical components would help to reduce fertility and these include eating castor oil seeds, ricunus seeds, willow leaves etc. While men also wore sheaths made of different materials from animal bladder, intestines, and other membranes over their penis to prevent pregnancy (Delano 2015).

Women drank herbal preparations, saps from trees, or roots insertion of different herbs into the cervix with the sole aim of induced abortion. In South African, they practiced Coitus interruptus and Coitus reservatus (i.e. suppression of male orgasm and East-African women’s abstains from sexual intercourse after menstruation (Amazigo et al. 1997). There were complications from this practice. In Nigeria, different traditional methods of family planning are being used (Etokidem et al. 2017). The traditional methods of contraception are divided into two groups. These are:

1. The Appliance Methods; and
2. The Non-Appliance

1.The Appliance Methods involve specific preparations by herbalists or traditional healers and dispensed to individuals in form of specially prepared stew, herbal tea, or chewing stick, alternatively, the preparation could be taken, on behalf of the woman, by domestic animals or placed at a circular road as sacrifice to be consumed by the spirits to prevent conception (Delano 2015). On the one hand, injectable (scarification) could be administered by the herbalist incision on the supra pubic or spinal region of the male or female, followed by the application of specially prepared substance presumed to get absorbed through the blood stream as a long acting method of contraception. On the other hand, the use of barrier method: this consists of both physical and sperm killing agents, as well as the invisible barrier methods-wearing of enchanted waist-band, rings, amulets, snake/leopard skin (Delano 2015).

Delano (2015) further discover the Non-Appliance Method: this is self-administered method that includes abstinence from sex and avoiding sex during menstrual period. For examples: drinking of warm solution of salt, alum, vinegar, lemon, potassium or caustic soda. Abortion has also been used as a means of birth control (Tsui et al. 2010). The reasons why couples rely on traditional methods are numerous. They include a lack of knowledge about modern methods and their modes of operation, the greater convenience of methods, fear of actual or perceived side effects of modern method, religious or cultural constraints, high lack of accessibility and high cost (Fagbamigbe et al. 2018; Williamson et al. 2009). The use of traditional contraceptives is mostly common among illiterate women (Etokidem et al. 2017).

**2.1.4 Attitudes of Men on family planning.**

The poor attitude of men regarding birth control and family planning were frequently mentioned by investigators and family planners as having deterrent effect on research interest in male contraception (Lawrence & Wylie (1977). There is broad acceptance of using contraception to avoid pregnancy among men in developed countries. In all countries, over 50% disagree with the statement that “contraception is a woman’s business and a man should not have to worry about it. This in itself is confirmation that men have knowledge on the importance of contraception. In contrast, contraceptive use by women remains associated with promiscuity in some countries, with only four countries (Tanzania, Ghana, Nepal, and Namibia) having over 50% of men disagreeing with the statement “women who use contraception may become promiscuous.” Men who disagreewith the statement that “women who use contraception may become promiscuous” show positive attitude towards family planning.

The general perceptions the people held in the world then was that family planning was women’s problem and responsibility because men were neither concerned nor interested and males were perceived as sexually very active, at least prior to marriage. This role was fostered by society and continued to influence men after marriage. Men were considered potent and had desire for many children both legitimate children and several illegitimate ones. This misconception has had a pervasive influence on unsuccessful future of male family planning methods.

Some nations have had serious impact on the potential role of the male in family planning especially in the United States such that even scientific investigators questioned the demand for male contraception even if one were available. Men were ignored as consumers by family contraceptive planners and drug companies were reluctant to invest in male contraception methods and drugs because there was no profit due to lack of market. George et al (2015) **states d**espite the social need and willingness of men to participate in family planning, no male pharmaceutical contraceptive is available for clinical use so far.

Danforth (1999) indicated that overwhelming reliance on female methods has led to the assumption on the part of men that contraception is only for women. This resulted in women being the most family planning providers and they do not involve men because of another perception or belief that men want large families to prove their virility.

Positive change of attitude should not only be focused on the men folks, but governments should design deliberate programs that aim improving male participation in and practice in family planning. The United States Center for Reproductive Rights uses the law to advance reproductive freedom as a fundamental human right that all governments are legally obligated to protect, respect, and fulfill. Applying a human rights-based approach to the provision of contraceptive information and services can facilitate state fulfillment of these obligations and promote the full participation of both men and women.

In the sub-region, Kenya, for example, has made tremendous strides in improving male participation in family planning**.** After receiving a complaint from two civil society organizations alleging violations of reproductive rights at public health facilities in Kenya, Kenya constituted a commission of inquiry in 2011 on sexual and reproductive health. The objectives were to establish the legal and policy framework governing the implementation of sexual and reproductive health rights in Kenya and its effectiveness.This stance by the government has ensured improved male awareness and participation in family planning.

**2.1.6 Perceptions and Misconceptions**

In the twentieth century, the majority of developments in reproductive medicine have moved from a male to a female dominated field. Associated health risks have been reported over the years, such as an increased likelihood of breast cancer, weight gain, vascular thrombosis, heightened blood pressure, etc. Another factor that may explain the lack of commercially available MHC is the misconception that men may not be enthusiastic about its use because of its feminine association. As the pill has been readily available to women for decades now, but there is still no male version, many men – particularly those who consider themselves as stereotypically masculine – will feel that using a form of MHC would threaten their masculinity by performing a role considered feminine in the context of a stable sexual relationship. In addition, an important factor in determining masculinity for men themselves is sexual performance and more significantly fertility. Since the role of MHC will be to decrease or stop the rate of fertility, this again may be perceived by men as threatening the status of traditional, hegemonic masculinity. Concerns around fertility and virility were highlighted in a study Kalampalakis N, Buschini F (2007)

However, recent research and analysis of male attitudes and perception has shown that earlier perception held by people world over false (Ericsson, R.J (1972). Methods such as Vasectomy are widely used in developed countries that have an adavanced and educated human population like the United States. Anger, J.W, Werley, H.H, Allen, D.V, Shea, F.P, Lewis, HY)

In Africa, cultural values demand for large families hence the use of contraceptives is relatively low especially in rural areas (Macmillan reference USA, 2003). Zambia, Malawi, Kenya Rwanda and Zimbabwe had a prevalence rate of 50% or more in 2017. While, 22 other countries out of 51 countries in Africa had contraceptive use of below 25%, such countries as Nigeria with prevalence rate of 27% (World family planning 2017 highlights, 2017).

