



Status And Determinant of Men's Knowledge Towards Family Planning Techniques in Nsit Atai Local Government Area, Akwa Ibom State, Nigeria

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ABSTRACT: This study investigates married men's knowledge of family planning techniques and the demographic factors influencing their understanding and use of contraception in Nsit Atai Local Government Area, Akwa Ibom State, Nigeria. Data was collected from 97 respondents through a structured questionnaire that covered their demographics, knowledge of family planning, and constraints to adoption. The sampling method involved simple random selection during church gatherings and visits to healthcare centers. Descriptive statistics and correlation analysis were used to analyze the data. The findings reveal that most respondents had high knowledge of barrier methods (e.g., condoms), with 80.4% reporting well-known awareness. However, awareness of other methods, like intrauterine devices (IUCDs) and sterilization, was lower, with only 32% and 37.1% reporting well-known knowledge, respectively. Significant factors influencing knowledge included age, marital duration, number of children, and the number of male children. The correlation analysis revealed strong relationships between knowledge and age ($r = 0.503$), and the number of male children ($r = 0.630$). Cultural and religious beliefs, especially among Christian respondents (82.5%), were key constraints to family planning adoption, with 19.3% citing fear of side effects and 17.2% thinking that contraception was only for women. The study also identified the influence of household size, with larger families showing less willingness to adopt family planning. The results underscore the importance of culturally tailored family planning education and improving access to family planning services. The study advocates for greater male involvement in reproductive health and community-driven awareness campaigns to overcome barriers to contraception use.

KEYWORDS: Contraceptive Awareness, Demographic Factors, Family Planning Knowledge, Men's Health, Male Involvement

INTRODUCTION

Family planning is essential for the welfare of individuals, families, and communities. Although traditionally perceived as a female-centric sector, the active involvement of men in family planning has progressively attracted global focus as a crucial element in attaining reproductive health objectives (Szuhan, 2022). Comprehending men's awareness of family planning methods is essential for encouraging their participation in collaborative decision-making and enhancing overall family planning results. Notwithstanding considerable advancements in this domain, discrepancies in men's awareness and involvement endure, shaped by societal, educational, economic, and systemic factors (Ezeanolue et al., 2015). The level of men's awareness about family planning methods significantly differs among areas and cultures. In numerous low- and middle-income nations, insufficient awareness of contraceptive methods is exacerbated by conventional gender norms that frequently assign family planning duties exclusively to women (Kabagenyi et al., 2014). Research indicates that misunderstandings regarding contraceptive methods, coupled with insufficient correct information, impede men's significant involvement in family planning. The correlation between vasectomy and diminished masculinity, together with the perceived adverse consequences of condoms, frequently deters males from embracing or endorsing certain procedures (Shattuck et al., 2011). This restricted understanding not only diminishes their readiness to participate in family planning but also sustains dependence on female-centric tactics, thereby neglecting the potential advantages of male-inclusive strategies.

The factors affecting men's understanding of family planning strategies are complex, influenced by individual, community, and systemic elements. Education serves as a crucial factor, with elevated levels of formal education being associated with increased awareness of family planning techniques (Tilahun et al., 2013). Men who get comprehensive reproductive health education are more likely to comprehend diverse contraceptive alternatives, including their effectiveness and application. Conversely, men with restricted educational backgrounds may possess misconceptions regarding family planning or lack awareness of accessible resources. Cultural and religious ideas significantly influence men's views on family planning. In patriarchal settings, conventional beliefs



frequently inhibit candid discourse regarding contraception, with males perceiving family planning as either taboo or solely a woman's obligation (Dudgeon & Inhorn, 2004). Moreover, religious concepts can either facilitate or obstruct family planning, contingent upon the interpretation of contraceptive use within particular faith traditions. This highlights the necessity for culturally attuned interventions that integrate reproductive health initiatives with local beliefs and practices.

