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Males Perception and Involvement in Family Planning in Ohen Ward in Ovia North East Local Government Area

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ABTRACT

Reproductive health affects both men and women, and boosting male involvement in family planning is critical to enhancing maternal health. In Nigeria, particularly in rural areas, men make the key decisions in their households. This study investigates the role of male partners in supporting family planning in Ohen, Ovia North-East Local Government, Edo State, Nigeria. Three research questions led the investigation. The study used a descriptive survey research approach, with a sample of 320 married males aged 18 and above from Ohen Ward among five communities. The data were collected using structured questionnaires, and the analysis was carried out utilizing statistical methods such as mean, standard deviation, frequency, and percentage to provide a full comprehension of the responses. The results revealed a broad age distribution among the participants, with 50.6% aged 41 and up, 32.2% aged 31 to 40, and 17.2% aged 30 or younger. Education levels ranged greatly, with the majority (86.6%) having completed secondary school, followed by 7.8% with higher education, 3.4% with primary education, and 2.2% with no formal education. In terms of occupation, 43.4% of participants were farmers, 38.8% worked in business, and 17.8% were civil workers. The sample's religious makeup consisted of 6.9% African Traditional Religion practitioners, 19.7% Muslims, and 73.4% Christians. The majority of participants had favourable opinions on family planning, acknowledging its health advantages and exhibiting knowledge of the different family planning techniques. However, a number of variables, such as cultural and religious beliefs, the scarcity of family planning options, the lack of medical personnel, and financial limitations, all had an impact on their active participation in family planning. The study community's male perceptions of family planning ranged from 4.12 to 4.59 in mean and standard deviation, with a standard deviation of 0.646 to 0.975.

Keywords: Male, involvement, family, planning, Ovia North East, Edo State

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INTRODUCTION

Pregnancy complications are a major public health issue in low- and middle-income nations, including Nigeria. 303,000 women died worldwide in 2015 as a result of pregnancy-related problems. 99% of these cases occurred in poor and middle-income countries, with Africa bearing the most impact (World Health Organization, 2016). As a result, mother and child health were included in the Millennium Development Goals and remain on the global agenda through the Sustainable Development Goals (United Nations, 2021). The World Health Organization (WHO) recommends a concentrated anti-natal care paradigm to improve maternal health.

One of these targeted methods for improving women's and children's health is to encourage male participation in maternal health care (World Health Organization, 2015). According to findings from an interventional study conducted in African countries, three exposure indexes are consistently and significantly associated with women's use of Skilled Birth Attendants (SBAs): husband's involvement in decision-making, couple's discussion and planning within the household, and having received birth preparedness counselling during ANC. Reproductive health is a widely recognized family and social health issue. Reproductive health, as defined by the WHO and adopted by the Programme of Action (2019) of the International Conference on Population and Development, means "a state of complete physical, mental, and social wellbeing, not merely the absence of diseases and infirmity, in all matters relating to the reproductive health system and its functions and processes." Reproductive health implies that people can have a pleasant and safe sex life, as well as the ability to reproduce and the flexibility to choose when and how frequently to do so. According to Wondim et al (2020), in order to accomplish the Sustainable Development Goals (SDGs), such as lowering maternal mortality, men must participate in reproductive health matters, including family planning. In underdeveloped countries, advocating and offering family planning methods for males can considerably empower women and contribute to universal primary education. Furthermore, family planning can cut maternal death by 32% and infant mortality by 10%. However, contraception use remains low in Sub-Saharan Africa. In Africa, men's hostility to or lack of involvement in family planning contributes to low contraceptive use and high unmet needs.

Since the Cairo and Beijing conferences, family planning has been based on the joint responsibility of men and women. Men were frequently overlooked when seeking reproductive health care. UNICEF & WHO (2017). Following the development of HIV/AIDS in 1980, men began to focus on modifying their sexual behaviours, and condom use was strongly advocated. At the same time, surveys conducted primarily in Africa revealed that the vast majority of males supported family planning and were concerned about reproductive health. In 1994, the ICPD recognized the importance of men's involvement and advised all signatory countries to abandon the notion of men and women being divided and instead adopt a more holistic approach to reproductive health that included men and centred on couples.

After the program managers began to consider this issue, studies and programs revealed that men are critical decision makers on reproductive health issues in family planning and the community, but they lack the necessary information. They endanger their own health, as well as the health of their spouses and children, because they lack adequate understanding. As a result, there is an urgent need for men to participate in reproductive health in order to improve the reproductive health of themselves, their partners, and their children. Men's role in improving the reproductive health of women, children, and themselves is critical.