**2.1.7 Factors Influencing Usage Of Contraceptives, Attitude And Practice**

There are many demographic factors that influence modern family planning attitude and practice. Those related to the present study were reviewed. The present study is interested in the demographic factors of age, parity and level of education.

**2.1.7.1 Age**

Age has been identified as one of the strong factors that influence attitude to and practice of modern family planning. Even though Nora, Sheree, & Rebecca (2016) reported that age among adults in this part of the world is not reliable due to absence of birth registration in the past. Nora et’al (2016) noted that ages of women were found to have an impact on contraceptive use. The younger women tend to use contraceptives more than the older ones. In a study by Miller, Mollen & O'Malley (2019). among married women, in four villages in rural West Bengal, India, it was found that, one of the factors that most influence a woman‟s use of contraception include her age. Specifically, Chizororo & Natshalaga (2003) observed that the younger women liked the female condom more than the older ones. They asserted that age significantly increased a woman’s likelihood of using modern contraception. opined that older women between 31 and 50 years of age were more inclined to use condoms than the young.

**2.1.7.3 Level of Education**

According to studies undertaken in several regions of the world, including Nigeria, education level has a considerable effect on attitudes toward and practise of contemporary family planning. According to Ahanonu (2017), women's educational status has an impact on their attitudes and contraceptive use. Women with some degree of education were shown to have greater knowledge and to use contraception more frequently. According to the Philippines National Demographic and Health Survey, PNDHS (2000), women with an elementary school education were more likely than those with a higher level of education or none at all to want no more children and hence use contemporary contraception. Ahanonu (2017) discovered a link between women's educational level and their usage of contraceptive methods in Turkey. Education was shown to be a better predictor of method usage and method choice than other characteristics.

According to Baldwin and Edelman (2018), a family planning programme will let educated young women to plan their productive and reproductive objectives without worry of unwanted pregnancy, HIV, or AIDS. According to the National Population Commission, NPC (2004), female education is a crucial factor of contraceptive usage. Better-educated women, it is said, are more inclined to participate in creative behaviour than less educated women, and the use of contraception remains novel in many third-world environments. Chernick, Schnall, and Higgins (2015) discovered that education greatly enhanced a woman's chance of using contemporary contraception in their study of obstacles to and enablers of contraceptive usage among teenage females.

Darroch et al. (2016) discovered that education was connected with contraceptive usage in Matenwe. One-third of Matenwe's contraception users had completed high school, compared to a far lower percentage of the village's women. According to Ezenwosu, Nwobi, and Ezeoke (2018), the better educated indicated a greater intention to use condoms than the lesser educated. According to Ezenwosu (2018), contraceptive use is also seen to be closely related to educational status. In their study, people in urban regions were much better educated and used contraception at a higher rate than those in rural areas. According to Garside, Ayres, and Owen (2020), better educated women are more likely to know about modern methods of family planning and how to acquire and use them than less educated women due to their literacy, familiarity with modern institutions, and greater likelihood of rejecting a fatalistic attitude toward life. There is strong evidence that, for whatever reason, women's education promotes the use of contraception in the majority of developing nations.

**2.1.7.4 Socioeconomic factors**

Gender indicates the characteristics, positions and roles of man and woman in all social relationships. But in most studies on family planning, women are usually on the front line of factors that affect socioeconomic outcomes. For age, a commitment to supporting gender equality in economic outcomes has underlined women’s empowerment. However, despite important advances toward equality, differences in the socioeconomic outcomes of men and women still persist. If the population is increasing by forcing natural resources and economic opportunity, the necessity of implementing effective and adequate family planning in the society is emerging. With industrialization, families have better economic opportunities and social security. Thus, aggravating living conditions and taking more roles in women’s work life reduces the desire to have many children. It is accepted by many scientist upon that human rights are an integral part of the economic process, and that it is impossible to support that process without women. Consequently, it is necessary to expand the aims of existing societies to include the interests of women. Everywhere in the world, men have an important role in the socioeconomic progress of women. When designing social sex-based policies, ignoring women increases both their effectiveness and inequality. The use of fertility and contraception in developing countries are associated with socioeconomic status and other relevant factors (Sulthana et'al 2015).

**2.1.7.5 Sociocultural factors**

In every cultural group events such as coitus, pregnancy and birth show differences. In a society, appropriate conditions for fertility and bringing the child to the world, pregnancy, how birth will be, what the prenatal and postnatal care standards are, the ‘birth culture’ that is peculiar to the collective and tries to preserve the basic approaches, perhaps changing a little from generation to generation and taught to other generations. Economic conditions of the society (distribution of income, employment opportunities, etc.), family structure (which is common among the core/extended family models, relationships among family members, sharing of responsibilities, etc.), gender roles, beliefs of society, marriage models (polygamy, same place, same family marriage, relatives marriage, etc.), sexual behaviors (premarital, out-of-marriage relationships, marriage prohibitions, etc.), using or not using contraceptive methods vary from community to community (Nazly et’al 2017). Properties of family, economic circumstance of community, the ban of some contraceptive methods in that society, opinion about abortion, concerns about using several contraceptive methods, population policies, gravity, religion, the idea of sin, traditional practices, etc.; all of which are among the most important factors determining health status. Some are not direct health care determinants but may be preparatory, adjutant or preventative .