Economic issues additionally affect men's awareness and involvement in family planning. Insufficient financial resources might hinder access to health treatments, especially in impoverished regions where contraceptive availability and education are lacking (Cleland et al., 2012). Furthermore, men in economically deprived communities may make urgent economic survival over long-term family planning a priority, so continuing cycles of unwanted pregnancies and big family sizes. Media exposure and access to healthcare services are equally important determinants. Men exposed to mass media programs advocating family planning are more likely to have appropriate knowledge of contraceptive options (Gupta et al., 2020). Likewise, access to male-oriented healthcare facilities and counselling services enhances participation by bridging knowledge gaps and dispelling misconceptions. Regrettably, in numerous areas, healthcare systems primarily focus on women, resulting in men being neglected and misled regarding their responsibilities in family planning (Shattuck et al., 2011).

The consequences of men's inadequate understanding of family planning methods are extensive. In addition to causing unwanted births, it perpetuates gender disparities in reproductive health decision-making and obstructs the attainment of the Sustainable Development Goals (SDGs), especially those concerning health, gender equality, and poverty alleviation (Sciortino, 2020). By targeting the factors influencing men's understanding, initiatives can enable men to engage as active collaborators in family planning, promoting more equitable and successful results. This paper therefore aims to investigate the state and determinants of men's knowledge regarding family planning methods in Nsit Atai Local Government Area of Akwa Ibom State, Nigeria, analysing the sociocultural, educational, economic, and systemic aspects that affect their comprehension and involvement. A comprehensive understanding of these interactions will guide policies and interventions aimed at enhancing men's knowledge, confronting detrimental perceptions, and eventually improving global family planning practices.

METHODOLOGY

Study Area

The research was conducted in Nsit Atai Local Government Area, located in Akwa Ibom State, Nigeria. This region comprises five clans, ten political wards, and 62 villages, with Odot serving as the administrative center. Situated in the Niger Delta region, Nsit Atai had a population of 73,395 according to the 2006 census, consisting of 37,186 males and 36,209 females (NPC, 2006). Based on an annual growth rate of 1.5%, the population was projected to rise to approximately 93,700 by 2022. The inhabitants are recognized for their warm and peaceful disposition. Economically, the area relies primarily on agriculture, particularly palm oil production, and local trade. Christianity is the dominant religion in the study area.

Population Sample and Sampling Technique

The study focused on married men residing in Nsit Atai. Using the Taro Yamane formula, the sample size was calculated as 97 individuals from the male population of 37,186 (Yamane, 1967). Participants were chosen through simple random sampling to ensure an unbiased representation. Recruitment occurred during church events and visits to healthcare centers, targeting a diverse pool of respondents.

Study Design and Data Collection

A survey design was utilized, enabling the collection of respondents' opinions while providing an accurate reflection of the population's characteristics. Data were gathered using a structured questionnaire, which included sections on demographic data and family planning knowledge. To maximize response rates, the researcher and two assistants administered the questionnaires directly to the respondents, explaining the study's purpose and potential benefits. Respondents completed the questionnaires immediately, achieving a 100% response rate.

Validation and Reliability of the Survey Instrument

The questionnaire was subjected to validation by two academic experts, who reviewed and provided feedback to enhance its quality. To test reliability, the survey instrument was administered twice, with a two-week interval, to 90 individuals not included in the



main study. Using Pearson's correlation, the reliability coefficient was determined to be 0.86, signifying that the instrument was consistent and reliable (Nunnally & Bernstein, 1994).

Data Analysis

Data analysis was conducted to address the research questions and test the study's hypotheses. Pearson's Product Moment Correlation (PPMC) was employed to analyze relationships between variables at a 0.05 significance level (Field, 2013). Descriptive statistics, such as percentages, frequencies, and averages, were used to interpret the respondents' knowledge of family planning methods effectively.

