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Assessment of Knowledge and Perceptions of Fertility Related to Family Planning Among Married Men in Usen Community, Edo State

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Abstract **Original Research Article**

Background: Fertility and family planning are important public health concerns shaped by gender norms, cultural beliefs, and access to reproductive health information. In Nigeria, men play a key role in household reproductive decision-making, making their knowledge and perceptions critical to fertility and family planning outcomes. This study assessed fertility knowledge and perceptions related to family planning among married men in Usen Community, Edo State.

Methods: A community-based cross-sectional analytical study was conducted among married men aged 18 years and above using a structured interviewer-administered questionnaire. Fertility knowledge was assessed using structured questions scored and categorized into good (≥50%) and poor (<50%) knowledge, while perceptions toward fertility and family planning were measured using Likert-scale statements and similarly categorized. Data from 400 respondents were analyzed using IBM \SPSS version 27. Associations between socio-demographic variables and fertility knowledge or perception were examined using chi-square tests and logistic regression, with odds ratios (ORs) and 95% confidence intervals (CIs) estimated. Statistical significance was set at $p < 0.05$.

Results: Overall, 83.0% of respondents had good fertility knowledge, while 67.0% demonstrated good perception toward fertility and family planning. Most respondents correctly identified sperm count and quality (85.0%) and infections as causes of infertility in men (72.0%) and women (90.0%); however, 63.0% incorrectly believed that lifestyle factors do not affect male fertility. Fertility knowledge was significantly associated with age, education, religion, and income. Respondents aged 30 years and above were more likely to have good knowledge (OR = 2.47, 95% CI: 1.44–4.21; p = 0.001), and those with tertiary education had nearly threefold higher odds of good knowledge (OR = 2.71, 95% CI: 1.24–5.83; p = 0.010). Fertility perception was significantly associated only with religion (p = 0.014), and 83.7% of respondents reported discomfort discussing fertility issues with their partners.

Conclusion: Although fertility knowledge and perceptions among married men were generally favorable, important misconceptions and communication gaps persist. Male-inclusive and culturally sensitive reproductive health interventions are needed to address these gaps and promote shared decision-making within couples.

Keywords: Family Planning Services, Fertility, Men, Nigeria, Reproductive Health.

BACKGROUND

Fertility and family planning remain central public health issues because they shape maternal and child outcomes, household wellbeing, and population dynamics.[1] Infertility affects a substantial proportion of adults globally, and it is recognized as a disease of the male or female reproductive system, commonly defined as failure to achieve pregnancy after 12 months or more of regular unprotected sex.[2,3] Recent global evidence shows that about 1 in 6 adults experience infertility at some point in their lifetime, highlighting that infertility is not rare and requires equitable access to information and care.[2,4]

Across many settings, infertility and family planning are strongly influenced by social norms, gender roles, and access to services. International reports consistently show that while contraceptive technologies exist, many people still face barriers such as cost, misinformation, stigma, and limited availability of quality reproductive health services, which affects both pregnancy prevention and fertility-related care.[5–7]

In Africa, and particularly in sub-Saharan Africa, fertility levels remain comparatively high and unmet need for family planning persists, which increases the risk of unintended pregnancies and related maternal health challenges. In West and Central Africa, fertility levels are among the highest globally, and Nigeria is frequently cited as one of the countries with a high total fertility rate in the sub-region.[8,9] These realities make male involvement important because men often influence household decisions on timing and number of children, health-seeking, and whether contraception is acceptable, especially in more traditional or rural communities.[10,11]

In Nigeria, national survey evidence indicates that family planning uptake among married women remains modest: the Nigeria DHS 2023–24 summary reports that about 20% of currently married women use any method of family planning and 15% use a modern method.[12] This low coverage implies that preferences, beliefs, and decision-making dynamics within couples, including men's knowledge and perceptions, can materially affect reproductive outcomes. Additionally, Nigerian studies have long emphasized that men are key gatekeepers to reproductive decisions in many households, and research within Edo State contexts has similarly examined men's information sources and involvement in family planning decisions.[13–15]

Against this background, assessing fertility knowledge, perceptions, fertility preferences, and attitudes toward family planning among married men in Usen Community, Edo State, is important for generating context-specific evidence on how men understand and interpret fertility-related issues. Such information helps to identify prevailing misconceptions, social expectations, and decision-making dynamics that may influence reproductive choices within households, and it provides a basis for designing culturally appropriate educational and community-based interventions that promote informed and shared reproductive decision-making.