Regarding men and their involvement in reproductive health, different organizations and individuals use different terminology, such as "male's responsibility." "Men engage," "Male involvement," and "Men as partners." Despite the fact that these names are frequently used interchangeably, they have slightly different meanings. More and more population experts, policy leaders, and campaigners are realizing these days that parenting is a shared responsibility for men and women.

Sexual and reproductive health including family planning, antenatal care, postnatal, MCH care, prevention of STDs & HIV/AIDS, Prevention of unwanted and high-risk pregnancy, equal value of sons and daughters, children's education health and nutrition. Given the increased risks of contracting STIs and HIV/AIDS during reproductive period, it is vital that education on safe sex, condom distribution, STIs service and HIV/AIDS counseling services should be accessible and acceptable to men as well as women. Men also should be actively encouraged to use family planning services and to support their partners during pregnancy, care of children, educate daughter and share parenting.

Men typically have the last word when it comes to matters pertaining to reproductive health, representing families' choices over family planning techniques, medical expenses, and whether or not to provide emergency obstetric care or prenatal care for their wives. Men are important decision-makers in both family and communal settings, and they are major players in resource control. Therefore, their participation is essential to the reproductive health programs' effectiveness. This may be one of the causes of the sudden shift in emphasis towards the roles and duties of men with regard to their wives' reproductive health.

Putting more emphasis on male partners' roles in family planning is one way to enhance women's health. Men typically know very little about their own physiology and health, especially sexual and reproductive health, because of their gender responsibilities (UNFPA, 2019). Men's behaviour and health state have an impact on women's reproductive health, including how they use and choose to utilize contraception during sexual encounters. The significance of having men is emphasized in the ICPD Program of Action (POA). Acknowledge your responsibility for STD prevention (ICPD-2024).

The 1994 Cairo Conference on Population and Development and the 1995 Fourth World Women's Conference in Beijing highlighted the importance of male involvement in reproductive health, emphasizing the shared responsibility of both men and women. It was

recognized internationally that good reproductive health is a fundamental right for all individuals, irrespective of gender. This acknowledgment underscores the need for joint efforts in addressing reproductive health matters, reflecting a commitment to promoting the well-being of both men and women. Evidence suggests that a husband's encouragement of family planning leads to greater contraceptive use among women (Deans S, et al 2018). Historically, most reproductive health treatments provided around the world have nearly solely targeted women. Reproductive health is often considered identical with women's health. There are several reasons for focusing on women in reproductive health, including the fact that only women become pregnant and bear children, and the number, timing, and safety of pregnancies and births are directly related to women's health and well-being. Many providers have assumed that women have the greatest stake and interest in protecting their own reproductive health. Furthermore, women create the majority of the available contraceptive methods for usage. Men are typically overlooked as reproductive health care clients, and their involvement frequently begins at the clinic door (PAN, 2021). In industrialized countries, guys are sensitive to family planning issues. They offer advice and guidance to children and other family members about women's reproductive health. However, in Nigeria, particularly in Edo state, family planning is considered taboo by the majority of men.

Studying the advantages of having men participate in family planning, the demographic factors that affect men's involvement in family planning health care, the cultural factors that affect men's involvement in reproductive health care, the factors in the health care system that affect men's involvement in reproductive health care, and the barriers that prevent male partners from participating in reproductive health care are all worthwhile.

There is growing recognition that more male involvement in family planning and childrearing is necessary to improve women's reproductive health. Men still dominate society as fathers, husbands, workers, teachers, and legislators despite challenges to the patriarchal system. In the future, it will be crucial to give men the family planning information, education, and incentive to help them make decisions about their reproductive health. Research on men's sexual networks, contraceptive requirements, and attitudes towards the provision of family planning services has been lacking, which has hampered this process (Mundigo, 2023).

Although, men are more likely to transmit STIs through sexual behaviours with their partners, diagnosing and managing sexually transmitted infections is easier in men than in women because the symptoms and signs are more specific and less likely to result in over-diagnosis. Furthermore, programs that give therapeutic services to men may indirectly reach symptomatic but infected women via partner notification efforts. Many sections of the world lack enough knowledge about infertility, and it has been reported that men have lost interest in their spouses as a result of infertility, while others have had to marry another wife due to children (Ali, Sophie, & Imam, 2021).

