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Personal and social drivers of contraceptive use among sexually active Igbo men in Enugu State, Nigeria.

Geraldine Ginikanwa Chime[1], Anthonia Chinweuba[2], Chioma Anthonia Udeh[3]

[1]Department of Nursing Sciences, University of Nigeria Enugu Campus.
Email: ginichimeagain@gmail.com. ORCID: 0009-0004-6752-1967
[2]Department of Nursing Sciences, University of Nigeria Enugu Campus.
Email:anthonia.chinweuba@unn.edu.ng. ORCID: 0000-0002-1815-1160
[3]Department of Nursing Sciences, Enugu State University of Science and Technology.
Email:chioma.ude@esut.edu.ng. ORCID: 0000-0002-4129-6675

Abstract

Despite worldwide initiatives aimed at enhancing reproductive health, many men continue to grapple with personal beliefs and societal pressures that affect their contraceptive practices. Recognizing these influences is essential for creating interventions that promote informed and shared responsibility in family planning. This study sought to evaluate the personal and social factors affecting contraceptive use among sexually active Igbo men through a descriptive cross-sectional survey design. Conducted in Enugu State, Nigeria, the research focused on married men aged 25 to 65, selecting a sample of 428 participants using a four-stage sampling method. Data was gathered through a researcher-designed questionnaire, which demonstrated a validated Cronbach's alpha coefficient of 0.82. The questionnaire covered demographic details, personal factors, and social influences. Data analysis involved descriptive statistics (frequency, percentage, mean, and standard deviation), with a mean cutoff of 2.5 indicating significant factors. Findings revealed that the main personal motivator for contraceptive use was a preference for methods that do not require daily attention (2.55±1.09). Other factors, considered less important, included future plans and goals (2.45±1.06) and concerns about potential side effects (2.41±0.99). The key social factors, also below the cutoff, were a spouse's aversion to contraceptives (2.46±1.01) and stigma (2.46±0.99). The study advocates for reproductive health programs that promote easily accessible, low-maintenance contraceptive options and couple-oriented counseling to improve communication between partners. Additionally, it recommends focused campaigns to dispel myths about side effects and lessen the stigma associated with contraceptive use.

Keywords: personal factors, social factors, contraceptive use, Igbo men

1. Introduction

The family planning landscape has traditionally centered on women's reproductive health, placing significant attention on female-oriented contraceptive methods such as injectables, oral contraceptives, and intrauterine devices (IUDs). This focus has unintentionally led to a gendered responsibility for contraception, with women frequently shouldering the entire burden of preventing unintended pregnancies and controlling family size (Amiesimaka & Payam, 2025). The rapid population growth in Nigeria, along with increasing maternal mortality rates, poses substantial challenges that threaten the nation's healthcare infrastructure and economic stability. Projections from the Federal Ministry of Health (2014) estimate that Nigeria's population is around 175 million, growing at an annual rate of about 3.2%. Despite the evident advantages of comprehensive reproductive health services, a significant number of men demonstrate low engagement rates in using these services, further intensifying the difficulties faced by the country's economic and healthcare systems (Ezeonu et al, 2025).

The infrequent adoption of contraceptives among men is not a straightforward problem of availability; it embodies a complex interplay of personal and societal factors. Observations show that numerous women with five or more children report their partners' lack of involvement in contraceptive practices. This disengagement leads to frequent pregnancies with inadequate spacing, severely hindering their capacity to meet familial and economic obligations. Although male methods such as condoms and vasectomy exist, they are not widely accepted. For example, condoms are often viewed primarily as a means for disease prevention rather than a principal family planning method, and vasectomy is frequently misunderstood and stigmatized due to myths relating to impotence and masculinity (Steiner et al 2019). The decision-making process for Nigerian men is shaped by their individual knowledge, attitudes, and personal convictions, which are typically influenced by their social surroundings. Understanding these personal elements is vital for creating effective communication strategies to dismantle misconceptions and advocate for shared responsibility in family planning.