**2.1.7.6 Religion**

Having a strong religious identity affects willingness of women to discuss contraception with their partners/families/communities and an unwillingness to consider accessing it and eventually using it. Similarly, the institutionalized religious doctrines intersect with cultural beliefs in a society which bestows man as the overall head of the house and, such beliefs are inherently subsumed in a patriarchal structure, where women have been relegated as a weaker gender and could only measure their freedom of choice within the acceptable framework (Nazly et’al 2017).

Accordingly, understanding the behaviors and beliefs of the man about fertility and family planning is very important for the design of successful reproductive health policies. Poor knowledge of reproductive health issues among males may pose barriers for women to seek care for these problems.

**2.1.7.7. Location**

There are significant regional variances. Contraception is used by nearly all married or majority members in the world. In 2015, 64% of married or in-union women between the ages of 15 and 49 worldwide used some type of contraception. Contraception use, on the other hand, was substantially lower in less developed nations (40%), and notably low in Africa (33%). Contraceptive usage grew dramatically in 2015 throughout various geographical regions, from 59% in Oceania to 75% in North America (Sulthana et al 2015).

Furthermore, site of living influences contraceptive usage, which is higher in urban areas than in rural regions. Better availability of social services such as education, access to health care, information, and family planning services are the causes showing these inequalities. According to the findings of a study, social factors such as place of living influence contraceptive usage trends. Osborn (2019) discovered that urban women were more likely than rural women to utilise contraception. Another study indicated that women aged 30 or older, with four or more children, an educational level of at least high school, and a higher socioeconomic position used family planning techniques more frequently, however their home region (urban or rural) had no effect on their use of family planning.

According to the findings of this survey, all women, whether urban and rural, are willing to use a family planning approach in the future. All of the women polled were in support of family planning. However, only 55.9% of women reported using any sort of family planning. When comparing contemporary and traditional approaches, there is a statistically significant variation in preferences for future family planning methods between urban and rural locations. Conservative condom usage in rural regions (44.6%) and contemporary condom use in urban areas (32.3%) appear to have the highest level of future use preferences. The survey also demonstrated a high level of awareness and a favourable attitude regarding the use of family planning methods in the future.

**2.1.7.8. Couple co-operation**

Reproduction is a joint duty, but in much of the globe, it is generally viewed as solely the responsibility of women, and many family planning initiatives have primarily targeted women. In family planning services, men are frequently labelled as "forgotten" reproductive health customers. In recent years, population planners have been more interested in the role of men in family planning as they recognise the importance of male influence on reproductive decisions throughout the world. Until date, various actions have been undertaken in order to determine or develop men's knowledge and attitudes around family planning. While males have a direct and significant influence in contraceptive decision-making, they also play an indirect role as a dominant component in women's economic, social, and family requirements. Men's roles in decisions about women's fertility and birth are always dominating.

According to Holland (2017), the United States Agency for International Development has addressed women's participation in many aspects of family planning, such as condom promotion through social marketing or community-based distributors, vasectomy training and promotion, and Information and Education Campaigns to increase awareness and knowledge and influence behaviour change. Contraceptive method use was found to be roughly 15.0% in married males, 6.0% in their wives, and 16.0% in couples. The average age of participants was 38.3 9.0, while the average age of respondents' spouses was 32.7 8.4. The percentage of married males who cannot read or write is 52.0 percent, while 77.5% of their spouses are illiterate. Most married men now used condoms, while their women used oral tablets. The vast majority of married males (97.0%) were aware of common contraceptive techniques. According to the findings of the study, illiterate and younger married males do not exchange ideas or enable their spouses to perform family planning, and they do not even discuss family planning with their wives (Rundell, 2020).

Nora et al. (2016) presented intriguing data on male engagement in family planning decisions in another research among married men about their contraceptive use and fertility desire. The survey also indicated that the majority of males favour contraceptive usage and urged that efforts be increased to convert good views to positive actions in order to achieve better success in family planning programmes.

The grounds for include males in reproductive health concerns, according to Rundell (2020), are diverse. Above all, males have reproductive health issues of their own, and their participation should not be viewed as a means to improve female reproductive health. Furthermore, men's sexual health and reproductive health welfare and behaviour have a direct impact on their spouses. Decisions concerning reproductive health are also made in partnerships between men and women. Male methods of contraception, such as coitus interruptus and condoms, are vilified as unreliable or connected with extramarital sex, despite having traditionally played a significantly higher role than women's techniques. Birth control pills have replaced birth control, however responsibility should be shared by couples regardless of pregnancy, regardless of which of them wishes it. The importance of behavioural issues stems from the fact that the majority of contraceptive failures are caused by human error.

Men can have a direct impact on women's economic and social advancement in the private sphere. In many communities, males still have the last say on family planning and reproductive health, the utilisation of family resources, including spouse and daughter labor-force involvement, and medical and educational expenses. Men in affluent nations have minimal engagement in child care and home matters, putting a significant strain on women's schooling and professional lives. In poor nations, males have an even more crucial role in patriarchal organisations that oversee women's health decisions and those of their spouses or other family members. Men's policymakers, male health care professionals, and men's services all have an impact on women's reproductive health. As spouses and ancestors, males have an impact on women's reproductive health (Rundell, 1990).