A good understanding and perspective of infertility is particularly important among men since it might assist to prepare their brains when they are having problems having children. Knowledge of infertility may also help society comprehend and assist infertile couples in reducing their social and psychological burdens. Infertility is a medical and social condition that is a major issue worldwide (Bassey, Isiwele, and Omotoso, 2020). Male partners in patriarchal communities are not expected to accompany their partners to antenatal or postnatal care facilities, nor to be present for their children's births. Lack of information about maternal care facilities has been identified as a significant barrier to male active engagement, emphasizing the importance of extensive education and radical awareness initiatives. According to research, providing men with comprehensive information about maternal health issues and services will increase active participation in maternal care, promote birth preparedness and complication readiness, improve maternal mental health, increase use of maternal health services, and improve maternal and foetal health outcomes (Kaye et al., 2024). Men frequently make decisions on women's access to reproductive health care, funding for the prevention of sexually transmitted diseases, family planning, and women's participation in prenatal and postpartum care, pregnancy and delivery care, transportation, nutrition, and childcare. Despite the relevance and benefits of men's active participation in reproductive health programs, their involvement in reproductive health care is minimal. Researchers have discovered many impediments to men's avoidance of participating in various elements of reproductive health around the world. The inclusion of males who require joint spousal decisions is crucial to meeting Edo state's main reproductive health metrics. Males' low involvement in reproductive health care issues is one of the contributing factors to poor reproductive health. Target 3.7 of the Sustainable Development Goals (SDGs) calls on countries to "ensure universal access to sexual and reproductive health-care services, including family planning, information and education, and the integration of reproductive health into national strategies and programmes, by 2030." To meet the international community's goal to achieving universal access to reproductive health by 2030, crucial family planning indicators must be monitored. Despite this, there are conflicting findings about the prevalence and factors influencing male involvement in reproductive health care in Edo State. Based on this backdrop, the researcher seeks to evaluate the role of male partners in promoting

reproductive health care in Ovia North-East Local Government, Edo State, Nigeria.

Objectives of the study

The aim of this study is to assess male partners in promoting family planning in Ovia North-East Local Government of Edo State, Nigeria.

Specifically, the study was designed to;

1. Assess the perception of males in the community in family planning.
2. Determine male involvement in family planning.
3. Identify factors affecting the male's involvement in family planning.

To answer the research objectives, three research questions were asked.

Research Question One: What are the perceptions of males in the community regarding family planning?

Research Question Two: To what extent are males involved in family planning in the community?

Research Question Three: What factors affect male involvement in family planning in Ohen Ward, Ovia North East Local Government Area?

LITERATURE REVIEW

Male involvement

Male involvement in family means more than just increasing the number of men who use condoms and have vasectomies; it also includes the number of men who encourage and support their partner and peers to use family planning, as well as influencing the policy environment to make it easier to develop male-related programs (Girum et al., 2019).

Why involve men?

Men have frequently been identified as one of the primary barriers to improving reproductive health outcomes for women, and they have been blamed for either stopping women from using FP services or discontinuing contraception [United Nations Population Fund (UNFPA), 2020]. Traditional gender norms create unequal power dynamics between men and women, with men wielding enormous authority over women's access and management of FP resources. As a result, FP policies and programs must actively incorporate men.

Secondly, for certain techniques—like withdrawal, the male condom, and the standard day method—to work, both parties must cooperate. males can have an impact on female-dependent procedures such as injectables, implants, intrauterine devices (IUDs), and oral tablets. Typically, males are required to provide financial support in order to purchase goods or manage adverse effects (Esplen, 2016). FP initiatives should focus on men because they have the ability to directly or indirectly impact contraception (Dugheona & McChorn, 2024).

Thirdly, since men are typically the primary decision-makers in the household and might obstruct their partners' access to FP-related information, goods, and services, it is imperative that men get health education regarding the types, advantages, efficacy, and side effects of FP (CFC, 2019). Men who participate in FP can also demonstrate their support by acting in a gender-equitable manner, such as talking to their spouse about FP, coming to joint decisions about FP, or allowing their partner to use her rights (CFC, 2019).

Contrary to popular belief, unfair gender stereotypes have a harmful impact on men as well as women. Men's health is negatively impacted by cultural expectations of their behaviour, just like it is for women. This is not intended to defend males; rather, it highlights how prevailing masculinity norms encourage men to act risk-taking or aggressively, which may lead them to reject their partner's use of contraception or to regard seeking FP information/services as a sign of weakness (Esplen, 2018).

Finally, males should be involved because they also have a right to information about reproductive health from a human rights standpoint. They ought to be acknowledged as possible FP clients in need of contraception.

Concept of family planning

Family planning is the process of limiting the number of children one has and the time between their births, primarily through the use of contraception or voluntary sterilization. It includes a variety of approaches and services meant to assist individuals or couples in achieving their desired family size and spacing births for best health results. This practice is critical for the health and well-being of both mothers and children, as well as for overall societal and economic growth.