MATERIALS AND METHODS

Study Design, Setting, and Population

A community-based cross-sectional analytical study was conducted among married men in Usen Community, Ovia South-West Local Government Area of Edo State, Nigeria. Usen is a semi-urban community located between Akure and Benin City, with residents predominantly engaged in farming, trading, and artisanal occupations. The study population comprised married men aged 18 years and above who were permanent residents of the community.

Sample Size and Sampling Technique

The minimum sample size was determined using

the Cochran formula for single proportions, applying a prevalence of 49.3% for fertility preference among men from a national survey, a 95% confidence level, and a 5% margin of error. This yielded a minimum sample size of 384, which was adjusted for a 10% non-response rate, resulting in a final sample size of 427 respondents.

A systematic sampling technique was employed. Based on an estimated population of 5,307 residents and an average household size of 5.4 persons, approximately 979 households were identified. A sampling interval of two households was calculated. Using Usen Polytechnic as a reference point, one direction was randomly selected, and every second household was visited. One eligible married man was recruited per household.

Data Collection Instrument and Measures

Data were collected using a structured interviewer-administered questionnaire adapted from previous studies and refined for the local context. The questionnaire assessed socio-demographic characteristics, fertility knowledge, perceptions and attitudes toward fertility, fertility preferences, and attitudes toward family planning.

Fertility knowledge was assessed using eight structured questions, with correct responses scored as one point and incorrect responses as zero. Total scores were categorized into good knowledge (≥50%) and poor knowledge (<50%). Perceptions and attitudes were measured using a Likert-scale statement, ranging from "strongly disagree" to "strongly agree." Aggregate perception scores were categorized into good perception (≥50%) and poor perception (<50%).

The questionnaire was pre-tested among 10% of the sample size in a neighboring community with similar characteristics, and necessary adjustments were made before data collection.

Data Analysis

Data were coded and analyzed using IBM SPSS version 27. Descriptive statistics were used to summarize respondents' characteristics, knowledge of fertility, and perceptions. Associations between socio-demographic variables and fertility knowledge or perception were examined using the chi-square test, with odds ratios and 95% confidence intervals estimated. Statistical significance was set at $p < 0.05$.

Ethical Considerations

Ethical approval was obtained from the appropriate departmental ethics committee. Written informed consent was obtained from all participants prior to data collection. Confidentiality was ensured through anonymization of questionnaires and secure data storage.

RESULTS

Sociodemographic characteristics of respondents (Table 1)

Most respondents were aged 31–40 years (160 (40.0%)), followed by those aged 18–30 years (120 (30.0%)). Respondents aged 41–50 years accounted for 76 (19.0%), while those older than 50 years were the least represented (44 (11.0%)). The mean age was 37.21 ± 9.7 years.

The majority of respondents were married (292 (73.0%)), while 96 (24.0%) were single and 12 (3.0%) were divorced or separated. Regarding educational status, 156 (39.0%) had secondary education, 96 (24.0%) had tertiary education, 84 (21.0%) had primary education, and 64 (16.0%) had no formal education.

Most respondents were Christians (312 (78.0%)), followed by Muslims (60 (15.0%)), while 28 (7.0%) practiced African traditional religion. Traders constituted the largest occupational group (116 (29.0%)), followed by farmers (84 (21.0%)), artisans (80 (20.0%)), and civil servants (76 (19.0%)); 44 (11.0%) were unemployed.

Household income was mostly between ₦20,000 and ₦50,000 (152 (38.0%)). Those earning < ₦20,000 accounted for 100 (25.0%), 92 (23.0%)

earned ₦50,001–₦100,000, and 56 (14.0%) earned > ₦100,000 monthly.