Men formulate and implement policies as leaders of religious and faith-based organisations, judges, chiefs of armies, and other power organs as heads of government and ministers of state. However, they do not support the objectives and needs of women. They also have jurisdiction over a wide range of resources as public authorities, such as health, education, transportation, and finance. Gender inequality persists in many regions of the world as a result of this predicament. According to the Philippines National Department of Health and Welfare (2015), decision-makers are now searching for strategies and programmes to incorporate men in reproductive health decisions, such as family planning and support for safe parenting. Previous studies have shown that having a supportive spouse improves women's reproductive health and contraception use. For a long time, women have been the primary target of family planning initiatives at the cost of their male colleagues. Despite this, a higher proportion of women who utilise contraception employ a male contraceptive technique or a method that requires male assistance.

The reason why men have a different mindset than women is that men are exposed to family planning advice at different stages, and males have distinct experiences in the decision-making process. The authoritarian and patriarchal structure of family connections demands the man's permission in utilising the family planning approach. While most males in poor nations agree that couples share responsibilities, most feel that women should employ family planning methods (Rundell, 2020). One of the most significant barriers to men's engagement in reproductive health is a lack of information. Only male information about contraception is not significant; how it is utilised and its efficacy are. Several research have been conducted to investigate how cultural and social organizations impact contraceptive habits. According to studies in Ghana and Nigeria, women have a significant amount of influence on the male population when it comes to contraceptive decisions; however, the opposite may not be true. Furthermore, males are successful throughout the first decade of reproductive marriage and the first four children. Males prefer more children in households with fewer members, and it is clear that the number of surviving offspring is critical for women.

Other scholars, according to Rundell (2020), highlight the relevance of men's participation in policy planning and reproductive health research. According to Bankole and Onasote (2017), statistics on contraceptive unmet demand in Sub-Saharan Africa is derived only from data gathered for women. Men's positive attitude makes it simpler for women to obtain and use family planning services, ensuring service availability and continuity. Men who participate in family planning use more male-oriented strategies and encourage their spouses in utilising the family planning method. It is critical for men to pick which technique to use in family planning and to collaborate with women during method selection, use, and follow-up. Men should be able to lead and encourage their wives, as well as employ one of these ways themselves. They may be more conscious of their spouse's and family members' needs as a wife and husband, and they may make better preparations for their children's future. Men's positive attitudes about family planning might encourage their wives to follow their techniques and visit the health facility on a regular basis. They can also play an essential part in the prevention of sexually transmitted illnesses by using condoms on a regular basis. Men's views will be incorporated in reproductive health decisions and family planning strategies for women. Many variables influence women's usage of family planning methods, including women's and their spouses' educational position, the number of children they have, the family structure, men's attitudes toward family planning, and the disapproval of spouses or family elders. Dissatisfaction with present means of finding men leads to the development of new ones (Rundell, 2020).

**2.1.8.Challenges of the Use of Contraceptives**

Problems arise with many forms of contraception which should not be undertaken and not imposed according to Cleland et al. (2015). Some of this problem includes;

* The long use of oral hormonally contraception with a high oestrogen content will predispose to intravascular thrombosis;
* Risk increases where any form of hormonal contraceptive is combined with smoking
* The use of third generation progestogen pills is higher that when using the earlier pills
* The widely used interceptive methods may cause pelvic inflammation and permanent infertility.
* The depot hormonal contraceptive preparations may cause menstrual disorder. Insertion and removal also requires expertise.
* The woman may be negatively perceived by the community for failing to produce as many children as expected. This occurs in Africa Countries, Nigeria is a good example.
* Young people and most people who reside in the rural areas often know little or have incorrect information about contraception and even when they can name contraceptives, they often do not know where to get them or how to use them.
* The reason of fear of side effects and lack of adequate information or misinformation about contraception.
* Some women did not use contraception as a result of objection from partner and family members.
* Religion (Such as the Roman Catholic Church, see this as a form of termination, i.e. interfering with a fertilized ovum), and some people regard sex outside marriage as taboo (adultery) and Culturally, attitudes are extreme and premarital sex is considered a matter of great shame and a loss of family honor.
* Marital splits and altered relationships may lead to renewed desire for offspring from the new unions, and reversal of sterilization does not guarantee conception.
* The inaccessibility of contraception will devast social, economic, public health with the consequences of inability to protect themselves from HIV and other sexual transmitted infection.
* Lack of use of contraceptives will cause inability to control fertility and reproduction.

**2.1.9 Benefits of Contraceptives Usage**

The benefits of contraceptive use go beyond the health sector. Providing unrestricted access to contraceptives will help ensure a reduction in unwanted pregnancies and thereby contribute to increased female education, women’s empowerment, poverty reduction and even environmental sustainability.

The benefits of oral contraceptives to women is enormous, it does not only reduce morbidity and mortality caused by pelvic infection, gynecologic cancers, and harms related to menstrual cycle, but also increase bone density and treat emerging acne indications. It was reported that the risk of ovarian and endometrial malignancy, as well as ectopic pregnancy is reduced by 90% in Oral contraceptive users compared with women not using contraceptive pills. In a study conducted among two groups of patient, it was revealed that the use of contraceptive pills is recommended as pre-treatment for patients with endometriosis before ovarian stimulation, as it proffers advantages of lesser cost and enhanced embryo-quality, and does not influence pregnancy rates negatively when compared with those patients who do not undergo oral contraceptive pre-treatment (Chakrabartty et al. 2017).

Contraceptives is used to reduce several health risks and improve several ailments in women (Fagbamigbe et al. 2018), to mention a few; colorectal cancer, endometriosis, haemorrhagic, ovarian cysts, rheumatoid arthritis, uterine leiomyomas, pelvic inflammatory disease, uterine fibroid, dysmenorrhea, premenstrual syndrome etc. As much as oral contraceptives has numerous health benefits, it could also pose as a disadvantage to the society and well beings in several ways, for examples; it encourages premarital sexual intercourse and thereby tarnish the societal religion and moral standard. It may cause clotting disorders in women, behavioural changes (Batres et al. 2018), long term usage can cause hormonal imbalance which may lead to severe complications, such as; brain malfunction, cervical or breast cancer, thrombosis and infertility (Shukla et al. 2017).

