



# Rethinking Family Planning in Nigeria: A Critical Examination of Men's Attitude toward Reproductive Health Decision Making in Ikeja, Lagos State

Efe Grace Oloruntoba, Ibrahim Rotimi Aliu, Tope John Oloruntoba and Rapheal Abiodun Olawepo

Department of Geography and Planning, Faculty of Social Sciences, Lagos State University, Lagos, Nigeria

Department of Geography and Environmental Management, Faculty of Social Sciences, University of Ilorin, Ilorin, Nigeria

**Received:** 10.05.2025 / **Accepted:** 06.06.2025 / **Published:** 12.06.2025

**\*Corresponding Author:** Efe Grace Oloruntoba

**DOI:** [10.5281/zenodo.15646805](https://doi.org/10.5281/zenodo.15646805)

## Abstract

## Original Research Article

Family planning is a critical public issue globally and more especially in developing countries like Nigeria where more emphasis is laid on women than men whose pivotal role as the head of families significantly affects household reproductive health decision making. This study critically examines men's attitude toward reproductive health decision making in the Ikeja area of Lagos State with a focus on their roles, perceptions and level of involvement in family planning practices. The purpose of the study is to uncover the cultural, economic and information barriers that determines the level of male involvement in family planning practices in Lagos State. It also investigates if there is a significant relationship between men's socio-demographic characteristics such as age, marital status, educational level, income and religious affiliation and their involvement in household family planning decisions. The study employed a quantitative research design using an online questionnaire survey to collect information from men in the Ikeja area of Lagos State. A total of 150 men, aged between 25 and 65 years were purposively selected. The questionnaires were distributed electronically via online platforms and the study records a 100% response rate.

The data gathered was analyzed using both descriptive and inferential statistical methods. While the socio-demographic level of the respondents was analyzed using frequencies and percentages; Chi-square set at 0.05 confidence level was used to test hypothesis of the study. Pearson's Product Moment Correlation Coefficient was used to examine the linear relationship between awareness, belief, source reliability and men's involvement in household FP decision making.

The findings indicated that there is a very strong correlation between the men's marital status and their willingness to participate in household family planning. The study also found that there is a strong correlation between men's awareness and source of FP information on their involvement in family planning. The study argues that sustainable family planning outcomes can only be achieved when men are actively involved as partners in their household reproductive health choices. This informs the need for increased awareness, education a supportive interventions to encourage male engagements in family planning practices.

**Keywords:** Family Planning, Male Involvement, Reproductive Health, Socio-Demographic Factors, Cultural Barriers, Awareness, Lagos State.

**Citation:** Oloruntoba, E. G., Aliu, I.R., Oloruntoba, T. J., & Olawepo, R. A. (2025). Rethinking family planning in Nigeria: A critical examination of men's attitude toward reproductive health decision making in Ikeja, Lagos State. *ISA Journal of Arts, Humanities and Social Sciences (ISAJAHSS)*, 2(3), 119-127.

## 1. INTRODUCTION

Reproductive health decision making is a factor of the beliefs, education level, government policies, economic status, access to information and most especially; partner involvement. These factors which are either contextual or influential in nature

are intended to shape the attitudes, perceptions and acceptance of the public concerning their reproductive health choices (Ojo, 2000). Majority of the young people in Nigeria are engaged in alarming proportions of sexually activity yet ill-prepared to protect themselves from the attendant risks involved in such illicit practice. This attitude potentially puts this significant

group of the population into devastating health risks of early and unintended pregnancy coupled with different forms of sexually transmitted diseases giving most of them emotional and psychological trauma which they are obliged to live with for the rest of their lives. Family planning services which place emphasis on birth control is an important aspect of ensuring the sustainable development goals 3 and 5 is achieved through reducing maternal/child mortality, providing universal access to family planning services, eradicating hunger and empowering women to make their own reproductive health decisions.

Family Planning which is a part of reproductive health education enables couple to space and limit pregnancies and helps the sexually active unmarried to prevent unwanted pregnancies and sexually transmitted diseases. Despite the recognition of the importance of addressing the low uptake of modern contraception in developing countries, its adoption has increased only slightly in recent decades (Alkema *et al.*, 2013; Darroch *et al.*, 2013). An estimated 222 million women have an unmet need for modern contraception in the developing world (Wang and Cao, 2019). This number may increase in the decades ahead if the pace of contraceptive uptake does not keep pace with population growth and the growing demand for smaller families and precisely timed births remain minimal (D'Souza *et al.* 2022). Estimates also indicate that if all women having unmet need of contraception used a modern contraceptive method, 54 million unintended pregnancies and 26 million abortions would be averted each year (Uthman *et al.*, 2022).