Knowledge of fertility among respondents (Table 2)

Most respondents correctly identified that fertility does not refer only to a woman's ability to conceive, with 236 (59.0%) giving the correct response, while 164 (41.0%) answered incorrectly. Slightly over half of the respondents incorrectly believed that men rarely have fertility issues (224 (56.0%)), whereas 176 (44.0%) correctly disagreed with this statement.

Regarding the fertile period, 248 (62.0%) correctly indicated that a woman is not fertile throughout the month, while 152 (38.0%) answered incorrectly. In contrast, a majority incorrectly agreed that lifestyle factors such as diet and exercise do not affect male fertility (252 (63.0%)), with only 148 (37.0%) correctly identifying this as false. Most respondents, 340 (85.0%) correctly acknowledged that sperm count and quality affect a man's fertility, while 60 (15.0%) responded incorrectly. Similarly, 220 (55.0%) correctly recognized that fertility can be improved through lifestyle modifications, whereas 180 (45.0%) held an incorrect view.

Perceived causes of infertility among respondents (Figure 1)

For female infertility, infections were the most frequently identified cause, reported by 360 (90.0%) of respondents. This was followed by blocked fallopian tubes (188 (47.0%)) and hormonal issues (132 (33.0%)), while only a small proportion mentioned other causes such as abortion or fibroids (8 (2.0%)).

Regarding male infertility, infections were also the most perceived cause (288 (72.0%)), closely followed by low sperm count (276 (69.0%)). Lifestyle-related factors were less frequently identified, with smoking reported by 132 (33.0%) and alcohol use by 128 (32.0%) of respondents.

Perceptions Toward Fertility Among Respondents (Table 3)

Respondents largely disagreed with traditional notions that place fertility as central to a man's family role, with the majority either disagreeing or strongly disagreeing (91.3%). Similarly, most respondents rejected the view that men share equal responsibility in family planning, as over two-thirds strongly disagreed (67.7%). There was overwhelming disagreement with the idea that society should determine the number of children men should have (91.3%) and that male children are more important than female children (93.5%).

Most respondents also indicated discomfort with discussing fertility issues with their partners, with 83.7% strongly disagreeing with the statement. In contrast, a high proportion agreed that family planning decisions are not influenced by culture or religion, with 89.1% either strongly agreeing or agreeing. Support for male involvement in family planning was evident, as over three-quarters of respondents agreed or strongly agreed that men should use family planning methods (76.1%).

Acceptance of medical treatment for male infertility was high, with 81.5% of respondents expressing agreement. In addition, a strong majority acknowledged that men can be victims of sexual violence, with 93.5% agreeing or strongly agreeing with the statement.

Association Between Socio-Demographic Characteristics and Knowledge of Fertility (Table 4, Figure 2)

Among the 400 respondents, 332 (83.0%) had good knowledge of ertilitry, while 68 (17.0%), had poor knowledge. Age was significantly associated with fertility knowledge, with respondents aged 30 years and above more likely to demonstrate good knowledge than those younger than 30 years (87.1% vs. 73.3%; χ^2 = 11.353, p = 0.001). Older respondents had higher odds of good fertility knowledge (OR = 2.465, 95% CI: 1.444–4.208).

Marital status was not significantly associated with fertility knowledge, despite a slightly higher

proportion of good knowledge among married or separated respondents compared with single respondents (84.2% vs. 79.2%; $\chi^2 = 1.315$, p = 0.251).

Educational status showed a significant association, as respondents with tertiary education were more likely to have good fertility knowledge than those with non-tertiary education (91.7% vs. 80.3%; $\chi^2 = 6.742$, p = 0.010; OR = 2.705, 95% CI: 1.244–5.833).

Religion was significantly associated with fertility knowledge, with Christians demonstrating higher levels of good knowledge compared with Muslims and practitioners of African Traditional Religion ($\chi^2 = 31.207$, p = 0.001).

Monthly income was also significantly associated with fertility knowledge, with respondents earning above ₦50,000 more likely to have good knowledge than those earning ₦50,000 or less (89.2% vs. 79.4%; $\chi^2 = 6.378$, p = 0.012; OR = 2.145, 95% CI: 1.175–3.916).

