



SOCIO-CULTURAL FACTORS AFFECTING THE USE OF MODERN FAMILY PLANNING METHODS BY MARRIED MEN IN OMALA LOCAL GOVERNMENT AREA, KOGI STATE, NIGERIA

Ugbede Shaibu^{1,2}, Julius Olugbenga Owoyemi (Ph.D.)²

Thomas Imoudu Gomment (Ph.D.)³ and Edime Yunusa^{4*}

¹⁻⁴Department of Sociology, Faculty of Social Sciences, Prince Abubakar Audu University, Anyigba, Kogi State - Nigeria

*Corresponding Author's Email: yunusaedime@gmail.com

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ABSTRACT: *The use of contraceptives is one of the modern family planning methods across the globe, but not free of the influence of socio-cultural factors. Hence, this study examined the socio-cultural factors influencing the practice of family planning among married men in the Omala Local Government Area. The specific objectives of the study included ascertaining if married men in Omala LGA were aware of modern family planning methods, an investigation into the assessment and utilization of family planning methods, determining the perceived benefits of the practice of family planning methods, identifying the perceived hindrances to its usage and examined the strategies to improve on the practice of family planning among married men in Omala LGA. Analysis of Variance (ANOVA) was used to test the research hypothesis. The theory of the Health Believe Model was used to buttress the study and by utilizing survey research design, a total of 306 copies of the questionnaire were distributed among the respondents of which 235 copies were completed and returned. The results showed that 51% of the married men in Omala LGA were not aware of modern family planning methods while 34% of the respondents had no access to the utilization of modern family planning methods. The results also revealed that the socio-cultural factors affecting modern family planning methods among married men in the study area were cross-cultural differences, religious beliefs and practices, gender roles, fertility desire and number of living children, childbearing practice, partner discussion and approval. It was found also that reduction in the economic and emotional burden of parenthood, improvements in maternal health and child survival etc were the perceived benefits of modern methods of Family Planning. It was also discovered that the perceived hindrances to the practice of family planning methods included lack of knowledge, limited supplies, high cost of contraceptives, cultural and personal objectives etc. The study further found that adequate sensitization programmes by both health workers and religious organisations should be carried out among their followers on the importance of family planning practice and thereby enhancing their reproductive health. The study concluded that there were significant socio-cultural factors influencing the practice of modern family planning methods in the study area and therefore recommended that the local government through healthcare centres should create awareness programmes as also suggested by the respondents on the use of modern family planning methods in the area.*

KEYWORDS: Family Planning, Modern Methods, Sociocultural Factors, Married Men.



INTRODUCTION

The development and introduction of modern contraceptives have led to increased contraceptive use as one of the modern family planning methods throughout the World (Palamuleni, 2021). This has also led to tremendous improvements in existing contraceptive methods while recent, effective and acceptable methods are being developed (Obi & Ozumba, 2019). This is particularly true in developing countries where the prevalence of contraceptive use increased from 9% in 1960 to 86% (World Health Organization, 2021). Available evidence shows that contraceptive use among Nigerian married men increased from 3% to 78% between 2000 and 2021 (Chigbu, 2021). Olaitan (2021) argues that the low rate of contraceptive use by married men, particularly in the northern and rural areas of Nigeria was a key cause of high fertility rates.

As worldwide efforts to address issues of development and income inequality, family planning programs have come into focus. Particularly in a nation where rapid population growth threatens economic stability and health outcomes. Family planning services are an educational, comprehensive medical or social activity which enables individuals to determine freely the number and spacing of their children and to select how this may be achieved (Cleland, 2016). When a nation can stabilise their population growth, maternal and infant mortality rates decrease, enabling women to pursue education and occupation. Collectively the results generated by the behaviour of family planning promote the welfare of individuals, families, communities, and nations. Family planning is one of the highly advocated options in developing countries to control the fast population growth and to decrease the higher maternal and child deaths though it has steadily decreased as an international priority in recent years (Gorden, 2019).

Today, family planning is one of the fundamental pillars of safe motherhood and a reproductive right. The phrase “family planning” first appeared in 1939, it was carried out by Margret Sanger, founder “Planned Parenthood”. She argued that “a woman’s right to control her body is a foundation of her human right”. That every child should be wanted and loved, and that women are entitled to sexual pleasure and fulfilment just as men are (Eyaba, 2021). Family planning is as old as mankind itself and from the beginning of life, man has thought of limiting the size of his family in several ways.

Breastfeeding has clinically been demonstrated to have contraceptive effects but it is not appreciated by men. Its importance is less valued because many authors discouraged sexual intercourse while the mother is breastfeeding; probably because of the instance motion that semen pollutes breast milk. The post-partum abstinence motion associated with lactation is the most important in Africa. The idea behind this practice is that each child should have enough breast milk to survive (Kim, 2018). Therefore, the need for introducing and making family planning more meaningful to couples and youth who have not engaged in marital status but will in future become necessary. New couples need to be aware that the current economic downturn in all aspects of life is relatively hard. This knowledge will go a long way in helping them engage in proper family planning so that the children who are brought into the world will be a blessing rather than a curse to civilization (Lawal, 2018).



Family planning is designed to regulate the number and spacing of children within a family, largely to curb population growth and ensure each family has access to limited resources. However, family planning depends on influencing factors such as community norms, individual childbearing preferences, sexual and reproductive behavior (Meuller, 2018). Community norms, religious beliefs and culture influence, couples' attitudes towards family planning, desire for sex of children, preferences about family size, family pressures to have children (Vickers, 2014). Socio-cultural norms reflect how much autonomy individuals have in making family planning decisions (Greenwell, 2019).

In the developing countries the prevalence of contraceptive use increased from 9% in 1960 to 60% in 2010, (Adebayo et al., 2013). Also, it has helped to reduce the total fertility rate of many developing countries from 6.0% in 1960 to 3.1% in 2010 (World Health Organization, 2013). Available evidence shows that contraceptive use among Nigerian men increased from 3% to 8% between 2016 and 2020 (World Health Organization, 2020). Similarly, considering the case of Kogi State, it was reported that married men are known for low use of contraceptives as 20% utilised them in 2016 and 8.5% utilised them in 2020 (State Bureau of Statistics, 2020).

Meanwhile, scholars such as Eyaba (2021), Akinyemi et al., (2020), Greenwell (2019), and Usman (2018) among others have examined the types of contraceptives, awareness and uses of family planning methods as well as the perceived benefits of family planning but little or no research has been carried especially in the study area. Hence, this current study sought to bridge the gap in the body of knowledge.

However, the attitude toward family planning had been appalling due to community norms, individual childbearing preferences, and sexual and reproductive behaviour, therefore against this backdrop, this study examined the socio-cultural factors influencing the practice of family planning among married men in Omala Local Government Area.

