

Factors Associated with Family Planning Among Men in Jere LGA, Borno State, Nigeria

Abiso MA,¹ Bukar FL,² Abulfathi AA,² Ambe JP,² Usman G,² Chamba MI,² Hafsat HS,² Bedu HA,² Yunusa Y²

ABSTRACT

Background: Family planning (FP) plays a key role in population growth, poverty reduction, and improving maternal health. Family planning advocates call for engaging men in contraceptive decision-making. Nigeria's contraceptive prevalence stood at 22% in 2022, which is below the global average of 58.7% and sub-Saharan Africa's 22% average, contributing to increased maternal mortality in the region. **Objectives:** This study assessed the determinants of FP methods among men in Jere Local Government Area, Borno State. **Methods:** A quantitative, descriptive, cross-sectional study was conducted in Jere Local Government Area, Borno State, from May to November 2024. Four hundred and twenty-one participants were recruited and interviewed regarding their knowledge, attitudes, and practices of family planning methods using a predesigned interviewer-administered questionnaire. Probability (multi-stage) and non-probability (convenience) sampling techniques were used to collect data. **Results:** The mean age was 34.3±11 commonest age group among the respondents (22.5%) was 30-34 years and 40-65 years. The study found that 100% of the men were aware of FP methods. More than half (76%) of the participants demonstrated a good knowledge of FP methods, among which the most common method known was a male condom (14%). The majority (96%) of the men had a good attitude towards FP. Regarding FP methods practice, 32.5% reported ever using at least one FP method, while 20.5% were current users. The majority (80.8%) of respondents utilised male condoms as a FP method. Ethnicity, religion, and the number of children significantly affected FP knowledge ($P < 0.001$). At the same time, respondents' religion is statistically associated with their attitude toward FP ($p = 0.025$), respondents' age and marital status were also statistically associated with practice, $P = 0.005$ and 0.015 , respectively, using chi-square and Fisher's exact tests. **Conclusion:** The study concludes that most of the men had good knowledge and attitudes regarding the use of contraceptive methods; however, the practice of FP methods was very low. Men should be the target audience for the behavioural change communication campaign because the participants were knowledgeable about FP methods.

Key words: Knowledge; Attitude; Practice; Family planning method

¹Department of Family Medicine, University of Maiduguri, Borno State, Nigeria. ²Department of Community Medicine, University of Maiduguri, Borno State, Nigeria

Corresponding Author:

Abiso MA, Department of Family Medicine
University of Maiduguri, Borno State, Nigeria
E-mail: abiso253@gmail.com

Date Received: 15th June 2025

Date Accepted: 18th August 2025

Date Published: 31st December 2025

Access this article online

QuickResponse Code



website: www.bornomedicaljournal.com

DOI: 10.31173/bomj.bomj_2522_22

Introduction

Maternal mortality refers to the deaths of a woman during pregnancy, delivery, and the forty-two days after delivery, excluding deaths that were due to accidents or violence.¹ The maternal mortality ratio (MMR) for Nigeria is 512 deaths per 100,000 live births.² Almost 95% of all maternal deaths occur in low and lower-middle-income countries. Every day, nearly 800 women die from preventable causes related to pregnancy and childbirth; this translates to a maternal death occurring almost every two minutes.³

Family planning is regarded as an essential preventive measure against maternal and child mortality and morbidity.⁴ The objective of FP services is to encourage couples to make responsible



decisions about pregnancy and to enable them to achieve their wishes concerning: preventing unwanted pregnancy, securing desired pregnancy, spacing pregnancies, limiting the size of their family, and ultimately promoting responsible parenthood, controlling the population, and improving the quality of life of the people.⁵

In Nigeria, the components of FP include counselling and the provision of contraceptives. However, FP cannot begin or continue without counselling, and trained service providers should only administer contraceptives in accordance with authorised method-specific guidelines.⁵ Nigeria's FP program was launched as early as 1964. Although it has one of the lowest contraceptive prevalence rates (CPR) in Africa, which was 17% in 2018.⁶ Although, the country's fertility rate declined from 2018, from 5.3 to 4.8 births per woman, the Northeastern part of the country still has a total fertility rate (TFR) of 6.1, the highest among the zones. Moreover, Borno State has a TFR of 6.5, the second-highest after Yobe State, with a TFR of 7.5. Borno State has one of the lowest contraceptive prevalence rates (CPR) in the country (9.5%).⁷

