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Men's Perceptions and Experiences of Use of Modern Family Planning in Selected Communities in Oyo State: A Qualitative Exploration

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Abstract

In Nigeria, modern family planning (MFP) is a crucial component of reproductive health, however, men's uptake and support for FP has been dwindled by several factors. There is a critical gap in understanding men's perceptions, attitudes, and experiences concerning FP practices. This study explored the extent and depth of men's understanding, examined men's perceptions, experiences and explored the factors hindering men from endorsing or supporting the use of MFP methods. The study employed 8 sessions of Focus Group Discussions (FGDs); 64 participants partook in the study. Data was analyzed with NVivo QSR 14. Most were between the ages of 41-50years of age; over 40% had between 3-4 children. High proportion have heard of MFP through with local radio/TV stations. Higher proportion could not concisely define the concept. Negative perceptions and dispositions such as adverse side effects and infertility were reported. Perceptions of its ineffectiveness have cast doubt, making them to express doubts about its effectiveness. Mixed feelings about experience were observed, raising concerns about misuse, improper usage, and disappointing results. Infidelity, side effects, relationship dynamics, inadequate tailored awareness were the hindrances. Participants are quite aware of MFP and its exponential benefits. However, negative experience and resultant factors are inherent in their attitude to use. There is a need for multi-faceted interventions such as rapid community engagement, re-assuring modelling systems to counteract these perceptions.

Keywords: *Experience, Factors, Married Men, Modern Family Planning, Perception.*

Introduction

Modern family planning (MFP) methods, such as contraceptive pills, implants, intrauterine devices (IUDs), and condoms, have significantly contributed to reducing maternal mortality, controlling population growth, and improving family well-being [1-3]. Family planning is essential for public health, socio-economic development, and gender equity because it empowers individuals and couples to make informed reproductive decisions [1, 4]. However, the adoption and utilization of modern contraceptive methods largely depend on how men perceive MFP. This perception could be influenced by various socio-cultural, economic, and religious factors, especially in low- and middle-income countries like Nigeria.

In many African societies, men play a dominant role in reproductive decision-making, often shaping the acceptance and use of family planning methods within households [4, 6-8]. This is especially true in rural and semi-urban communities, where male attitudes toward family planning are influenced by traditional gender norms, misconceptions about the effects of contraceptives, and concerns about masculinity and fertility [9-12]. Low utilization rates are also influenced by fear of side effects, religious beliefs, and limited access to accurate information [11, 13].

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Fortunately, evidence has shown that despite reported awareness of MFP methods, many men struggle to articulate a clear understanding of it [14], which may limit their engagement in discussions about it [12]. Many men often harbor negative perceptions regarding the side effects and its efficacy [13, 15-17], leading to skepticism and reduced support for their partners in adopting modern family planning [16, 9, 18]. Complex socio-cultural dynamics, including concerns about infidelity and relationship dynamics, contribute to men's reluctance to support their partners in using MFP [9, 17-20] ultimately affecting RH outcomes.

Despite various interventions nationwide, Oyo State remains one of the states where polygamy is highly prevalent among married men aged 15 to 49. It also ranks among the states with the highest fertility and desired fertility rates, as well as a significant proportion of women who have recently given birth in southwestern Nigeria [10, 18]. This significant proportion of married men in Oyo State notwithstanding, literature shows that men's knowledge, beliefs, and information sources on family planning in Oyo State communities are frequently not thoroughly examined in previous studies. In Oyo State, the involvement of men in reproductive decision-making is not well-documented. The particular obstacles such as stigma, side effect anxiety, or worries about masculinity and fertility which males encounter are frequently ignored in studies.