Statement of the Problem

Over the years, family planning has been a thing of concern to control birth. Notably, in developing countries with high birth rates, family planning has the potential to reduce poverty and hunger and avert 32% of all maternal deaths and nearly 10% of childhood deaths (World Health Organization, 2021). Family planning has a role in the reduction of Total Fertility Rates (TFR). Statistics have shown that the global fertility rate has been declining steadily from 2.9 in 2010 to 2.8 in 2012, and 2.4 in 2017 (World Health Organization, 2017). However, despite this, Akinyemi, Harris, and Kawonga (2020) argue that a low rate of contraceptive use, particularly in rural areas of Nigeria was a key cause of high fertility rates. There is a high infant, neonatal and maternal mortality in Nigeria which has been attributed to the low use of contraceptive methods of birth control (Obi & Ozumba, 2019). Over time, various policies and strategies such as education via mass media on contraception, National Population policy and awareness on the use of modern contraceptives by men had been put in place. It is against this background that this study intends to assess the socio-cultural factors affecting the use of modern family planning methods by married men in Omala LGA, Kogi State, North Central of Nigeria.



Research Questions

The following questions were raised to guide the study. These included;

- i. Are married men in Omala LGA aware of modern family planning methods?
- ii. Do married men in Omala LGA have access to and utilise modern family planning methods?
- iii. What are the perceived benefits of family planning methods by married men in Omala LGA?
- iv. What are the perceived hindrances of family planning methods by married men in Omala LGA?
- v. What are the perceived strategies to improve the practice of family planning in Omala LGA?

Aim and Objectives of the Study

The aim of this study was to assess the socio-cultural factors influencing the practice of family planning by married men in Omala LGA. The specific objectives were to;

- i. Assess if married men in Omala LGA are aware of modern family planning methods.
- ii. Investigate if married men in Omala LGA have access to and utilise modern family planning.
- iii. Determine the perceived benefits of family planning methods by married men in Omala LGA.
- iv. Establish the perceived hindrances of family planning methods by married men in Omala LGA.
- v. Identify the perceived strategies to improve the practice of family planning in Omala LGA.

Research Hypothesis

The following hypotheses were formulated and tested for the study:

H₀: Socio-cultural factors do not significantly affect the non-use of modern family planning methods among married men in the study area.

H₁: Socio-cultural factors significantly affecting the non-use of modern family planning methods among married men in the study area.

Significance of the Study

This study on socio-cultural factors influencing modern family planning methods by married men is particularly pertinent for health care providers, programme planners, policymakers and researchers. More information about attitudes toward contraceptives and practices related to them could contribute to current efforts geared toward the management of programmes that are



relevant to family planning in the area. The study contributes to the expansion of knowledge in the area of family planning and constraints to their utilization.

In addition, the study provides information and awareness on population matters that address issues such as unwanted pregnancies and family planning. It is envisaged that these will encourage social modernization, specifically family planning, and in turn, encourage a small family norm thus helping to reduce the population expansion problem. Local communities could also use the findings of this study nursing education to emphasise the socio-cultural aspects of contraceptive practices by local communities.

LITERATURE REVIEWS

The review of relevant literature were done under the following subheadings and in accordance with the aim and objectives of the study as follows:

Conceptual Clarifications

The following concepts as used within the context of the study are clarified:

The Concept of Family Planning

Family planning is usually used as a synonym for the use of birth control. It is most adopted by couples who wish to limit the number of children they want to have and control the timing of pregnancy, also known as spacing of children (Hassan, 2019). Family planning is the planning of when to have and use birth the commonly used technique include sexual education, prevention and management of sexually transmitted diseases, pre-conception counseling, management and infertility management (Olaitan, 2015).

Historical Background of Family Planning

In the olden days when man's needs were fundamental and was limited to food, shelter, and with little clothing available, birth control in the form of family planning was not necessarily needed, although birth control then was done by marrying more than one wife and the planning of the family is done by not getting the wives pregnant at the same time (Bayray, 2016). Birth control was done and achieved by total abstinence from sexual intercourse. Currently, some facilities are fast becoming a nuisance and perhaps, the inevitable blame of our society, the increasing waves of abandoned children is now sending ripples to the spine of many concerned mothers. Today, the rate at which husbands abandoned their families on the excuse of unwanted pregnancies is very alarming, recent studies indicates that the large percentage of juvenile delinquents came from families which are usually large than the parents are able to care for properly. This fact calls for the need for family planning (Felix, 2018).

Family planning based on historical submissions is aimed at improving the health of women by enabling them to have children when they are best prepared to have them. Article 4 (F) of the World Population Plan for Africa states that all couples and individual have the basic right to decide freely and responsibly, the numbers and spacing of their children and to have information, education and means to do so. The objectives of family planning commonly highlighted include; unwanted pregnancy prevention, extensive population growth reduction, and health improvement of women, children and the population as a whole. The use of the



various methods of family planning reduces maternal and infant mortality prevents unwanted highly risky pregnancies and the need for (un)safe abortion. Family planning provides protection from Sexually transmitted Diseases (WHO, 2019). According to WHO (2019), approximately 120 million couples in the world do not use contraception and 300 millions are not satisfied with the method applied. There are more than 80 million unwanted pregnancies registered in the world annually and more than half of them ends with abortion. These problems may decrease with family planning.

Methods of Family Planning

Family planning or birth control methods are the deliberate limit of the number of children to be born by couples (Olujide et al., 2013). There are two major methods of family planning. These are; Traditional methods and Modern methods.

A. Traditional Method of Family Planning

The traditional method of family planning have been in existence before the advent of the modern family planning programme all over the world. The traditional methods according to Ebizie (2018) prolonged breastfeeding, post-partum abstinence, the use of ring, waist band etc.

Traditional methods include the following;

Abstinence

Abstinence is the act of avoiding sex, whether sexual contact altogether or just intercourse. This method of family planning is the only one that is 100 percent effective in preventing pregnancy and protecting against sexually transmitted diseases (STDs). Abstinence can be difficult to maintain and allows for little spontaneity (Afriyie & Tarkang, 2019).

Birth Control Ring

The small, flexible birth control ring is placed in the vagina, where it releases a steady supply of progestin and estrogen hormones. The ring stays in the vagina for 3 weeks, after which it is discarded. The ring is over 99 percent effective when used as prescribed. The ring may cause unwanted side effects such as nausea and weight gain (Bayray, 2016).

B. Modern Family Planning Method

The modern family planning methods according to Ebizie (2018) are as follows:

Birth Control Pills

Many types of birth control pills are on the market. Pills keep a woman's ovaries from releasing eggs, thus preventing fertilization. Birth control pills are 95 percent effective with standard use.

The mini pill contains only progestin, while the combination pill contains both progestin and estrogen. Women who take these forms of the pill must be sure to take it at the same time each day or risk getting pregnant (Gertner, 2019).



Condoms

Condoms are thin latex coverings that form a barrier between sperm and the vagina. When used as indicated, condoms are 95 to 97 per cent effective in preventing pregnancy and have the added bonus of protecting against STDs. Female and male varieties are available, and they come in a wide range of colours and styles (Joseph, 2019).