In Sub-Saharan Africa, the poor uptake of family planning options in households and among sexually active individuals hinder its role in ensuring the security of public health (United Nations Department of Economic and Social Affairs, 2022). This has negative implications on economic development, population growth, maternal and child health. In Nigeria for instance where issues of population, food, security, housing, maternal and child mortality are public health concerns; family planning becomes imperative for promoting quality of life and environmental sustainability (Adebawale and Palamuleni, 2023). Suffice to note is that since its formal introduction in global health programmes between the 1950's and 60's; family planning practices and decisions have continuously targeted women often sidelining men in reproductive health discourse. This has left negative implications on the state of maternal health, quality of life of families, human capital development and deepened gender disparities. Recent studies reveal that men's traditional role as primary financial providers in most Nigerian households often extends their power to controlling the reproductive health decision of their household (Ezebuio *et al.*, 2025; Amuzie *et al.*, 2022, Daniel *et al.*, 2024). The authors observed that this is believed to be partly as a result of misinformation about family planning practices and the fear of loss of control over their wives. However, an alignment of policies to ensure men's participation in family planning practices is suggested to improve the uptake of the services thereby promoting a decrease in both the morbidity and mortality rates of mothers and their children.

In the light of the above, this study critically examines men's

attitude toward household family planning decision making using a case study of Ikeja area of Lagos State. The study aims to uncover the socio-cultural, economic and information barriers that prevent men from participating in household family planning.

## 2. METHODOLOGY

### 2.1 Setting, Sampling and Design

The research is targeted at the cross-sectional investigation of the factors that determine the poor attitude of men toward reproductive health decision making. This study was carried out in the Ikeja area of Lagos State, Nigeria. The inclusion criteria for this study was men between the ages of 25 - 65 years, currently residing within Ikeja. Participants younger or older than the age bracket were exempted from the study. Participants were recruited through social media platforms between the period of April 2025 to June 2025. The study's survey was developed via google form and uploaded to survey monkey as the principal platform for data collection.

### 2.2 Data Collection Instrument

The questionnaire was designed into four sections including (i) demographic characteristics of respondents, (ii) awareness of family planning practices (iii) household decision making on family planning practices, and (iv) men's attitude toward household family planning. The demographic section contained information on age, marital status, education level and religion. Section two examined general facts about how informed the men were concerning family planning practices with a few points utilizing the Likert scale (1=strongly disagree, 2= disagree, 3= neutral, 4= agree, 5= strongly agree). multiple choice questions were used to source information on issues on household reproductive health decision making. The questionnaire was pretested before it was finally sent out to the respondents.

### 2.3 Statistical analysis

All data was cleaned and analyzed using SPSS software 28. categorical variables were presented as frequencies and percentages while continuous variables were presented as means and standard deviations. The associations between the different variables were examined using the Chi-Square and Pearson's Product Moment Correlation Coefficient analytical methods. All statistical tests were conducted at 95% confidence level and 5% error margin. A p-value of less than 0.05 was considered statistically significant.

## 3. Hypothesis Testing

i. Ho : there is no significant relationship between the respondent's age and their involvement

in family planning

Hi : there is significance relationship between the respondent's age and their involvement in family planning

ii. Ho : there is no significant relationship between the men's marital status and their involvement in family planning

Hi : there is significance relationship between the men's marital status and their involvement in family planning

iii. Ho : there is no significant relationship between the men's education level and their involvement in family planning

Hi : there is significance relationship between the men's education level and their involvement in family planning

iv. Ho : there is no significant relationship between the men's religion and their involvement in family planning

Hi : there is significance relationship between the men's religion and their involvement in family planning.

## 4. RESULTS AND FINDINGS

### 4.1 Socio-Demographic Characteristics of Respondents

150 men participated in the survey and the greater proportion of them were aged between 35 - 44 years (40%), married (73.3%), have tertiary education (74.7%) and are Christians (62%).