Most studies have focused on women to improve the uptake of family planning services. It has also been documented in Africa that most men prefer a large family; therefore, in most marital relationships, the consent and expressed approval of the male partner are often required for women's uptake of family planning services, as most women do not feel empowered to make decisions about FP.⁸ For instance, a woman cannot decide to practice FP even if she is motivated to do so, unless she obtains her husband's consent. The final decision rests with the husband in most cases, as reported in many studies on FP in developing countries.⁹

This study, therefore, aimed to assess the factors associated with FP among men in the Jere Local Government Area of Borno State.

Methods

Study Area

Jere Local Government is one of the 27 local government areas of Borno State, Nigeria, with headquarters in the town of Khaddamari, and has 12 wards.¹⁰ It is located at a latitude of 11.89910N and a longitude of 13.29160E.¹¹ It has an area of 868 km with a projected population of 351,234, with male and female population 46.5% and 53.5%,

respectively.¹² Most of the people are from the Shuwa-Arab and Kanuri tribes.¹⁰

Study Design

The research was a descriptive cross-sectional design.

Study Population

The study population comprised men in the Jere local government area aged 18 to 65 years. Men who were residents of the Jere local government area and had resided there for at least 6 months. Men with mental health issues and/or physical challenges were excluded from the study.

Sample Size Determination

The sample size for the study was estimated using the formula for single proportions.¹² With a standard normal deviation of 1.96 and set at a 95% confidence level, with a 10% non-response rate. The proportion of the knowledge from a previous study = 0.47.⁸ Thus, 421 respondents were sampled from Jere LGA.

Sampling Methods

Multi-stage sampling was used to select participants from different wards across the Jere Local Government Area. Stage I Selection of Wards: A simple random sampling was used to select 25% of the total wards in the Jere Local Government Area. Therefore, three wards (Mairi, Gomari, and Maimusari) out of the 12 in Jere Local Government Area were chosen from the list of all wards. Stage II: Selection of the settlements, using simple random sampling, 25% of the settlements from each of the three wards of the Jere Local Government Area were chosen using the list of all settlements as a sample frame. Stage III: Selection of Houses and Households. Households were selected using systematic sampling from the selected settlements. Stage IV: Selection of the respondents. Eligible respondents were interviewed in the selected household, where there is more than one eligible respondent in a household. Simple random sampling was used to select the respondents.

Data Collection

A semi-structured adopted questionnaire was used to collect data on the factors associated with FP among men in Jere Local Government Area, Borno. The scoring of knowledge, attitude and practice was from 0% to 100% in accordance with the answers provided by the respondents. The scores were graded as follows: 50% out of 100% graded as good



Factors Associated with Family Planning Among Men in Jere LGA, Borno State, Nigeria

or positive, and less than 50% graded as poor or negative

Data Management and Analysis

The data was analysed using the Statistical Package for Social Sciences (SPSS) version 26. Tables were used to summarise the data on both descriptive and inferential statistics. For factors associated with the dependent and independent variables, the threshold for significance was set at $P \leq 0.05$ to assess the association.

Ethical Consideration

An ethical clearance letter was obtained from the Research and Ethics Committee of the State Ministry of Health with reference number (SHREC No.

032/2024). Respondents provided consent to confidentiality, and participation was voluntary, allowing participants to withdraw at any time without consequences.

Results

A total of 421 questionnaires were distributed, yielding a 100% response rate. Ninety-five (22.5%) of respondents were within the 30- 34 and 40 – 65 years ages group, 146(34.7%) were of Kanuri tribe, 224(53.2%) married, 317(75.3%) of Islamic faith,193(45.8%) had no children, while 345(82%) had desired number of children within 1 – 10 (Table 1).

Table 1: Sociodemographic Characteristics of Family Planning among Men in Jere Local Government Area, Borno State, 2024.