Fertility Awareness

Also known as natural family planning, fertility awareness is the act of abstaining from intercourse on a woman's fertile days, when she is most likely to become pregnant. To follow this method, women need to accurately and precisely chart their fertility, either through basal body temperature changes or changes in cervical mucus, or by following the calendar (Felix, 2018).

Intrauterine device (IUD)

An intrauterine device (IUD) is a small copper or plastic device inserted into the uterus that creates a hostile environment for sperm. Some IUDs release small amounts of hormones. IUDs last from 5 to 12 years and are an effective method of birth control but should only be used by women in monogamous relationships who have already given birth (Kabagenyi, Reid, Ntozi, & Atuyambe, 2016).

Spermicidal cream

Spermicidal cream or tablet kills spermatozoa. A woman applies such a cream or tablet right inside the vagina 5-10 minutes before sexual intercourse. During ejaculation by the man, the spermatozoa discharge is killed by the spermicide, hence pregnancy is prevented. This method is not very reliable except it is used with a condom (Joseph, 2019).

Surgery

Women and men can be sterilised. In women, tubal ligation is performed to cut off the fallopian tubes so eggs cannot be released into the uterus for fertilization. Men have a vasectomy, where the tubes that carry sperm are blocked. Sterilization is nearly 100 per cent effective but should be considered a permanent decision. Once you have decided to use family planning, you must choose a method. To make a good decision you must first learn about the different methods, and their advantages and disadvantages (Kabagenyi et al., 2016).

Benefits of Family Planning

Family planning enables women to be healthier and have more equal opportunities to pursue an education, a career, and financial security. With fewer children to support, families can accumulate greater assets and invest more in their children's health and well-being (Kabagenyi, Reid, Ntozi, & Atuyambe, 2016). Family planning has economic benefits. This is possible by providing a means for couples to have smaller healthier families, family planning helps reduce the economic and emotional burden of parenthood. Families with fewer and healthier children can devote more resources to providing their children with adequate food, clothing, housing, and educational opportunities (Kentos, 2019).



Benefits of family planning include; improving maternal health and child survival, reducing the number of abortions and family economic fortunes. Similarly, it was revealed that the benefits of family planning choice are to improve their reproductive health and economic standard of living, to reduce maternal mortality, and morbidity and to reduce unwanted pregnancy (Victor, 2017). Cleland and Clark (2021) explain that the promotion of family planning in countries with high birth rates has the potential to reduce poverty and hunger and prevent 32% of all maternal deaths and nearly 10% of childhood deaths. It would also substantially contribute to the empowerment of women, achievement of universal primary schooling, and long-term environmental sustainability. Over the last 40 years, family planning programmes have played a key part in raising the prevalence of contraceptive practice from less than 10% to 60% and reducing fertility in developing countries from six to about three births per woman. However, in half of the 75 larger low-income and lower-middle-income countries (mainly in Africa), contraceptive practice remains low and fertility, population growth, and unmet need for family planning are high (Cleland & Clark, 2021).

Hindrances to Non-use of Modern Family Planning Methods

Lack of Knowledge: The most widely mentioned obstacle was a lack of knowledge about contraceptives, their use and availability. Effective family planning programmes promote wider knowledge about the range of contraceptive methods and their proper uses.

Health Concerns: Family planning programmes typically incorporate educational components to help women choose appropriate methods. These components also help couples better understand the relative risk involved in family planning. The health risks associated with contraceptives are low relative to the risks of a typical pregnancy and the risk of an unwanted pregnancy (Victor, 2017).

Limited Supplies and High Cost: Contraceptive may simply be unavailable or too expensive. Family planning programmes can make contraceptives more widely available and reduce their cost for consumers by subsidizing prices (Kentos, 2019).

Cultural/Personal Objectives: Cultural and family barriers to family planning may influence women's decision to use contraceptives for example, a husband may disapprove of the use of contraceptives because he wants more children or the concern about health effects bothers him, or maybe he is convenience and distrustful to traditional methods such objectives may reflect information in or access issues or health concern, except for a woman personal opposition to contraceptives (Charles, 2017).

Limited access to reliable sources of family planning information: The inability to access family planning-related information from reliable sources is one of the factors that affected their family planning literacy. This problem was attributed to the shortage of health facilities and a limited number of professional health service providers in some remote rural areas. This is especially true for all women staying far from village centres where healthcare facilities are available. These women use informal sources of information to meet their various health information needs, including family planning ones, as a result (Charles, 2017).

Household economic status: The family's economic status emerged as one of the determinants of men's family planning literacy. Firstly, the economic hardships a family with many children faces make it difficult for them to take care of all the children. Such hardships compelled men



to consider using family planning to reduce the number of unintended pregnancies and have manageable family sizes (Kentos, 2019).

Fertility preference: it is indicated that there is a relationship between the desire to have large a family and inadequate family planning literacy. Such desire is linked to the preference of some family members, particularly male partners, and the community to have many children (Charles, 2017).

Education: There were mixed feelings about how education affects their family planning literacy. On the one hand, many men attribute their inadequate family planning literacy to low levels of education among them and their male partners. The men argued that their low levels of education made it difficult for them to comprehend family planning information from diverse sources. As a result, many of them failed to utilize available family planning services (Kentos, 2019).

Socio-Cultural Factors Affecting the Practice of Family Planning

Socio-cultural factors include; poverty, poor access to or underutilization of medical care, lower maternal educational levels, physical or mental illness in the mother or other caregivers, abuse and neglect (Godwin, 2016). Socio-cultural factors are the larger-scale forces within cultures and societies that affect thoughts, feelings and behaviour (Felix, 2017). Socio-cultural factors mean social and culture-related factors. These include; attitudes, childbearing practices, cultural differences, cultural deprivation, cultural identity, culture change, language, level of education, communication styles, discrimination, ethnic identity, ethnic values, family structure, kinship structure, race, regional differences, religious beliefs, religious practices, reputation, rituals and taboos (Joseph, 2019).

Strategies for Family Planning Methods Utilization

The strategies to improve the practice of family planning include; linking community members and removing unnecessary cultural values that affect the utilisation of family planning services, informing couples about the importance of family planning choices to improve their reproductive health behaviour, as the community accepts the preaching of religious leaders, the health extension works should make good communication with them, provision of adequate health education by caregivers to clients and family in the community to expand their knowledge of family planning to ensure adequate child spacing and reproductive health (Kelechi, & Catherine, 2016).

Counselling in religious institutions to propagate the knowledge of family planning and encourage the utilization of the services by their members to enhance their reproductive health. Men play an active part in their family's decision-making, therefore healthcare providers should educate men on the benefits of family planning services to enhance its acceptance and utilisation among women of reproductive age. Lastly, the public enlightenment on family planning services through the mass media, as it is the largest means of dissemination of information.



The main strategies for family planning going forward should be to:

(a) Expand the basket of contraceptives: (i) give choice to couples of contraceptive methods, (ii) information should be given to the users, (iii) provider competence, and (iv) client/provider relations (Kentos, 2019).