However, when the advantages and disadvantages of oral contraceptive use are placed side by side, the advantages out weighs the risks involved. Meanwhile, knowledge and awareness of the benefits of contraceptive use is in controversy among most women. In a survey conducted among (2544) Two thousand, five hundred and forty-four European and American participants, 98% admitted awareness and current usage of contraceptive pills. This shows a high rate of awareness among the participants. Similarly, mapped out researches found that 95.2% of 800, 66.8% of 1, 200 and 84% of 500 respective participants have high knowledge of contraceptives usage among Nigerian Universities female students (Bankole & Onasote, 2017), still there is no reduction in population growth and social problems attached.

**2.2 Theoretical Framework**

**The theory of reasoned action (TRA) by Ajzen and Fishbein (1975 & 1980)**

The theory of reasoned action (TRA) was propounded by Ajzen and Fishbein (1975 & 1980) to show how attitude impact on behaviour. TRA suggests that a person‟s behaviour intention depends on the person‟s attitude about the behaviour and subjective norms. To put the definition into simple terms, a person‟s volitional (Voluntary) behaviour, is predicted by his or her attitude toward the behaviour and how he or she thinks other people would view them, if they performed the behaviour (Ajzen & Fishgerbein, 1975).

According to Taylor (2003), TRA stresses that one‟s attitudes toward a particular behaviour are influenced by belief outcome of the behaviour and one‟s evaluation of the potential outcome. This theory, by extension, can be used to analyze the attitude of women towards modern family planning methods. Women of reproductive age who develop negative attitude to particular methods of modern family planning are likely not to use such methods, whereas those who believe that using certain methods of modern family planning protect them against unplanned pregnancies and sexually transmitted infections will likely use such methods. On this basis, the knowledge, attitude and practices of women towards family planning services will be anchored on the theory of reasoned action (TRA).

**The Theory of Planned Behaviour (Tpb)**

Similarly, the theory of planned behaviour (TPB) was also propounded by Ajzen and Fishbein (1975). The TPB is another theory about the link between attitudes and behaviour. The TPB states that people‟s evaluation of, or attitudes toward behaviour are determined by their accessible belief about the behaviour, where a belief is defined as the subjective probability that the behaviour will produce a certain outcome. Specifically, the evaluation of each outcome contributes to the attitude in direct proportion to the persons subjective possibility that the behaviour produces the outcome in question. Ogdem, Karim, Choudry and Brown (2007) concurred that the intention to perform a behaviour can be translated into actual behaviour. For example, the intention to use modern contraceptives, predicts contraceptive use. The intention to exercise correlates with this behaviour, and the intention to go for cervical or breast screening practices predicts actual attendance. Therefore, the cognition „I intend to…‟ seems to translate into I did. When a person intends not to do it, it translates into no performance or no action.

**2.3 Empirical Review**

Onuzuruike and Uzochukwu (2021) carried out a study on knowledge, attitude and practice (KAP) among women in a high density low income urban of Enugu, Nigeria, comprising 334 non-pregnant women of reproductive age as study sample. Results showed that about 97.6% of the respondents were found literate. Knowledge and approval of modern family planning was high, 81.7% and 86.2% respectively, but the practice of family planning was low, as only 20% of the women were on a family planning method. The commonest methods for ever use and current use were condom, IUCD and injectables. With the level of literacy, knowledge and approval of modern family planning seen from the result of the study, the women were most likely to be using natural methods of family planning.

Yahaya (2022) analyzed women‟s reproductive health situation in Bida, Niger state, Nigeria. The study comprised 1,200 women sample. The results of the study reveled that only 71% of females who were sexually experienced had ever used modern contraceptives. Result of the study further showed that the use of contraception was not significantly influenced by age or education of the respondents. The study also found that women‟s attitude to modern family planning was influenced by their personal and social characteristics.

Sultan & Ali et’al (2022) conducted a study on Knowledge, Attitude, and Practice of Family Planning Methods among Married Men and Women.A quantitative study using a descriptive crosssectional design was conducted in a community located in one of the urban areas of Karachi, Pakistan from October 2014 to December 2014. Two hundred participants were recruited, including 72 men and 128 women who were interviewed regarding their knowledge, attitude, and practices of family planning methods through a predesigned questionnaire. A two-stage sampling technique was used including systematic and convenient sampling to collect the data. Women with infertility, non-reproductive age (49 and above), widows, and widowers, separated and divorced individuals were excluded from this study.Mean age of the participants was 30 ± 3 years. Results of the study showed that majority of the participants had knowledge of few contraceptive methods, but they lack awareness about all the family planning methods. Among men (100%) and women (97.7%), the most common method known was a male condom. Private hospitals and internet appear to be the key sources of information related to family planning. Regarding the practice of family planning methods, 54% of men and women were using few contraceptive methods. 74% men and 71.3% women had positive attitudes regarding family planning methods. The most common reasons for not using family planning methods among men and women were fear of side effects and desire of a male child. The study concludes that most of the men and women have the comprehensive knowledge and assertive attitudes regarding the use of contraceptive methods, however, the practice of family planning methods is still low.

**CHAPTER THREE**

**RESEARCH METHODOLOGY**

**3.1 Introduction**

In this chapter, we described the research procedure for this study. A research methodology is a research process adopted or employed to systematically and scientifically present the results of a study to the research audience viz. a vis, the study beneficiaries.

