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DETERMINANTS OF MEN PARTICIPATION IN FAMILY PLANNING IN CHIKUN LOCAL GOVERNMENT AREA OF KADUNA STATE

BENEDICT CELESTINE BAWAH
Kaduna State College of Nursing Sciences, Kaduna State
bawahbenedictcelestine@gmail.com

RAKIYA MUKTAR
Kano State College of Health Science and Technology
Sani Marshal Road, Kano State
rakiyamuktar@gmail.com

AHMED JEREMIAH
College of Agriculture, Mokwa, Niger State.
Ahmedjereahmed@gmail.com

Abstract

The study was conducted to determine men participation in family planning in Chikun Local Government Area of Kaduna state. Data were collected via questionnaire. The study utilized a descriptive research design and 377 men participated in the study. Factorial analysis was carried out to determine the men participation in family planning, and Chi-square statistic was used to assess the attitude of men in family planning. The findings revealed that economic, social, religious and psychological factors, including the consideration of spousal health and influences are the determinants of men participation in family planning. Based on the findings of the study, it is recommended that Health, religious, and social institutions should advocates for men direct participation in family planning in order to reduce maternal and child mortality government should enhance social and economic opportunities to improve the socioeconomic status of men, and the mass media should educate the general public on the importance of men participation in family planning

Keywords: *Determinants, Participation, Family planning, Men*

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INTRODUCTION

Family is a group of people organized on the basis of natural love and affection. It is the fundamental social unit formed in the society, which provides the safety, security, rearing of children and for fulfillment of certain human needs. Having a family no doubt requires planning. A couple needs to plan in order to achieve an enduring and sustainable family. Family planning is a way of thinking and living, that is adopted on the basis of knowledge, attitude, participation and responsible decision by individuals and couples in order to promote health and welfare of the family, groups and thus contribute effectively to the social development of the country (World Health Organization, 2021). Family planning is available to help individuals and couples to choose if and when they will have a child, or to choose the number of children that they will have, another important aspect of family planning concerns couples attempting to increase their chances of conception. According to Nelson and Marshal (2021), 10% to 15% of couples in the United State of America are unintentionally childless, and in Nigeria according to Ademola, (2019) 8% to 16% are unintentionally childless. The duty of men in the society seems supreme especially in rural communities, they are in charge of the family, they control religious organizations and coordinate the social system (Okeke, 2022). Onouha (2018) cited in Achawal, (2023), stated that African men are mainly responsible for deciding whether

their wives will practice family planning and the methods to be adopted. He further stated that the true position is that in traditional African societies, men are conferred with authority to determine who gets what, how and when in the family. This authority implies that they have the final say on the number of children they family should have, the spacing for maternal health and general level of reproductive health in the family. Thus any family planning program that includes men participation is to have maximum impact on the general population. Men participation in family planning according to Davidson (2021) increases the recognition, acceptance, and practice especially in rural communities in Africa. Their involvement will help to achieve huge success in the numerous campaigns aimed at controlling population explosion in Africa, arrest the increasing surge of sexually transmitted infection and maternal and infant morbidity and mortality.

In Europe statistic showed that an average of 65% of men participates in family planning yearly, in America about 70% of males participate in family planning yearly through awareness campaigns about the importance of male involvement in family planning (Davidson, 2021). Kolawole, (2020) stated that in South Africa, about 35% of the male population participates in family planning, in Togo, it was noted in the year 2020 that the ratio of involvement of men in family planning compared to the female counterpart was 1:3. While despite the global recognition of the importance of male participation in family planning, the statistics of male participation in Nigeria is low. Ntiru (2022), states that less than 5% of men in Nigeria participates in family planning despites its physical, psychological and social gains. The problem with male participation in family planning has to do with non inclusion of male in the family planning policies, programs and its attendant execution. Family planning programs in the Nigerian environment focus primarily on women (Hossain, 2018). The alienation of men in the program dwindles its attendants success despites the efforts at national and local levels to achieve success (Nelson and Marshal, 2021). The hospitals in Chikun Local Government Area have no records of male participation in family planning, an indication of low participation of men in family planning in the Local Government Area. The choice of male involvement in family planning depend on a complicated factors of economic, social, cultural, religious, maternal, education, family size, psychological, spousal influence, spousal communication, and providers availability, which contribute to the decision of whether to use family planning and what method to use (Gary, 2018).