(b) Expand the access, both financial and physical acceptance of contraceptives: (i) cost-effective contraceptive, (ii) more sales outlets for easy accessibility, (iii) re-contact and follow-up mechanisms, (iv) an appropriate constellation of services with proper Information Education and Communication (IEC) and Interpersonal Communication Programs (IPC) programmes, and (v) encouraging new acceptors, retaining current users and increasing contraceptive use should increase couple years of protection and contraceptive prevalence (Ndiritu, 2021).

(c) Increase knowledge and awareness of providers and acceptors: (i) effective IEC and IPC programmes, (ii) giving out methods for free access or at a reduced price, or giving incentives could encourage more people to become new acceptors, (iii) getting men involved, it would be important to emphasize the “healthy family” aspect of family planning, and that spacing between children is good for the whole family, economically speaking and also in terms of health, and (iv) training providers in counselling and technical procedures should increase the level of knowledge around family planning. This knowledge, in turn, should translate into increased contraceptive use (Otieno, 2016).

Empirical Reviews

Mera (2019) assessed sociocultural factors affecting the utilization of family planning services: This study used different research methodologies like cross-sectional studies, within research approach, the study used a mixed research approach, and also the study obtained information from primary and secondary data sources. In addition to this, the study employed Interview and Survey methods. The study used non-probability sampling techniques, with these techniques particularly purposive (Judgmental), and through this technique the researcher selected 98 samples. Also, the researcher analysed the qualitative and quantitative data that were obtained from interviews and questionnaires through narration, percentages and frequency. The findings of this study were religious fundamentalists who do not take family planning services, and also they condemned individuals who used family planning services and Culture giving much value to children. Family planning is challenged by tradition which means the mainstream culture toward family planning, society perception, society perceives the concept of family planning in a negative sense. It leads to an imbalance of ministrations, sterilisation, over fatty and other negative explanations are given to the services. Both governmental and non-governmental healthcare institutions should strongly attach each other to mitigating socio-cultural factors affecting family planning services utilization.

Daniel (2019) assessed the socio-cultural factors influencing the practice of family planning in Nigeria. The study utilized descriptive statistics as a method of data analysis on secondary data. The study revealed that religious believers or observers might choose to avoid certain methods of family planning, such as birth control pills, in an effort to live their lives according to the teachings of their religion. Some religions, such as Catholicism, have restrictions on contraception based on the belief that it is God’s will to bring children into the world. The larger the differences in reproductive intentions within a community, the more likely the community norms support individual choices.



Yakubu (2018) examined the socio-cultural factors that determine family planning in Nigeria. The study used a qualitative technique of analysis of secondary data. The study revealed that family planning depends on influencing factors such as community norms, individual childbearing preferences, and sexual and reproductive behaviour. The study also discovered some of the factors to also including community norms, religious beliefs and culture that influence couples' attitudes towards family planning, desire for the sex of children, preferences about family size, and family pressures to have children.

Felix (2018) evaluated socio-cultural strategies to improve the practice of family planning in Nigeria. The study utilized secondary data. The data was sourced using interviews and online surveys. The study employed correlation as a method of data analysis. The study revealed that there is a positive relationship between socio-cultural factors such as attitudes, childbearing practices, cross-cultural differences, cultural deprivation, cultural identity, culture change, language, level of education and family planning in Nigeria. Also, Ozumba (2018) examined the socio-cultural strategies affecting the practice of family planning in Nigeria. The study employed secondary data. The data was sourced from an online survey. The study utilized descriptive statistics for data analysis. The result showed that a low rate of contraceptive use, such as withdrawal methods, pills, abstinence and sterilization particularly in the northern and rural areas of Nigeria was a key cause of high fertility rates.

Theoretical Framework

Health Belief Model

The Health Belief Model was developed by Urwin Rosenstock, Hochbauim, Stephen, and Howard in the 1950s. The model was amplified by Rosenstock (1990). According to Rosenstock, the model was conceived as a way of explaining, preventive and curative health behaviour, particularly to explain the failure of people to participate in preventive health programmes that would protect people from diseases and health-related problems. Rosenstock noted that the model derived from the generalized value theories of the Health Belief Model which held the view that behaviour is a function of the subjective value of an outcome of individual probability or expectation that a particular action will achieve the outcome in life. The theory is the desire of individuals to avoid illness, while expectancy is the belief that specific health action available to the person is capable of preventing illness or health-related problems. Rosenstock (1990) observed that the health belief model identified four categories of beliefs which are essential determinants of health behaviour. They include perceived susceptibility, perceived severity, perceived benefits and perceived barriers.

Perceived susceptibility, according to Rosenstock (1990) refers to an individual subjective perception of the risk of an individual contracting a disease or health problem. Perception of vulnerability to a specific disease or health-related problems may vary but the nature and degree of perception significantly dictate individual willingness to participate in a particular health-related service delivery. Following this, it is likely that people who believe that they are vulnerable to a disease or health problem which may include water and sanitation-related health problems are likely to take action in seeking preventive measures such as participating in the provision of potable water supply and sanitation. Probably, such health problems may be a result of people who believe that they are susceptible to certain diseases or health-related problems such as lack or inadequate potable water supply and sanitation are most likely to appreciate the need to participate or to undertake self-help development programmes such as



public potable water supply and sanitation programme. In other words, potable water supply and sanitation services may exist, but the individual cannot afford to pay for such services in terms of cost. People who lack money are most likely to participate in the service delivery of public potable water supply and sanitation.

Janz and Becker (1994) referred to perceived severity as the mindset on the seriousness of health problem, which may include the evaluation of physical health consequences, such as walking long distances by women and school children, especially girl children, certain diseases or other health problems associated with a programme such as in water supply and sanitation. They observed that people are more likely to participate in preventive health services against the occurrence of disease or health-related problems and would seek treatment or solution when they are faced with problems such as lack or inadequate water supply and sanitation or water and sanitation-related diseases if they view such health problem as serious. Perceived benefits according to Janz and Becker (1994) refer to the benefits from projects like the provision of adequate water supply and sanitation which reduce the risk of diseases associated with water supply and sanitation. They argued that people are more likely to participate in programmes such as the provision of portable water supply and sanitation if they believe that such programme will enhance their health.

Perceived barriers according to Rosenstock (1990) refer to those things that prevent people from taking the recommended course of action, which may act as a constraint to projects such as potable water supply and sanitation service delivery as preventive health action. However, the theory has been criticized for its lack of explanation of how people with severe mental illness deal with the fear associated with seeking medical care and logistical factors such as access to care, lack of explanation of availability and monetary access to care. Its strength as it relates to this study lies in the fact that individuals or communities especially rural people might consider the overall cost involved in the practice of family planning and that the family planning is either in conflict with their long-cherished culture, or time-consuming such that community members tend to withdraw from practising it.

Research Design

The study employed survey design because it helps to describe the attitudes, opinions and behaviour or characteristics of the study population.