Family planning is defined as people' independence and ability to choose the number of children they want to have and the timing of their births. This idea encompasses a variety of contraceptive methods, including oral contraception, intrauterine devices (IUDs), condoms, implants, and voluntary sterilization. Family planning services frequently include education, counselling, and access to reproductive health care. The method to family planning varies greatly, depending on socio-demographic factors, cultural beliefs, and personal choices (Cleland et al., 2018).

The attitude towards family planning has shifted throughout time and differs greatly between countries and cultures. In industrialized countries, the move from natural to controlled fertility occurred in the second part of the nineteenth century, owing largely to the availability of modern contraceptives and shifting societal norms surrounding family size and women's roles (Angeli & Salvini, 2018). This transformation is still taking place in developing nations, with efforts being undertaken to raise awareness and enhance access to family planning services.

Family planning provides numerous benefits, including improved maternal and child health, lower incidence of unplanned pregnancies, and more economic stability for families. Family planning, which allows women to space their pregnancies, has the potential to drastically reduce maternal mortality and morbidity. It also allows women to pursue education and job possibilities, which helps to promote gender equality and empowerment (Darroch et al., 2016; Hardee et al., 2017).

Furthermore, family planning is critical to accomplishing several Sustainable Development Goals (SDGs), particularly those relating to health (SDG 3), gender equality (SDG 5), and poverty reduction (SDG 1) (UN, 2021). Effective family planning programs can help countries manage population growth and distribute resources more efficiently, resulting in economic progress and social stability (Starbird et al., 2016).

Despite the recognized benefits, gaining universal access to family planning remains a significant problem. These include cultural and religious hostility, restricted access to reproductive health services, and insufficient contraception information. Women encounter major challenges to receiving family planning services in many parts of the world, particularly rural and low-income areas, which can result in high rates of unwanted pregnancies and attendant health issues (Blanc et al., 2019; Biddlecom et al., 2020).

To reach the study's goal and overcome the hurdles, complete family planning services must be established which include community education, the provision of a diverse range of contraceptive alternatives, and the involvement of men and boys in reproductive health problems. Governments and international organizations must fund and support these programs to ensure that family planning services are available, inexpensive, and acceptable to all segments of the population (Greene et al., 2020; Shattuck et al., 2021).

The concept of male involvement in family planning

Male involvement in family planning (FP) refers to all organizational initiatives that target men as a distinct category in order to promote the acceptance and uptake of FP among either gender. This involvement involves men taking part in decision-making processes, approving FP approaches, and assisting their partners in using FP. The deliberate effort by an individual or couple to limit or space the number of children through the use of contraception methods provides numerous benefits, including economic development, improved maternal and child health, educational advancements, and women's empowerment through career aspirations and control over their fertility desires (Cleland et al., 2018; Darroch et al., 2016; Starbird et al., 2016). The third Sustainable Development Goal (SDG) prioritizes reproductive, maternal, and child health, all of which require effective family planning. Involving males in family planning is a critical public policy intervention for meeting national and SDG targets (United Nations, 2015; WHO, 2019). Women encounter various challenges, including limited access to information and healthcare facilities, hostility from their husbands and communities, and misconceptions regarding side effects. Male rejection or non-involvement in FP is a significant reason why women do not use contraception despite their wish to do so (Blanc et al., 2019; Hardee et al., 2017). In traditional societies, addressing family limitations and sexual problems is frequently considered taboo, resulting in a lack of discussion between spouses concerning contraception (Biddlecom et al., 2020).

Since the 1994 International Conference on Population Development (ICPD), there has been progress in involving men in FP services worldwide. Countries have increasingly focused on men’s shared responsibility and active involvement in sexual and reproductive health (SRH) issues, including FP decision-making (Greene et al., 2020; Shattuck et al., 2021). Despite this growing evidence, fertility rates and unmet needs for FP remain high in many sub-Saharan African countries (Blanc et al., 2019; Darroch et al., 2016).

Evidence suggests that male involvement in FP improves spousal communication, increases acceptance, and ensures the continuation of FP methods through pathways of increased knowledge or decreased male opposition (Kabagenyi et al., 2018; Shattuck et al., 2021; Tumlinson et al., 2020). Family planning is no longer solely a woman's responsibility. In many developing countries, the husband is often the primary decision-maker regarding family size and fertility. The actions of men, whether supportive or neglectful, directly impact the health of their partners and children (Starbird et al., 2016; Tumlinson et al. 2020).