RESULTS AND DISCUSSION

i Demographic characteristics of Respondents

The demographic characteristics of the respondents provide valuable insights into factors influencing their knowledge of family planning techniques. The age distribution shows that nearly half of the respondents (49.5%) were aged 41–60 years, with a smaller representation of younger individuals aged 21–40 years (21.6%) and older individuals aged 61–80 years (28.9%). This skewed age distribution suggests that the respondents are predominantly in their middle and later stages of life, which are often associated with established family structures and reproductive responsibilities. Studies have shown that middle-aged men are more likely to have a broader understanding of family planning, given their longer exposure to health programs and personal experience with parenting challenges (Kabagenyi et al., 2016; 2014). However, younger men, who are often more open to adopting modern contraceptive methods, represent a critical group for family planning awareness campaigns (Bendi & Schultz, 2018; Shattuck et al., 2011).

The duration of marriage further reinforces this trend, with 41.2% of respondents being married for more than 15 years. This is significant as longer marital durations are often linked to larger family sizes, which may necessitate greater reliance on family planning to manage reproductive goals effectively. In contrast, those married for less than five years (14.4%) might face barriers such as limited exposure to contraceptive resources or sociocultural expectations of early parenthood (Peterson & Place, 2019; Tilahun et al., 2013). Tailored approaches to engage both newly married and long-term couples could ensure wider acceptance of family planning practices.

Educational attainment plays a pivotal role in level of exposure toward family planning. The data reveal that 31.9% of respondents had tertiary education, while 28.9% had secondary education. This reflects a relatively educated sample, as only 15.5% lacked formal education. Higher education levels are strongly associated with improved knowledge and acceptance of contraceptive methods, as education enhances access to information and fosters progressive attitudes toward family planning (Avantin et al., 2023; Ezeanolue et al., 2015). On the other hand, men with limited or no education may be less likely to engage with or support contraceptive use, emphasizing the need for family planning programs to address literacy-related barriers.

Occupational data indicate that farmers (30.9%) and teachers (26.8%) comprise the largest occupational groups among respondents. Farmers, particularly in rural settings, often face challenges such as limited access to healthcare services and entrenched cultural norms that favor larger family sizes (Ugwu, 2019; Cleland et al., 2012). In contrast, teachers may act as influential figures in their communities, capable of disseminating family planning knowledge and challenging traditional misconceptions. Tailoring interventions to the occupational context could further enhance program effectiveness.

Religion also emerges as a critical determinant of family planning attitudes, with 82.5% of respondents identifying as Christians, followed by smaller proportions practicing Islam (6.2%) and traditional religions (11.3%). Religious affiliation is known to influence reproductive decisions, with some religious doctrines discouraging contraceptive use (Abdi et al., 2020; Dudgeon & Inhorn, 2004). Engaging religious leaders in advocacy efforts could help address these barriers, fostering a more supportive environment for family planning initiatives.

The data on marriage types highlight that 67.0% of respondents are in monogamous marriages, while 33.0% are in polygamous unions. Polygamous households are often associated with larger family sizes and lower contraceptive uptake, as cultural and economic factors may encourage high fertility rates (Gupta et al., 2020). Addressing the specific challenges faced by men in polygamous marriages, such as resource constraints and traditional fertility norms, is crucial for improving their involvement in family planning.

Household size and the number of children further underscore the importance of family planning interventions. Over half of the respondents (52.6%) reported household sizes of 6–10 persons, while 55.7% had 1–5 children. Larger families are often associated



with economic and resource constraints, making family planning essential for improving the quality of life. Additionally, the preference for male children, reflected in the 85.6% of respondents who reported having 1–5 male offspring, highlights the influence of gender norms on reproductive decisions (Davis et al, 2016; Kabagenyi et al., 2014). Programs that address these cultural preferences could help reduce gender-based disparities in family planning outcomes.

