

Partner Influence and Family Planning Decision-Making among Married Couples in Hwolaza Community of Plateau State, Nigeria: A Mixed-Methods Study

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Abstract

This study investigates partner influence on family planning decision-making among married couples in Hwolaza Community, Jos North LGA, Plateau State, Nigeria, amid patriarchal norms where male dominance often governs reproductive decisions. Using a mixed-methods design with surveys of 105 married couples and in-depth interviews, it examines attitudes, decision-making factors, and partner involvement. Findings reveal conservative attitudes favouring large families and natural methods due to cultural and religious values, misconceptions about modern contraceptives, and low program engagement. Decision-making is heavily influenced by economic pressures, spousal communication gaps, cultural beliefs, and limited access, while partner involvement remains minimal, with men rarely participating and viewing family planning as women's responsibility. Despite awareness of methods and side effects, perceived barriers—financial, normative, and health fears, outweigh benefits, perpetuating high fertility. Anchored in the Health Belief Model, the study highlights diminished perceived severity of uncontrolled fertility against strong cultural benefits, compounded by high barriers and weak cues to action and self-efficacy. It emphasises the critical need for male involvement and comprehensive education targeting both partners. The study recommends that community and religious leaders should actively dispel contraceptive myths and endorse responsible family sizes in sermons and teachings; government authorities and NGOs should deliver couple-focused education and joint counselling with male prioritisation; and policymakers, healthcare providers, and women's groups should ensure subsidised or free contraceptives, upgrade rural infrastructure, utilise mass media, and integrate family planning into women's economic empowerment programmes.

Keywords: Family Planning, Partner Influence, Patriarchal Norms, Male Involvement, Spousal Communication, Health Belief Model, Plateau State, Nigeria.

Introduction

Family planning is the practice of controlling the number and spacing of children in a family, primarily through the use of contraceptive methods. It enables individuals and couples to decide freely and responsibly on the number and timing of their children, thereby contributing to improved maternal and child health outcomes, reduced unintended pregnancies, gender equality, and broader socio-economic development, (Amuzie, Nwamoh, & Ukegbu, 2022). However, family planning uptake remains low in many

developing countries, particularly in sub-Saharan Africa, where the unmet need for contraception continues to be high. According to the Nigeria Demographic and Health Survey (NDHS) 2024, only 20% of married women aged 15–49 in Nigeria use any method of contraception, while 15% use a modern method. The survey further indicates that 21% of married women have an unmet need for family planning, meaning they wish to limit or space their births but are not using any contraceptive method (National Population Commission [NPC] & ICF, 2025). Prior to the introduction of modern contraceptives, traditional methods were widely practised in Nigeria, and many of these natural methods continue to coexist with or be preferred over modern alternatives due to cultural familiarity and perceived convenience or lower side effects.

Family planning offers significant benefits to couples and communities, including the promotion of women's educational attainment and economic empowerment through better control over reproductive choices, (Maaji, 2025). Despite these well-documented advantages, uptake in sub-Saharan Africa and Nigeria remains persistently low. In many patriarchal societies such as Nigeria, men often exert substantial influence over reproductive and sexual decisions. This influence stems from entrenched cultural norms, religious beliefs, preferences for larger families, and concerns about contraceptive side effects, which can restrict women's autonomy in family planning matters (Amuzie et al., 2022; Maaji, 2025). Nigeria's family planning programmes have historically targeted women, with services mainly delivered through maternal and child health centres, resulting in limited male participation and reinforcing the view that contraception is primarily a woman's responsibility (Okunlola, 2022).

Therefore, it is essential to understand the dynamics of partner influence, including patterns of spousal communication, negotiation of reproductive intentions, and barriers to shared decision-making. The objectives of this study are to examine the nature and extent of partner influence on family planning decision-making, explore couples' attitudes toward modern contraceptives, identify key barriers and enablers, and assess levels of male involvement among married couples. This study explores the dynamics of partner influence and family planning decision-making among married couples in Hwolaza community, Jos North LGA, Plateau State, Nigeria. Hwolaza is a rural community with a predominantly Muslim population and a notably high fertility rate.