Variables	Frequency (n=421)	Percentage (%)
Age (Years)		
18-19	15	3.6
20-24	64	15.2
25-29	89	21.1
30-34	95	22.5
35-39	63	15.1
40-65	95	22.5
Mean 34.3±11		
Ethnicity		
Babur	71	16.8
Fulani	22	5.2
Hausa	28	6.7
Kanuri	146	34.7
Marghi	45	10.7
Others	109	25.9
Marital Status		
Single	189	44.9
Married	224	53.2
Separated	5	1.2
Divorced	3	0.7
Religion		
Christianity	104	24.7
Islam	317	75.3
Number of children		
0	193	45.8
1-5	165	39.2
6-10	42	10.1
11-15	9	2.1
16-20	6	1.4
21-25	3	0.7
26-30	3	0.7
Desired number of children		
1-10	345	82.0
11-20	42	10.0
21-30	16	3.8
≥31	18	4.2



A total of 412(100%) of the respondents were aware of FP methods. The most prevalent FP methods respondents were aware of included male condom and withdrawal methods, 327(14%) and 296(12.7%), respectively. Three hundred and fifty-eight

respondents (94%) knew about the benefit of FP, with 13.9% knowing their desired number of children and 13.4% understanding the benefits of spacing pregnancies. Additionally, 76.7% prefer a birth interval of more than 2 years (Table 2).

Table 2: Awareness and Knowledge of Family Planning among Men in Jere Local Government Area, Borno State, 2024.

Variables	Frequency (n=421)	Percentage (%)
Awareness of Family Planning		
Yes	421	100.0
Family planning methods		
Withdrawal method	296	12.7
Male condom	327	14.0
Vasectomy	163	7.0
Periodic abstinence	246	10.5
Traditional method	158	6.8
Intrauterine contraceptive implant	263	11.3
Contraceptive pills	285	12.2
Female condom	205	8.8
Awareness of the benefits of family planning		
Yes	358	94.0
No	23	6.0
Benefits of family planning*		
The desired number of children	346	13.9
Determined the spacing between pregnancies	335	13.4
Prevent unplanned pregnancies	324	13.0
Reduction in poverty	231	9.2
Better-educated population	297	11.9
Promote maternal health	318	12.7
Promote the well-being of newborn babies	322	12.9
Prevention of the spread of sexually transmitted diseases	280	11.2
Others	45	1.8
Average preferred birth interval		
6 months to 1 year	40	9.5
1 year to 2 years	41	9.8
> 2 years	323	76.7
I don't know	17	4.0

* Multiple responses

The knowledge score of the respondents was 76% for good and 24% for poor knowledge, figure 1.

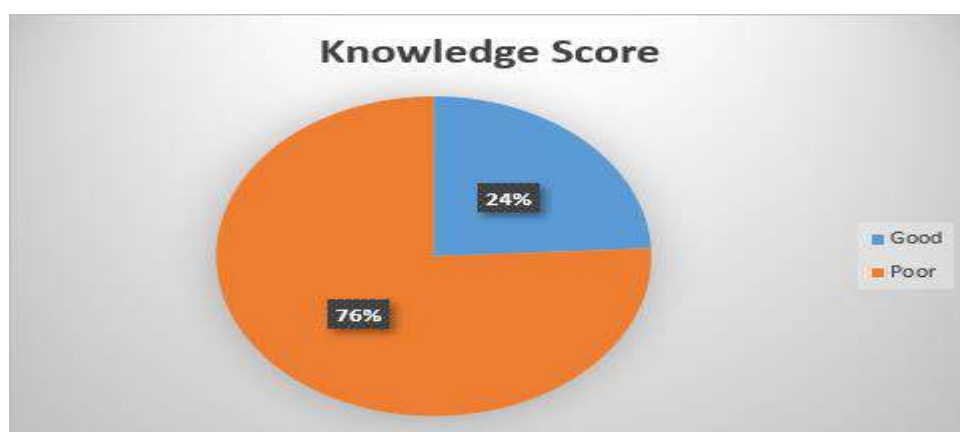


Figure 1: Knowledge Score of Family Planning among Respondents



The study reveals varying attitudes towards family planning: 31.4% of respondents were unsure about condoms affecting men's sexual satisfaction, while 24.2% strongly agreed they do not. Regarding vasectomy safety, 35.2% were uncertain, and 27.3% strongly disagreed that it poses danger. Additionally, 43% agreed that large families worsen economic situations, while 27.6% believed that having many children increases happiness. Conversely, 48.7% disagreed that a significant

number of children harm maternal health, with only 8.1% in agreement.