Additionally, the social environment in Nigeria significantly affects men's reproductive health practices. Some women have voiced their frustrations, revealing that they often pursue contraception surreptitiously, without their partners' knowledge (Olaolorun et al 2020). This scenario highlights the critical necessity for male engagement in reproductive health discussions, considering that men frequently assume the role of primary decision-makers in their households. Sociocultural norms often position men as the heads of their families and key decision-makers, a role that can either aid or obstruct collaborative decision-making regarding contraceptive use with their partners (Udechukwu et al., 2022). Moreover, the religious landscape in Nigeria, characterized by deeply held beliefs, can further influence attitudes regarding contraception, with certain faiths discouraging its use or advocating for specific family sizes. Peer pressure and the perspectives of community elders can also complicate the dynamics, as men may feel compelled to adhere to traditional masculinity and reproductive expectations. This intricate web of personal and social influences poses considerable barriers to the broader acceptance of male-controlled contraception, hence this study aims to explore the personal and social factors that determine men's use of contraceptives.

RESEARCH METHODS

Research design

This study employed a cross-sectional descriptive survey design, this design allowed for a comprehensive, single point in time description of personal and social factors influencing contraceptive use among men.

Study Area

The study was conducted in Enugu State, located in the southeastern region of Nigeria. The state, is a geopolitical hub bordered by Kogi, Benue, Ebonyi, Abia, Imo, and Anambra states. Enugu State is subdivided into 17 Local Government Areas (LGAs), with the Igbo ethnic group forming the majority of the population. Historically known as a "coal city state," Enugu's economy has diversified beyond its famous coal deposits. Its economic activities now include education, agriculture, trade, and the extraction of other mineral resources. The state has a robust healthcare system, featuring numerous facilities, from specialized teaching hospitals to primary health centers, many of which provide contraceptive services.

Population

The target population for the study consisted of married men between the ages of 25 and 65 residing in Enugu State. Due to a lack of official records detailing the precise number of men in this demographic, the population was considered infinite. To manage this, the researchers calculated a sample size using Cochran's formula, which is specifically designed for unknown populations.

Sample and Sampling procedure

The initial calculation, based on a 95% confidence level and a 5% margin of error, yielded a sample size of 385 men. To account for potential dropouts, an attrition rate of 10% was factored in. This adjustment increased the final, effective sample size to 428 participants.

The specific formulas used were:

Sample Size Formula:

$$n = \frac{z^2 (p*q)}{e^2}$$

Attrition Rate Formula:

$$ns = \frac{no}{f}$$

For the sampling procedure, a four-stage sampling technique was used to select participants. Enugu State's 17 LGAs are organized into three senatorial districts: Enugu East, Enugu West, and Enugu North. In stage one, one LGA was randomly selected from each of the three senatorial districts: Udi, Enugu North, and Nsukka. In stage two a single town was randomly chosen from each of the selected LGAs. In stage three the community with the highest population density was identified within each of the chosen towns. In the final stage a simple random sampling method was used to select the individual participants from these communities.

Data Collection Instrument

The primary tool for data collection was a researcher-structured questionnaire with three sections: Section A: Collected demographic information, Section B used a rating scale to assess personal factors influencing contraceptive use. Section C also used a rating scale, but focused on social determinants of contraceptive use.

Instrument validity. To ensure the questionnaire's quality, its content validity was assessed by three experts from the University of Nigeria's Department of Nursing Sciences. Their feedback was used to revise and refine the instrument before its final use.

Instrument Reliability. The reliability of the questionnaire was confirmed through a split-half reliability method involving 43 men in Agbaja, Ebonyi State, a location outside the main study area. This split-half reliability yielded a Cronbach's alpha coefficient of 0.82. This score indicates a high level of internal consistency, meaning the questions within the instrument were reliable and consistently measured the intended concepts.

Ethical Considerations

The study adhered to strict ethical standards. Ethical clearance was obtained from the Ministry of Health, Enugu (MH/MSD/REC21/493). All participants provided informed consent, and their involvement was voluntary. The researchers also guaranteed anonymity and confidentiality for all responses.

Data Collection Procedure

After receiving ethical clearance, the researchers, with the help of three assistants, collected data over a four-week period. Questionnaires were administered to participants in various public settings, such as churches, markets, and parks, within the selected communities. The research assistants provided clarification to participants who needed it but otherwise allowed them to complete the questionnaires independently to minimize bias.

Data Analysis

Descriptive statistics, including frequency, percentage, mean, and standard deviation, were used to analyze the data. For the rating scale items, a mean of 2.5 was used as a cutoff point: any item with a mean above this value was considered a significant factor by the respondents. The data was analyzed using SPSS version 25 and Microsoft Excel.

RESULTS

In this study, 428 questionnaires were distributed, 400 questionnaires were appropriately filled and returned, yielding a return rate of 93.5%.