**Table 1: Socio-demographic characteristics of the respondents**

| Variable                  | Frequency (n) | Percentage (%) |
|---------------------------|---------------|----------------|
| <b>Age group</b>          |               |                |
| 25 - 34                   | 45            | 30             |
| 35 - 44                   | 60            | 40             |
| 45 - 54                   | 30            | 20             |
| 55 - 64                   | 15            | 10             |
| <b>Marital status</b>     |               |                |
| Single                    | 5             | 3.3            |
| Married                   | 110           | 73.3           |
| Divorced/Seperated        | 25            | 16.7           |
| Widowed                   | 10            | 6.7            |
| <b>Level of education</b> |               |                |
| Primary education         | 5             | 3.3            |
| Secondary education       | 28            | 18.7           |
| Tertiary education        | 112           | 74.7           |
| No formal education       | 5             | 3.3            |
| <b>Religion</b>           |               |                |
| Christianity              | 93            | 62             |
| Islam                     | 55            | 36.7           |
| Traditionalists           | 2             | 1.3            |

### 4.2 Awareness of Family Planning Practices

Among the 150 respondents, condoms and abstinence were the most widely known family planning methods, each with 100% awareness. Natural methods followed closely at

84% while other methods such as oral pills, injectibles and implants amounted to 13.3%, 36% and 4.7% respectively. The least known methods were intrauterine devices (3.3%) and tubal litigation (0.7%).

**Table 2: Awareness of Family Planning services among respondents**

| Variable                            | Frequency (n) | Total responses (%) | % out of 150 |
|-------------------------------------|---------------|---------------------|--------------|
| <b>FP method awareness</b>          |               |                     |              |
| Condoms                             | 150           | 29.2                | 100          |
| Oral pills                          | 20            | 3.9                 | 13.3         |
| Intrauterine device (IUD)           | 5             | 1.0                 | 3.3          |
| Injectibles                         | 54            | 10.5                | 36.0         |
| Natural method                      | 126           | 24.6                | 84.0         |
| Implant                             | 7             | 1.4                 | 4.7          |
| Tubal ligation                      | 1             | 0.2                 | 0.7          |
| Abstinence                          | 150           | 29.2                | 100          |
| <b>FP Information source</b>        |               |                     |              |
| Health facility                     | 35            | 15.8                | 23.3         |
| Friends/Relatives                   | 122           | 55.0                | 81.3         |
| Media (radio, television, internet) | 45            | 20.3                | 30.0         |
| Religious/Community leaders         | 20            | 9.0                 | 13.3         |

The the total response rate amounts to 148% indicating that most of the respondents sourced information on family planning from multiple channels. Results shows that friends and relatives were the most common source of family planning information with 122 responses making up 81.3%. This suggests that the informal social networks play a significant role in disseminating information on reproductive health. 23.3% received information from health facilities, indicating a poor access to professional information on family planning. The media on the other hand served as an information source for 30% of the respondents showing its modest reach when compared to the dominant influence of friends/families and based on its potential for family planning campaign awareness. The remaining 13.3% reported hearing about family planning from their religious and community leaders, highlighting the influence of social institutions in creating reproductive health knowledge awareness.

### 4.3 Household Decision Making on Family Planning Practices.

Several questions were asked in order to get some insights into the perspective of men regarding family planning decision making in their households. A majority 137 (91.3%) of the respondents agree that family panning is important to reproductive health. A small fraction of 13 (8.7%) disagree or remain neutral. This suggests a high level of the relevance of

family planning among the men in the study area. However, despite recognizing the importance of family planning to reproductive health decision making; men's involvement in household family planning was very low. While 25 (16.7%) of them report active involvement in family planning decisions in their household, 108 (72%) which is a significant majority are not involved at all and 11.3% are uncertain. This highlights a gap in the knowledge and practice of family planning among the men.

Based on how well they encourage their wives to practice family planning; only 20 (13.3%) of the men are supportive while the majority 88 (58.7%) are less concerned with the spouse involvement in family planning practices. However; 42 (28%) gave a conditional response as they have consideration for the type of family planning method they would like their wives to practice. This reflects a need for inclusive education on different family planning methods and the close support of men.

It is indicative that most of the decisions on family planning in households are made by men as 82 (54.7%) claimed they have the final say in their home. 21 (14%) of the men claimed that family planning issue in their ho usehold is not their business. While joint decision making on family planning issues occurs in 30% cases; very few women decide alone (1.3%). this underscores the patriarchal dominance of men over women.