While existing research has predominantly focused on women's perspectives and experiences regarding FP in Oyo State [21], there is a critical gap in understanding men's perceptions, attitudes, and experiences concerning FP practices. The majority of family planning research concentrates on the viewpoints of women, which leaves a knowledge vacuum on how males view and use contemporary forms of contraception. Research on how men's acceptance or rejection of contemporary family planning techniques is influenced by cultural norms, traditional beliefs, and religious values is scarce. The lack of suitable evidence of clarity of thoughts in Oyo State has necessitated the current level of male engagement in FP discussions and decision-making processes, contributing to unmet needs and barriers in accessing FP services [22]. Similarly, there is a notable scarcity of recent research that is focused specifically on men's perspectives and involvement in FP decision making in Oyo State, Nigeria [23-25]. Current literature often overlooks the complexities of Oyo State male involvement in FP, including socio-cultural norms, communication barriers, and emotional dimensions of RH [26, 27]: these gaps impede the development of targeted strategies that address the specific needs and concerns of men, ultimately limiting the effectiveness of FP programs in Oyo State.

The rationale for this study lies in the recognition that men play a significant role in FP decisions and practices [28, 29]. In many cultures, including Nigeria, men often hold traditional authority within households, and their approval or disapproval can significantly influence women's access to contraceptives [30, 31]. Engaging men in FP discussions is critical for improving RH outcomes. Understanding their perspectives can help tailor education and awareness programs effectively. Addressing the misconceptions about MFP methods held by men is essential for increasing their support, which can lead to better health outcomes for families. Similarly, addressing men's perceptions, experiences and socio-cultural factors can lead to more equitable FP strategies that consider the dynamics of power, gender roles, and cultural beliefs. It is crucial for males to participate in family planning because it enables couples to make well-informed decisions on the number and timing of their children. Also, this engagement can help both men and women's reproductive health. Furthermore, socio-cultural factors play a significant role in RH decisions: this study

explored how married men in Oyo State perceived FP, the barriers they face in discussing/implementing these practices, and how their experiences shape their attitudes toward reproductive health. Thus, the study 1) explored the extent and depth of men's understanding of MFP 2) examined men's perceptions and 3) experiences using MFP, and 4) explored the factors hindering men from endorsing or supporting the use of MFP methods.

Materials and Methods

Description of Study Site: The study was conducted in eight (8) communities across 4 Local Government Areas (LGAs) in Oyo State. Oyo State is located in the South-West geopolitical zone of Nigeria. Oyo State consists of 33 Local Governments with a population more than 5, 591, 589. The state covers a total of 28,454 square kilometers of land mass [32].

Study Design and Population: A qualitative research design was employed with focused group discussion (FGD) as an approach. The study population comprised all men of reproductive age in rural and urban areas of Oyo State. Participants were married men or men who have ever been married and between the ages of 20-65 years of age in the selected communities, and they are virtually known to each other within their communities as a result of social, economic or communal interactions.

Sampling and Sample Size Determination: The sampling technique used for the study is a multi-stage sampling technique. The first stage is simple random selection of 11 local government areas (LGAs) out of the 33 LGAs in Oyo State. The second stage involved stratified random sampling of participants from each of the LGAs. The selection criteria included being male, aged 18 years and above, and residing in the selected communities for at least one year. Participants were further stratified by age groups (18–30, 31–45, and 46 and above), types of location they lived in (rural and urban), level of education attained and their occupation to capture generational differences in perceptions and experiences. The sampling was done with the assistance of community leaders, health workers, and local family planning advocates as they helped in identifying potential participants. A total of 64 men (40 from urban and 24 from rural areas) participated in the study.

The participants were divided into 8 FGDs, with each group consisting of 8 participants. The sample size was determined based on previous qualitative research standards, where 6–12 participants per FGD are considered optimal for generating rich discussions without being too large to manage effectively. Data saturation was the primary determinant of the sample size, ensuring that no new themes emerged from additional discussions. Pilot FGDs conducted before the main study indicated that saturation could be achieved within 8 sessions.