Brief Description of the Study Setting

This study was carried out in Omala Local Government Area Kogi State, Nigeria. Omala is a Local Government Area in Kogi State, Nigeria bounded in the North by the Benue River. Its administrative headquarters is in the town of Abejukolo in the North of the area at 7^o43 'N 7^o33'E. The northeasterly line of equal latitude and longitude passes through the southeast of the LGA. It has an area of 1,667 km² (644sq mi) and a population of 108,402 at the 2006 census. As of 2016, the population grew to 145, 700. Most locals are predominantly Igala-speaking people with a few being Bassa and Agatu from Benue State. The Local Government Area is predominantly inhabited by the Igala-speaking people of Kogi State. The major occupations of the people include farming, hunting, and craft work such as basket making, blacksmithing and so on. They also engage in petty and major trading activities with cashew business as the major seasonal economic activities.



Omala Local Government Area in the Kogi East is made up of three districts, namely; Abejukolo (Abejukolo Ward I, Abejukolo Ward II, Echa, Opada/Ofijiji, Bagana, Bagaji), Ola Edihi (Akpacha, Icheke). Ogodu (Oji-Aji, Ogodu, Ola) respectively.

Table 1 Distribution of the LGA wards per District

District	Wards
Abejukolo	Abejukolo ward I, Abejukolo ward II, Echa, Opada/Ofijiji, Bagana, Bagaji
Ola Edihi	Akpacha, Icheke
Ogodu	Oji-Aji, Ogodu, Ola
Total	3
	11

Source: *Field Survey 2024*

Population of the Study

All married men in Omala Local Government Area constituted the population of the study and which was estimated to be a total of 1308 married men which covering Abejukolo, Ola Edihi and Ogodu (NPC, 2019).

Sample Size and Sampling Techniques

Sample size is the limited number of elements selected from a population which is representative of the population and the statistical formula used to determine the sample size of this study was Taro Yamane's model with the following formula:

$$n = \frac{N}{1 + Ne^2}$$

Where n is sample size sought

N is Population size

e is level of significance or margin of error

1 is constant

$$N = 1308$$

$$e = 0.05$$

$$n = ?$$

Where n = 1308

$$1308$$

$$1 + 1308(0.05)^2$$

$$n = \frac{1308}{1 + 3.27}$$

$$1 + 3.27$$



$$n = 1308$$

$$4.27$$

Therefore, the Sample size = 306

Then simple random sampling methods which give every member of the study population an equal chance of being selected was employed to choose several samples from each cluster as shown in Table 2 below.

Table 2: Distribution of Sample Size across the three (3) districts in Omala LGA

Abejukolo:	$\frac{306 \times 420}{1308}$	=	98
Ola Edihi:	$\frac{306 \times 548}{1308}$	=	128
Ogodu:	$\frac{306 \times 340}{1308}$	=	80
Total			306

Source: *Researcher's Computation, 2024.*

Sources and Method of Data Collection

The data for the study were sourced from primary and secondary sources. The primary sources covered mainly the use of the questionnaire method and personal observation. The study utilised the following secondary sources such as textbooks, journal articles, magazines, newspapers, government publications and internet-based materials.

Instrument of Data Collection

The main instrument of data collection in this study is the structured questionnaire. The questionnaire was personally designed and administered to the respondents. The questionnaire consisted of a set of questions designed to gather information for analysis, the results of which were used to answer the research question or test relevant hypotheses. The questionnaire for this research was divided into six sections; that is sections A and B. Section A deals with bio-data and section B specifically deals with questions on the subject matter. The questionnaire utilised a Likert Scale such as; Strongly Agree (5), Agree (4), Undecided (3), Strongly Disagree (2), and Disagree (1).

Validity of the Research Instrument

Validity is the degree to which results obtained from the data analysis represent the phenomenon under study. To prove that the questionnaire (instrument of data collection) was of acceptable standard constructed for the survey research, the instrument used was content validated by experts in the field of study, such as the researcher's supervisor, lecturers and other experts. This is aimed to ascertain if the instrument is free from errors, ambiguity of instruction or wording, time inadequacy and measurability of variables or construct defined.



To further establish the cultural and social adequacy of the instrument, a pilot study was conducted among the population of the study who did not participate in the study. Forty-two copies of questionnaires were distributed for participants to provide answers to the questionnaire from which validity and reliability were ascertained before the main research survey.

Validity was analysed with the use of Exploratory Factor Analysis (EFA) where the item communality and item loading of 0.7 was considered acceptable; also, inter-item correlation or item total correlation determined construct validity while Kaiser-Meyer-Olkin (KMO) was used to measure variable adequacy to which 0.7 and above is considered acceptable (Beaves et al., 2013; El Hajjar, 2018; Robinson et al., 1991). Cohen (2013) states that if the inter-item correlation lies between 0.10 and 0.29, then there is a weak correlation for both positive and negative values, and when the inter-item correlation lies between 0.30 and 0.49 a medium correlation, and lastly if the inter-item correlation is between 0.50 and 1.00 a strong correlation. Moreover, Robinson et al. (1991) recommend that, in an empirical approach and as a rule of thumb, if the score of the item-total correlations is more than 0.50 and the inter-item correlations exceeds 0.30, the construct validity is satisfied.

Table 3 Validity Test Results for the Questionnaire

Measure Name	Number of Items	Item Communality range	Construct Validity (Item total Correlation range)	KMO Measure of Variable Adequacy
Knowledge and awareness of Modern family planning	6	0.71 - 0.92	0.71 - 0.87	0.88
Extent of Utilization of modern family planning	4	0.80 - 0.90	0.74 - 0.87	0.83
Perceived benefits of modern family planning	4	0.74 - 0.97	0.73 - 0.81	0.81
Perceived hindrances of modern family planning	4	0.72 - 0.90	0.70 - 0.83	0.87
Perceived strategies to improve the practice of modern family planning	4	0.70 - 0.89	0.76 - 0.82	0.90

Source: *Field Survey, 2022*

Based on Table 3, three different measures (Knowledge and awareness of Modern family planning ; Extent of Utilization of modern family planning; Perceived benefits of modern family planning; Perceived hindrances of modern family planning; Perceived strategies to improve the practice of modern family planning) that were used to assess various aspects of modern family planning in Omala Local Government Area. For each measure, Exploratory Factor Analysis (EFA) was used where the item communality and item loading was obtained at figures between 0.71 to 0.89 which is considered acceptable (El Hajjar, 2018); also, inter-item correlation or item total correlation using bivariate analysis was used to determined to construct validity and figures obtained ranged between 0.72 to 0.86 which was also considered acceptable (Robinson et al., 1991); while Kaiser-Meyer-Olkin (KMO) was used to measure



variable adequacy to which figures range of 0.81 to 0.87 obtained were acceptable (Beaves et al., 2013). In this study, all the measures have good content validity, which means that the items in the construct accurately represent the content domain of self-medication in Dekina Local Government, Kogi State, Nigeria. The instruments also have good construct validity, which means that they accurately measure the underlying constructs or concepts they are intended to measure. Furthermore, the measures have acceptable criterion validity, which means that they are related to external criteria of modern family planning in Omala Local Government Area, Kogi State, Nigeria.