**Table 3: Reproductive health decision making in households**

| Variables                                   | Frequency (n) | Percentage (%) |
|---|---------------|----------------|
| <b>FP importance to reproductive health</b> |               |                |
| Strongly agree                              | 122           | 81.3           |
| Agree                                       | 15            | 10             |
| Neutral                                     | 1             | 0.7            |
| Disagree                                    | 12            | 8              |
| <b>Men involvement in FP</b>                |               |                |
| Yes   | 25            | 16.7           |
| No  | 108           | 72             |
| Maybe                                       | 17            | 11.3           |
| <b>Encouragement of spouse on FP</b>        |               |                |
| Yes   | 20            | 13.3           |
| No  | 88            | 58.7           |
| Depends on the method                       | 42            | 28             |
| <b>Household decisions on FP</b>            |               |                |
| Men alone                                   | 82            | 54.7           |
| Couple                                      | 45            | 30             |
| Woman                                       | 2             | 1.3            |
| Not my business                             | 21            | 14             |

#### 4.4 Men's Attitude toward Household Family Planning

The data gathered from the respondents reveal significant barriers that discourage male involvement in family planning. The most frequently cited barrier is the fear of side

effects 100 (66.7%) suggesting a huge concern regarding the impact of contraceptive methods on health and well-being. Religious beliefs was the second most reported barrier 30 (20%) highlighting the influence of spiritual and cultural norms on male reproductive health decisions. Lack of knowledge 15 (10%) and lack of time 5 (3.3%) were less mentioned.

**Table 4: Men's attitude toward household family planning**

| Variables                                   | Frequency (n) | Percentage (%) |
|---|---------------|----------------|
| <b>Barriers to male involvement in FP</b>   |               |                |
| Religious belief                            | 30            | 20             |
| Fear of side effects                        | 100           | 66.7           |
| Lack of knowledge                           | 15            | 10             |
| Lack of time                                | 5             | 3.3            |
| <b>FP encourage promiscuity</b>             |               |                |
| Yes   | 120           | 80             |
| No  | 30            | 20             |
| <b>Support for joint FP decision</b>        |               |                |
| Yes   | 135           | 90             |
| No  | 15            | 10             |
| <b>Visit to FP clinic</b>                   |               |                |
| Never                                       | 150           | 100            |
| <b>Willingness to attend FP seminars</b>    |               |                |
| Yes   | 14            | 9.3            |
| No  | 130           | 86.7           |
| Maybe                                       | 6             | 4              |
| <b>Perception on male involvement in FP</b> |               |                |

|   |     |      |
|---|-----|------|
| Very important                                  | 10  | 6.7  |
| Not my responsibility                           | 38  | 25.3 |
| A woman's decision                              | 102 | 68   |
| <b>Plans to be involved in FP in the future</b> |     |      |
| Yes   | 27  | 18   |
| Not sure  | 6   | 4    |
| Not at all                                      | 117 | 78   |

When asked if family planning encourages promiscuity, 120 (80%) said yes indicating a moral aspect of non-usage while 30 (20%) disagreed suggesting a need for sensitization on the value of practising family planning. Interestingly, despite the aforementioned barriers, majority of the respondents 135 (90%) support joint-decision making with their spouses while 15 (10%) opposed. This reflects an men's openness to inclusive adoption of reproductive health options in households.

None of the respondents reported ever visiting a family planning clinic showing their complete disengagement from the service level. While 14 (9.3%) expressed their willingness to attend family planning seminars, 130 (86.7%) declined and 6 (4%) were uncertain demonstrating men's low interest in seeking information on family planning practices.

Based on the perception on who should be responsible for decisions regarding family planning in households; a substantial number of the respondents 102 (68%) view family planning as a woman's decision. 38 (25.3%) of them claim issues of family planning is not their responsibility at all

suggesting that a woman should know how to take care of her self when it comes to issues of fertility.. only 10 (6.7%) of the men believe male involvement in household family planning is very crucial to the overall reproductive health of the family underscoring the deep gendered attitudes towards reproductive health issues.

On their future plans whether to or not to get involved in their household family planning matters, 117 (78%) of them stated that they had no intention of participating while only 27 (18%) have plans of getting involved. A marginal proportion of them which is 6 (4%) were undecided.