Family planning practices foster trust between spouses, evidenced by 43.6% of respondents strongly agreeing with this notion. However, a significant majority, 54.1%, oppose the idea that men should be involved in family planning, with only 1% in favour. It is emphasised that both partners share responsibility for family planning (Table 3).

Table 3: Attitude towards Family Planning Among Men in Jere Local Government Area, Borno State.

Variables	Frequency (n=421)	Percentage (%)
The use of condoms does not reduce men's sexual pleasure.		
Strongly disagree	67	15.8
Disagree	36	8.6
Undecided	132	31.4
Agree	84	20.0
Strongly agree	102	24.2
Men's sterilisation (vasectomy) has no harm.		
Strongly disagree	115	27.3
Disagree	55	13.1
Undecided	148	35.2
Agree	57	13.5
Strongly agree	46	10.9
Many families struggle with their economic situation.		
Strongly disagree	37	8.8
Disagree	48	11.4
Undecided	48	11.4
Agree	107	25.4
Strongly agree	181	43.0
Many children make one happy.		
Strongly agree	116	27.6
Agree	75	17.8
Undecided	70	16.6
Disagree	73	17.3
Strongly disagree	87	20.7
Many children can be detrimental to their mother's health.		
Strongly disagree	34	8.1
Disagree	36	8.5
Undecided	50	11.9
Agree	96	22.8
Strongly agree	205	48.7
Family planning practice improves trust between husband and wife.		



Strongly disagree	26	6.8
Disagree	34	8.9
Undecided	58	15.2
Agree	97	25.5
Strongly agree	166	43.6
Men should participate in family planning practices within their families.		
Strongly disagree	19	5.0
Disagree	4	1.0
Undecided	31	8.1
Agree	121	31.8
Strongly agree	206	54.1
Family planning is a shared responsibility between both partners.		
Strongly disagree	15	3.9
Disagree	4	1.0
Undecided	27	7.1
Agree	98	25.7
Strongly agree	237	62.2
Family planning is the responsibility of only females.		
Strongly agree	39	10.2
Agree	18	4.7
Undecided	61	16.0
Disagree	102	26.8
Strongly disagree	161	42.3
I support family planning.		
Strongly disagree	25	6.6
Disagree	8	2.1
Undecided	37	9.7
Agree	100	26.2
Strongly agree	211	55.4
I will encourage my wife to use family planning.		
Strongly disagree	17	4.5
Disagree	9	2.4
Undecided	34	8.9
Agree	94	24.6
Strongly agree	227	59.6

The majority (96%) of the respondents had a positive attitude towards family planning, figure 2.



