

Socio-cultural Context of Men's Non-use of Contraceptive and Perceptions about Family Planning: A Qualitative Study in Akwa Ibom State, Nigeria

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Abstract

Contraception among Nigerian men remains low despite its benefits. Studies on contraception have largely ignored men. The relatively little attention paid to males, who make most of the important household and reproductive right decisions in our cultural milieu, can negatively impact the use of family planning services. Thus, this study examined the socio-cultural context of non-use of contraception among men, assessed their perceptions about family planning, and also examined the characteristics of non-users of contraception. Using in-depth interview and focus group discussion (FGD), data were collected from men aged (20-59) years who were purposively sampled in Ikot Ekpene and Uyo. Data were analyzed thematically. Findings indicated high level of awareness and non-use of contraceptive. Perceptions on contraceptive and family planning varied, with most of the participants reporting that contraception is bad. Misconceptions about condom as a taboo, male preference, desire for large number of children, and the religious and cultural belief that children are blessings from God were the key factors influencing non-use of contraceptive. Overall, the study established that non-use of contraceptive in the study area is often shaped mostly by cultural and religious beliefs, and social expectations rather than by lack of knowledge or access. There is need to further strengthen advocacy programs on men's contraception and address social-cultural barriers with the aim of improving male involvement in family planning programs in Akwa Ibom State.

Keywords: Contraceptive, socio-cultural context, Family Planning, Nigeria

Introduction

Despite the growing body of insightful literature and scholarly works done across African countries in recent past, reproductive health issues have remained key challenges to grapple

with, by government and non-governmental agencies (Uoro and Ette, 2023). Contraceptive use is important in population control and thus impacts positively on economic development of any country and maternal health. Despite its benefits, the prevalence rate remains low. Male involvement in contraception is very critical especially in sub-Saharan African countries, including Nigeria, where men are often heads of households and decision-makers on reproductive health matters such as the number of children the couple would have as well as the use and non-use of contraceptives (Akinyemi et al 2023). As a result of this, family planning advocates have encouraged the involvement of men in contraceptive uptake (Assaf & Davis, 2019). Globally, estimate for male contraceptive use stands at 12.5%, and trends in contraceptive use among Nigerian men reveal a persistently low uptake.

In Africa, the trend of non-use of contraceptives among men is concerning. For example, in Kenya, despite various interventions, the use of male contraceptives remains low (Oduor et al., 2020). The Nigerian Demographic and Health Surveys (DHS) from 2003 to 2024 consistently showed that a significant proportion of men do not use any form of contraception (National Population Commission (NPC), & ORC Macro. 2004; National Population Commission (NPC) & ICF Macro. 2009); National Population Commission (NPC) & ICF International. 2014; National Population Commission [NPC], 2019; Federal Ministry of Health and Social Welfare of Nigeria (FMOHSW), National Population Commission (NPC) & ICF 2025). Awareness of contraceptives among men varies. While general awareness might be high, comprehensive knowledge about different contraceptive methods and their benefits is often lacking. Educational programs targeting men have shown mixed success, with more effective programs being those that directly address men's specific concerns and misconceptions (Cleland et al., 2014); Cislighi & Darmstadt, 2021; Desiree et al 2025) Despite having some knowledge of family planning methods, there are a number of factors that hinder men from playing an active role in family planning. Previous studies in sub-Saharan Africa have indicated that non-use of contraception among men are associated with a myriad of socio-demographic, and socio-economic factors. In Uganda, economic barriers and traditional beliefs significantly hinder men's use of contraceptives (Namasivayam et al., 2019). Similarly a study in Ghana shows low contraceptive use among men, with traditional gender roles and misconceptions about contraceptives playing a significant role (Nyarko, 2020). In Nigeria, age, income, education and marital status were found to influence contraceptive use among men (Mekonnen & Worku, 2020; Ankomah et al., 2019; Ogunjuyigbe et al., 2019). Few studies reported misconceptions and beliefs about family planning. Most Nigerian men believed that contraception is solely for women and that women who used contraceptives may become promiscuous (Akinyemi, 2023). Given the persistent low male contraceptive use, there is need for a deeper understanding of the socio-cultural factors driving this phenomenon and men's perceptions about family planning.