#### 4.5 Factors Associated with Men's Involvement in Household Family Planning

The chi-square statistical test at a 0.05 level of significance was used to test if there is a significant relationship between men's socio-demographic status and their future involvement in family planning practices.

##### 4.5.1 Age and Involvement in Family Planning

**Table 5: Relationship between age and involvement in family planning**

| Age group     | Yes | No  | Row total | Expected frequency |      |
|---------------|-----|-----|-----------|--------------------|------|
|               |     |     |           | O                  | E    |
| 24 - 34       | 10  | 35  | 45        | 8.1                | 36.9 |
| 35 - 44       | 7   | 53  | 60        | 10.8               | 49.2 |
| 45 - 54       | 5   | 25  | 30        | 5.4                | 24.6 |
| 55 - 64       | 5   | 10  | 15        | 2.7                | 12.3 |
| Columns total | 27  | 123 | 150       |                    |      |

$$X^2 = \sum \frac{(O - E)^2}{E} = 0.437 + 0.098 + 1.339 + 0.296 + 0.03 + 0.006 + 1.967 + 0.43 = 4.602$$

$$df = (4 - 1)(2 - 1) = 3$$

$$\text{Critical value at } \alpha = 0.05, X^2_{0.05}(3) = 7.815$$

With the chi-square value for men's age (4.602) lower than the critical value (7.815), there is an indication that there is no significant relationship between age group and involvement of

men in family planning. Therefore, the null hypothesis (Ho) is accepted while the alternative hypothesis (Hi) is rejected.

#### 4.5.2 Marital Status and Involvement in Family Planning

**Table 6: Relationship between marital status and involvement in family planning**

| Marital status     | Observed frequency |    | Expected frequency |      |
|--------------------|--------------------|----|--------------------|------|
|                    | Yes                | No | Yes                | No   |
| Single             | 3                  | 2  | 0.9                | 4.1  |
| Married            | 15                 | 95 | 19.8               | 90.2 |
| Divorced/seperated | 8                  | 17 | 4.5                | 20.5 |
| Widowed            | 1                  | 9  | 1.8                | 8.2  |

$$X^2 = 5.016 + 1.076 + 1.162 + 0.254 + 0.356 + 0.398 + 0.356 + 0.079 = 8.897$$

The value for marital status (8.897) exceeds the critical value (7.815) showing that there is a significant relationship between marital status and future involvement in family planning. This implies that marital status influences the likelihood of men

participating in family planning practices and decisions. Therefore, the null hypothesis (Ho) is rejected while the alternative hypothesis (Hi) is accepted.

#### 4.5.3 Education Level and Involvement in Family Planning

**Table 7: Relationship between education level and involvement in family planning**

| Education level     | Observed frequency |    | Expected frequency |       |
|---------------------|--------------------|----|--------------------|-------|
|                     | Yes                | No | Yes                | No    |
| Primary             | 1                  | 4  | 0.9                | 4.1   |
| Secondary           | 5                  | 23 | 5.04               | 22.96 |
| Tertiary            | 20                 | 92 | 20.16              | 91.84 |
| No formal education | 1                  | 4  | 0.9                | 4.1   |

$$X^2 = 0.011 + 0.0024 + 0.0003 + 0.00007 + 0.0013 + 0.00029 + 0.011 + 0.024 = 0.029$$

With the chi-square value of educational level (0.029) far below the critical value (7.815), this indicates that there is no significant relationship between men's educational level and

their involvement in family planning. Therefore, the null hypothesis (Ho) is accepted while the alternative hypothesis (Hi) is rejected.

#### 4.5.4 Religion and Involvement in Family Planning

**Table 8: Relationship between religion and involvement in family planning**

| Religion        | Observed frequency |    | Expected frequency |       |
|-----------------|--------------------|----|--------------------|-------|
|                 | Yes                | No | Yes                | No    |
| Christianity    | 20                 | 73 | 16.74              | 76.26 |
| Islam           | 6                  | 49 | 9.9                | 45.1  |
| Traditionalists | 1                  | 1  | 0.36               | 1.64  |

$$X^2 = 0.635 + 0.139 + 1.537 + 0.337 + 1.137 + 0.250 = 4.035$$

Also, the value for religion (4.035) is below the calculated critical level (7.815). Therefore, the null hypothesis is rejected while the alternate hypothesis is accepted. This suggests that there is no significant relationship between religion and future

involvement in family planning. Therefore, the null hypothesis (Ho) is accepted while the alternative hypothesis (Hi) is rejected.