***FGD Implementation*:** The FGDs were conducted in neutral and comfortable community centers, ensuring privacy and a conducive atmosphere for discussion. Each session lasted approximately 60–90 minutes. Each session was moderated by a trained facilitator fluent in both English and Yoruba to accommodate participants' language preferences together with the researcher on weekends and during evening hours in March 2024. The number involved in the group ranged from 8-10 men as presented in Table 1. The FGDs guide used covered topics such as knowledge and attitudes toward modern family planning, experiences with contraceptive use, perceived barriers, and cultural influences. The moderators employed a participatory approach, encouraging open dialogue while ensuring that all participants had an opportunity to contribute. Sessions were audio-recorded with participants' consent, and a research assistant took field notes to capture non-verbal cues and group dynamics.

Trained moderators were not resident of these communities. They conducted the

sessions, and a note-taker documented key points from the discussions. All sessions were conducted in the presence of an observer who also served as a guard. After each session, the researchers held regular debriefing sessions, kept extensive field notes, and maintained a reflexive journal to ascertain if there were emerging and re-emerging thoughts. Although ten sessions of FGD were proposed (3 in an urban and 2 in rural LGAs) to cut across one-third of the chosen LGAs, however, 8 FGD sessions were held due saturation. Saturation was reached when no new ideas, thoughts or experience was documented [34, 35]. Healthy refreshments were provided after sessions. Table 1 shows the description of focus group discussion in terms of the status of the location (rural or urban), name of the community where the sessions were carried out, the number of participants involved, the seating arrangement for the discussion and gender of the team moderator for each team.

Table 1. Description of Focus Group Discussions across randomly Selected LGAs, Wards and Communities in Oyo State

S/N	LGA	Status	Ward Name	Communities	No of Participants	Duration (in mins)	Seating arrangement	Team composition (Moderator/Note taker
1	Ibadan North East	Urban	Bashorun	Odo-Ibule	8	62	Circular	Female/Male
2	Ibadan North East	Urban	Bashorun	Olagoke Akanmo	8	64	Circular	Female/Male
3	Ibadan South-West	Urban	Liberty/ Molete	Adeoye	8	45	Linear	Female/Female
4	Ibadan South-West	Urban	Liberty/ Molete	Bola Ige	7	63	Linear	Female/Female
5	Egbeda	Rural	Olubadan	Ajegunle	8	42	Circular	Female/Male
6	Egbeda	Rural	Olubadan	Idi-Osan	7	44	Circular	Female/Female
7	Ona Ara	Rural	Olorunsogo	Baba Rere	8	38	Circular	Female/Female
8	Ona Ara	Rural	Olorunsogo	Omonigbeyin	10	30	Circular	Female/Female

Ethical Considerations: Ethical approval for the study was obtained from the Oyo State Ministry of Health, Ibadan Nigeria. Prior to participation, each individual received an information sheet detailing the study's objectives, voluntary participation, potential risks, and confidentiality measures. Written informed consent was obtained from all participants before the FGDs commenced. To maintain confidentiality, pseudo names were used in transcripts and reports, and data were securely stored with restricted access. Participants were assured that they could withdraw at any point without any consequences. Also, the FGDs were conducted in a manner that minimized discomfort, with trained facilitators ensuring a respectful and non-judgmental environment.

Data Management and Analysis: Tape-recorded information was transcribed verbatim. Transcripts were read, re-read, and line-by-line coding was done. During this process, words/phrases that captured the participants understanding of the issues were noted. Codes that had similar meanings were identified and put together to constitute refined themes. Thematic analysis approach was selected because it provides a systematic method for organizing, analyzing and presenting qualitative data collected from multiple sources

[36]. Information subsequently collected were fitted into the groups and new theme were formed (where necessary). The five themes emerged after consolidation. Note taken was used to triangulate the discussions. All identifiers inadvertently revealed by the interviewees were removed. Analsysis was described using the descriptive consolidated criteria for reporting qualitative research (COREQ) by [37] as used by [38] and [39]. NVivo QSR (version: 14.0.0) was used to manage the data. Findings were presented with verbatim quotes from participants.

Results

Demographics Variables (N=64)

Most of the participants were between the ages of 41-50years of age. Over Forty percent had between 3-4 children. Majority had a wife and over a quarter had secondary education, with most of the participant being artisan (Table 2).