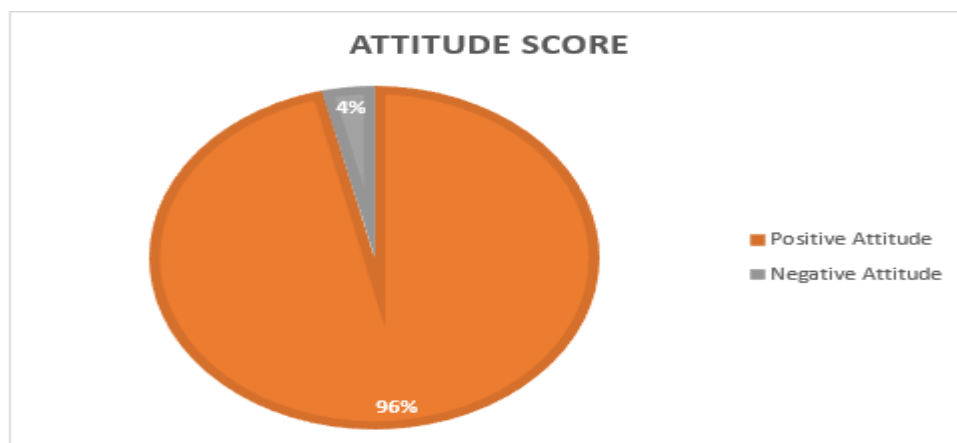


Figure 2: Attitude Score of respondents toward Family Planning
 More than half, 257(67.5%), did not use contraceptives in the past, and only 78(20.5%) are currently using a contraceptive method. (Table 4).

Table 4: Practice of Family Planning among Men in Jere Local Government Area, Borno State, 2024.

Variables	Frequency (n)	Percentage (%)
Used Contraceptives in the past		
Yes	124	32.5
No	257	67.5
Total	381	100
Currently using a contraceptive.		
Yes	78	20.5
No	303	79.5
Total	381	100
Type of contraceptive used		
Male condom	63	80.8
Traditional method	6	7.7
Withdrawal method	9	11.5
Total	78	100
Desire to use in the future		
Yes	218	57.2
No	163	42.8
Total	381	100
History of wife/partner (s) use of contraceptives		
Yes	140	36.7
No	241	63.3
Total	381	100
Accompanied wife/partner(s) to family planning visits		
Yes	48	34.3
No	92	65.7
Total	140	100
Where family planning is commonly accessed		
Health facility	94	67.1
Pharmacy	20	14.3
Patent store	12	8.6
Traditional service providers	14	10.0
Total	140	100

The practice scores of respondents on family planning are 11% have poor practice, while 89% have good practice, figure 3.





Figure 3: Practice Score of Family Planning

Table 5 shows that ethnicity, religion, and the number of children were significantly associated with the respondents' knowledge of family planning, with a p-value <0.001.

Table 5: Factors Associated with Socio-Demographic Characteristics and Knowledge Score

Variables	Knowledge Score		Test Statistics	P value
	Poor n (%)	Good n (%)		
Age (Years)				
15-19	5 (33.3)	10 (66.7)	3.042 χ^2	0.698
20-24	18 (28.1)	46 (71.9)		
25-29	17 (19.1)	72 (80.9)		
30-34	23 (24.2)	72 (75.8)		
35-39	14 (22.2)	49 (77.8)		
>40	25 (26.3)	70 (73.7)		
Ethnicity				
Babur	8 (11.3)	63 (88.7)		
Fulani	5 (22.7)	17 (77.3)		
Hausa	9 (32.1)	19 (67.9)		
Kanuri	51 (34.9)	95 (65.1)		
Marghi	4 (8.9)	41 (91.1)		
Others	25 (22.9)	84 (77.1)		
Marital Status			4.554 \dagger	0.157
Divorced	2 (66.7)	1 (33.3)		
Married	58 (25.9)	166 (74.1)		
Separated	0 (0.0)	5 (100.0)		
Single	42 (22.2)	147 (77.8)		
Religion			25.574 χ^2	<0.001*
Christianity	6 (5.8)	98 (94.2)		
Islam	96 (30.3)	221 (69.7)		
Number of children			23.32 \dagger	<0.001*
1-5	40 (39.2)	202 (63.3)		
6-10	28 (27.5)	70 (21.9)		
11-15	20(19.6)	30(9.4)		
16-20	7 (6.9)	10 (3.1)		
21-25	5 (4.9)	5(1.6)		
26-30	2(1.9)	2 (0.7)		
The desired number of children			49.38 \dagger	3.85
1-10	58 (56.9)	279 (82.5)		
11-20	27 (26.5)	18 (5.6)		
21-30	9(8.8)	10 (3.1)		
31-40	4(3.9)	8(2.5)		
>40	4(3.9)	4(1.3)		

* Statistically significant χ^2 Chi-square \dagger Fisher's Exact Test

The socio-demographic factor associated with the attitude score was religion, with a P value = 0.025, Table 6.