Table 1: Demographic Characteristics of Respondents

Variables	Frequency	Percentage (%)
Age (in years)		
21 – 40 years	21	21.6
41 – 60 years	48	49.5
61 – 80 years	28	28.9
Total	97	100.0
Duration of Marriage		
Less than 5 years	14	14.4
5 – 10 years	17	17.5
11 – 15 years	26	26.8
Above 15 years	40	41.2
Total	97	100.0
Educational Level		
No formal education	15	15.5
Primary education	23	23.7
Secondary education	28	28.9
Tertiary education	31	31.9
Total	97	100.0
Occupation		
Teaching	26	26.8
Tailoring	6	6.2
Farming	30	30.9
Barbing	5	5.2
Trading	24	24.7
Others (welding)	6	6.2
Total	97	100.0
Religion		
Christianity	80	82.5
Islam	6	6.2



Traditional	11	11.3
Total	97	100.0

Types of Marriage

Monogamy	65	67.0
Polygamy	32	33.0
Total	97	100.0

Household Size

1 – 5 persons	32	33.0
6 – 10 persons	51	52.6
11 – 15 persons	11	11.3
16 – 20 persons	2	2.1
Above 20 persons	1	1.0
Total	97	100.0

Number of Children

1 – 5 children	54	55.7
6 – 10 children	27	27.8
Above 10 children	16	16.5
Total	97	100.0

Number of Male Children

None	2	2.1
1 – 5 male children	83	85.6
Above 5 male children	12	12.4
Total	97	100.0

ii Respondents' Knowledge of Family Planning Techniques

The analysis of Table 2 provides insight into married men’s knowledge of family planning techniques, highlighting variations across different methods. The respondents demonstrated the highest awareness of barrier techniques, such as male and female condoms, with 80.4% identifying them as well known and a mean score of 1.78, ranking this method first. This high awareness aligns with studies indicating that barrier methods are among the most widely recognized and accessible contraceptive techniques globally due to widespread public health campaigns and availability in retail outlets (Ali et al., 2020).

The prominence of withdrawal techniques, ranked second with 63.9% of respondents categorizing it as well known (mean score: 1.59), underscores the preference for natural methods in certain populations. Withdrawal is often seen as a culturally acceptable method in settings where religious or traditional norms discourage modern contraceptive use (Alvergne & Stevens, 2021). However, the lower reliability of withdrawal compared to modern methods suggests the need for targeted education to emphasize its limitations. Fertility awareness methods, including calendar-based techniques, ranked third, with 59.8% of respondents identifying them as well known (mean score: 1.41). Such methods are particularly relevant in rural and semi-urban communities where access to healthcare facilities and modern contraceptive supplies may be limited (Fiato, 2016). Despite their popularity, fertility awareness methods



require substantial knowledge of reproductive biology, which can be a barrier to effective use, particularly among populations with limited educational attainment. The Lactational Amenorrhea Method (LAM), ranked fourth (55.7% well known, mean score: 1.38), reflects moderate awareness. LAM is often considered a transitional method in postpartum contraception, particularly in resource-constrained settings where breastfeeding is prevalent. Awareness of this method can be improved through maternal health programs targeting postpartum women and their partners (Borda et al., 2023). Similarly, oral contraceptives (ranked fifth, 53.6% well known, mean score: 1.36) and injectable contraceptives (ranked sixth, 48.5% well known, mean score: 1.21) exhibit moderate levels of knowledge, indicative of some familiarity but a need for broader dissemination of information regarding their use and benefits. Contraceptive implants, with 44.3% identifying them as well known and a mean score of 1.14, ranked seventh. Despite being a highly effective long-term method, implants are underutilized in many communities due to misconceptions about side effects and limited access to trained healthcare providers (Darroch et al., 2020). Emergency contraceptive pills (ECPs), ranked eighth (42.3% well known, mean score: 1.06), demonstrate relatively low awareness. The limited knowledge surrounding ECPs may stem from their positioning as a last-resort option rather than a routine contraceptive method (Glasier, 2022). Educational efforts are necessary to dispel myths and clarify their appropriate use.