Some studies in sub-Saharan Africa have indicated low contraceptive use among men. For instance, a study in Uganda showed that *only 4 out of 811 men ever used some methods of contraception*, while 64% and 43% females have ever used and were currently using contraception respectively (Vouking et al 2014). Meanwhile, a recent study indicated that male contraceptive uptake was 46.4% (Tumwesigye et al, 2023). In addition, recent clinical trials have showed that men are less likely to use male contraceptives with a level as low as 13.6% (Reynolds-Wright, 2021). *Another study in Nigeria found that about 29% of men used contraceptive*, while, 7,500 (77.6%) were non-users (Akinyemi et al 2023). Trends have also shown that male contraceptive use only increased slightly from 15.5% in 2003 to 17.6% in 2018 (National Population Commission [NPC], 2019). This slow progress underscores the need for targeted interventions to address the specific barriers faced by Nigerian men. Most researchers have focused on contraceptive use among women (Ononokpono et al 2020; Ejembi et al. 2015; Afolabi et al. 2021), Besides, a few studies on contraceptive uptake have tilted towards men users (Tumwesigye et al 2023; Ndenzako, 2001). With the exception of a study by Akinyemi et al (2023), most extant studies have rarely examined non-use of contraception among men. While a previous study in Nigeria has shown a relationship between perceptions and non-use of contraceptive among Nigerian men, their lived experiences and perceptions about family planning have not been adequately explored.

Considering that Nigeria is a patriarchal society, where men's dominance over women's reproductive health and rights is evident, men's non-use of contraception may have adverse consequences on maternal and child health. For instance, the rate of unwanted pregnancy is high among Nigerian women and an increased rate of unwanted pregnancies within households may result in abortion, most of which are unsafe and this may impose severe consequences on the reproductive health of the people concerned. Ayamolowo et al (2024). Nigeria is culturally and ethnically diverse; and the high population growth in the country is mostly driven by high fertility, therefore understanding men's non-use of contraception in different cultural settings is necessary and may help in achieving the SG 3.1 and 3.8 targets. Furthermore, most of the studies focusing on male contraceptive use in Nigeria and other countries have heavily relied on quantitative methodology (Tumwesigye, 2023;), hence this study intends to use a qualitative approach to understand men's lived experiences of contraception and the socio-cultural nuances of non-use. This approach will provide evidence-based data to further strengthen advocacy programs on men's contraception.

Against this backdrop, this project focuses on socio-cultural context of male non-use of contraceptive and perceptions about family planning.

Literature Review

Educational programs targeting men have shown mixed success, with more effective programs being those that directly address men's specific concerns and misconceptions (Nyeko et al., 2021). Extant literature indicated that age is an important determinant of contraceptive use with younger men less likely to use contraceptives compared to older men (Akinyemi et al., 2023). In addition, a study in Ghana showed that educational attainment is a significant predictor of contraceptive use (Longla et al 2023). Men with higher levels of education tend to use contraceptive more than their counterparts with lower educational levels. Furthermore, economic status and unemployment were found to influence contraceptive use, with men from wealthier households more likely to afford and access contraceptive services than those from poor households (Ankomah et al., 2013; Guttmacher Institute, 2017). Financial constraints often limit the ability of poorer men to access contraceptives.

Furthermore, Ogunjuyigbe et al., (2009) found that married men have increased likelihood of using contraceptives than their unmarried counterparts. This is often because of the desire for small family size and the influence of spousal communication on reproductive decisions. Another study in Nigeria found that cultural beliefs and norms are strong determinants of contraceptive use among Nigerian men. For example, traditional views and misconceptions about contraceptives, as well as fears of infertility and religious prohibitions, significantly contribute to non-use (Oyediran, 2017). A study by Tumwesigye and colleagues indicated that lack of communication about male contraception, joint couple decision regarding contraception, influence non-use of male contraception (Tumwesigye, 2023)

A community-based study in Borno state, Nigeria reported that most men perceive that family planning make its users promiscuous, and men's role in family planning conflicts with their moral, cultural, and religious beliefs (Isa et al. 2023). The non-use of contraceptives among Nigerian men is influenced by a complex interplay of socio-cultural, demographic and economic factors. Despite various interventions, the uptake remains low, necessitating targeted strategies that address these specific barriers.

This study is guided by social ecological theory developed by Stokols (1996). The social ecological theory emphasized the importance of the social context (environment) which include various geographical, technological, organizational and socio-cultural conditions existing within a particular community or environment which can influence health behaviour. In the context of this study, men's decision not to use contraceptive, could be due to personal need, social and cultural conditions existing in the environment in which they live.