Table 6: Factors Associated with Socio-Demographic Characteristics and Attitude Score

Variables	Attitude Score		Test statistics	P value
	Negative n(%)	Positive n(%)		
Age (Years)				
15-19	0 (0.0)	12 (100.0)	3.932 †	0.520
20-24	1 (1.8)	54 (98.2)		
25-29	2 (2.4)	80 (97.6)		
30-34	4 (4.4)	86 (95.6)		
35-39	1 (1.6)	60 (98.4)		
>40	6 (7.4)	75 (92.6)		
Ethnicity				
Babur	0 (0.0)	67 (100.0)	7.530 †	0.117
Fulani	0 (0.0)	21 (100.0)		
Hausa	1 (3.8)	25 (96.2)		
Kanuri	9 (7.0)	119 (93.0)		
Marghi	0 (0.0)	42 (100.0)		
Others	4 (4.1)	93 (95.9)		
Marital Status				
Divorced	1 (33.3)	2 (66.7)	6.215 †	0.107
Married	9 (4.4)	196 (95.6)		
Separated	0 (0.0)	5 (100.0)		
Single	4 (2.4)	164 (97.6)		
Religion				
Christianity	0 (0.0)	100 (100.0)	5.172 †	0.025*
Islam	14 (5.0)	267 (95.0)		
Number of children				
1-5	6 (42.9)	208(56.7)	6.034†	0.303
6-10	3(21.5)	90 (24.5)		
11-15	1 (7.1)	30(8.2)		
16-20	2 (14.3)	15 (4.1)		
21-25	1 (7.1)	18 (4.9)		
26-30	1 (7.1)	6 (1.6)		
The desired number of children				
1-10	5 (35.7)	311 (84.7)	34.036†	6.32
11-20	3 (21.5)	29(7.9)		
21-30	4(28.6)	10(2.7)		
31-40	1(7.1)	7 (1.9)		
>40	1 (7.1)	10 (2.7)		

* Statistically significant, † Fisher's exact

Age and marital status were significantly associated with respondents' family planning practices, with p-values of 0.005 and 0.015, respectively (Table 7).



Table 7: Factors Associated with Socio-Demographic Characteristics and Practice Score.

Variables	Practice Score		Test statistics	P value
	Poor n(%)	Good n(%)		
Age (Years)				
15-19	28 (8.2)	4(9.8)	10.688 †	0.005*
20-24	49 (14.4)	3(7.3)		
25-29	75 (22.1)	5 (12.2)		
30-34	79 (23.2)	6 (14.6)		
35-39	57 (16.8)	11 (26.8)		
>40	52 (15.3)	12 (29.3)		
Ethnicity				
Babur	60 (17.6)	10 (24.4)	4.137 †	0.517
Fulani	25 (7.4)	7 (17.1)		
Hausa	28 (8.2)	2 (4.9)		
Kanuri	96 (28.2)	10 (24.4)		
Marghi	44 (12.9)	5 (12.1)		
Others	87 (25.6)	7 (17.1)		
Marital Status				
Divorced	10 (2.9)	1 (2.4)	15.556 †	0.015*
Married	150 (44.1)	29 (70.7)		
Separated	29 (8.5)	7(17.1)		
Single	151 (44.4)	4 (9.8)		
Religion				
Christianity	112 (32.9)	14 (34.1)	0.024 χ^2	0.876
Islam	228 (67.1)	27 (65.9)		
Number of children				
1-5	151 (44.4)	25 (60.9)	8.035†	0.154
6-10	58 (17.0)	4 (9.9)		
11-15	42 (12.4)	1 (2.4)		
16-20	34(10.0)	5(12.1)		
21-25	32(9.4)	2(4.8)		
26-30	23(6.8)	4(9.9)		
The desired number of children				
1-10	244 (71.8)	32 (78.0)	3.291 †	0.510
11-20	35(10.3)	2 (4.9)		
21-30	22 (6.5)	2(4.9)		
31-40	19 (5.6)	4 (9,7)		
>40	20 (5.8)	1 (2.5)		

* Statistically significant χ^2 Chi-square † Fisher's Exact Test

Discussion

In this study, the sociodemographic characteristics and FP methods of men in Jere LGA, Borno State, North-Eastern Nigeria, were assessed.