Intrauterine contraceptive devices (IUCDs) ranked ninth, with 32% of respondents indicating they were well known (mean score: 0.99). This reflects persistent barriers to IUCD use, such as fears of discomfort during insertion, limited provider availability, and cultural stigmas (Holt et al., 2019). Notably, female and male sterilization techniques ranked last, with only 37.1% identifying them as well known (mean score: 0.93). These findings indicate a significant knowledge gap regarding permanent methods of contraception, which may result from societal emphasis on reversible techniques and reluctance to discuss or adopt sterilization (Sundararajan et al., 2019). Overall, the results highlight the importance of improving awareness of underutilized methods such as IUCDs, ECPs, and sterilization while continuing to promote barrier and oral contraceptives.

Table 2: Ranking of Respondents Knowledge of Family Planning Techniques

S/N	Family Planning Techniques	Don't know	Somewhat known	Well known	Mean	Rank
1	Barrier techniques e.g. male and female condoms, spermicides etc.	2 (2.1%)	17 (17.5%)	78 (80.4%)	1.78	1
2	Intrauterine contraceptive devices (IUCDs)	32 (33.0%)	34 (35.1%)	31 (32.0%)	0.99	9
3	Emergency contraceptive pills (ECPs)	35 (36.1%)	21 (21.6%)	41 (42.3%)	1.06	8
4	Withdrawal techniques	5 (5.2%)	30 (30.9%)	62 (63.9%)	1.59	2
5	Fertility awareness	18 (18.6%)	21 (21.6%)	58 (59.8%)	1.41	3
6	Contraceptive implants	29 (29.9%)	25 (25.8%)	43 (44.3%)	1.14	7
7	Injectables contraceptives techniques	27 (27.8%)	23 (23.7%)	47 (48.5%)	1.21	6
8	Oral contraceptives Pills	17 (17.5%)	28 (28.9%)	52 (53.6%)	1.36	5
9	Lactational Amenorrhea technique	17 (17.5%)	26 (26.8%)	54 (55.7%)	1.38	4
10	Female and male sterilization technique	43 (44.3%)	18 (18.6%)	36 (37.1%)	0.93	10



iii Knowledge Status of Family Planning Techniques

The findings presented in Table 3 reveal the knowledge status of married men in the study area regarding family planning techniques. A significant majority, 66.0% of respondents, scored high on the Family Planning Techniques Knowledge Level Scale (FPTKLS), indicating substantial awareness of various contraceptive methods. Conversely, 34.0% of respondents fell into the low knowledge category, reflecting gaps that need to be addressed through targeted interventions. The predominance of high knowledge levels suggests that ongoing public health campaigns and community outreach initiatives have positively impacted family planning education. Studies have highlighted that male involvement in family planning is crucial for improving uptake and acceptance of contraceptive methods, particularly in patriarchal societies where men often influence reproductive decisions (Okeke & Nwankwo, 2024; Kabagenyi et al., 2014). However, the proportion of individuals with low knowledge underscores the persistent barriers to accessing comprehensive family planning information.

Low knowledge levels may be attributed to limited educational attainment, cultural misconceptions, and insufficient engagement of healthcare providers with male populations. For instance, myths and stigma surrounding certain contraceptive methods, such as sterilization or intrauterine devices, can hinder awareness and acceptance (Amrutha et al., 2022). Addressing these barriers requires culturally sensitive approaches, such as integrating family planning education into community health programs and engaging religious and community leaders to dispel misconceptions.

Moreover, the FPTKLS findings emphasize the need for inclusive strategies to bridge knowledge gaps. Tailored messaging targeting less informed groups, particularly in rural or underserved areas, could help ensure equitable access to accurate family planning information. Evidence suggests that improving men’s knowledge of contraceptive options fosters shared decision-making in reproductive health, ultimately contributing to better health outcomes for families (Silumbwe et al., 2020).