Table 2: Demographics Variables of the Participants

Variables	No	%
Age of Participants (years)		
20-30	7	11.1
31-40	11	17.5
41-50	28	44.4
51-60	13	20.6
61 and above	5	7.9
Total		
No of Children:		
None	2	3.2
1-2	19	30.2
3-4	28	44.4
5-6	9	14.3
7-8	1	1.6
9-10	1	1.6
Above 10	1	1.6
No of Wives:		
1	52	82.5
2	7	11.1
3	3	4.8
4	2	3.2
Level of Education:		
Primary	9	14.3
Secondary	23	36.5
Tertiary	21	33.3
Occupation		
Farmer	1	1.6
Miner	1	1.6
Artisan	26	41.3
Engineer	4	6.4

Estate Agent	3	4.8
Trader	10	15.9
Environmental/health officer	2	3.2
Clergy	6	9.5
Teacher/civil servant	4	6.4

Section B: Responses from the FGDs

Participants' Understanding of Modern Family Planning (MFP) Methods

To assess participants' understanding of MFP, they were asked to define or explain their knowledge of the concept. The majority (95%) were unable to provide a concise definition but instead described family planning in terms of limiting births and having fewer children. Their explanations often linked family planning to financial stability, childcare responsibilities, quality of life, health, education, and economic security. For instance, one participant emphasized financial preparedness:

"*The main thing is for you to plan, how many children do you want to have?*" (P6, Comm 3).

Similarly, another participant underscored the need to have only the number of children one can support:

"If it is only two you can care for, make sure you give birth to only the number of children you can cater for to avoid the children cursing us in the future." (P8, Comm 1).

Concerns about the negative consequences of having many children were also highlighted:

"*Plenty children, plenty of poverty… It's affecting us in this country…*" (P9, Comm 8).

To justify their awareness of MFP, six participants referenced media sources such as radio, television, billboards, and songs. A notable mention was the influence of a popular musician:

"*Family planning is good, looking at the situation of the country. Thank God, an old-time singer (Alhaji Sikiru Ayinde, a veteran songwriter) once said, 'If it's two children you can care for, don't give birth to three*.'" (P4, Comm 4).

Health workers and social media were also cited as major sources of information:

"*Through the radio and television advertisements, they call doctors and professionals to come on the show and talk about it.*" (P5, Comm 6).

"*Health workers also advertise it and also sensitize many people about it. We hear it at different health centers like…"* (P6, Comm 8).

Observations showed no significant variation in perspectives across different age groups of men.

Regarding the types of family planning methods known, 80% mentioned male condoms, injectables, and implants. Other methods, including intrauterine contraceptive devices (IUCDs), oral contraceptives (pills), withdrawal, hormonal methods, and traditional methods, were less commonly recognized. Condoms were widely acknowledged:

"*We know condom very well… it is all over. Nobody can deny that.*" (P7, Comm 4).

Some participants cited traditional methods, such as herbal remedies, waist beads, and certain fruits, believed to prevent pregnancy:

"*There's a fruit called Esi, if a woman eats one, then that means she won't get pregnant until after one year. If she eats two, she won't get pregnant until after two years.*" (P6, Comm 8).

"*There is also the waist bead method; once the lady puts it on, she can never get pregnant. There is the concoction method, this one is mixed with 'amala' (yam flour) and works for*

three years, and the one you make from a pawpaw tree bark." (P1, Comm 6).

While awareness and recognition of various methods were evident, more than half (60%) expressed uncertainty about the suitability of modern family planning methods.