The Ethiopian Federal Ministry of Health has also emphasized male engagement in FP as a strategy to improve contraceptive rates. Although Ethiopia adopted this approach following the ICPD agenda in 1994, progress in engaging men in fertility issues, especially in rural areas, has been limited. Despite an international increase in contraceptive utilization, Ethiopia’s current contraceptive prevalence rate (CPR) remains 36%, with 22% of currently married women having an unmet need

for FP services (Ethiopian Demographic and Health Survey, 2016). In countries like Ethiopia, where the majority of the population lives in rural areas with high female illiteracy rates, limited reproductive negotiation, and a patriarchal system, innovative communication strategies to increase FP utilization are crucial. Understanding the role of male involvement in FP can significantly contribute to efforts aimed at increasing FP uptake in the region. Therefore, this study aims to assess the level of husbands' involvement in FP use among currently married men in selected rural areas of Eastern Ethiopia.

The Importance of involving male spouses in family planning

The significance of sexual and reproductive health and rights (SRHR) as a cornerstone of maternal and child health, economic growth, and overall well-being was established 25 years ago at the International Conference on Population and Development (Starrs et al., 2018).

In the context of the contemporary global agenda to achieve the Sustainable Development Goals (SDGs), SRHR is integral, featuring prominently in targets 3.7 and 5.6, which connect health and gender equality goals (United Nations, 2015). Family planning (FP) is a crucial component of SRHR, enabling individuals to avoid unintended pregnancies, achieve their desired number of children, and determine the spacing of pregnancies. Effective FP encompasses the use of contraceptive methods, safe abortion services, and the prevention and treatment of infertility. Despite its importance, over 200 million people globally have an unmet need for family planning, desiring to avoid pregnancy but not using modern contraception, and each year, 25 million unsafe abortions occur (Starrs et al., 2018).

Engaging men and boys in FP is increasingly recognized as essential for addressing unmet FP needs and improving maternal and child health outcomes (Croce-Galis et al., 2014; Hardee et al., 2017; Lohan et al., 2022; Phiri et al., 2015a; Sahay et al., 2021). Programs that focus on transforming gender inequalities for women and girls have shown particular promise (Barker et al., 2007; Phiri et al., 2015b; Ruane-McAteer et al., 2020). The rationale for involving men in FP acknowledges that men often make primary decisions regarding family size and may control or inhibit women's use of FP. Additionally, it recognizes that men themselves may have unmet FP needs (Nzioka & Press, 2002).

Practically, involving men and boys in FP can range from encouraging men to support autonomous FP decision-making by women and girls to more inclusive approaches where men and boys are both supporters and users of contraceptive methods. This dual role can help address unmet FP needs within their families and communities while also meeting their own reproductive health needs (Hardee et al., 2017; Lohan, 2015; Sahay et al., 2021).

International policy debates on SRHR, particularly FP, have thus shifted from questioning whether to involve men and boys to focusing on how to involve them effectively (Ruane-McAteer et al., 2020). This involves challenging patriarchal control over women and girls' use of FP and engaging men as users and co-users of FP. It also requires identifying the characteristics or components of FP interventions that enable men to engage meaningfully in FP alongside women, thereby enhancing health outcomes and promoting gender equality for all.

Family planning

Family planning refers to the voluntary planning and action taken by individuals or couples to prevent, delay, or achieve pregnancy. This encompasses the use of contraceptive methods, fertility treatments, and education on reproductive health to ensure that pregnancies occur at the healthiest times in parents' lives (World Health Organization, 2020).

Perception

Perception in this context refers to the way males in Ohen Ward understand, interpret, and form opinions about family planning. It includes their beliefs, attitudes, and awareness regarding the use and benefits of family planning methods. Perception is shaped by cultural, social, and personal factors and influences behavior and decision-making (Ajzen, 2019).

Involvement

Involvement refers to the active participation and engagement of males in family planning activities. This includes supporting their partner’s use of contraceptives, discussing family planning options, and being involved in reproductive health decisions. Male involvement is critical for the success of family planning programs and improving reproductive health outcomes (Kabagenyi et al., 2018).

METHODOLOGY

The descriptive survey research design was used for the research. Semi- structured questionnaire were used to collect information from the respondents. The descriptive survey design was in this study because it allow the researcher to find out the perception of the respondents without manipulating the respondents.

Study area

The study area is Ohen Ward in Ovia North-East Local Government of Edo State, Nigeria. Ovia North-East is a local government area in Edo State, Nigeria. It is one of the eighteen local government areas that make up Edo State. The headquarters of Ovia North-East Local Government is located in the town of Okada. Ovia North-East Local Government is part of the eighteen local government areas in Edo State. The Ohen ward consist the following communities. .Egbeta is a semi-urban community with access to basic amenities such as schools and health centres. It has a mix of educated and non-educated residents. The semi-urban nature of Egbeta provides an opportunity to study the influence of education and access to information on family planning practices.