Table 3: Frequencies and Percentages of Knowledge Status of Family Planning Techniques

Knowledge status	FPTKLS Score	Frequency	Percentage (%)
Low	1-10	33	34.0
High	11-20	64	66.0
Total		97	100.0

Note: FPTKLS = Family Planning Techniques Knowledge Level Scale

iv Constraints to Adoption of Family Planning Techniques

The adoption of family planning techniques among respondents is influenced by a range of cultural, religious, and systemic factors, as evidenced by the data in Table 4. One significant constraint identified was religious beliefs, with 6.2% of respondents reporting that their church doctrines discourage the use of family planning. This finding is consistent with studies showing that religious institutions often shape reproductive health behaviors, sometimes opposing contraception on moral or doctrinal grounds (Agadjanian, 2018). Similarly, 2.1% of respondents cited cultural disapproval as a barrier, reflecting deep-seated norms that view large families as desirable, particularly in traditional patriarchal societies (Cairo, 2022; Cleland et al., 2012). Another major obstacle is the fear of side effects, which was reported by 19.3% of respondents, making it the most frequently cited constraint. This finding aligns with broader concerns in reproductive health studies, where fears about infertility, irregular menstruation, and other health risks often deter individuals from using contraception (Machiyama et al., 2017). This fear is compounded by inadequate access to accurate information and counseling services, which could otherwise dispel myths and reassure potential users.

Gendered perceptions of family planning also emerged as a significant barrier. A notable 17.2% of respondents believed that family planning is solely a woman’s responsibility, illustrating the persistence of patriarchal norms. Such attitudes marginalize men in reproductive health decisions, perpetuating inequities in family planning practices. Engaging men in these discussions has been shown to improve contraceptive uptake and foster shared decision-making (Thompson et al., 2017; Kabagenyi et al., 2014). Systemic barriers such as lack of access to family planning methods (11.4%) and poor quality of available services (15.2%) further impede adoption. These issues are particularly acute in rural and underserved areas, where healthcare infrastructure is often limited. Studies have consistently shown that inadequate access to contraceptive supplies and healthcare services disproportionately affects marginalized populations, limiting their ability to make informed reproductive choices (Dehlendorf & Perritt, 2022; Holt et al., 2020).



The lack of awareness about family planning, cited by 13.8% of respondents, underscores the importance of comprehensive health education programs. Public awareness campaigns can play a pivotal role in bridging knowledge gaps, addressing misconceptions, and increasing acceptance of family planning techniques. The success of such initiatives has been documented in several contexts, where improved awareness has directly correlated with higher contraceptive prevalence rates (Hailegebreal et al., 2021; WHO, 2010). Spousal dynamics also contribute to the constraints faced by respondents. For 5.5% of participants, a lack of participation by their wives was a barrier to family planning adoption. This finding reflects the complex interplay between communication, trust, and shared decision-making in marital relationships. Evidence suggests that when couples openly discuss family planning, they are more likely to adopt and sustain contraceptive use (Kriel et al., 2019; Hartmann et al., 2012). Additionally, 9.3% of respondents cited concerns related to having children of only one sex, reflecting societal preferences for balanced gender distributions among offspring. Such preferences can lead to larger family sizes and reluctance to adopt contraceptive methods.