Table 1: Socio-demographic Characteristics of respondents *n = 400*

		F	%	Range	M±SD
Age				25-65	43.23±10.26
	25-34	102	25.5		
	35-44	121	30.3		
	45-54	113	28.2		
	55-65	64	16.0		
Number of wives/sexual partners					
	1	332	83.0		
	2-3	62	15.5		
	>4	6	1.5		
Number of children					
	0	56	14.0		
	1-2	136	34.0		
	3-4	159	39.8		
	>5	49	12.3		
Religion					
	Christianity	282	70.5		
	Islam	52	13.0		
	Traditional	66	16.5		
Level of education					
	No formal	31	7.8		
	Primary	63	15.8		
	Secondary	172	43.0		
	Tertiary	134	33.5		
Occupation					
	Civil servant	185	46.3		
	Farming	76	19.0		
	Trading	73	18.3		
	Self-employed	55	13.8		
	Retiree	6	1.5		
	None	5	1.3		
Estimated income per-month					
	<18,000	43	10.8		
	18,000-50,000	173	43.3		
	51,000-100,000	149	37.3		
	>100,000.00	35	8.8		
Residence					
	Urban	152	38.0		
	Semi-urban	168	42.0		
	Rural	80	20.0		

Table 1 presents the demographic characteristics of the men. Their age ranged from 25-65 years with mean and standard deviation of 43.23±10.26 and modal age group of 35-44 years (30.3%). Most of them had one partner (83.0%), having mainly 3-4 children (39.8%). Many of them were Christians (70.5%). Majority had secondary education (43.0%), were civil servants (46.3%), earned N18,000- 50,000 (43.3%) and resided in a semi-urban area (42.0%).

Table 2: Personal Factors Determining Contraceptive Use among Men ***n= 400***

Personal factors	SD	D	A	SA	M±SD
1. The affordability of contraceptives influences my choice of a contraceptive method.	130	115	110	45	2.18±1.01
2. I believe that men who use contraception become promiscuous.	106	159	85	50	2.20±0.97
3. Contraception is a woman's business.	82	152	116	49	2.33±0.94
4. I prefer contraceptive methods that do not require daily attention.	88	106	106	100	2.55±1.09*
5. Concerns about potential side effects influence my decision to use contraceptives.	77	152	102	69	2.41±0.99
6. The availability of contraceptive information influences my choice of contraceptives.	94	135	125	46	2.31±0.96
7. Previous negative experiences influence my choice and use of contraceptives.	113	129	105	53	2.25±1.01
8. Concerns about the impact of contraceptives on my emotional well-being influence my choice of method.	93	138	118	51	2.32±0.97
9. Concerns about privacy and confidentiality impact my willingness to purchase and use contraceptives.	94	148	105	53	2.29±0.97
10. Stigma or judgment from others affects my willingness to use contraceptives.	103	147	103	47	2.24±0.97
11. My future plans and goals influence the use of contraceptives.	93	115	110	82	2.45±1.06
12. My decision to use contraceptives is influenced by healthcare provider recommendation.	93	126	126	55	2.36±0.99
13. My personal values and beliefs impact my willingness to discuss contraceptives openly with others.	73	157	111	59	2.39±0.95
14. My partner's approval of the contraceptive influences my decision for usage.	108	113	108	71	2.36±1.06

Any item with mean (M) > 2.5 was considered accepted by the respondents; accepted items are asterisked

From Table 2, the major personal factor determining the use of contraceptives by the men was their preference of contraceptive methods that does not require daily attention (2.55±1.09). Other determining

factors were future plans and goals (2.45±1.06) and concerns about potential side effects (2.41±0.99) which although were perceived below average.

Table 3: Social Factors Determining Contraceptive Use among Men ***n= 400***

Social factors	SD	D	A	SA	M±SD
Media representation influences my perceptions and attitudes toward contraceptive use.	91	158	128	23	2.21±0.86
Community perceptions of contraceptive use influence my own attitudes and choices.	78	176	102	44	2.28±0.90
I am influenced by the contraceptive choices of my social group.	88	171	83	58	2.28±0.97
None of my siblings or relations used contraceptives in spacing their children.	94	148	115	43	2.27±0.94
I may not have the money to keep up with the use if I begin.	99	144	109	48	2.27±0.97
My wife does not like the idea of contraceptives.	81	125	122	72	2.46±1.01
Societal norms around gender roles impact my views on contraceptives responsibilities.	74	166	113	47	2.33±0.91
People who use contraceptives are stigmatized.	71	147	108	72	2.46±0.99

Any item with mean (M) > 2.5 was considered accepted by the respondents

From Table 3, the major social factors although perceived below average determining the use of contraceptive among the men were spousal dislike of idea of contraceptives (2.46±1.01) and stigmatization (2.46±0.99).