According to Bunce, Guest and Kanawa (2019), stated that economic hardship was the most frequently mentioned reason for family planning acceptance among men in Tanzania. The respondents in their study cited basic needs of children, inadequate food, health care and education not matching the income of smaller families especially in rural areas. Greg (2019), also stated that social factors significantly influence male participation in family planning. Support from peers, family and community can encourage male involvement, and the masculinity norms might discourage men from discussing or engaging in family planning. Some Religious beliefs in Africa are against male participation in family planning. Artificial family planning such as vasectomy, condom use, coitus interruptus are crime to the Roman Catholics, while other Christian sects views artificial family planning differently (Brown, 2022).

Maternal health is a significant factor in influencing male participation in family planning. When men understand the risks associated with pregnancy and childbirth, they are more likely to engage in family planning. Some men are unaware of the concept and importance of male participation in family planning. Poor education and communication causes non-motivation of males in family planning. The radios and televisions which serves as the frequent, widest and commonly accessible sources of health and social information focuses less on males participation in family planning (Levy, 2019). According to Hossain (2018), family size can significantly influence male participation. He stated that men who desire larger families might be less likely to participate in family planning, the perceived cost of raising children can impact men decisions about family planning, and the larger families seen as a sign of prosperity in some cultures. Psychological factor play a big role in male participation in family planning. The fear about side effects or misconceptions about family planning methods can hinder participation (Hossain, 2018).

Bunce et al (2020), also ascertained that spousal influence that men who participated in family planning in Tanzania, that their spouses approval was the major factor in their decision making,

family decisions were taken to stop the cycle of problems of unplanned pregnancies and births in the family, and spousal communication is another factor that determines the participation of men in family planning. The females who are well informed finds it difficult to discuss the subject matter with their spouses at home, fears that they may be perceived as promiscuous or unworthy of trust (Kom, 2018).

STATEMENT OF THE PROBLEM

Men control the family yet treat pregnancies and deliveries as women affairs. Women are left to bear the brunt of unplanned pregnancies and the use family planning. Most cultures in Nigeria are parchiachal, as such the men participation or lack of it in family planning is critical to its acceptance, and its success Documented evidence by Ntdom (2021) showed that three hundred million pregnancies occurs in sub-sahara Africa yearly, and in Nigeria, eleven million pregnancies yearly. While half a million women die from complicated related pregnancies, with 99% of the deaths in developing countries of Africa, Asia and the Caribbean. It is estimated that 200 million couples in developing countries would like to delay or stop child bearing but are not using any family planning method (WHO, 2022). In Nigeria, male involvement in family planning is low, a study conducted in Ilorin, Kwara state showed that only 12% of participates in family planning. The participation of men in family planning in the West, is observably, one of the factors behind their low maternal and child morbidity and mortality, a factor if embraced in Africa, will likely lower the high maternal and child morbidity and mortality and improve the general health outcome of the African population. However, it is against this background that the study seeks to addressed non participation of men in family planning.

RESEARCH QUESTIONS

The following research questions were developed to guide the conduct of the study:

i. What are the factors that determine the participation of men in family planning in Chikun Logal Government Area of Kaduna state?
ii. What are the attitude of men on participation in family planning in Chikun Local Government Area of Kaduna state?

RESEARCH HYPOTHESES

1. Factors do not significantly influence participation of men in family planning in Chikun Local Government Area of Kaduna state
2. Men do not have significant attitude on family planning in Chikun Local Government Area of Kaduna state

METHODOLOGY

A descriptive research survey design was adopted for the study. The population of the study comprised of all men (18 years and above) in Chikun Local Government Area of Kaduna state, with an estimated population of 233,612 based on (National Population Commission, 2020). A sample of 377 respondents were selected using the Krejcie and Morgan(1970) Table of determining sample size. The researcher selected the respondents using multi-stage sampling techniques as follows

Stage 1. The researcher used purposive sampling technique to select Chikun Local Government Area out of the twenty three Local government Areas of Kaduna state

Stage ii. A simple random sampling technique to select four (4) wards out of the twelve (12) wards in the Local Government

Stage iii. Proportionate sampling technique was used to determine the sample size for each of the selected wards

Stage iv. A purposive sampling technique was used to select the males in the selected wards

Stage v. A simple random sampling technique was used to select the respondents' to filled the questionnaires

The instrument for data collection was a researcher developed questionnaire. The questionnaire was structured on a four point likert rating scale. The instrument underwent face, structure and content validity, and reliability index of 0.75 (75%) was determined. 377 copies of the questionnaires were administered to the respondents by the researcher and 10 research assistants while three hundred and fifty eight (358) were dully filled and retrieved for analysis.

A descriptive statistics of frequency count and percentages was used to describe the demographic information of respondents. Chi-square **(x^2)** was used to analyze the hypotheses in order to accept or reject the hypotheses at 0.05 level of significance.