Association Between Socio-Demographic Characteristics and Knowledge of Fertility (Table 5, Figure 3)

Among the 400 respondents, 268 (67.0%) had a good perception regarding fertility, while 132 (33.0%) had a poor perception. Age was not significantly associated with perception of fertility, as similar proportions of good perception were observed among respondents younger than 30 years and those aged 30 years and above (70.0% vs. 65.7%; $\chi^2 = 0.698$, p = 0.404). Marital status showed a borderline association, with single respondents more likely to demonstrate good perception compared with married or separated respondents (75.0% vs. 64.5%), although this did not reach statistical significance ($\chi^2 = 3.656$, p = 0.056).

Educational status was not significantly associated with perception of fertility, as respondents with tertiary education and those with no formal, primary, or secondary education demonstrated comparable levels of good perception (70.8% vs. 65.8%; $\chi^2 = 0.840$, p = 0.360). Religion, however, was significantly associated with fertility perception, with higher proportions of good perception observed among Christians and Muslims compared with practitioners of African Traditional Religion ($\chi^2 = 8.597$, p = 0.014). Monthly income was not significantly associated with fertility perception, as respondents earning above ₦50,000 and those earning ₦50,000 or less demonstrated similar levels of good perception (67.6% vs. 66.7%; $\chi^2 = 0.034$, p = 0.853).

Table 1: Sociodemographic characteristics of respondents

Variable	Frequency n = 400	Percentage (%)
Age (years)		
18 - 30	120	30.0
31 - 40	160	40.0
41 - 50	76	19.0
>50	44	11.0
Mean ± S.D	**37.21 ± 9.7**	

Marital status		
Married	292	73.0
Single	96	24.0
Divorced/Separated	12	3.0
Educational Status		
No formal education	64	16.0
Primary education	84	21.0
Secondary education	156	39.0
Tertiary education	96	24.0
Religion		
Christianity	312	78.0
Islam	60	15.0
Africa traditional religion	28	7.0
Occupation		
Trader	116	29.0
Farmer	84	21.0
Artisan	80	20.0
Civil servant	76	19.0
Unemployed	44	11.0
Household income (₦)		
<20,000	100	25.0
20,000 – 50,000	152	38.0
50,001 – 100,000	92	23.0
>100,000	56	14.0

Table 2: Knowledge of fertility among respondents

Variable	True n (%)	False n (%)
Fertility refers only to a woman's ability to conceive	164 (41.0)	236 (59.0)
Men rarely have fertility issues	224 (56.0)	176 (44.0)

Variable	True n (%)	False n (%)
A woman is fertile throughout the month	152 (38.0)	248 (62.0)
Lifestyle factors such as diet and exercise do not affect fertility in men	252 (63.0)	148 (37.0)
Sperm count and quality can impact a man's fertility	340 (85.0)	60 (15.0)
Fertility can be improved through lifestyle modifications	220 (55.0)	180 (45.0)