Perceptions about Modern Family Planning Methods

The majority of participants actively contributed to the discussion on modern family planning (MFP) methods when asked, "What are your thoughts about MFP methods?" A significant portion (80%) acknowledged its benefits, particularly in regulating family size, managing financial constraints, and improving women's health. Many participants emphasized that MFP reduces the burden on parents and enhances future planning:

"*I also support FP because if there is nothing one wants to do in the future that won't be possible… It will be easy. The burden on parents will be reduced too. FP is very good*." (P2 Comm 1)

Several others highlighted MFP's positive impact on physical and mental well-being, noting how it provides peace of mind, allows couples to enjoy intimacy without the fear of unintended pregnancies, and promotes overall health by spacing childbirths and reducing pregnancy-related stress:

"*What I know about the benefit of FP is that firstly, when one does not give birth to plenty of children, one will be able to afford a good education and take proper care of the children, and it won't give room for wayward children*." (P7 Comm 4)

Beyond individual and family benefits, some participants linked MFP to broader societal advantages. They suggested that it helps control population growth, alleviates pressure on resources, and reduces maternal and infant mortality. Additionally, MFP was perceived as an empowering tool for women, giving them greater control over their reproductive health and enabling them to pursue education and career aspirations.

Negative Perceptions and Concerns

Despite widespread acknowledgment of its benefits, a significant proportion (75%) of participants were reluctant to discuss negative perceptions. However, concerns emerged regarding adverse physical effects, including changes in body shape, infertility, weight fluctuations, abdominal swelling, and psychological distress. Personal testimonies illustrated these apprehensions:

"*…when my wife took it (the one for three years), she just kept bleeding, and even when she took it out, she was still bleeding. My younger sister as well—she took the one for three years and was now unable to conceive anymore, and she had given birth before. Now they said the thing is doing overtime work*." (P5 Comm 4)

Others echoed concerns about the side effects of MFP, including general health deterioration:

"*I've seen people get FP and get adverse side effects. Some people get negative reactions from it, like a negative deterioration in health during the time the procedure is active.*" (P1 Comm 7)

Another major concern revolved around psychological and emotional well-being. Some participants reported cases where women experienced distress due to bodily dissatisfaction:

"*A woman took it, and she didn't like herself afterwards, as her stomach started swelling in the middle, and she didn't like it. She complained and said it's because of the FP she took that made her stomach start swelling like that.*" (P6 Comm 4)

Doubts about Effectiveness and Perceived Infidelity

Over 60% of participants expressed skepticism about MFP's efficacy, citing cases where contraceptive methods failed, leading to

unintended pregnancies. This doubt contributed to mistrust and reluctance to adopt these methods:

"*I have someone that came to meet me that the five years own she did, failed her, and she got pregnant with it. Those are the reasons why women run away from it—because someone that took five years still got pregnant*." (P1 Comm 1)

Beyond physical and medical concerns, some participants associated MFP with perceived moral decline, particularly in relation to female promiscuity. This belief discouraged support from certain men, as illustrated in the following comments:

"*One disadvantage of it and why I don't support it is that it makes women promiscuous; most of them become area dogs once they're on FP*." (P3 Comm 4)

"...they become promiscuous and they become street dogs. That's why some men don't support their wives to use it." (P4 Comm 4)

Experiences with the Use of MFP Methods

Participants expressed diverse experiences and perceptions regarding the use of MFP methods, with opinions ranging from positive outcomes to significant concerns. While over half of the participants viewed FP positively, emphasizing its benefits in family planning and reproductive control, others voiced skepticism, citing adverse effects, misuse, and unintended consequences.

Concerns and Negative Experiences

A prominent concern raised by participants was the occurrence of side effects associated with specific FP methods. Reports of excessive bleeding, weight gain, and adverse physical reactions were common:

"*My wife also did the one they put in the vagina, but what followed was bleeding, it was like someone menstruating every day. Even after they removed it, she was still bleeding for like eight months… We also see some women who just get big, and it will be hard for them to even carry themselves*" (P3, Comm 4).

Additionally, a few respondents (n=6) feared that FP methods might encourage promiscuity among women. One participant recounted his personal experience:

"*It paved the way to fornication for a woman from my experience. When a woman uses it, she becomes promiscuous. My wife used FP after our first child, and she started sleeping with her ex-boyfriend. When it was time for the FP pill to wear off, she could not conceive*" (P4, Comm 6).