RESULTS

The result indicated that 68(19%) of the participants were age 18-25 years, 82(22.9%) of the participants were between 26-35 years of age, 63(17.59%) of the participants were between 36-45 years of age, 71(19/83%) were between 46-55 years of age, and 74(20.67%) of the participants were 56 years and above. This means that majority of the respondents were between 26-35 years of age. On marital status, 286(79.88%) of the respondents are married, while 72(20.12%) of the respondents were unmarried. On education level 42(11.73) are primary school leavers, 1102(28.49%) are secondary school leavers, 71(19.83%) of the respondents are graduates, and 143(39.95%) of the respondents have vocational/technical education. This indicates that majority of the respondents have vocational/technical education

Null Ho 1: Factors do not significantly influence participation of men in family planning in Chikun Local Government Area of Kaduna state

S/N	Statement	Mean	Std	Remarks
1	Economic factors hinders my participation in family planning	4.46	0.788	Accepted
2	Social factors are the reasons for my non participation in Family Planning	4.08	0.443	Accepted
3	My religion does not allow me to participate in family planning	4.37	0.768	Accepted
4	Consideration of the health of my wife is the reason why I do not participate in family planning	3.30	0.987	Accepted
5	I lack requisite education to make decision about family planning that's the reason why I do not participate in family planning	2.02	0.487	Rejected
6	The size of my family is not adequate that's why I do not Participate in family planning	2.42	0.366	Rejected
7	There are psychological factors that hinders my participation in family planning	3.37	1.209	Accepted
8	The influence of my spouse is the reason why I do not participate in family planning	3.08	1.407	Accepted
9	The absence of communication with my spouse on family planning is the reason why I do not participate in family planning	3.33	1.293	Rejected
10	The shortage of family planning providers in my locality is the reason why men participation in family planning is low	2.02	0.768	Rejected

Criterion Mean: 2.5

The summary of the analyses of the questionnaire items used to determine the factors of men participation in family planning had a criterion mean of 2.5. the result revealed that economic factors, social factors, psychological factors religious factors, health condition of souses and spousal influences are the factors that determined the participation of men in family planning in Chikun Local Government Area of Kaduna state.

Null H_o 2: Men do not have significant attitude on family planning in Chikun Local Government Area of Kaduna state

S/N	Statement	Mean	Std	Remarks
1	I plan to use a family planning method within the next 12 moths	2.02	0.253	Rejected

S/N	Statement	Mean	Std	Remarks
2	I am willing to visit the Primary Health Care (PHC) for family planning counseling services	3.14	1.042	Accepted
3	I intend to discuss family planning options with my spouse/partner	1.73	0.624	Rejected
4	Using family planning helps families to properly space and care for their children	2.83	0.784	Accepted
5	Family planning services at PHC are beneficial to maternal and child health	3.31	1.045	Accepted
6	I feel comfortable and positive about using family planning methods	2.24	0.683	Rejected

Criterion Mean: 2.5

The summary of the analyses of the questionnaire items used to determine the attitude of men on family planning which had a criterion mean of 2.5. The result revealed the men do not have any plan to use family planning method in the next 12 months. This would be on the poor knowledge on the importance of family planning, but willing to visit the PHC for counselling on family planning. The intend of discussing family planning with their spouse is low and rejected. The men agreed that family planning helps families to properly space and care for their children , and equally beneficial to maternal and child health, yet reported not comfortable using family planning methods

Table 2: Chi-summary (x^2) on attitude of men on family planning in Chikun LGA of Kaduna

	Observed N	Expected N	X^2	df	P-value
Disagree	103	188	4.023	1	0.05
Agree	274	188			

X^2 4.023, df=1, (P>0.05)

The Chi-square result on the attitude of men on family planning in Chikun LGA indicated that 103(27.3%) disagreed that men do not have any attitude on family planning while 274(72.67%) agreed that men displays attitudes on family planning. However, the Chi-square statistic of 4.023 above the P-value of 0.05, leads to the rejection of the null hypothesis