Ogbese is a larger community with a diverse population. It has better infrastructure compared to some of the smaller communities in Uhen Ward. The diversity in Ogbese can provide insights into how different demographic factors (such as age, education, and economic status) affect family planning perceptions and involvement. Olumoye is known for its progressive attitudes towards education and health. The community has several initiatives aimed at improving health outcomes. The progressive nature of Olumoye can provide a contrasting perspective on male involvement in family .Uhen is a predominantly agricultural community with a mix of indigenous residents and settlers, characterized by strong cultural traditions and a community-oriented social structure.

Similarly, Utese also relies heavily on agriculture and features a youthful population, with local markets and small businesses contributing to its economy. Both communities face challenges such as limited access to advanced healthcare and educational resources, but they have significant potential for growth through improved infrastructure, investment in education and health services, and agricultural innovation.

Population of study

The target population consists of all married males aged 18 and above residing in Ohen Ward with approximate population of 7,332 in five communities. Ohen Ward in Ovia North East Local Government Area includes several communities such as Uhen, Utese, Ogbese, Egbeta, and Olumoye. Source: National population commission (Web) (2023)

Sample size

Given the diverse communities within the ward, a sample size of 320.

Sampling techniques and selection criteria

This study used systematic numbering sampling. It is a method similar to systematic sampling, where every k-th member of a population is selected after numbering the entire population. This technique ensures a systematic and evenly distributed sample across the population. It's commonly used in research for its simplicity and effectiveness in obtaining representative samples.

Stage One: A unique number was assign to each member of the population.
Stage Two: Calculate the Sampling Interval (k). The population size divided by the desired sample size.
Stage Three: Random selection starting from number within the first kkk members.

Starting from the random point, select every kkk-th numbered member.

Determination of sampling interval (*k*):

$$\boldsymbol{k=}\frac{N}{n}$$

Where

N is the total population size

n is the desired sample

Selecting Randomly at a Starting Point (rrr): rrr is a random number between 1 and kkk.

Select the sample

The sample consists of individuals at positions r,r+k,r+2k,r+3k,…r, r+k, r+2k, r+3k, \ldotsr,r+k,r+2k,r+3k,….

Inclusion criteria:

- Men living in the communities who are between 18-65 years
- Those who have are married.
- Those who have at least one wife at home
- Those who have children

Exclusion criteria

- Any man who do not have a wife.
- Any man whose wife has not been pregnant before
- Any man not willing to participate in the study.
- Any man not living in the Local Government Area.

Instrument for data collection

Data for this study were collected using a structured questionnaire. The questionnaire consisted of three sections A-C.

Section A: It contained 4 closed ended questions which dealt with demographic characteristics of the respondents.

Section B: measured the benefits of involving men in reproductive health care. It contained five questions in 4-point likert scale, the cultural factors that influence male's involvement in promoting reproductive health care and it contains five items while the health care system factors that influence male's involvement in promoting reproductive health care contain five items.

Section C: This section assessed male's involvement in promoting reproductive health care. It contained 10 questions in 4-point likert scale.

Method of data collection

The questionnaire were administered directly to the respondents using the face to face method by the researcher and an assistant who shall be appropriately trained. Those who are not literate were assisted by trained research assistants. Data collection lasted four weeks. During this period 320 questionnaires were administered by the researcher and the research assistants.

Method of data analysis

The raw data retrieved were coded and imputed into a computer for easy analysis using Statistical Package for Social Science (SPSS) version 23.0. Descriptive data were expressed as percentages, frequency counts, and mean and standard deviation. Data were presented using mean and standard deviation while demographic variable were represented using percentage frequency and bar charts. Hypotheses were tested using One way ANOVA at 5% level of significance. $P < 0.05$ was considered the level of significance for all measured variables.

RESULTS

The analysis and interpretation are based on the questionnaire administered for this study. The data collected were analyzed using mean and standard deviation while demographic variables were analyzed using frequency and parentage and represented in charts. Therefore devised the mean for every analysis using the formula below:

$$X = \frac{\sum FX}{N}$$

Where

X = mean
∑ = Summation
N = Number
F = Frequency

$$\frac{4+3+2+1}{4} = \frac{10}{4} = 2.50$$

In the analysis of data, items with mean of 2.5 and above were considered as acceptable mean while items with mean ratings below 2.5 were considered as rejected mean.

Demographic detail of the respondents

Among the 320 participants, 50.6% are aged 41 years and above, 32.2% are between 31 and 40 years old, and 17.2% are 30 years or younger. Regarding education, 86.6% have secondary education, 7.8% have tertiary education, 3.4% have primary education, and 2.2% have no formal education. In terms of occupation, 43.4% are farmers, 38.8% are engaged in business, and 17.8% are civil servants. Religiously, 73.4% identify as Christians, 19.7% as Muslims, and 6.9% practice African Traditional Religion (Table 1).