Men's knowledge of FP methods was 76% in this study, which is comparable to a study conducted in Pakistan¹² where the rate was 75%. This contrasts with other studies carried out in 92% of Borno,¹³ 98.8% Jos,¹⁴ 96.4% Osun,⁴ and Ondo.¹⁵ Men scored highly on specific FP techniques. Men's awareness of male condoms (14%), implants (11.3%), traditional

methods (6.8%), vasectomy (14%), and withdrawal method (12.7%) was 75.8%, compared to 85.5% in Jos,¹⁴ 90.3% in Sokoto,⁵ male condoms (44.8%), female condoms (18.1%), 2.2% vasectomy in Oyo,⁷ 97.7% male condoms, and 57.8% withdrawal method in Pakistan,¹² 69.1% in Saudi Arabia in comparison to the Ondo¹⁵ study, 17 knew about male condoms.

The respondents identified various advantages of FP methods, including desires for a specific number of children (13.9%), pregnancy spacing (13.4%),



prevention of unplanned pregnancies (13%), improvement of child health (12.9%), enhancement of maternal health (12.7%), STI prevention (11.2%), and reduction of poverty (9.2%). In related studies, 81% of participants in Jos¹⁵ reported avoiding STIs, whereas in Sokoto,⁵ 89.1% focused on spacing their pregnancies. Ondo¹⁵ participants predominantly aimed to prevent pregnancies (75.1%) and space them (46.9%).

Our findings indicate that 96% of men showed a positive attitude towards FP. This contrasts with the study conducted in Borno,¹³ where only 4% of men demonstrated a positive attitude; in Sokoto,⁵ 71.5% held a positive view; in Ondo,¹⁵ 50.9% were positive; and in Pakistan,¹² 73.6% expressed a positive attitude towards FP.

Among respondents, 24.2% strongly agree that condom use does not reduce men's sexual pleasure in FP. Regarding men's sterilization, 27.3% strongly disagree with its safety. Economic challenges affect 43% of families. Most men, 54.1%, oppose participating in FP, with only 1% in agreement. Family planning is viewed as a shared responsibility. In contrast to a study in Ondo,¹⁵ 49.1% agree that FP benefits families, while 49.5% disagree that vasectomy is harmful.

The study found that 11% of men use contraceptive methods, with 80.8% choosing male condoms, followed by 11.5% using withdrawal and 7.7% traditional methods. In comparison, a study in Ondo¹⁵ reported higher figures for male condom use (21.3%) and withdrawal (18.4%). Borno¹³ showed that 34.6% of men utilised male condoms, 27% used withdrawal, and 38.2% practised periodic abstinence. Overall, 32.5% of respondents have ever used a family planning method, with 20.5% currently using it; this is lower than Ondo¹⁵ (49.1% ever used, 43% currently) and Sokoto⁵ (26% ever used), but Saudi Arabia¹⁶ had a higher rate at 60.6% for ever using contraceptive methods.

This study shows a significant link between men's awareness of modern contraception and factors such as ethnicity, religion, and number of children. It parallels findings from a Borno study,^{8,13} while a Sokoto study⁵ indicates that knowledge is notably linked to occupation and education levels. The positive attitude towards family planning was significantly correlated with the respondents' religion in this study, in contrast to the findings in Sokoto, where education was found to be a

significant factor. Additionally, good practices were statistically significant in relation to the respondents' age and marital status. In comparison to Borno,¹³ Good practices were associated with education, religion, occupation, and the number of children.

Conclusion

The study finds that over fifty per cent of men have a good knowledge about FP and a positive attitude towards it; however, the usage of FP methods is low. This highlights the need for effective education and improved information dissemination to promote men's participation in FP. A program aimed at changing behaviour, men should be the target audience for communication, according to the study.

Limitations and Strengths of the Study

The study had some limitations: The study used a cross-sectional design. The results can be used to support existing literature or add new perspectives on the topic. The study also highlights the characteristics of men's determinants of FP in an area where fertility and maternal mortality are high, and the utilisation of these methods has remained consistently low.