**Table 9: Relationship between men's socio-economic characteristics and involvement in family planning**

| Socio-demographic variable | X <sup>2</sup> Value | df | P-value ( $\alpha = 0.05$ ) | Significant? |
|----------------------------|----------------------|----|-----------------------------|--------------|
| Age group                  | 4.602                | 3  | > 0.05                      | No           |
| Marital status             | 8.897                | 3  | < 0.05                      | Yes          |
| Education level            | 0.029                | 3  | > 0.05                      | No           |
| Religion                   | 4.035                | 2  | > 0.05                      | No           |

The chi-square test of independence above revealed that marital status was the only variable that had a statistically significant relationship with men's involvement in family planning. This relationship is significant because the p-value generated for the variable is more than the level of significance used for the study ( $r = 7.815$ ). therefore, the null hypothesis (Ho) is rejected while the alternative hypothesis (Hi) is accepted. In contrast, the variables; age, education and religion did not demonstrate statistically significant relationships with men's involvement in family planning.

The findings therefore highlights the critical role of marital status in shaping men's engagement in family planning practices. This is supported by the work of Wondim et al., (2020) and Fleming et al., (2020) which asserted that marital status plays a significant role in determining whether or not men will get involved in family planning practices. Men's involvement in family planning can be understood from the

angle of marriage which typically establishes a formal relationship within which issues of family planning becomes a shared concern directly affecting both partners. Hence, the structure of marriage fosters communication between partners which encourages men's participation. Married men are more likely to be involved in family planning because such decisions would determine their family life. Conversely, men who are single, divorced or widowed may have less opportunity to engage in family planning discussions perceived lack of marital responsibility and limited awareness.

#### 4.6 Statistical Analysis of Men's Perception and Involvement in Household Family Planning.

The Product Moment Correlation Coefficient (r) was calculated to examine the linear relationship between awareness, belief, source reliability and men's involvement in household FP decision making.

| Variables compared             | r-value | Interpretation              |
|--------------------------------|---------|-----------------------------|
| Awareness/Involvement          | 0.97    | Strong positive correlation |
| Belief/involvement             | 0.96    | Strong positive correlation |
| Information source/involvement | 0.55    | Strong positive correlation |

All three variables show strong positive correlations indicating that they are closely associated with greater male involvement in family planning. However, belief in the importance of family planning in households is most strongly associated with men's involvement. This suggests that improving men's attitude to family planning practices either through better education and access to efficient information sources could significantly enhance their participation in making FP decisions or supporting their partners to engage in family planning practices. Also, the reliability of the source from which information on

family planning is gotten shows a very strong correlation with their involvement. This means that men who receive FP information from credible sources are more likely to be involved in household family planning decision making. Hence, the findings reveal that higher awareness rate of family planning practices is directly proportional to the desire of men's involvement in household family planning.

#### 5. CONCLUSION

The study has shown that the involvement of men in



household family planning is vital to improving the reproductive health outcomes and quality of life of their families. Encouraging male participation does not only afford women the opportunity to engage in family planning practices but also strengthens family decision making in various aspects of life. Men's marital status appears to be the best predictor of their involvement in family planning.

In view of this, it is strongly recommended that men be better informed on family planning options that best suits their families and information on responsible fatherhood be inculcated in men so as to prompt the advocacy for reduction in maternal and child mortality. This could be done through joint-counselling sessions at health centers where both partners can learn about family planning options together. Also, government should ensure that health services be male-friendly and the media should be actively engaged in promoting male role models who are actively involved in family planning.