**3.2 Research Design**

Research designs are perceived to be an overall strategy adopted by the researcher whereby different components of the study are integrated in a logical manner to effectively address a research problem. In this study, the researcher employed the survey research design. This is due to the nature of the study whereby the opinion and views of people are sampled. According to Singleton & Straits, (2009), Survey research can use quantitative research strategies (e.g., using questionnaires with numerically rated items), qualitative research strategies (e.g., using open-ended questions), or both strategies (i.e., mixed methods). As it is often used to describe and explore human behaviour, surveys are therefore frequently used in social and psychological research.

**3.3 Population of the Study**

According to Udoyen (2019), a study population is a group of elements or individuals as the case may be, who share similar characteristics. These similar features can include location, gender, age, sex or specific interest. The emphasis on study population is that it constitute of individuals or elements that are homogeneous in description.

This study was carried out to examine assess perception and attitude of men of child bearing age towards the use of family planning by their spouses in Oku Clan in Uyo LGA. Selected married men in Oku Clan in Uyo LGA, Akwaibom State form the population of the study.

**3.4 Sample Size Determination**

A study sample is simply a systematic selected part of a population that infers its result on the population. In essence, it is that part of a whole that represents the whole and its members share characteristics in like similitude (Udoyen, 2019). In this study, the researcher adopted the convenient sampling method to determine the sample size.

**3.5 Sample Size Selection Technique and Procedure**

According to Nwana (2005), sampling techniques are procedures adopted to systematically select the chosen sample in a specified away under controls. This research work adopted the convenience sampling technique in selecting the respondents from the total population.

In this study, the researcher adopted the convenient sampling method to determine the sample size. Out of all the entire population of married men in Oku Clan in Uyo LGA., Akwaibom State, the researcher conveniently selected 147 out of the overall population as the sample size for this study. According to Torty (2021), a sample of convenience is the terminology used to describe a sample in which elements have been selected from the target population on the basis of their accessibility or convenience to the researcher.

**3.6 Research Instrument and Administration**

The research instrument used in this study is the questionnaire. A survey containing series of questions were administered to the enrolled participants. The questionnaire was divided into two sections, the first section inquired about the responses demographic or personal data while the second sections were in line with the study objectives, aimed at providing answers to the research questions. Participants were required to respond by placing a tick at the appropriate column. The questionnaire was personally administered by the researcher.

**3.7 Method of Data Collection**

Two methods of data collection which are primary source and secondary source were used to collect data. The primary sources was the use of questionnaires, while the secondary sources include textbooks, internet, journals, published and unpublished articles and government publications.

**3.8 Method of Data Analysis**

The responses were analyzed using simple percentage, mean and standard deviation which provided answers to the research questions. Hypothesis test was conducted using Chi-square Statistic tool (SPSS v.23). In analyzing data collected, mean score was used to achieve this. The four points rating scale will be given values as follows:

SA = Strongly Agree 4

A = Agree 3

D = Disagree 2

SD = Strongly Disagree 1

**Decision Rule:**

To ascertain the decision rule; this formula was used

|  |
| --- |
| 4+3+2+1 =10  **= 2.5**  4 4 |

Any score that was 2.5 and above was accepted, while any score that was below 2.5 was rejected. Therefore, 2.5 was the cut-off mean score for decision taken.

**3.9 Validity of the Study**

Validity referred here is the degree or extent to which an instrument actually measures what is intended to measure. An instrument is valid to the extent that is tailored to achieve the research objectives. The researcher constructed the questionnaire for the study and submitted to the project supervisor who used his intellectual knowledge to critically, analytically and logically examine the instruments relevance of the contents and statements and then made the instrument valid for the study.

**3.10 Reliability of the Study**

The reliability of the research instrument was determined. The Pearson Correlation Coefficient was used to determine the reliability of the instrument. A co-efficient value of 0.68 indicated that the research instrument was relatively reliable. According to (Taber, 2017) the range of a reasonable reliability is between 0.67 and 0.87.

**3.11 Ethical Consideration**

The study was approved by the Project Committee of the Department. Informed consent was obtained from all study participants before they were enrolled in the study. Permission was sought from the relevant authorities to carry out the study. Date to visit the place of study for questionnaire distribution was put in place in advance.

**CHAPTER FOUR**

**DATA PRESENTATION AND ANALYSIS**

**Introduction**

This chapter presents the analysis of data derived through the questionnaire and key informant interview administered on the respondents in the study area. The analysis and interpretation were derived from the findings of the study. The data analysis depicts the simple frequency and percentage of the respondents as well as interpretation of the information gathered. A total of one hundred and forty-seven (147) questionnaires were administered to respondents of which only one hundred and forty-one (141) were returned and validated. This was due to irregular, incomplete and inappropriate responses to some questionnaire. For this study a total of 141 was validated for the analysis.

**4.1 DATA PRESENTATION**

**Table 4.1: Demographic profile of the respondents**

|  |  |  |
| --- | --- | --- |
| **Demographic information** | **Frequency** | **percent** |
| **Gender**  Male |  |  |
| 141 | 100% |
| **Age** |  |  |
| 20-29 | 17 | 12.1% |
| 30-39 | 56 | 39.7% |
| 40-49 | 35 | 24.8% |
| 50+ | 33 | 23.4% |
| **Marital status** |  |  |
| Single | 40 | 28.3% |
| Widowed | 39 | 27.6% |
| Married | 62 | 44.0% |
| **Educational qualification** |  |  |
| SSCE | 41 | 29.0% |
| BSC/HND | 80 | 56.7% |
| MASTERS | 20 | 14.1% |

**Source: Field Survey, 2022**

**4.2 DESCRIPTIVE ANALYSIS**

Question 1: What are the perception of men of child bearing age towards the use of family planning by their spouses

**Table 4.2:****Respondents on** the perception of men of child bearing age towards the use of family planning by their spouses**.**

|  |  |  |
| --- | --- | --- |
| **Options** | **Frequency** | **Percentage** |
| Negative | 89 | 63.1 |
| Positive | 42 | 29.7 |
| Undecided | 10 | 7 |
| **Total** | **141** | **100** |

**Field Survey, 2022**

From the responses obtained as expressed in the table above on the perception of men of child bearing age towards the use of family planning by their spouses, 63.1% of the respondents ticked yes, 29.7% of the respondents ticked no, while 7% of the respondents were undecided.