Methods

This study utilized a descriptive design involving qualitative approach focusing on men aged 20-59 years. The selection of men in this age group is consistent with the age group used in

NDHS for men of reproductive age who are sexually active. (NPC & ICF 2019; FMOHSW, NPC & ICF 2025). The outcome variable is non-use of modern contraceptive. The study was conducted in Uyo and Ikot-Ekpene Local Government Areas of Akwa Ibom State between May and July 2025. A convenient sample of men (96) were selected and the sample size was determined by data redundancy or saturation. In-depth interview and Focus group discussion (FGDs) were used to collect data on the characteristics of the participants, their knowledge of contraceptives and forms, perceptions about Family planning, socio-cultural factors contributing to non-use of contraceptive and interventions needed to increase men's contraceptive use. In-depth interview and FGD tools were developed based on objectives of the study. The interviews and FGDs were conducted in native language (Ibibio) by trained male research assistants who are vast in the native language and each session lasted for 60 minutes. A total of 2 FGDs were conducted to complement the in-depth interviews for those not involved in the interviews. Both interview and FGD sessions were recorded, translated to English language and then transcribed for analysis.

To analyze the transcribed data, first analytic codes were generated and applied to FGD and interview transcripts, and thematic analysis was conducted to examine themes, and present participant's narratives based on knowledge and awareness of forms of contraceptive, their perceptions about Family planning, socio-cultural factors contributing to non-use of contraception and possible interventions.

Results

Results were generated through in-depth interviews (IDI) and Focus group discussions (FGDs) which served as major instruments for eliciting data for the study. Socio-demographic characteristics of the participants and emerging competing narratives are contextually presented below.

The socio-demographic characteristics of the participants were presented in Table 1 and results showed that most of the participants were middle aged men (26%). A substantial proportion were Christians (79.2%) and married (72.2%). More than half of the participants attained secondary level of education (52.1%) and were mostly farmers (43.8%).

Table 1. Socio-demographic characteristics of participants N=96

Variables	n	%
Age		
20-24	5	5.2
25-29	6	6.3
30-34	7	7.3
35-39	10	10.4
40-44	20	20.8
45-49	25	26.0
50 -59	23	24.9
Marital status		
Single	5	5.2
Married	70	72.9
Divorced	9	9.4
Separated	4	4.2
Widowed	8	8.3
Educational Attainment		
Primary	20	20.8
Secondary	50	52.1
Tertiary	26	27.3
Religious affiliation		
Christianity	76	79.2
Muslim	15	15.6
Traditionalist	5	5.2
Occupation		
Farming	42	43.8
Trading	24	25.0
Artisan	10	10.4
Civil Servant	20	20.8

Results of interviews/FDGs

Participants' Knowledge of contraceptives

There was evident of some knowledge about contraceptive methods and usage available to men in the study setting. Narratives by participants, unanimously described it as any activity or action taken, to prevent pregnancy. Participants, both users and non-users, described contraceptives as products, drugs, or practices that prevent conception. Some noted learning about contraception through family member and even before marriage. They described contraceptive in the following ways:

Contraceptive is any form of activity employed for the prevention of pregnancy and the control of birth. (Participant, aged 40, Ikot Ekpene)

I know that it involves what people use in order to control or prevent pregnancy or number of children. Participant, aged, 47, Uyo

Contraceptive is the artificial use of products or instruments for the prevention of pregnancy. Participant, (Non-user), aged, 22, Uyo

My father did not use Contraceptive...I do not really have much interest on it, but I think it is any form of activity employed for the prevention of pregnancy and the control of birth. (Participant (Non-user), aged 47, Ikot Ekpene)

For me, whatever a man does to prevent unwanted pregnancy is contraceptive, this can be in form of drugs, wearing or inserting certain things into the reproductive organ to obstruct access of sperm or any intentional act of preventing pregnancy. (Participant (user) aged 33, Ikot Ekpene

I know about contraceptive a long time ago when I was not married, a friend of mine introduced me to how to do certain things to prevent pregnancy and protect myself from sexually transmitted diseases. (Participant (User), aged 52, Uyo