## REFERENCES

- Adebowale, A. S. and Palamuleni, M. E. (2023). family planning needs to limit childbearing are unmet, yet our parity is high:characterizing and unveiling the predictive factors. *BMC Women's health* 23:492. <https://doi.org/10.1186/s12905-023-02640-5>
- Alkema, Leontine, Vladimira Kantorova, Clare Menozzi, and Ann Biddlecom. (2013). "National, regional, and global rates and trends in contraceptive prevalence and unmet need for family planning between 1990 and 2015: A systematic and comprehensive analysis," *The Lancet* 381(9878), 1642–1652
- Akinso, O. and Akinso, S. (2018). Factors that influence male involvement in family planning: A qualitative study of men of reproductive age in Ibadan north-east and north-west. *Oyo State. Contraception*, 92:395 <http://linkinghub.elsevier.com/retrieve/pii/S001078241500414X>
- Amuzie, C. I., Nwamoh, U. N., Ukegbu, A., Umeokonkwo, C. D., Azuogu, B. N., Agbo, U. O. and Balogun, M. S. (2022). Datereminants of male involvement in family planning services in Abia State, Southwest Nigeria. *Contraceptive and Reproductive Medicine*, 7(15). <https://doi.org/10.1186/s40804-022-00182-z>
- Daniel, E., Olawale, O. O., Bello, A. M., Popoola, I. O., Tomori, M., Avwerhota, M., Ogun, A. A., Popoola, T. A. and Salami, A. (2024). Men's Involvement in Wives' Contraceptive Choices: A Comparative Study in Rural and Urban Communities of Akure South Local Government Area. *World Journal of Public Health*, 9(2): 199 - 205. <https://doi.org/10.11648/j.wjph.20240902.20>
- Darroch, J. E., Susheela S, and Lori S. A.. (2013). "Adding it up: The need for and cost of maternal and newborn care—Estimates for 2012." New York: Guttmacher Institute
- D'Souza, P., Bailey, J. V., Stephenson, J. and Oliver, S. (2022). Factors influencing contraceptive choice and use globally: A synthesis of systematic reviews. *The European Journal of Contraception & Reproductive Health Care*, 27 (5), 364 - 372. <https://doi.org/10.1080/13625187.2022.2096215>
- Ezebuirio, E. I., Abali, I. O., Seyifunmi, G. A., Onyemereze, C. O. and Airaodion, A. I. (2025). The Role of Male Involvement in Family Planning and Contraceptive Use in Nigeria. *Journal of Counselling and Therapy*, 7(1), 30 - 37. <https://matjournals.net/nursing/index.php/JCFT/article/view/328>
- Fleming, P. J., Shakiya, H., Farron, M., Brooks, M. I., Lauro, G., Levto, R. G. (2020). Knowledge, attitudes and practices related to family planning and gender equity among husbands of adolescent girls in Nger. *An International Journal for Research, Policy and Practice*, 15 (5), pp. 666 - 677. <https://doi.org/10.1080/17441692.2019.1692890>
- Ojo, D.O. (2000). *Knowledge, Attitude and Practices of Parents and Teachers in Relation To Adolescents' Reproductive Health Training in Osun State, Nigeria*. Ph.D Dissertation, Ile-Ife, Nigeria: Obafemi Awolowo University
- United Nations Department of Economic and Social Affairs (2022). World Family Planning. In United Nations. <https://www.un.org/en/development/desa/population/publications/pdf/family/WFP2017.Highlights.pdf>
- Uthman, M. K., Bello, I. S., Fadugbagbe, A. O., Olajubu, T. O., Ismail, w. o. and Ibrahim, A. O. (2022). Unmet needs for family planning and its determinants among women of reproductive age in Ilesha South West Nigeria: A cross-sectional study. *Journal of Medicine Access*, 6. <https://doi.org/10.1177/27550834221115979>
- Wang, C. and Cao, H. (2019). Persisting regional disparities in modern contraceptive use and unmet need for contraception among Nigerian women. *BioMed research International* <https://doi.org/10.1155/2019/9103928>
- Wondim, G., Degu, Y., Tekla, Y. and Diress, G. (2020). Male Involvement in Family Planning Utilization and Associated Factors in Womberma District, Northern Ethiopia: Community-Based Cross-Sectional Study. *Open Journal of Contraception*, 11, pp.197 - 207 <https://doi.org/10.2147/OAJC.S287159>
- Yaya, S., Amouzou, A. Uthman, O. A., Ekholuenetale, M. Bishwajit, G., Udenigwe, O., Alzahra, H. and Vaibhav, S. (2018). Prevalence and determinants of terminated and unintended pregnancies among married women: analysis of pooled cross-sectional surveys in Nigeria. *BMJ Global Health*, 3(2). <https://doi.org/10.1136/bmjgh-2018-000707>