Reliability of the Research Instrument

Reliability refers to the degree to which the data collection methods or analysis procedures will result in steady findings (Easterby, 2008). This implies that the measuring procedures produce similar results in the other instances. Hence, to ascertain the reliability of the instrument, a pilot study was conducted. In this study, 40 participants (different from the participants of the main study) were recruited to complete the questionnaire that hitherto has been vetted by four lecturers and experts in the fields of study. It was a multiple choice close-ended questionnaire from which participants were to respond. Cronbach Alpha Coefficient was used in estimating the reliability. According to Nunnally (1978), the major way to test internal consistency reliability is Cronbach's alpha. A generally accepted rule is that α of 0.6-0.7 indicates an acceptable level of reliability, and 0.8 or greater is a very good level (Hulin, Netemeyer, & Cudeck, 2001; Wim et al, 2008). Cronbach Alpha Coefficient is chosen as it gives a numerical coefficient of the internal consistency of the variables under study.

Table 4: Reliability Test Results

Measure Name	Number of Items	Cronbach's Alpha
Knowledge and awareness of Modern family planning	6	0.83
Extent of Utilization of modern family planning	4	0.86
Perceived benefits of modern family planning	4	0.75
Perceived hindrances of modern family planning	4	0.89
Perceived strategies to improve the practice of modern family planning	4	0.91

Source: *Field Survey, 2022*

Table 4 showed the three different constructs (Knowledge and awareness of Modern family planning; Extent of Utilization of modern family planning; Perceived benefits of modern family planning; Perceived hindrances of modern family planning; Perceived strategies to improve the practice of modern family planning) that were used to assess various aspects of modern family planning in Omala Local Government Area, Kogi State, Nigeria. For each measure, the study conducted a reliability test using Cronbach's Alpha as the reliability coefficient. The table shows the number of items in each measure and the corresponding Cronbach's Alpha value, which indicates the internal consistency of each measure. A Cronbach's Alpha value of 0.70 or higher is generally considered acceptable for research purposes. In this study, all the measures have a Cronbach's Alpha value range of 0.75 to 0.91, which suggests that they are reliable measures for assessing the various aspects of modern family planning in Omala Local Government Area, Kogi State, Nigeria.



Methods of Data Analysis

The Statistical Package for Social Sciences version 22.0 (SPSS) was used for processing gathered for data analysis in the study. Raw data were coded from the study questionnaire into numerical data. Results were then presented in tables, simple percentages pie charts and mean analysis of descriptive statistics while Analysis of Variance (ANOVA) was used to test the hypothesis. The responses to each relevant question in the questionnaire were represented in the tables and the statistical results were used to compare the relative importance of various answers.

Ethical Consideration

In carrying out a systematic study of this nature, ethical consideration is sacrosanct. This is because it is one of the most important points that deserves attention. The researcher, therefore was guided by the ethics of conducting research to protect the image of the respondents by treating their responses with strict confidentiality and strictly for this academic purpose. The researcher also seeks permission from the relevant authorities in the local government before the research activities. Ethical approval for this study was granted by the Health Research and Ethics Committee of the Kogi State Health Management Board and Primary Healthcare Management Board in Omala Local Government Area of Kogi State. Participants were assured of anonymity, confidentiality and privacy throughout the study and the questionnaire was administered with the informed consent of all married men involved.

DATA PRESENTATION AND ANALYSIS

A total of 306 copies of the questionnaire were administered to the respondents in Omala Local Government Area, out of which 235 copies were duly completed and retrieved translating to a 76.8% response rate. Therefore, the researcher used 235 copies of the questionnaire in the analysis and presentation. The remaining copies of the questionnaire not retrieved was due to the reluctant attitude to complete and return the questionnaire filled to the researcher.

Table 4. Percentage distribution of respondents' socio-demographic characteristics

Variable	Category	Frequency (N=235)	Percentage (%)
Age in years	20 – 29	46	19.6
	30 – 39	64	27.2
	40 – 49	52	22.1
	50 – 59	31	13.2
	60 and above	42	17.9
Occupation	Farming	68	28.9
	Hunting	42	17.9
	Civil service	50	21.3
	Self employed	44	18.7
	Others	31	13.2
Religion	Christianity	118	50.2
	Islam	115	48.9
	Traditional religion	2	0.9



Education	No formal education	3	1.3
	Primary school certificate	16	6.8
	Secondary school certificate	71	30.2
	Tertiary	145	47.4

Source: *Field Survey, 2024*

In terms of age, table 4 shows that 46 (19.6%) were between ages 20-29 years. 64 (27.2%) were between the age of 30-39 and 52 (22.1%) were between 40-49 years. 31 (13.2%) were between 50 – 59 years and 42 (17.9%) were 60 years and above. This shows that the majority of the respondents are between 30-39 years. In the aspect of Occupation, table 4.1 showed that 68 (28.9%) were into farming, 42 (17.9%) were hunters, 50 (21.3%) were civil servants, 44 (18.7%) were self-employed and 31 (13.2%) were into other business. This shows that the majority of the respondents were farmers.

Table 4 also presents the religious affiliations of respondents. Out of the 235 respondents based on the total number of returned questionnaires, 118(50.2%) were Christians. 115(48.9%) were into Islamic religion and 2(0.9%) were into traditional religion. This shows that the majority of the respondents are Christians. In terms of educational level, table 4.2 shows that 3 (1.3%) have no formal education, 16 (6.8%) have primary school certificates, 71 (30.2%) have secondary school certificates, 39 (16.6%) have NCE/ND and 106 (45.1%) have HND/Degree. This shows that the majority of the respondents have HND/Degree qualifications.

Table 5. Awareness of married men in Omala LGA about modern family planning methods

Variable	Frequency	Percentage (%)
Aware	78	33.2
Not Aware	157	66.8
Total	235	100.0

Source: *Field Survey, 2024*

Table 5 shows that 78 (33.2%) of the respondents were aware of modern family planning methods while 157 (66.8%) of the respondents were not aware of modern family planning methods. It was therefore concluded that most of the married men in Omala LGA were not aware of modern family planning methods.

Table 6. Sources of Awareness on Modern Family Planning

Sources	Frequency	Percentage (%)
Radio	9	3.8
Television	28	11.9
Newspapers/posters/brochures	23	9.8
Social Media Platform	34	14.5
Friends/relatives	141	60.0
Total	235	100.0

Source: *Field Survey, 2024*

Table 6 shows that 9(3.8%) have radio as their source of awareness about modern family planning. 28 (11.9%) have it on television, 23 (9.8%) have it on Newspapers/posters/brochures,



34(14.5%) have it on social media platforms while 141 (60.0%) have friends/relatives as their source of modern family planning. It was therefore concluded that most of the respondents had friends/relatives as their sources of modern family planning awareness.