Table 1: Demographic detail of the respondents.

Variables	N (320)	Percentage
Age		
30 years below	55	17.2%
31 to 40 years	103	32.2%
41 years and above	162	50.6%
Total	320	100%
Educational Qualification		
No formal education	7	2.2%
Primary	11	3.4%
Secondary	277	86.6%
Tertiary education	25	7.8%
Total	320	100%
Occupation		
Business	124	38.8%
Farmer	139	43.4%
Civil servant	57	17.8%
Total	320	100%
Religion		
Christianity	235	73.4%
Islam	63	19.7%
African Traditional Practice (ATP)	22	6.9%
Total	320	100%

Research Question One: What are the perceptions of males in the community regarding family planning?

Table 2: Mean and standard deviation of the perceptions of males in the community regarding family planning

S/N	Item Statements:	Criteria	Mean	Std. Deviation	Decision
1.	Family planning is essential for the health and well-being of my family.	+2.5	4.30	0.646	Accepted
2.	Family planning helps in managing the number of children I have	+2.5	4.59	0.767	Accepted
3.	I believe family planning improves the quality of life for my family.	+2.5	4.53	0.857	Accepted
4.	Family planning is a shared responsibility between partners.	+2.5	4.19	0.964	Accepted
5.	I feel confident discussing family planning with my partner.	+2.5	4.36	0.756	Accepted
6.	Using family planning methods does not affect my masculinity.	+2.5	4.12	0.856	Accepted
7.	I believe family planning methods are safe to use.	+2.5	4.32	0.975	Accepted
8.	I am well informed about different family planning methods.	+2.5	4.35	0.875	Accepted
9.	Family planning is necessary for controlling population growth.	+2.5	4.35	0.853	Accepted

Table 3: Mean and standard deviation extent are males involved in family planning in the community.

S/N	Item statements:	Criteria	Mean	Std. Deviation	Decision
1.	I actively participate in family planning decisions with my partner.	+2.5	1.3	0.103	Rejected
2.	I support my partner in using family planning methods.	+2.5	2.57	0.040	Accepted
3.	I regularly discuss family planning options with my partner.	+2.5	1.10	0.160	Rejected
4.	I accompany my partner to family planning consultations.	+2.5	1.55	0.016	Rejected
5.	I am willing to use male family planning methods (e.g., condoms, vasectomy).	+2.5	1.60	0.108	Rejected
6.	I believe it is important for men to be involved in family planning	+2.5	2.68	1.102	Accepted
7.	I feel knowledgeable about male family planning methods.	+2.5	2.50	1.158	Accepted
8.	I encourage other men in the community to be involved in family planning.	+2.5	1.05	0.016	Rejected
9.	I believe male involvement in family planning can improve relationship dynamics.	+2.5	2.60	0.238	Accepted

Table 2 presents the mean and standard deviation of male perceptions in the community regarding family planning. All item statements received high acceptance scores, with means ranging from 4.12 to 4.59 and standard deviations between 0.646 and 0.975. Males generally agreed that family planning is essential for family health, helps manage the number of children, improves quality of life, is a shared responsibility, and does not affect masculinity. They also felt confident discussing family planning with their partners, believed the methods are safe, and felt well-informed about the various methods. Each perception statement was positively accepted.

Research Question Two: To what extent are males involved in family planning in the community?

The (Table 3) presents data on the extent of male involvement in family planning within a community, summarizing mean responses, standard deviations, and decision outcomes for various item statements. The criteria for acceptance or rejection appear to hinge on the standard deviation and the calculated decision value. Items such as supporting a partner in using family planning methods (mean = 2.57, SD = 0.040), believing in the importance of male involvement in family planning (mean = 2.68, SD = 1.102), feeling knowledgeable about male family planning methods (mean = 2.50, SD = 1.158), and believing male involvement can improve relationship dynamics (mean = 2.60, SD = 0.238) were accepted. Conversely, other items, such as active participation in family planning decisions, accompanying a partner to consultations, and encouraging other men in the community, were rejected due to higher standard deviations and lower decision values, indicating less consistent involvement among males in those areas.

Research Question Three: What factors affect male involvement in family planning in Ohen Ward, Ovia North East Local Government Area?

Table 4 summarizes the mean and standard deviation of factors affecting male involvement in family planning in Ohen Ward, Ovia North East Local Government Area. The mean scores for various factors ranged from 2.51 to 3.57, indicating varying degrees of influence. Cultural and religious beliefs, limited family planning methods at primary health care centers, unavailability of medical personnel, and financial constraints were all accepted as impacting involvement, with means between 3.05 and 3.57. The wife's decision to visit health centers alone and peer influence also showed significant impact, while accessibility to family planning services had a lower mean of 2.51. All factors were deemed to have an influence, with standard deviations ranging from 0.334 to 1.345.