Statement of the Problem

Family planning remains a critical socio-economic and public health issue in Nigeria. Despite widespread awareness of contraceptive methods, significant gaps persist between knowledge, attitudes, and actual practices at national, state, and community levels. Nigeria continues to experience a high population growth rate, driven by a total fertility rate of approximately 4.8 children per woman, with projections indicating the national population could exceed 400 million by 2050 if current trends persist (National Population Commission [NPC] & ICF, 2025). Nationally, contraceptive utilisation rates remain low, with only 20% of currently married women aged 15–49 using any family planning method and 15% relying on

modern contraceptives. The unmet need for family planning stands at 21%, highlighting a substantial disconnect between reproductive intentions and contraceptive behaviour (National Population Commission [NPC] & ICF, 2025).

Cultural norms, gender dynamics, and socio-religious beliefs continue to shape attitudes and constrain effective family planning practices. In Plateau State, particularly in rural communities such as Hwolaza in Jos North LGA, patriarchal traditions strongly influence reproductive decision-making, often placing primary authority in the hands of men. Male partners frequently object to or limit contraceptive use due to preferences for larger families, religious interpretations, or concerns about side effects, resulting in minimal male involvement and the perception that family planning is primarily a woman's responsibility (Shemu et al., 2022; Osagie et al., 2020).

Although studies in Nigeria have examined general male involvement or women's contraceptive use, there remains a specific gap in understanding the dynamics of partner influence; including spousal communication, negotiation processes, and bidirectional decision-making, within rural, predominantly Muslim households in settings like Hwolaza. Existing research has largely focused on urban or southwestern contexts or on one-sided male approval, with limited mixed-methods insights into how couples jointly navigate cultural, economic, and normative barriers in high-fertility rural communities of Plateau State. This knowledge and practice gap justifies the present study, which examines partner influence on family planning decision-making among married couples in Hwolaza Community, Jos North LGA, Plateau State, Nigeria.

Research Questions

1. What are the attitudes and perceptions of married couples toward family planning in Hwolaza Community, Plateau State, Nigeria?
2. What factors influence couples' decision-making regarding family planning practices in Hwolaza Community, Plateau State, Nigeria?
3. To what extent does partner influence shape family planning decision-making and practices among married couples in Hwolaza Community, Plateau State, Nigeria?

Literature Review

Family planning plays a central role in managing population growth, improving maternal and child health, and promoting socio-economic development in sub-Saharan Africa. However, Nigeria continues to record low contraceptive prevalence (approximately 20% for any method and 15% for modern methods among married women aged 15–49) alongside a high unmet need (21%), contributing to elevated fertility rates and associated public health challenges (National Population Commission [NPC] & ICF, 2025). Existing scholarship highlights persistent gaps between awareness and actual uptake, often attributed to intertwined socio-cultural, economic, and relational factors.

Family Planning Methods and Their Broader Implications

Modern contraceptive methods encompass short-acting options (e.g., pills, condoms, injectables), long-acting reversible contraceptives (LARCs) such as implants and intrauterine devices, and permanent methods like sterilization. These methods enable couples to achieve desired family sizes and birth spacing, which are associated with reduced maternal mortality, improved child nutrition, and enhanced women's educational and economic participation. Studies across sub-Saharan Africa consistently demonstrate that increased access to a wide mix of methods, combined with person-centered counseling, can help address inequalities in uptake. Nevertheless, utilization remains constrained by supply-side barriers (e.g., stock-outs and limited rural infrastructure) and demand-side issues, including misconceptions about side effects and preferences for traditional or natural methods in culturally conservative settings (Ibikunle et al., 2024).

Attitudes of Couples Towards Family Planning

Research on couples' attitudes reveals a complex interplay between individual perceptions and broader gender norms. In Nigeria and comparable sub-Saharan African contexts, positive attitudes toward family planning are frequently linked to higher education, urban residence, and spousal support, yet overall favorable views remain limited, particularly in rural areas (Adebola et al., 2025). For instance, studies indicate that while many couples recognize the health benefits of spacing births, entrenched cultural and religious values often prioritize larger families, leading to conservative attitudes that favor natural methods over modern contraceptives. Gender inequalities exacerbate this pattern: women's attitudes are strongly shaped by anticipated partner approval, and negative community norms (e.g., associating contraception with promiscuity or reduced fertility) undermine uptake (Adebola et al., 2025).