Table 7. Knowledge of Family Planning Methods

Variable	Frequency	Percentage
Yes	74	31.5
No	161	68.5
Total	235	100.0

Source: *Field Survey, 2024*

Table 7 shows that 74 (31.5%) of the respondents have good knowledge of modern family planning methods while 161 (68.5%) of the respondents have no low knowledge of modern family planning methods. It was therefore concluded that a larger percentage of married men in Omala LGA failed to utilize modern family planning in the study area

Table 8. Practice of Family Planning Methods

Variable	Frequency	Percentage
Yes	148	63.0
No	87	37.0
Total	235	100.0

Source: *Field Survey, 2024*

Table 8 shows that 148 (63.0%) of the respondents showed practice of modern family planning methods while 87 (37.0%) of the respondents have no practice of modern family planning methods. It was therefore concluded that a larger percentage of married men in Omala LGA failed to utilize modern family planning in the study area.

Table 9. Married men in Omala LGA Kogi State access modern family planning

Variable	Frequency	Percentage
Access	86	36.6
No Access	149	63.4
Total	235	100.0

Source: *Field Survey, 2024*

Table 9 shows that 86 (36.6%) of the respondents have access to modern family planning methods while 149 (63.4%) of the respondents were not having access to modern family planning methods. It was therefore concluded that most of the married men in Omala LGA did not have access to modern family planning methods.

**Table 10. Married men in Omala LGA Kogi State utilize modern family planning**

Variable	Frequency	Percentage
Utilize	74	31.5
Not Utilize	161	68.5
Total	235	100.0

Source: *Field Survey, 2024*

Table 10 shows that 74 (31.5%) of the respondents utilized modern family methods while 161 (68.5%) of the respondents were not utilizing modern family planning methods. It was therefore concluded that a larger percentage of married men in Omala LGA failed to utilize modern family planning in the study area.

Table 11. Perceived benefits of family planning methods by married men in Omala LGA

Likert Scale: Strongly Agree (5), Agree (4), Undecided (3), Strongly Disagree (2), Disagree (1)

S/N	Perceived benefits	5	4	3	2	1	Total	Mean	Remark
1	Reduces economic and emotional burden of parenthood	95 40.2%	85 36.2%	25 10.6%	20 8.5%	10 4.3%	235	4.0	Accepted
2	It helps to improve maternal health and child survival	120 51.0%	70 29.8%	30 12.8%	10 4.3%	5 2.1%	235	4.3	Accepted
3	It reduces the number of abortions and family economic fortunes	120 51.0%	70 29.8%	30 12.8%	10 4.3%	5 2.1%	235	4.3	Accepted
4	It reduces unwanted pregnancy	80 34.0%	70 29.8%	35 35%	30 12.8%	20 8.5%	150	3.7	Accepted

Source: *Field Survey, 2024*

The study using mean analysis of descriptive statistics makes the following decision rule. The decision criterion employed was to accept any statement with a mean score of 3.0 and above and reject those with less than 3.0 based on the Likert scale of 1 to 5. For this reason, since the mean scores of all the benefits suggested in Table 4.9 were all greater than 3.0, it therefore implied their acceptance. Thus, the perceived benefits of family planning methods by married men in Omala LGA include; it reduces the economic and emotional burden of parenthood, it helps to improve maternal health and child survival, it reduces the number of abortions and family economic fortunes and it reduces unwanted pregnancy.



Table 12. Perceived hindrances of utilizing family planning methods by married men in Omala LGA

Likert Scale: Strongly Agree (5), Agree (4), Undecided (3), Strongly Disagree (2), Disagree (1)

S/N	Hindrances	5	4	3	2	1	Total	Mean	Remark
1	Lack of knowledge	80 34.0%	70 29.8%	35 35%	30 12.8%	20 8.5%	235	3.7	Accepted
2	Limited supplies and high cost of contraceptive	95 40.2%	85 36.2%	25 10.6%	20 8.5%	10 4.3%	235	4.0	Accepted
3	Cultural and personal objectives	120 51.0%	70 29.8%	30 12.8%	10 4.3%	5 2.1%	235	4.3	Accepted
4	Health concern due to family planning associated health risk	80 34.0%	70 29.8%	35 35%	30 12.8%	20 8.5%	150	3.7	Accepted

Source: Field Survey, 2024

The study using mean analysis of descriptive statistics makes the following decision rule. The decision criterion employed was to accept any statement with a mean score of 3.0 and above and reject those with less than 3.0 based on the Likert scale of 1 to 5. For this reason, since the mean scores of all the hindrances suggested in Table 10 are all greater than 3.0, it therefore implies their acceptance. Hence, the perceived hindrances of family planning methods by married men in Omala LGA include; lack of knowledge, limited supplies and high cost of contraceptives, cultural and personal objectives and health concerns due to family planning-associated health risks.



Table 13. Socio-Cultural Factors Affecting Modern family planning methods utilization among married men in the study area.

Key: Strongly Agree (5), Agree (4), Undecided (3), Strongly Disagree (2), Disagree (1)

S/N	Socio-cultural factors	5	4	3	2	1	Total	Mean	Remark
1	Cross cultural differences	95 40.2%	85 36.2 %	25 10.6 %	20 8.5%	10 4.3%	235	4.0	Accepted
2	Religious belief and practices	120 51.0%	70 29.8 %	30 12.8 %	10 4.3%	5 2.1%	235	4.3	Accepted
3	Gender role	120 51.0%	70 29.8 %	30 12.8 %	10 4.3%	5 2.1%	235	4.3	Accepted
4	Fertility desire and number of living children	80 34.0%	70 29.8 %	35 35%	30 12.8 %	20 8.5%	150	3.7	Accepted
5	Partner level of education	95 40.2%	85 36.2 %	25 10.6 %	20 8.5%	10 4.3%	235	4.0	Accepted
6	Child bearing practice	120 51.0%	70 29.8 %	30 12.8 %	10 4.3%	5 2.1%	235	4.3	Accepted
7	Partner discussion and approval	120 51.0%	70 29.8 %	30 12.8 %	10 4.3%	5 2.1%	235	4.3	Accepted

Source: Field Survey, 2024

The study using mean analysis of descriptive statistics makes the following decision rule. The decision criterion employed was to accept any statement with mean score of 3.0 and above and reject those with less than 3.0 based on the likert scale of 1 to 5. For this reason, since the mean scores of all the socio-cultural factors suggested in table 4.12 were all greater than 3.0, it therefore implied their acceptance. Thus, the socio-cultural factors affecting the non use of modern family planning methods among married men in the study area include; cross cultural differences, religious belief and practices, gender role, fertility desire and number of living children, child bearing practice, partner discussion and approval

**Table 14. Perceived strategies to improve the practice of family planning in Omala LGA**

Likert Scale: Strongly Agree (5), Agree (4), Undecided (3), Strongly Disagree (2), Disagree (1)