**Question 2:** What are the various types of family planning known to married men in Oku clan of Uyo local government?

**Table 4.3: Respondent on the various types of family planning known by married men in Oku clan of Uyo local government.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **ITEM STATEMENT** | **X** | **S.D** | **DECISION** |
| 1 | Vasectomy or Tubetomy | 3.6 | 4.5 | Accepted |
| 2 | Intrauterine Contraceptive Device or Implant | 3.4 | 4.0 | Accepted |
| 3 | Condoms and Pills | 3.2 | 4.1 | Accepted |
| 4. | Withdrawal method and herbs | 3.5 | 4.3 | Accepted |

**Source: Field Survey, 2022**

From the responses derived as described in the table on the various types of family planning known by men as used by their spouse, the table shows that all the items (item1-item4) were accepted having mean scores of 3.6, 3.4, 3.2 & 3.5 respectively. This is proven as the respective items (item1-item4) had the mean scores of 2.50 and above.

**Question 3:** What is knowledge levels of married men in contraceptive use in Oku clan Uyo local government area?

**Table 4.4: Respondent on knowledge levels of married men in contraceptive use in Oku clan Uyo local government area.**

|  |  |  |
| --- | --- | --- |
| **Options** | **Frequency** | **Percentage** |
| High | 50 | 35.5 |
| Low | 51 | 36.2 |
| Average | 40 | 28.3 |
| **Total** | **141** | **100** |

**Field Survey, 2022**

From the responses obtained as expressed in the table above, 35.5% said high, 36.2% said low, while the remaining 28.3% were average.

**Question 4:** What are the sources of men information about family planning in Oku clan Uyo local government area?

**Table 4.4:** Respondent on the sources of information about family planning

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **ITEM STATEMENT** | **X** | **S.D** | **DECISION** |
| 1 | Religious/Social gathering | 2.5 | 3.4 | Accepted |
| 2 | Television/Radio | 2.7 | 3.5 | Accepted |
| 3 | Friends | 3.2 | 4.1 | Accepted |
| 4. | Social Media & Internet | 3.5 | 4.3 | Accepted |

**Source: Field Survey, 2022**

From the responses derived as described in the table on the sources of information about family planning, the table shows that all the items (item1-item4) were accepted having mean scores of 2.5, 2.7, 3.2 & 3.5 respectively. This is proven as the respective items (item1-item4) had the mean scores of 2.50 and above.

**Question 5:** What is the attitude of married men towards family planning and contraceptives?

**Table 4.5: Respondent on the attitude of married men towards family planning and contraceptives.**

|  |  |  |
| --- | --- | --- |
| **Options** | **Frequency** | **Percentage** |
| Positive | 30 | 21.3 |
| Negative | 100 | 70.9 |
| Undecided | 11 | 7.8 |
| **Total** | **141** | **100** |

**Field Survey, 2024**

From the responses obtained as expressed in the table above, 21.3% of the respondent said positive, 70.9% of the respondent said negative, while the remaining 7.8% were undecided.

**Research question 6:** What are the factors influencing married men not to be fully involved in accessing family planning services**?**

**Table 4.5: Respondent on the factors influencing married men not to be fully involved in accessing family planning services**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/N** | **ITEM STATEMENT** | **X** | **S.D** | **DECISION** |
| 1 | Fear of side effects | 3.6 | 4.5 | Accepted |
| 2 | Religious and Cultural belief | 3.4 | 4.0 | Accepted |
| 3 | Desire for more children & Interest in polygamy | 3.2 | 4.1 | Accepted |
| 4. | Socioeconomic factors | 3.5 | 4.3 | Accepted |

**Source: Field Survey, 2024**

From the responses derived as described in the table on factors influencing married men not to be fully involved in accessing family planning services, the table shows that all the items (item1-item4) were accepted having mean scores of 3.6, 3.4, 3.2 & 3.5 respectively. This is proven as the respective items (item1-item4) had the mean scores of 2.50 and above.

**4.3 TEST OF HYPOTHESIS**

**Ho1:** The perception and attitude of men of child bearing age towards the use of family planning by their spouses in Oku clan Uyo local government area is negative.

**Hi1:** The perception and attitude of men of child bearing age towards the use of family planning by their spouses is positive.

**Table 4.6: The perception and attitude of men of child bearing age towards the use of family planning by their spouses in Oku clan Uyo local government area is negative..**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Options** | **Fo** | **Fe** | **Fo - Fe** | **(Fo - Fe)2** | **(Fo˗-Fe)2/Fe** |
| Yes | 50 | 47 | 3 | 9 | 0.2 |
| No | 51 | 47 | 4 | 16 | 0.3 |
| Undecided | 40 | 47 | -7 | 49 | 1.0 |
| **Total** | **141** | **141** |  |  | **1.5** |

**Source: Extract from Contingency Table**

Degree of freedom = (r-1) (c-1)

(3-1) (2-1)

(2) (1)

= 2

At 0.05 significant level and at a calculated degree of freedom, the critical table value is 5.991.

**Findings**

The calculated X2 = 1.5 and is greater than the table value of X2 at 0.05 significant level which is 5.991.

**Decision**

Since the X2 calculated value is greater than the critical table value that is 1.5 is less than 5.991, the alternate hypothesis is rejected and the null hypothesis which states that the perception and attitude of men of child bearing age towards the use of family planning by their spouses in Oku clan Uyo local government area is negative. is accepted.