Disappointment in FP effectiveness was another recurrent theme, with some participants reporting unintended pregnancies despite adherence to FP methods:

"*…It ends up disappointing us, and she got pregnant despite using it*" (P9, Comm 8).

Moreover, concerns about infertility surfaced, particularly among those who associated FP methods with long-term reproductive issues:

"*An experience I've heard is that most women who do it, FP caused them not to get pregnant again. I have a friend who agreed with his wife to uptake FP after two children, but unfortunately, the two children died, and the woman couldn't have children again. The husband has gone to marry another wife now"* (P3, Comm 8).

Positive Experiences and Benefits

Despite these concerns, several participants highlighted the advantages of FP in regulating childbirth and enhancing family well-being. Five respondents explicitly stated that FP helped them manage the timing and number of pregnancies:

"*My wife has a high probability of getting pregnant, and that's why the FP program is ideal for us. She is currently using it, and it has worked for us*" (P3, Comm 6, P7, Comm 2).

Furthermore, one participant emphasized how FP enabled his wife to pursue personal and professional aspirations:

"*I have used it. It allowed my wife to further her education*" (P4, Comm 7).

Factors Hindering Men's Support or Use of MFP

Across all sessions, key barriers to men's support for MFP included concerns about side effects, trust issues, and perceived infidelity. Many participants cited negative experiences with side effects as a reason for discouraging their wives from using FP methods:

"*Truly, I supported it when my wife wanted to do it, but because of the bleeding, I had to take her to the hospital for it to be removed...It didn't last up to two months in her body before she started experiencing heavy bleeding…So that's why I can't encourage her to do it again. If I try persuading her to do it again, she might even say, 'I want to kill her,' if I tell her to do it*" (P5, Comm 4).

The issue of infidelity also emerged as a dominant concern, with several participants expressing fears that FP use could encourage unfaithfulness. Some participants displayed strong negative reactions during discussions, reinforcing the perception that women who use FP methods might be more prone to promiscuity:

"*Part of those things that prevent one from supporting one's wife in taking MFP methods is because of the wife's infidelity and attitude. Because we see these things and their attitude are the things that prevent us. A wife that does not listen to her husband, one would not support such woman*" (P2, Comm 1).

This sentiment was echoed by another participant:

"*Some women are not trustworthy because when she and her husband have plans for FP and they know they can't get pregnant, they tend to misbehave with other men. That's my own opinion*" (P2, Comm 2).

Beyond these concerns, broader relationship dynamics—such as trust issues, communication barriers, and power struggles—were also cited as factors influencing men's reluctance to support FP use.

Discussion

Understanding of Modern Family Planning (MFP) Methods: The study indicates that despite having high awareness, a significant majority (95%) could not concisely define Family Planning (FP). This aligns with findings from other Nigerian studies [40, 41, 18]. Instead, participants associated FP with limiting the number of children for reasons such as better childcare and financial stability to enhance their quality of life. This finding is consistent with prior research suggesting that economic considerations are a primary motivator for FP adoption in Africa [40, 7, 19]. For instance, a study in Nigeria found that economic hardship and the desire to provide better care for fewer children were significant factors influencing FP decisions [42, 18]. The implication for practice is the need to expand FP education beyond child limitation to include broader reproductive health benefits, ensuring individuals understand FP as a tool for overall well-being rather than solely an economic decision.