Awareness of forms of contraceptive

Narratives from participants revealed a very high level of awareness about forms of modern contraceptive methods used by men. Some of them mentioned condom, injection, use of medication, and some traditional methods such as mixture of local herbs with limes, garlic, alligator pepper etc. Others include coitus interruptus (Withdrawal), counting of menstrual cycle, s and local concoctions – mixture of *Ata, Ntuen ibok* with local gin. Some of the participants affirmed:

Yes, like condoms and withdrawal system are the most popular and widely used contraceptive method used by men. Participant, aged (52), Uyo

Although, I personally I have never used it, I am aware of some things one can use to prevent unwanted pregnancy such as, condom and withdrawing to pour sperm outside during ejaculation. For me, I used natural preventive method, when her months arrives (fertile period) I allow it to pass for like one week, then we resume copulation after that. Participant aged 59, Ikot Ekpene.

Yes, like condom, coitus interruptus (withdrawal), and calendar methods which involves counting of menstrual circle to establish safe periods. Participant, aged (42), Uyo.

I have some knowledge about contraceptive devices. But I usually take my wife to the hospital to see the doctor for injection that will last for three years before taking- in

again. Though, I do not know the name of the injection, but it works for me. Participant, aged 55, Ikot Ekpene

Yes, I know condom, these is the only thing I know that men use. When you marry, you need to study your wife, know that after menstruation she will be fertile. You should know her period that she is free or if you don't have knowledge to that standard, you just withdraw when you are about to ejaculate. I have already heard someone say that things are hard and it's true. Participant, aged 34, Uyo.

Some participants demonstrated awareness of other natural or traditional methods, often informed by personal experience or community knowledge indicating diverse knowledge of both modern and traditional family planning methods within the study areas. They referenced traditional methods such as herbal mixtures (e.g., Ata, Ntuen ibok, lime and ukud). They expressed their awareness as follows:

There is what is called Ata and Ntuen ibok. After pounding them and putting them in ukod, after she sleeps with a man, she takes it in the morning. It will flush her. Participant, aged 58, Ikot Ekpene

I discovered a book some years ago called "when there is no doctor" that time, there was no condom. I have knowledge that women, after having sex with their husband and do not want to get pregnant take mkpiridem (lime), much quantity, add salt and drink. Participant, aged (38), Ikot Ekpene.

Perceptions about contraceptive/family planning

Majority of the participants were in support of contraceptive as a reliable means of implementing family planning, and prevention of unwanted pregnancies and its unpleasant consequences. Those who condemned it, anchored their disapproval on moral dilemma-submitting that, every seed of sperm wasted intentionally, amounted to silence killing. The views in support of contraceptives reflect a mix of practical benefits and religious concerns. While some recognized contraceptives as tools for controlling unwanted pregnancies and family size, others highlighted their role in preventing sexually transmitted diseases. Their views were as follows:

Contraceptive is very good because it allows for the couple to have their desired number of children which is important now that the economy is very difficult. Participant, aged 42, Uyo.

Contraceptive is good because it helps in the control unwanted pregnancy. At the same time, it is against the will of God that wants us to go and multiply. Participant, aged 27, Uyo.

Contraceptive is very good because it will prevent unwanted pregnancies, prevent the spread of STDs and promote sexual health. Participant, aged 40, Ikot Ekpene.

All these things they are saying I drink this, I drink that, it depends on the man's blood. I know that without you using condom to have sex, if you say let me do raw, when I want to ejaculate, I will withdraw that she will not get pregnant because I poured it out, you are really lying, she will get pregnant. So based on what I know, condom is the best to use to have sex. When you have sex even small, that small sperm that use to come out "Sap tep" that small one, when it enters, it has entered. When you go to doctor to remove it, it wouldn't go out. I have impregnated many, more than five. Participant, aged (36), Ikot Ekpene.