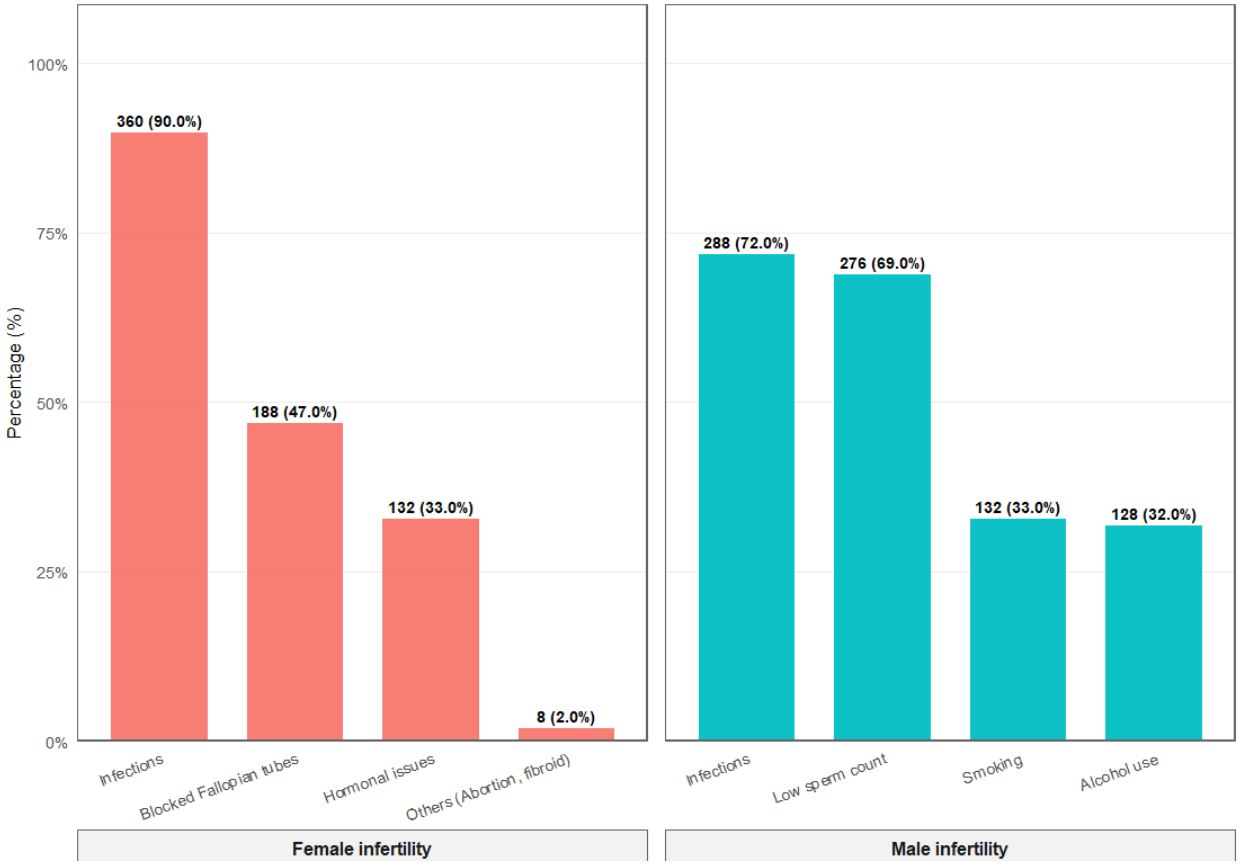

Figure 1: Perceived causes of infertility among respondents

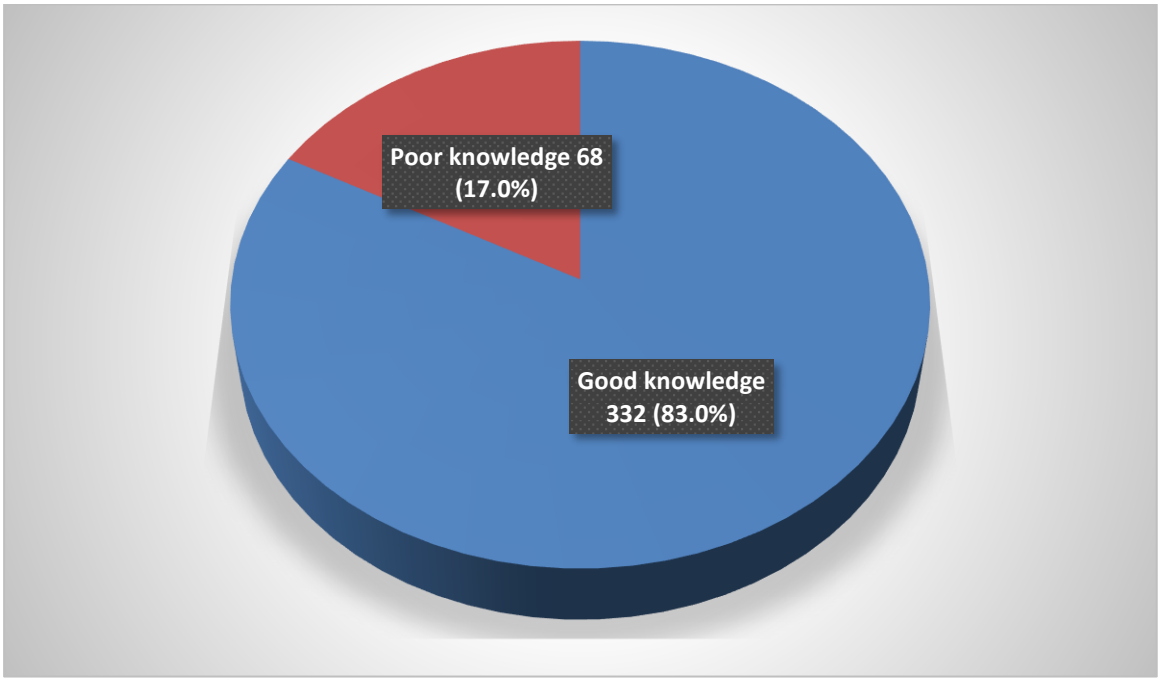

Figure 2: Overall knowledge of fertility among respondents

Table 3: Perceptions Toward Fertility Among Respondents

Variable	Strongly agree n (%)	Agree n (%)	Neutral n (%)	Disagree n (%)	Strongly disagree n (%)
Fertility is central to a man's family role	8 (2.2)	12 (3.3)	12 (3.3)	92 (25.0)	244 (66.3)
Men share equal responsibility in family planning	0 (0.0)	0 (0.0)	17 (4.6)	102 (27.7)	249 (67.7)
Society influences the number of children men should have	0 (0.0)	0 (0.0)	0 (0.0)	32 (8.7)	336 (91.3)
Male children are more important than female children	0 (0.0)	0 (0.0)	4 (1.1)	20 (5.4)	344 (93.5)
I am comfortable discussing fertility with my partner	8 (2.2)	0 (0.0)	8 (2.2)	44 (12.0)	308 (83.7)
Family planning decisions are not influenced by culture or religion	308 (83.7)	20 (5.4)	0 (0.0)	0 (0.0)	40 (10.9)
Men should use family planning methods	212 (57.6)	68 (18.5)	32 (8.7)	32 (8.7)	24 (6.5)
Medical treatment for male infertility is acceptable	200 (54.3)	100 (27.2)	44 (12.0)	8 (2.2)	16 (4.3)
Men can be victims of sexual violence	284 (77.2)	60 (16.3)	12 (3.3)	4 (1.1)	8 (2.2)