Participants cited media, including radio, television, and health workers, as their primary sources of FP information. This aligns with studies in sub-Saharan Africa, where radio programs and community health workers have been effective in FP information dissemination [40, 43]. These sources have been well-documented in shaping public perceptions and knowledge [12, 28], highlighting the essentiality of accessible and culturally relevant information for empowering behavioral change. For practice, this underscores the importance of leveraging mass media and community health workers to deliver FP education tailored to different demographic groups. Policymakers should invest in culturally appropriate FP campaigns, ensuring messages are relatable and easily understood. The study found that condoms, injectables, and

implants were the most recognized FP methods, while traditional methods were less frequently mentioned. This finding is consistent with prior studies that condoms, pills, and injectables are the predominant FP methods in Nigeria [18, 44, 45]. This reflects broader trends in sub-Saharan Africa, where modern FP methods are increasingly preferred due to their higher efficacy and convenience [46], despite low uptake across the region [45]. Although participants acknowledged awareness of various FP methods, they believed usage was influenced by individual preference and suitability. However, the continued use of traditional methods, such as herbal remedies and withdrawal, underscores the need for culturally sensitive education that respects local beliefs while promoting effective FP practices. Practitioners should incorporate culturally relevant messaging in FP programs to build trust and encourage adoption of more effective methods.

Furthermore, the research found no significant variation in MFP awareness across different age groups, suggesting uniformity in understanding and attitudes. This contrasts with some studies that highlight generational differences in FP attitudes [47]. For example, research in Tanzania found that younger men were more supportive of MFP methods compared to older men [48]. This discrepancy may be due to regional cultural differences or specific demographic characteristics of the study population. The implication is that impactful programs should focus on promoting men's support and engagement in FP, as male involvement can positively influence FP attitudes and decision-making [41].

The study also revealed that FP enhances women's decision-making autonomy, empowering them to have control over their reproductive health (RH) and decide on the number of children they want. This finding is consistent with other Nigerian literature, which identifies that MFP use improves women's decision-making autonomy [7, 45]. However, despite these benefits, the study findings suggest that while women can make informed choices about their life course and self-development, men remain the key decision-makers in many Nigerian households. For practice, this underscores the necessity of engaging men in FP discussions and promoting gender-equitable decision-making through community outreach and education.

Positive Perceptions of Modern Family Planning: The study reveals that a significant majority (80%) acknowledged the benefits of MFP methods, including limiting the number of children, improving financial stability, and enhancing women's health. This is consistent with findings from other African studies, such as research in Ghana, which highlights that FP is seen as a means to improve economic conditions and reduce the burden on families [49]. Similarly, a study in Nigeria found that FP is perceived as essential for improving maternal and child health and enabling parents to provide better education and care for their children [50, 7]. Participants also noted the positive impact of FP on physical and mental well-being, emphasizing how it provides peace of mind and allows couples to enjoy intimacy without the fear of unwanted pregnancies. This aligns with literature that underscores the psychological benefits of FP, such as reduced anxiety and stress associated with frequent pregnancies [51]. Additionally, the ability to space childbirths and reduce maternal and infant mortality is well-documented in African health studies [52]. The implication for practice is the need to integrate mental health awareness into FP education, emphasizing the emotional and psychological benefits alongside the physical and economic advantages.

Family planning was also seen as a tool for social stability, reducing population growth, and alleviating strain on resources. This perspective is supported by studies that link FP to broader socio-economic benefits, including reduced poverty and enhanced social stability [49]. Furthermore, the empowerment of women

through FP, allowing them to pursue education and careers, is a recurring theme in African literature. For example, research in Ghana highlights how FP enables women to make informed choices about their RH and futures [53]. Policymakers and health practitioners should strengthen initiatives that integrate FP into women's empowerment programs, ensuring that FP is recognized not only as a health intervention but also as a socio-economic development tool. The findings of this study highlight both the strengths and gaps in FP awareness, perception, and usage among Nigerian men. While economic considerations remain a primary motivator for FP adoption, misconceptions about side effects and the continued use of traditional methods indicate a need for improved education and culturally sensitive outreach. The study's implications for practice include leveraging media and community health workers for FP education, engaging men in FP discourse, addressing psychological barriers, and integrating FP into broader socio-economic policies. By addressing these gaps, policymakers and healthcare providers can enhance FP utilization, improve reproductive health outcomes, and contribute to sustainable population management in Nigeria and beyond.