References

1. Nigeria - Demographic and Health Survey 2018 [Internet]. [cited 2025 Mar 17]. Available from: <https://dhsprogram.com>
2. Maternal mortality [Internet]. [cited 2025 Mar 20]. Available from: <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>
3. Ikechebelu JI, Joe-Ikechebelu NN, Obiajulu FN. Knowledge, Attitude and Practice of family planning among Igbo women of South-Eastern Nigeria. *Journal of Obstetrics and Gynaecology* 2005 Jan 25(8):792-5.
4. Adedapo Oluwafunmilayo V, Aremu Fiyinfoluwa M, Asekun Olarinmoye I. Perception and Attitude towards Involvement of Males in Family Planning Practices in Nigeria. *Asian Journal of Biochemistry, Genetics and Molecular Biology*. 2023 Aug 24 15(1):20-30.
5. Abubakar BG, Oche OM, Isah BA, Raji IA, Ango JT, Okafoagu NC, et al. Predictors of Knowledge and Perception of Family Planning among Men in Urban Areas in Northwest Nigeria. *Nigerian Journal of Medicine* 2025 Mar 18 30(3):237.



6. Federal Ministry of Health and Social Welfare of Nigeria (FMoHSW). National Population Commission (NPC), Nigeria, and ICF. 2024. Nigeria Demographic and Health Survey 2023–24, Key Indicators Report Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF.
7. Fajobi O, Fajobi DA, Olugbade OT, Olowookere SA. The Factor(s) Influencing Male Involvement in Family Planning– Findings from a Rural Community in South West, Nigeria. *Cent Afr J Public Health* 2021 May 7(3):94–101.
8. Aji YM, Omotara BA. Attitude of Muslim Men Towards Family Planning in Borno State. *European Journal Human Resources (EJH)* 2018;3(1):1–14.
9. NUC. National Universities Commission | [Internet]. [cited 2025 May 1]. Available from: <https://www.nuc.edu.ng/>
10. Kenneth. Facts About Borno State Population in 2025 [Internet]. *NaijaDetails2025* [cited 2025 Mar 18]; Available from: <https://naijadetails.com/orno-state-population/>
11. Bolarinwa O. Sample size estimation for health and social science researchers: The principles and considerations for different study designs. *Niger Postgrad Med J.* 2020 27(2):67.
12. Sultan S, Ali MM, Bardai SS, Kanpurwala MA, Punjwani FSA. Knowledge, Attitude, and Practice of Family Planning Methods among Married Men and Women. *Journal of Womens Health, Issues and Care.* 2018 Nov 14:7(3): 1-3
13. Isa B, Mandara M, Buba AA, Ibrahim SM. Perception of Men on Family Planning: A Community Based Cross-Sectional Study. *Journal of Advance in Medicine and Medical Research (JAMMR)* 2023 Nov 21: 35(23):169–82.
14. Daniel G, Okoli N, Kumzhi P, Wina F, Ari E, Onyejekwe G. Awareness and use of family planning methods among Men in Mista Ali District, Jos, Plateau State, Nigeria. *African Journal of Midwifery and Women’s Health.* 2016 Jul 2; 10(3):120–5.
15. Victoria AO, Moses AF, Ifeoluwapo AO. Perception and Attitude towards Involvement of Males in Family Planning Practices in Nigeria. *Asian Journal of Biochemistry, Genetics and Molecular Biology.* 2023 Aug 24 ;15(1):20–30.
16. Alabdulaal E, Alfaraj H, Albunaian N. Knowledge Practice and Attitude of Male Partner Regarding Family Planning, Eastern Province, Saudi Arabia. *International Journal of Scientific Research.* 2021 Jul 7; 10:52–4.

Cite this Article as: Abiso MA, Bukar FL, Abulfathi AA, Ambe JP, Usman G, Chamba MI, Hafsat HS, Bedu HA, Yunusa Y. Factors Associated with Family Planning Among Men in Jere LGA, Borno State, Nigeria. *Bo Med J* 2025; 22 (2):151-162 **Source of Support:** Nil, **Conflict of Interest:** None declared