S/N	Strategies	5	4	3	2	1	Total	Mean	Remark
1	Community members removal of unnecessary cultural values that affect the utilization of family planning services	100 42.6 %	80 34.0 %	20 8.5%	25 10.6 %	10 4.3 %	235	4.0	Accepted
2	Informing couple about the importance of family planning choice so as to improve their reproductive health behavior	95 40.2 %	85 36.2 %	25 10.6 %	20 8.5%	10 4.3 %	235	4.0	Accepted
3	Health extension works should make good communication with them	120 51.0 %	70 29.8 %	30 12.8 %	10 4.3%	5 2.1 %	235	4.3	Accepted
4	Counseling in religious institution to propagate the knowledge of family planning and encourage the utilization of the services by their members to enhance their reproductive health	80 34.0 %	70 29.8 %	35 35%	30 12.8 %	20 8.5 %	235	3.7	Accepted

Source: Field Survey, 2024

The study using mean analysis of descriptive statistics makes the following decision rule. The decision criterion employed was to accept any statement with a mean score of 3.0 and above and reject those with less than 3.0 based on the Likert scale of 1 to 5. For this reason, since the mean scores of all the factors suggested in Table 4.11 are all greater than 3.0, it therefore implies their acceptance. Thus, the perceived strategies to improve the practice of family planning in Omala LGA include; community members' removal of unnecessary cultural values that affect the utilisation of family planning services, informing couples about the importance of family planning choices to improve their reproductive health behaviour, health extension works should make good communication with them, counselling in religious institution to propagate the knowledge of family planning and encourage the utilization of the services by their members to enhance their reproductive health.



Test of Hypothesis

H₀: Socio-cultural factors do not significantly affect the non-use of modern family planning methods among married men in the study area.

H₁: Socio-cultural factors significantly influence the practice of modern family planning methods among married men in the study area.

Table 15. ANOVA Result

	Sum of Squares	Df	Mean Square	F	Sig.
Between Groups	29.62	4	7.41	4.52	.0091
Within Groups	9.84	6	1.64		
Total	39.46	10			

Source: Researcher's Computation using SPSS version 20.0, 2024

Table 15 shows that the significance value (0.0091) of the F-Statistic (4.52) is greater than 0.05. The study rejected the null hypothesis and accepted the alternative hypothesis. Hence, it was concluded that socio-cultural factors significantly influence the practice of modern family planning methods among married men in the study area.

DISCUSSION OF FINDINGS

The study examined the socio-cultural factors influencing the practice of family planning by married men in Omala LGA. The specific objectives of the study were to find out if married men in Omala LGA are aware of modern family planning methods, investigate if married men in Omala LGA Kogi State are accessing and utilizing modern family planning, determine the perceived benefits of family planning methods by married men in Omala LGA, establish the perceived hindrances of family planning methods by married men in Omala LGA and suggest the perceived strategies to improve the practice of family planning in Omala LGA. The study utilized descriptive statistics of simple percentage and mean analysis and ANOVA to test the hypothesis formulated for the study.

It was revealed therefore there was a low awareness of married men in Omala LGA about modern family planning methods. Hence, a larger percentage i.e. 66% of the married men in Omala LGA were not aware of modern family planning methods. This finding is in line with that of Kassa et al., (2015) and Ozumba (2018) who opined that there is low participation of male involvement in the use of modern planning methods in Nigeria and that the knowledge of of non-scalpel vasectomy was very low among married men. However, this finding is contrary to that of Duru et al., (2018) who postulated that there is high awareness of family planning among couples in Nigeria.

The study also revealed that married men in Omala LGA Kogi State were not accessing and utilizing modern family planning. Hence, a significant percentage i.e. 63% of married men in Omala LGA had no access to and therefore do not utilise modern family planning. This finding corroborates with that of Adefalu et al., (2019), Wondim et al., (2021) and Mera (2019) who asserted that there is low application of modern family planning methods among rural dwellers.



The study also revealed that family planning methods reduce the economic and emotional burden of parenthood, help to improve maternal health and child survival, reduce the number of abortions and family economic fortunes and unwanted pregnancies. These findings are in tandem with the submissions of Bayray (2016), Dougherty and Kalyesubula (2018) who opined that family planning helps married couples in the control of unwanted pregnancy.

The study further revealed a lack of knowledge, limited supplies and high cost of contraceptives, cultural and personal objectives as perceived hindrances to the practice of family planning methods among married men in the study area. The result of the hypothesis which accepted the alternative hypothesis supports the findings as it concluded that socio-cultural factors significantly influence the practice of modern family planning methods among married men in the study area. The study finally uncovered removal of unnecessary cultural values that affect the utilisation of family planning services, informing couple about the importance of family planning choice to their reproductive health and sensitisation by religious institutions as perceived strategies to improve the practice of family planning in Omala LGA.

Moreover, the theory of Health Belief Model as applied in this study also supports the findings of this study as it has been able to explain that that individuals or communities especially rural people might consider the overall cost involved in the practice of family planning and therefore refuse to practice it. And that family planning might be in conflict with their long cherished cultural norms and values and as such, community members tend to withdraw from practicing family planning.

CONCLUSION

Modern family planning methods are necessary to enhance the mental, social and psychological well being of married men in the study area. However, there were socio-cultural factors affecting the practice of modern family planning methods by married men in Omala LGA, Kogi State, Nigeria due to lack of awareness of the benefits coupled with lack of access to contraceptives among other modern family planning methods.

RECOMMENDATIONS

1. The local government through health centres should create awareness on the use of modern family planning in the area. This can be achieved if every married couples are encouraged to visit the family planning service providers so as to enlighten them on various modern family planning choices that will meet their economic status as well as access to and the use of modern family planning in the study area.
2. The local government should create an enabling health environment for the married couples to be informed about the benefits of practicing modern family planning methods which include reduction in economic and emotional burden of parenthood, improvement in maternal health and child survival, reduction in the number of abortions and family economic fortunes and reduction of unwanted pregnancy.



3. The local government should address some of the perceived hindrances of family planning methods among married men in the study area. This could be achieved if the government addresses issues such as lack of the knowledge of it, limited supplies and high cost of contraceptive, cultural factors and personal objectives.
4. Finally, there should be adequate sensitisation programmes organized by religious leaders across the various religious institutions to enlighten their followers and believers on the need to practice the modern family planning methods and its benefits to their children as well as to their reproductive health among others.

LIMITATIONS OF THE STUDY

The major limitation of this research work is that it was limited to adopting only questionnaire as instrument of data gathering which might not be enough in given rooms for diverse responses. Instead, In-depth Interview and/or Focus Group Discussion (FGD) would have helped in getting more detailed responses from the target populations in the Omala Local Government Area on the subject matter.

SUGGESTIONS FOR FURTHER STUDIES

Based on the limitations of the study, the following area of research interests were suggested for future researchers to interview and/or Focus Group Discussion to examine:

Effects of modern family planning methods on health status of married couples in Nigeria

Effects of modern family planning methods on children and reproductive Health married women in Nigeria.

CONFLICT OF INTEREST

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Authors' Contributions

Ugbede Shaibu carried out the major research work

Edime Yunusa, M.Sc. drafted parts of the manuscript

Dr. Thomas Imoudu Goment proofread the manuscript

Professor Julius Olugbenga Owoyemi supervised the entire research work.

All authors drafted the manuscript, proofread and approved the final manuscript.



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