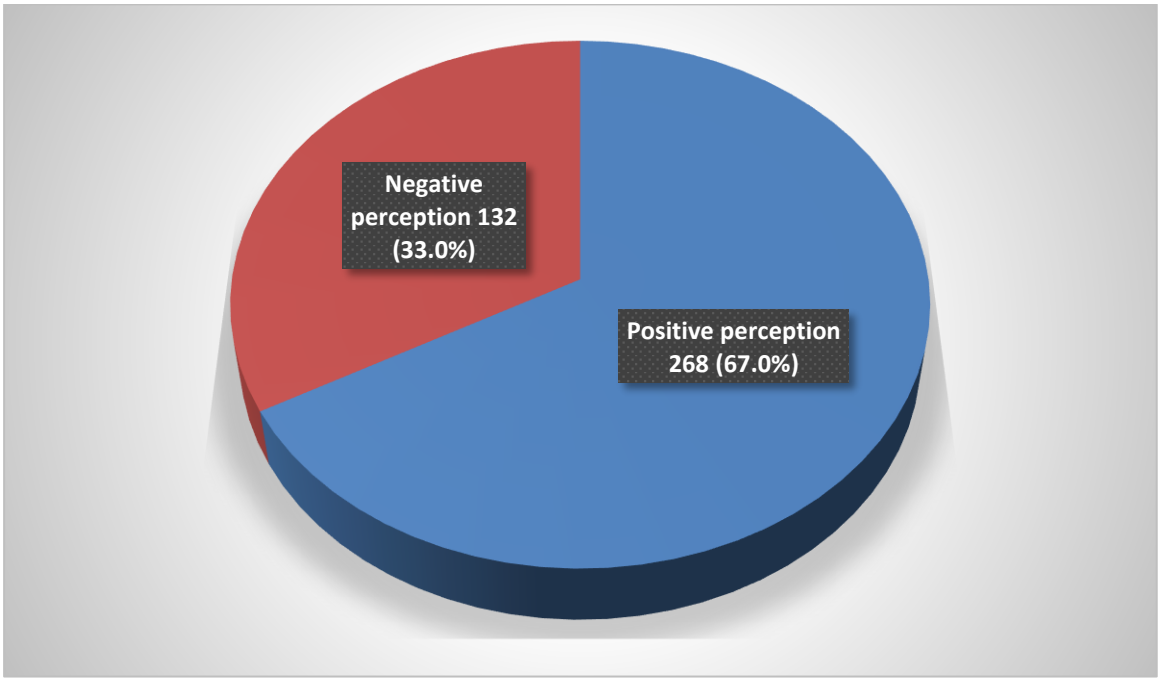

Figure 3: Overall perception of fertility among respondents

Table 4: Association Between Socio-Demographic Characteristics and Knowledge of Fertility

Variable	Good Knowledge n = 332 (%)	Poor Knowledge n = 68 (%)	*p*-value OR (95% CI)
Age (years)			
< 30	88 (73.3)	32 (26.7)	
≥ 30	244 (87.1)	36 (12.9)	
χ² = 11.353			***p = 0.001*** ***OR = 2.465 (1.444–4.208)***
Marital status			
Single	76 (79.2)	20 (20.8)	
Married/Separated	256 (84.2)	48 (15.8)	
χ² = 1.315			*p = 0.251* *OR = 1.404 (0.785–2.509)*
Educational status			
Non-tertiary	244 (80.3)	60 (19.7)	
Tertiary	88 (91.7)	8 (8.3)	
χ² = 6.742			***p = 0.010*** ***OR = 2.705 (1.244–5.833)***
Religion			
Christianity	276 (88.5)	36 (11.5)	
Islam	40 (66.7)	20 (33.3)	
African Traditional Religion	16 (57.1)	12 (42.9)	
χ² = 31.207			***p = 0.001***
Monthly income (₦)			
≤ 50,000	200 (79.4)	52 (20.6)	
> 50,000	132 (89.2)	16 (10.8)	
χ² = 6.378			***p = 0.012***

Variable	Good Knowledge n = 332 (%)	Poor Knowledge n = 68 (%)	*p*-value OR (95% CI)
			OR = 2.145 (1.175–3.916)

Table 5: Association Between Socio-Demographic Characteristics and Perception of Fertility

Variable	Good perception n = 268 (%)	Poor perception n = 132 (%)	*p*-value OR (95% CI)
Age (years)			
< 30	84 (70.0)	36 (30.0)	
≥ 30	184 (65.7)	96 (34.3)	
$\chi^2 = 0.698$			*p = 0.404* *OR = 1.217 (0.767–1.932)*
Marital status			
Single	72 (75.0)	24 (25.0)	
Married/Separated	196 (64.5)	108 (35.5)	
$\chi^2 = 3.656$			*p = 0.056* *OR = 1.653 (0.985–2.776)*
Educational status			
No formal/Primary/Secondary	200 (65.8)	104 (34.2)	
Tertiary education	68 (70.8)	28 (29.2)	
$\chi^2 = 0.840$			*p = 0.360* *OR = 0.792 (0.480–1.305)*
Religion			
Christianity	212 (67.9)	100 (32.1)	
Islam	44 (73.3)	16 (26.7)	
African Traditional Religion	12 (42.9)	16 (57.1)	
$\chi^2 = 8.597$			***p = 0.014***
Monthly income (₦)			
≤ 50,000	168 (66.7)	84 (33.3)	
> 50,000	100 (67.6)	48 (32.4)	
$\chi^2 = 0.034$			*p = 0.853* *OR = 0.960 (0.623–1.479)*