Table 4: Constraints to Adoption of Family Planning Techniques

Constraints	Frequency	Percentage (%)
My church belief does not encourage family planning	18	6.2
Fear of side effects of family planning	56	19.3
Lack of access to family planning method	33	11.4
Poor quality of available services	44	15.2
Lack of awareness about family planning	40	13.8
Thinking that it was only meant for women	50	17.2
Wife refused to participate in family planning	16	5.5
My culture does not accept family planning	6	2.1
Having only single-sex children	27	9.3
Total	290	100.0

Relationship between Demographic Characteristics and Family Planning Knowledge

The results in Table 5 shows the correlation between demographic characteristics and knowledge levels of family planning techniques, provide insightful observations about the factors influencing men's knowledge on this subject. Age demonstrates the strongest correlation with knowledge level ($r = 0.503, p < 0.05$). Older individuals generally tend to have more exposure to family planning information, possibly due to their longer participation in marital life and family decision-making. This result aligns with previous research indicating that age can be a factor in increased awareness and utilization of family planning methods (Zeruhun et al., 2020). Older men, especially those who have been married for longer periods, may accumulate more knowledge about reproductive health, as they are more likely to engage in family planning decisions within the household (Sultana 2023; Ahmed & Yunus, 2021).

Years of marriage also show a significant positive correlation with knowledge of family planning ($r = 0.201, p < 0.05$), albeit weaker than age. This suggests that men with longer marriages might have accumulated more experience and knowledge through their involvement in family planning discussions and practices with their spouses. Marital duration influences the adoption of family planning, as couples with longer marriages often engage more deeply in family planning decisions (Pillai et al., 2020).

The number of children correlates positively with family planning knowledge ($r = 0.467, p < 0.01$), which is consistent with findings in other studies where parents with more children have a greater understanding of reproductive health. This is likely because individuals who have experienced multiple pregnancies may have interacted more with health systems and fertility specialists, thus acquiring more knowledge over time (Kabagenyi et al., 2014). Moreover, fathers with larger families are often more conscious of the need for family planning to manage resources and ensure the well-being of their children.

The number of male children is also positively correlated with knowledge of family planning ($r = 0.630, p < 0.10$). While this relationship is somewhat less significant than others, it might indicate that fathers of male children, who often play a more active



role in household decisions, might be more inclined to discuss and implement family planning strategies. This finding could reflect a cultural bias where men with male children are perceived to have fulfilled their primary societal role, thus being more open to family planning methods to limit further family expansion (Harmann 2018).

Lastly, household size shows a weaker correlation with knowledge of family planning techniques ($r = 0.321$), suggesting that the larger the household, the more likely the knowledge of family planning techniques. This could be due to the increased responsibilities that come with managing a larger family, prompting men to seek out family planning information to control family size. Larger households often face more economic pressures, and family planning becomes a tool to manage the number of children born and the associated costs (Akinyemi et al., 2015).

Table 5: Correlation Analysis of Demographic Characteristics and Knowledge Level

S/N	Variables	Coefficients
1	Age	0.503**
2	Years of marriage	0.201**
3	Household size	0.321
4	Number of children	0.467***
5	Number of male children	0.630*

*Note: ***, *, and * indicate correlation is significant at the 1%, 5%, and 10% levels, respectively. Dependent variable = knowledge level of family planning techniques.

CONCLUSION AND RECOMMENDATIONS

This study examined the knowledge levels and constraints faced by married men in Nsit Atai Local Government Area regarding family planning techniques. The results reveal that while certain family planning methods, such as barrier techniques, are well known, others, such as intrauterine devices and sterilization, are less familiar. Demographic factors, particularly age, years of marriage, and the number of children, were found to significantly influence men's knowledge of family planning. However, various constraints, including cultural beliefs, fear of side effects, and lack of awareness, hinder the adoption of family planning methods. To improve the adoption of family planning, targeted educational campaigns should be implemented, especially focusing on less known methods like IUCDs and sterilization. These campaigns should consider demographic variables such as age and marital duration to tailor the information effectively. Additionally, addressing the cultural and religious barriers that influence family planning decisions is crucial, with community leaders playing an active role in dispelling myths and promoting the benefits of family planning. Finally, enhancing the accessibility and quality of family planning services can reduce the perceived barriers related to side effects and availability. Social support systems and counseling services should be made available to address men's concerns about family planning methods.

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