The perception of some participants was that contraceptive methods, is a gift from God. In their view, contraceptive, such as injectable, is a practical way to limit the number of children due to economic hardships and the difficulty of providing for a large family. Two of participants shared similar views:

*I don't take it as a bad thing, because it is the same as God gave knowledge to inject us against diseases. It is God that give doctors the knowledge. You can take the injection that will last for six months till it expires, so that many (children) would not come in because things are hard even to get food garri 5-2 thousand... **Participant, aged (36), Ikot Ekpene.***

*Sincerely speaking, it is better to embrace contraceptive as a means of planning to have a family size that one can cater for. The present economic down turn and many other factors do not make a large and unplanned family a popular choice. **Participant, Aged (31), Uyo.***

Some participants had opposing perspectives about contraception, while others expressed mixed feelings. They emphasized adherence to the religious belief that procreation is divine. For instance participants identifying as Catholic view contraception as conflicting with God's plan and injunction to "be fruitful and multiply." Some describe contraceptive methods, especially those that prevent conception, as morally wrong or equivalent to "murder," The varying perceptions are as expressed by the participants in the FGDs:

*Since I am a Catholic, I consider these things (contraceptive) not good because it defies the God-ordained plan for man to go and be fruitful and multiply. **Participant, aged 32, Uyo.***

*I must confess to you; my brother using any means to waste the sperm or make it infertile through any means is "silence killing" anybody who is not prepared to have child for whatever reason should not have sex with his partner at a time or period she could take in. I know you may think that I am a religious bigot...but I want to put it to you that wasting the sperm to prevent pregnancy is as good as murder and should be avoided by any true Christian. **Participant aged 59, Uyo***

*It is both good and bad. Good in the sense that it prevents unwanted pregnancy and sexually transmitted diseases (STDs); it allows you have the number of children you can cater for. However, it is against the biblical injunction that commands us to go and multiply. This is the real essence of sexual intercourse. Also, condoms are not 100% guaranteed as it has been proven that there are unseen leakages in them. **Participant, aged (42), Ikot Ekpene.***

*In this particular case good and bad are the same. It is a bad thing. Why? Because you know that sex is a natural way for childbirth. So, when you go to take drugs or tamper with the position of your womb so that you don't give birth, you are consciously attracting punishment from God. **Participant, aged 57, Ikot Ekpene.***

Socio-cultural factors contributing to non-use of contraceptive

Competing narratives were in total support of overwhelming influence of some social and cultural factors affecting men's non-use of contraceptive in both the IDI and FGD. These factors were identified by participants to include-preference for male children, religious beliefs, proof of fertility, desire for more children and misconceptions surrounding condom usage.

Preference for male children/religious beliefs/proof of fertility

One participant from Uyo noted that men often do not use contraceptive in order to demonstrate their fertility and fulfill the cultural preference for sons. Another man from Ikot Ekpene expressed a personal need for a male child after having two daughters, hence the reason for non-use of contraception. As the participants put it:

Some men are influenced by societal factors in order to prove their fertility; some need male children so they do not care about contraceptive. Others believe that the use of condoms reduces sexual pleasure. Participant, aged(44), Uyo

I am not aware of any cultural factor and I don't use either because I need another child preferably, a male child. I have two daughters already and I need a son; so, we don't use any contraceptive. Participant, aged 40, Ikot Ekpene.

Another participant acknowledged the absence of cultural barriers but emphasized adherence to religious law, and the need for children. The non-use of contraceptive was in compliance with religious teachings and also to prove his fertility before considering family planning as an option:

I don't know of any cultural factor that could cause men not to use any contraceptive; but I am very much aware of the religious laws against it. I do not use it; I even need children so there is no need for me. I need to prove my fertility first before thinking of preventing it. Participant, aged 32, Uyo.

Desire for more children

Several participants expressed strong desire for more children as cultural reasons for not using contraception. One Participant expressed that being married and having only one child creates social pressure from spouses, family, and friends as the expectation of any married man is procreation.

To be honest with you, it is against our culture to obstruct pregnancy...it amounts to destroying future generation before they are born. Those who indulged in anything to terminate pregnancy are not seen as responsible. Anyone who could not take the responsibility of being a father should keep away from women. I am married and I need children. It is my fourth year in marriage and I just had my first child last year so I need more. My wife, my people and my friends all expect me to procreate; so, I don't really need it for now. Participant, aged 45, Ikot Ekpene

While one respondent acknowledged that some men avoid contraceptives due to concerns about reduced sexual pleasure, another for instance, made a comparison to notable figure like biblical King David underscoring the belief that every child is given by God for a purpose, and that limiting births could prevent the emergence of significant individuals or achievements. They explained:

There is how someone has three children, this one a doctor, the other a lawyer and this one a native doctor. There is a work God gave you to come and do. Let's say you gave birth to the one that came to be beating you and you ran to do family planning and blocked the two other good children that were to come forth? Do you understand? How will you achieve what God had kept for you, like King David (in the bible). If David's father had stopped having children after the first or second child, because of how troublesome they must have been, how would he have gotten a king in his lineage? Participant, aged (45), Ikot Ekpene