**CHAPTER FIVE**

**SUMMARY CONCLUSION AND RECOMMENDATION**

**5.1 Summary**

The purpose of this study was to assess assess perception and attitude of men of child bearing age towards the use of family planning by their spouses in Oku Clan In Uyo local government area.Other specific objectives includes to investigate the sources of men information about family planning In Oku clan Uyo local government area, determine the attitude of married men towards family planning and contraceptives and determine factors influencing married men not to be fully involved in accessing family planning services.

The research adopted the survey descriptive design and with the aid of convenience sampling method, the researcher conveniently selected one hundred and fifty (150) participant who are married men in Oku Clan In Uyo local government area.. Self- structure questionnaire was issued to the respondent of which one hundred and forty-one (141) were retrieved and validated for the study. The study made use of of descriptive analysis and inferential statistics where data from field survey was analyzed using simple percentage, mean and standard deviation presented in frequencies and tables. Hypothesis test was conducted using Chi-Square Statistical Package for the Social Sciences (SPSS v.23).

This research is reported in five distinct yet interrelated chapters. In the chapter one we describes the study objectives clearly by stating the motive behind this study. Research hypotheses were developed for testing while the scope of this research was defined as well.The study was anchored on the theory of reasoned action (TRA) by Ajzen and Fishbein (1975 & 1980) and the Theory of Planned Behaviour (Tpb).

**5.2 Conclusion**

Modern family planning methods are considered a first line of defence against unwanted pregnancy, sexually transmitted infections (STIs) and human immune- deficiency virus (HIV). Importantly, the traditional African pattern of male involvement in fertility decision-making is clearly reflected in existing studies of men's influence over these matters in Nigeria. Male contraception methods vary from clinical methods to traditional ones.

Findings of the study reveals that men of child bearing age in Oku has negative perception and attitude about spouse use family planning and contraception although methods of family planning available for men include male condom, vasectomy and traditional withdrawal method. The sources of information about family planning include;Religious/Social gathering, Television/Radio, Friends, Social Media & Internet. The study further reveals that factors causing negative attitude of married men in Oku Clan In Uyo local government area towards family planning practices include; fear of side effects, religious and cultural belief, desire for more children & interest in polygamy and socioeconomic factors.

**5.3 Recommendation**

From the result of the study, the following recommendations were made:

* There is a need for government and non-governmental agencies to keep health care providers updated in the trend of modern contraceptives available through in service training and workshops targeted at improving knowledge on the various types and functions of modern contraceptive methods.
* Also, health care providers should be enlightened on the importance of providing Long-acting reversible contraceptive (LARC) as the best contraceptive. method for male as stated in the WHO medical eligibility criteria.
* Awareness campaigns should be carried out targeting married men on the importance of contraceptives in preventing unplanned pregnancy and sexually transmitted diseases as this could encourage them to uptake contraceptives.
* To improve married men reproductive health, it is recommended that access to a comprehensive range of a friendly information, counselling and behaviour change communication in order to foster the adoption of healthy sexual behaviour and enable them take control of their health is provided.
* There is a need for the introduction of evidence based guidelines regarding the available contraceptive services for married men to assist the HCPs with different choices.
* Health care providers should properly explicate the side effects of family planning to women to enable them make take proper decision that would help them and their family at large
* Religious and social leaders should properly educate their subjects to see the danger associated with producing children that you cannot carter for.

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**APPENDIXE**

**QUESTIONNAIRE**

**PLEASE TICK [√] YOUR MOST PREFERRED CHOICE(s) ON A QUESTION OF YOUR CHOICE**

**SECTION A**

**PERSONAL INFORMATION**

1. **Gender**

Male [ ]

**Age**

20-29 [ ]

30-39 [ ]

40-49 [ ]

50+ [ ]

**Marital status**

Single [ ]

Widowed [ ]

Married [ ]

**Educational qualification**

SSCE [ ]

BSC/HND [ ]

MASTERS [ ]

**SECTION B**

Question 1: Are married men inOku clan of Uyo local government aware of family planning?

|  |  |
| --- | --- |
| **Options** | **Please Tick** |
| Yes |  |
| No |  |
| Undecided |  |

Question 2: What are the various types of family planning known married men in Oku clan of Uyo local government?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S/N** | **ITEM STATEMENT** | **SA** | **A** | **D** | **SD** |
| 1 | Vasectomy |  |  |  |  |
| 2 | Traditional herbs |  |  |  |  |
| 3 | Condoms |  |  |  |  |
| 4. | Withdrawal method |  |  |  |  |

Question 3: What is knowledge levels of married men in contraceptive use in Oku clan Uyo local government area?

|  |  |
| --- | --- |
| **Options** | **Please Tick** |
| High |  |
| Low |  |
| Average |  |

**Question 4:** What are the sources of men information about family planning in Oku clan Uyo local government area?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S/N** | **ITEM STATEMENT** | **SA** | **A** | **D** | **SD** |
| 1 | Religious/Social gathering |  |  |  |  |
| 2 | Television/Radio |  |  |  |  |
| 3 | Friends |  |  |  |  |
| 4. | Social Media & Internet |  |  |  |  |

**Question 5:** What is the attitude of married men towards family planning and contraceptives?

|  |  |
| --- | --- |
| **Options** | **Please Tick** |
| Positive |  |
| Negative |  |
| Undecided |  |

**Research question 6:** What are the factors influencing married men not to be fully involved in accessing family planning services**?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S/N** | **ITEM STATEMENT** | **SA** | **A** | **D** | **SD** |
| 1 | To avoid side effects |  |  |  |  |
| 2 | Against religious belief |  |  |  |  |
| 3 | Desire more children |  |  |  |  |
| 4. | Others |  |  |  |  |