DISCUSSION OF FINDINGS

Personal Factors that determine the Use of Contraceptive by Men. The research found that among the personal factors affecting men's contraceptive use, the most significant was their preference for methods that do not require daily attention. This indicates that convenience is a key factor in men's decisions regarding contraception. A related study noted that long-acting reversible contraceptives or methods requiring minimal daily management are often preferred due to their reduced likelihood of user error and lower demands for consistent adherence (Thirumalai & Amory, 2021). The inclination towards methods that require less attention may also reflect busy lifestyles, forgetfulness, or a desire for simpler options in reproductive planning.

Future plans and goals emerged as another important factor, although it received a slightly lower average rating. This suggests that while long-term goals such as career advancement, financial security, or preferred family size do impact contraceptive use, these factors may not be as urgent as the convenience of the methods. Previous research has shown that men's reproductive decisions are often influenced by their socio-economic ambitions, with family planning acting as a way to synchronize reproductive timing with life objectives (Ahiakwo & Ibubeleye, 2024). However, some findings indicate that in certain demographics, immediate situations or partner preferences may take precedence over future planning. For

instance, fear of side effects or cultural beliefs could deter men from using contraception, even if they have clear family planning intentions (Anaman – Torgor et al., 2025).

Concerns about potential side effects also influenced men's choices, revealing that health-related worries partially affect their decisions. While this factor was rated below average, it highlights the need to address misconceptions or fears about contraceptives to enhance acceptance and usage. Concerns about side effects are frequently cited as a barrier to male contraceptive acceptance. In a related study, Anaman – Torgor et al. (2025) found that fear of side effects was a significant reason for rejecting modern contraceptives, impacting nearly two-thirds of those who chose not to use them.

Social Factors that Determine the Use of Contraceptive by Men. The findings of this study highlight two major social factors influencing men's use of contraceptives, albeit perceived below average, were the spousal dislike of contraceptives and stigmatization These findings are consistent with broader research on the social dynamics affecting male contraceptive use.
Regarding spousal dislike of contraceptives. This spousal opposition may arise from cultural norms, lack of male involvement, or misconceptions about contraception, ultimately reducing use and compliance. This findings aligns similarly with Nmadu et al (2024) however the result is in contrast with the findings of Wondim *et al*. (2020), which indicated that 60% of respondents engaged in family planning through effective spousal communication and approval. Furthermore, the results diverge from Kriel *et al*. (2019) in South Africa, who identified that social support and a shared sense of responsibility in family planning and contraceptive use were positively correlated with male involvement. Moreso studies found that couples who openly discuss contraception are significantly more likely to use modern methods, highlighting how improving communication can mitigate spousal opposition (Challa et al., 2020)

However, the findings on stigmatization align with those of Sinai et al. (2017), who demonstrated that stigma is closely tied to sociocultural beliefs and religious taboos surrounding family planning practices in Northern Nigeria. Also this study's findings align with Marlene et al (2019), who underscored that stigma associated with contraceptive use constitutes a significant public health concern. Successfully combating stigma has been linked to improved acceptance and uptake of contraceptives, indicating stigma is a modifiable social barrier rather than an insurmountable one (Kriel et al., 2019). Importantly, the combination of stigmatization and reported disapproval from women regarding their partners' contraceptive use appears to compel men to transfer the burden of reproductive responsibility onto women, thereby highlighting the complexities that prompted this investigation.

RECOMMENDATIONS

Reproductive health programs for men should prioritize promoting easily accessible contraceptive methods, particularly long-acting reversible contraceptives and low-maintenance options. Health education campaigns are essential to connect contraceptive use to personal and family goals, highlighting its benefits for career, finances, and family size.

To further enhance male contraceptive adoption and sustained use, targeted information sessions should be implemented to dispel myths about side effects, providing clear, evidence-based safety assurances. Additionally, enhancing spousal communication and joint decision-making is crucial. This can be achieved by developing couple-focused family planning counseling and integrating communication skills training into reproductive health services.

Addressing stigma surrounding contraceptive use is also vital. Community education initiatives, including outreach campaigns, can help dispel myths about contraceptives.

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