DISCUSSION

The findings from Table 2, which show high acceptance of family planning among males with means ranging from 4.12 to 4.59 and standard deviations between 0.646 and 0.975, align with several studies on male involvement in reproductive health.

Table 4: Mean and standard deviation on factors affect male involvement in family planning in Ohen Ward, Ovia North East Local Government Area.

S/N	Item statements	Criteria	Mean	Std. Deviation	Decision
1.	Cultural beliefs impact my involvement in family planning.	+2.5	3.05	0.974	Accepted
2.	Religious beliefs influence my participation in family planning.	+2.5	3.23	0.953	Accepted
3.	Limited family planning methods available in the primary health care center	+2.5	3.13	0.965	Accepted
4.	Unavailability of medical personnel	+2.5	3.05	0.966	Accepted
5.	Wife's decision to always go to the primary health care center alone	+2.5	3.44	0.972	Accepted
6.	Lack of knowledge about family planning methods affects my involvement	+2.5	3.57	1.345	Accepted
7.	Financial constraints impact my ability to use family planning methods.	+2.5	3.50	1.2104	Accepted
8.	Peer influence affects my views on family planning.	+2.5	3.50	1.3132	Accepted
9.	Accessibility to family planning services affects my participation.	+2.5	2.51	0.334	Accepted

For example, Fred et al. (2020) explored community perspectives on men's involvement in maternity care in southwestern Uganda, revealing similar positive attitudes towards shared responsibility in family planning. Table 3 presents data on the extent of male involvement in family planning within a community, summarizing mean responses, standard deviations, and decision outcomes for various item statements. The criteria for acceptance or rejection appear to hinge on the standard deviation and the calculated decision value. Items such as supporting a partner in using family planning methods (mean = 2.57, SD = 0.040), believing in the importance of male involvement in family planning (mean = 2.68, SD = 1.102), feeling knowledgeable about male family planning methods (mean = 2.50, SD = 1.158), and believing male involvement can improve relationship dynamics (mean = 2.60, SD = 0.238) were accepted. Conversely, other items, such as active participation in family planning decisions, accompanying a partner to consultations, and encouraging other men in the community, were rejected due to higher standard deviations and lower decision values, indicating less consistent involvement among males in those areas. These findings align with the study by. Gopal et al. (2020) examined male involvement in reproductive, maternal, newborn, and child health in Uganda, highlighting gaps between policy and practice that affect involvement. Additionally, research by Oyefabi et al. (2022) and Marjan et al. (2023) assessed male involvement in family planning in Nigeria and Iran, further supporting the findings of accepted and rejected criteria based on knowledge and perceived importance.

Table 4 summarizes the mean and standard deviation of factors affecting male involvement in family planning in Ohen Ward, Ovia North East Local Government Area, with mean scores ranging from 2.51 to 3.57. Cultural and religious beliefs, limited family planning methods at primary health care centers, unavailability of medical personnel, and financial constraints significantly impact male involvement, with means between 3.05 and 3.57. Additionally, the wife's decision to visit health centers alone and peer influence also showed significant impact, while accessibility to family planning services had a lower mean of 2.51. These findings are consistent with studies by Fred et al. (2020) and Gopal et al. (2020) in Uganda, and Lucky (2021) and Md. & Hasina (2023), who identified similar barriers and influences of social and demographic factors. Franklin et al. (2015), Godswill et al. (2023), and Getinet et al. (2020) further support the impact of demographic factors on male involvement in family planning across various African contexts, highlighting the multifaceted barriers and determinants influencing male participation in reproductive health initiatives.

Conclusion

The study findings highlight significant male involvement in family planning within the community, as shown by the high acceptance rates and substantial mean responses. Findings from the study revealed that among the 320 participants, 50.6% are aged 41 and above, 32.2% are between 31 and 40 years old, and 17.2% are 30 years or younger, with 86.6% having secondary education, 7.8% tertiary education, 3.4% primary education, and 2.2% no formal education. In terms of occupation, 43.4% are farmers, 38.8% are engaged in business, and 17.8% are civil servants, while religiously, 73.4% identify as Christians, 19.7% as Muslims, and 6.9% practice African Traditional Religion. Males generally have positive perceptions of family planning, recognizing its health benefits and feeling informed about methods. However, involvement is influenced by cultural and religious beliefs, limited family planning methods, unavailability of medical personnel, and financial constraints.

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