*For those who don't use, I believe it is because they want children or maybe, they feel condoms reduce sexual pleasure. I see that as carelessness. I don't joke with my condoms; I use it always. I am not ready for any drama. **Participant, aged 27, Uyo.***

Misconceptions

Misconceptions and negative beliefs about condom use were widespread among the participants, and most of them viewed condoms as modern, unnatural and harmful emphasizing that their forefathers did not use them. Some of the participants also expressed distrust in the material used for the production of condoms, describing them as plastic and prone to causing "heat" (irritation) and discomfort, especially in the genital area. They emphasized:

*Condom is not good. our forefathers didn't use it. Most of the thing is being master mined by doctors, these things introduced by WHO, to make money. I say this thing is plastic, when you put it expands. There are some people that drink thing and their penis is so enlarged but the condom sizes them, don't you reason? The more you go in the more you have heat. It is better both the man and the woman use condom than being use by one person. There is female condom, I have it. So, all those things are bad. Condom is too bad; it is very bad. But for the sake of prevention so that people would not get pregnant or contract infection or what we go contract another kind of disease (heat). A lot of people with heat today is because of condom. If I have my way, I will stop condom. **Participant, aged 34, Uyo***

*That thing (condom) is not good. Far back in the 50's and 60's what did our fathers use? Nothing. My own personal conviction is that it is not good to tell someone to block pregnancy and having children. **Participant, aged (43), Ikot Ekpene***

Some of the participants believed that condoms reduce sexual pleasure and question their effectiveness. Expressing dissatisfaction, one of the participants stated:

*It is because of the desire to have maximum pleasure that men have sex without condom. As we have already said, condom is very bad based on the materials used to produce it. you know it is plastic if you expand it, it can contain 50 litres of water. Yes it can contain more than 50 litres of water. Condom causes very serious heat and that is why as it was already said about scratching especially in the penis region. It is not good in the body. **Participant, aged (39), Ikot Ekpene***

Views on contraceptive interventions

The study participants suggested culture sensitive intervention strategies such as up scaling of sensitization programs for target population, awareness campaigns and policy-driven enlightenment engagement involving community stake holders, as promising interventions to promote understanding and acceptance of family planning. Some participants suggest that knowledgeable health personnel should lead these efforts to ensure accurate information dissemination. Cost is identified as a significant barrier, with several participants recommending subsidies or reduced prices for condoms to encourage usage among men. Their suggestions were as follows:

*Sensitization should be done by knowledgeable health personnel and other health agencies. For me, I think if the prices of condoms are reduced, it can encourage men to use it. Even me, sometimes, I am reluctant because it is costly now. **Participant, aged(32), Uyo.***

*If contraceptive materials for men (condoms) are subsidized, it can encourage those who desire to use it because, I am aware that condoms are very expensive. **Participant, aged(40), Ikot Ekpene.***

Awareness campaigns should be organized to increase knowledge and usage of contraceptives by men. Participant, aged (44), Ikot Ekpene.

Enlightenment campaigns on the need for contraceptive. For those with many children and limited means, it is relevant for them. Participant, aged (44), Ikot Ekpene.

While some other participants personally opposed contraceptive use due to their beliefs or life experience, they supported seminars, ongoing education and outreach to inform other men, especially those with large families and limited resources. They asserted:

It is personal for those who need it. For me, no matter what they say, it is against my belief. But I think many men do not know about it; if seminars are organized, it can help to educate people about it. Participant, aged (27), Uyo.

I would not lie to youat my age there is nothing anybody can do to make me embrace contraceptive device....I mean what do I need it for?I know when I can make love to my wife and she will not take in. However, I will encourage you to continue to engage people to educate, create awareness and campaign for the benefit of contraceptive use. Participant, aged (56), Uyo.