DISCUSSION

The study revealed that the majority of respondents demonstrated good fertility knowledge, suggesting a generally high level of awareness among married men in Usen Community. Similar patterns have been reported in studies among men from Oyo state, Nigeria and South Africa, where over two-thirds of

respondents had good knowledge of fertility, and increased exposure to education, health campaigns, and media improved basic reproductive health knowledge.[16,17] However, the persistence of specific misconceptions shows that this knowledge is not comprehensive. This uneven knowledge may reflect selective exposure to information, where biological aspects of fertility are better understood than behavioral or lifestyle factors. This is important because partial knowledge may still lead to delayed health-seeking behavior and reinforce the tendency to attribute infertility mainly to women.

Almost all respondents correctly identified biological causes of infertility, particularly infections and sperm-related factors, indicating strong awareness of these contributors. In contrast, less emphasis was placed on lifestyle-related factors, such as smoking and alcohol use, especially in relation to male infertility. Similar gaps have been reported elsewhere and may be explained by cultural normalization of these behaviors among men and limited emphasis on lifestyle risks in reproductive health messaging.[18,19] Therefore, preventable causes of infertility may be overlooked, emphasizing the need for targeted education that links everyday behaviors to reproductive outcomes.

The results show that most respondents rejected traditional norms that prioritize male dominance in fertility outcomes, including preferences for male children or societal control over family size. This finding contrasts with earlier studies in more conservative settings but aligns with emerging evidence of shifting attitudes in communities experiencing social and economic transitions.[20,21] Despite these progressive views, many respondents were uncomfortable discussing fertility issues with their partners, reflecting persistent communication barriers within marriages. Similar findings have been reported in other African studies, where fertility discussions are constrained by fear of blame or threats to masculinity.[22,23] Poor communication remains a key public health concern, as it can undermine shared decision-making and limit effective family planning use.

More than two-thirds of respondents expressed positive attitudes toward male involvement in family planning and acceptance of medical treatment for male infertility. In addition, almost all respondents acknowledged that men can be victims of sexual violence, reflecting growing awareness of men's reproductive and sexual health vulnerabilities. These findings are consistent with recent studies showing increasing acceptance of male participation in reproductive health.[24,25] The public health significance lies in the opportunity to build on these positive attitudes to strengthen male-friendly reproductive health services and promote earlier care-seeking for fertility challenges.

Older age, higher educational attainment, religion, and income were associated with better fertility knowledge. Respondents who were older or had higher education were about two- to three-fold more likely to demonstrate good knowledge, consistent with findings from studies from Nigeria and Ethiopia.[26,27] These associations may reflect greater life experience, increased exposure to health information, and improved health literacy. Religious affiliation may influence knowledge through faith-based teachings and information channels, while higher income may enhance access to health services and information. These patterns show the need for context-specific interventions that reach younger, less educated, and lower-income men.

In contrast to knowledge, most socio-demographic characteristics were not strongly associated with fertility perception, except religion. This suggests that attitudes and perceptions may be more deeply rooted in cultural and belief systems than in individual socio-economic characteristics. This highlights the public health importance of combining information-based strategies with culturally sensitive approaches that address norms, beliefs, and interpersonal dynamics.

CONCLUSION

This study found that most married men in Usen Community had good fertility knowledge, particularly regarding biological causes of

infertility, although important misconceptions remained, especially about male fertility and lifestyle factors. Perceptions toward fertility and family planning were generally positive, with increasing support for male involvement and medical care, but limited spousal communication persisted. Fertility knowledge varied by age, education, religion, and income, while perceptions were influenced mainly by cultural and belief systems. These findings highlight the need for male-inclusive, culturally sensitive reproductive health education that addresses misconceptions and promotes shared decision-making within couples.

LIMITATIONS

The cross-sectional design limits causal interpretation, but it provides useful baseline evidence. Self-reported responses may have introduced social desirability bias; this was minimized through assurances of confidentiality and private interviews. The study's focus on a single community may limit generalizability; however, systematic sampling and a relatively large sample size improved representativeness. Despite these limitations, the findings offer valuable insights for designing community-based fertility and family planning interventions.

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