Negative Perceptions and Concerns: Despite the acknowledged benefits, the study highlights significant apprehensions about the adverse physical effects of modern family planning (MFP) methods, such as infertility, excessive bleeding, and abdominal swelling. These concerns align with findings from other studies, where side effects of contraceptives are a major barrier to their use. For example, research conducted in Uganda found that fear of side effects, including infertility and health deterioration, discouraged many women and men from using long-term contraceptive methods[54]. Similar misconceptions about the long-term impacts of MFP were reported in studies from Ghana, where concerns about complications such as infertility and premature death were prevalent [12].

Psychological and emotional trauma associated with contraceptive use was also evident in this study, with participants mentioning dissatisfaction with body changes and anxiety. These findings align with existing literature discussing the psychological impact of contraceptive side effects, which can lead to discontinuation of use [12, 58]. Additionally, doubts about the effectiveness of certain MFP methods, particularly cases of contraceptive failure, contribute to mistrust and disillusionment. These concerns are consistent with previous studies that report skepticism about the reliability of contraceptives [56, 57]. Health practitioners and policymakers must address misinformation surrounding MFP through targeted education and counseling. More emphasis should be placed on providing accurate information about potential side effects and addressing concerns about infertility. Healthcare providers should also offer personalized consultations that help individuals and couples make informed decisions about contraceptive methods. Furthermore, there is a need for enhanced psychological support mechanisms to address emotional distress linked to contraceptive use, ensuring that users receive comprehensive care that includes both physical and mental well-being.

Experiences and Factors Influencing the Use of MFP Methods: The analysis showed that the major concerns about MFP use were linked to perceived promiscuity and infidelity, which strongly influenced participants' attitudes toward family planning. This finding is consistent with prior research, which indicates that fear of women becoming promiscuous due to MFP usage remains a significant barrier to its promotion [16, 26, 27]. Other major factors influencing non-use were negative side effects and adverse personal experiences with contraceptive methods, a

pattern also observed in studies from sub-Saharan Africa [58, 18, 56].

The persistence of these perceptions underscores the urgent need for targeted educational campaigns to dispel myths and misconceptions surrounding MFP. The belief that MFP promotes promiscuity is more of a behavioral and cultural concern rather than a direct consequence of contraceptive use. Addressing this requires a multi-faceted approach that integrates community engagement, male involvement, and trust-building interventions to counteract deep-seated fears and societal stigma [59].

Moreover, increasing awareness about MFP can help individuals develop a better risk perception of different methods, enabling them to make choices based on factual information rather than fear or misinformation [17]. To promote the acceptance and uptake of MFP, interventions must focus on increasing male involvement in family planning education and addressing misconceptions about infidelity and promiscuity. Community-based programs that incorporate religious and traditional leaders can help reshape narratives and foster greater acceptance of MFP. In addition, improved risk communication strategies should be employed to ensure that both men and women have access to accurate, culturally sensitive information on contraceptive options, reducing fear-driven resistance to MFP methods.

Recommendations

Further research is advocated to specifically explore various traditional FP methods used in targeted communities which could therefore inform possible intervention or innovation. There is need for strong advocacy for the support MFP methods among religious, trado-medical practitioners and community advocates.

Conclusion

According to the study's findings, participants are well-informed on MFP, its many varieties, and its exponential advantages. Their attitudes on the use of MFP were influenced by a number of factors, including their worries about side effects, infertility, and persistent contraceptive failure. Positive experiences were reported in spite of these worries, and some people acknowledged the contribution MFP makes to economic empowerment, education, and family planning. To combat these perceptions, multifaceted interventions are therefore required, including positive policies that encourage male support for family planning, quick community engagement at all levels, continuous male leaders engagement, and reassuring modeling systems.

Conflict of Interest

None.

Limitations of the Study

There is every likelihood for the study to be influenced by selection, participation, low response rates and intimidation bias. The study accounted for some of these limitations by trying to ensure inclusiveness, crowd control, control dominant and non-active participants, and by ensuring there are limited intrusion during discussions.

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