Discussion

This study established that the participants have basic knowledge of contraceptive, albeit, their understanding of contraceptive use varied. The report by most of the participants that contraceptives are methods of preventing pregnancy and controlling birth, is an indication of awareness. The reports also suggested some awareness of both traditional and modern contraceptive methods including withdrawal method and condom respectively. Overall, the basic knowledge and appreciable awareness of contraception did not translate into effective usage among study participants. This is probably due to poor attitude of men towards contraception or lack of in-depth understanding. Interestingly, differences in the knowledge of contraception emerged between users and non-users. Non-users for instance, expressed limited interest in contraceptive usage, despite their understanding of its benefits. Meanwhile, one non-user acknowledged that contraceptive is a method of birth control but surprisingly admitted, he does not use it. This gap between knowledge and use could be due to cultural norms, or personal beliefs regarding contraceptive uptake. These findings align with similar studies in Nigeria and other sub-Saharan African contexts, where knowledge of contraception is often high but usage remains low due to sociocultural and informational barriers (Akinyemi et al., 2016; Okigbo et al., 2015.; Okigbo et al 2018).

The perceptions of participants about contraceptive illustrate a dual perception of contraception as both beneficial and problematic, reflecting cultural factors such as belief system, and religious doctrines. Several participants expressed that contraception is beneficial in managing family size, particularly in the face of economic challenges in Nigeria. This realistic view aligns with findings by Akinyemi et al. (2015). Some of the participants even tried to link fertility issues to contraceptive use, while others stated that the use of contraceptive by married men to prevent unwanted pregnancy was synonymous with murder. A participant emphasized that any iota of sperm wasted through any means is literally, a "silence-killing". The perception of contraception as "wasting sperm" or equating it with "murder" resonates with findings of a study by Omoniyi and Omoniyi (2014). Religious indoctrination in this regard could be a major factor influencing men's perceptions and poor attitude towards contraception.

The results further revealed deep-rooted socio-cultural influences shaping men's poor attitudes toward contraceptive use. A dominant finding is the **preference for male children**, which compels some men to avoid contraception to ensure the birth of sons. This result corroborates the findings of Adebowale et al. (2013). The plausible explanation could be traditional patriarchal

values. The desire to “prove fertility” and fulfill social expectations of fathering male children remains a powerful influence against contraception (Akinyemi et al., 2016).

The **desire for larger families** was found to be one of the contributory factors for no-use of contraceptive by the participants and this aligns with a study conducted in Kenya, Nigeria and Senegal by Speizer and Lance (2015). The men’s expression of reluctance to use contraceptives early in marriage, could reflect the cultural enhancement of fertility and family typical of Nigerian society. The narratives invoked biblical and historical injunctions to justify large family sizes highlighting how cultural and religious beliefs reinforce reproductive norms. Furthermore, these views underscore how cultural norms and expectations prioritize fertility and large families and thus contribute to non-use of contraceptive.

Misconceptions about condoms emerged as a key finding in this study. Misperceptions about contraceptive methods, especially condoms, were prevalent. Participants voiced distrust, citing condom failure and associating condoms with reduced sexual pleasure or health risks. Distrust and misconceptions about contraceptive methods, such as condoms, found in this study is in line with a study elsewhere (Olugbenga-Bello et al 2015). Such misconceptions are common in similar cultural settings in Nigeria and could contribute to contraceptive hesitancy. The belief that traditional methods or abstinence are preferable also reflects resistance to modern contraceptive methods. These misconceptions could constitute significant barriers to condom acceptance and highlight the need for accurate education and culturally sensitive communication about condom benefits and safety.

The findings were suggestive of culturally sensitive and community-based interventions to increase men’s contraceptive uptake. Strategies included increasing sensitization, awareness campaigns and subsidizing contraceptive (condom) costs to improve affordability.

Conclusion

Overall, the findings indicated that non-use of contraceptive in the study area is often shaped mostly by cultural and religious beliefs, and social expectations rather than by lack of knowledge or access. Male child preference, religious beliefs, desire for more children, Misperceptions and distrust about condom discourages contraceptive use. Thus, addressing these barriers requires culturally sensitive interventions that engage men, religious leaders, and communities to promote informed and positive attitudes toward contraception and family planning.

Recommendations

The findings of this study demonstrated the complex interplay of knowledge, cultural norms, religious beliefs, and misinformation shaping contraceptive attitudes. In view of this, there is need for holistic, and respectful family planning programs for men. In addition, community-based interventions such as increased sensitization and awareness campaigns led by knowledgeable health workers should be encouraged. Furthermore, involvement of community stakeholders, and subsidizing contraceptive costs to improve accessibility particularly in the rural areas should be prioritized.

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