DISCUSSION OF FINDING

Findings from the study revealed that economic factor with a mean of 4.46 is the most prominent factor of determining the participation of men in family planning, meaning poorer men participated less and richer men participated more, this is in line with Bunce, Guest and Kanawa (2019) who states that economic hardship was the most frequently mentioned reason for family planning acceptance among men. The study also revealed that social factors with the mean of 4.08 played role in determining men participation in family planning, this in line with Greg (2019) who states that social factors such as support from peers, family and community can encourage male involvement, and the masculinity norms might discourage men from discussing or engaging in family planning. It equally revealed that Religious beliefs in Africa are against male participation in family planning. Artificial family planning such as vasectomy, condom use, coitus interruptus are crime to the Roman Catholics, while other Christian sects views artificial family planning differently (Brown, 2022). Maternal health with a mean of 3.30 is a significant factor in influencing male participation in family planning. When men understand the risks associated with pregnancy and childbirth, they are more likely to engage in family planning. Some men are unaware of the concept and importance of male participation in family planning. According to Hossain (2018), family size can significantly influence male participation. He stated that men who desire larger families might be less likely to participate in family planning, the perceived cost of raising children can impact men decisions about family planning, and the larger families seen as a sign of prosperity in some cultures. Psychological factor with a mean of 3.37 play a big role in male participation in family planning, this is in line with Hossain (2022) that the fear about side effects or misconceptions about family planning methods can hinder participation and. Spousal influence is also a factor as reported in Bunce et al (2020), that men who participated in family planning in Tanzania stated that their spouses approval was the major

factor in their decision making. They study also revealed that men displayed significant attitude toward family planning decisions. It is this attitude that encourages or discourages the family planning in most cases as husbands are found not fond openly family planning with their spouses.

CONCLUSION

The continuous call for consideration of family planning as a measure of reducing maternal and child morbidity and mortality would gain a wide success with men direct participation family planning and this can be achieved by consideration of the factors that determine men participation in the family planning, factors like economic, social, psychological, religious and spousal influence. This would impact rightly on not only population control, maternal and child health but the socioeconomic development of communities and the country at large

RECOMMENDATION

The following recommendations have been proffered based on the findings of the study:

1. Health, religious, and social institutions together with non-governmental organizations should advocates for men direct participation in family planning in order to achieve robust, health, and manageable families and reduce maternal and child mortality
2. Government at all levels should enhance social and economic opportunities so that more men will escape poverty and make right decisions on planning a family for the general benefit of the family, community and country at large
3. Social institutions and the mass media should educate the general public on the importance of men participation in family planning

REFERENCES

Ademola, G. (2019). A synopsis of medical-surgical nursing. Pon publishers limited Ekpoma

Gary, W. (2018) Exotic Viral Infections. Chapman ^ Hall, London

Bunce, A., Guest, C., & Kanawa, P. (2019). Male involvement in family planning, challenges and way forward. International Research, vol. 29, article ID416457, http://Dx.doi.org/10.1105/2026/416457. retrieved on 26/1/2026

Brown, M. (2022) Developing Communication Skills Arts and Humanities. A practical Handbook for Teachers. London, Cambridge University press.

Davidson, R. (2021). Spousal Communication, http/www.fhlong/pub/network/ vol.64. retrieved on 2/2/2026

Greg, D. (2019). Causes and prevalence of behavior problems of the Nigerian Child. The educational psychologists 1,(2),82-93. Armstrong M&Goldfield, SM (2014) Good beginning for young children families www.arch.org.au./emplibrary/EDSdong.pdf

Hossain, A. (2018). A study of self concept, study behavior and health attributes of males and females Nigerian adolscents. Journal of African Child studies (2),21-27.

Kolawole, D. (2021). the ethnography of Speaking' in Anthropology & Human Behaviour. Int . SL Washington DC

Kom, R. (2018). Historical origin of health belief model, health education monograph http://current nursing.com/nursing theory/belief model. Retrieved 1/2/2/2026

Krejcie, R. V.,and Morgan, D. W. (1970). Determing sample size for research activity. Educational and psychological measurement. 30, 607-610

Levy, M. (2019). Fouth Book of the Sentences, Lucan Freppert. The Basis of Morality According to William Ockham, Chicago: Fransciscan Herald Press.

Nelson, P., & Marshal, A. (2021).). Reaching every district (RED) approach: A guide to increasing and sustaining immunization coverage. WHO Regional Office Africa

Ntdom, K. (2021). Strengthening implementation of the Global strategy for Dengue Fever. Haemorrhagic fever. Prevention and control WHO/CDS. Geneva

Ntiru, R. (2022). Impact of infectious disease on morbidity among children aged 2 years in Africa. British medical journal 322:270-273

Okeke, G. (2022). TDR Contribution to the Development of prevention of diseases. TDR/ER/98.3 WHO, Geneva

Onouha, E. (2018) cited in Achawal, K. (2020). Report of WHO Informal consultation on Epidemiological Approaches to Elimination of malaria: Initial Assessment, monitoring and certification. WHO World Health Organization (WHO, 2021). Media centre family planning/contraceptive use. WHO Int. Media contra/factsheets/FS-351/En. Retrieved 30/1/2026 World Health Organization (WHO, 2022). Healthy aging: preventing disease and improving quality of life among older Americans: At a glance (on-line). Available http://www.who.gov/whodhd/aag-aging.htm