Comparative evidence from Nigeria shows both convergence and divergence. Spousal and community support can significantly improve favorable attitudes, yet male opposition rooted in religious interpretations or fertility preferences persists, creating resistance even when awareness is high (Maaji et al., 2025). In patriarchal settings, attitudes are rarely individualistic; instead, they emerge from relational dynamics where women's autonomy is negotiated within household power structures. A notable gap in the literature is the limited exploration of these attitudinal dynamics in rural, high-fertility communities with strong religious influences, such as predominantly Muslim settlements in north-central Nigeria like Hwolaza. Most studies focus on urban or southwestern contexts or treat attitudes unidimensionally (women-only), leaving underexplored how couples jointly construct and negotiate perceptions in settings where male authority over reproductive decisions is pronounced (Amuzie et al., 2022; Okunlola et al., 2022).

Factors Influencing Decision-Making on Family Planning Methods

Decision-making regarding family planning is shaped by a constellation of individual, interpersonal, and structural factors. Education, economic status, media exposure, and

parity consistently emerge as predictors of modern contraceptive use across sub-Saharan Africa. Women with higher education and employment opportunities tend to exercise greater autonomy, while rural residence, large family sizes, and limited access to services constrain choices. At the interpersonal level, spousal communication and joint decision-making processes are pivotal: couples who discuss reproductive goals are more likely to adopt modern methods, yet poor communication and divergent fertility preferences often result in non-use or reliance on traditional approaches (Amuzie et al., 2022; Okunlola et al., 2022).

Empirical findings highlight both enabling and inhibiting influences. Economic pressures and access to services can facilitate uptake, whereas cultural norms favoring large families, fear of side effects, and religious prohibitions act as significant barriers (Ibikunle et al., 2024). Multilevel analyses from Demographic and Health Surveys underscore that women's decision-making power is frequently moderated by male partners' preferences, with male disapproval remaining a dominant reason for non-use (Okunlola et al., 2022). While some studies point to gradual shifts through education and empowerment programs, others emphasize the enduring role of patriarchal structures that position family planning as primarily a woman's domain. The literature converges on the importance of couple-level factors but reveals a critical gap: few mixed-methods investigations have deeply examined how these decision-making processes unfold in specific rural Nigerian communities characterized by high fertility norms and limited male engagement. Existing broad national or multi-country studies often overlook localized nuances in north-central settings like Plateau State, where economic, cultural, and religious contexts may uniquely configure barriers and enablers.

Influence of Partner Involvement in Family Planning Decision-Making and Practices

Male partner involvement is increasingly recognized as a key determinant of contraceptive uptake, yet levels remain low across much of Nigeria. Studies document that husbands' approval, financial support, and active participation in discussions correlate with higher contraceptive use and better reproductive health outcomes (Maaji et al., 2025; Amuzie et al., 2022). However, involvement is often minimal and indirect (e.g., providing funds rather than attending clinics or using methods themselves), with many men viewing family planning as solely women's responsibility (Maaji et al., 2025). Factors associated with greater male engagement include higher education, urban residence, and knowledge of contraceptive benefits, while barriers encompass cultural norms, religious beliefs, misconceptions (e.g., fear of infidelity or infertility), and service delivery models that target women exclusively (Amuzie et al., 2022; Okunlola et al., 2022).

Evidence reveals both progress and persistent challenges. Couple communication and shared decision-making enhance uptake, yet in patriarchal contexts, male dominance frequently limits women's autonomy, resulting in covert use or non-use when partners disapprove (Okunlola et al., 2022). Nigerian studies indicate that while some men support spacing for economic reasons, preferences for larger families and religious interpretations

often constrain joint involvement (Maaji et al., 2025). The literature shows convergence around the need for couple-focused interventions but highlights debates regarding measurement: many studies rely on women's reports of male approval rather than direct couple data or observational insights into negotiation processes. A clear gap persists in understanding bidirectional partner influence—how men and women mutually shape attitudes, negotiate barriers, and reach decisions—in rural, high-fertility communities such as Hwolaza in Jos North LGA, Plateau State. Most research has concentrated on urban or southwestern Nigeria or treated male involvement in isolation, leaving limited empirical insight into the relational dynamics specific to north-central patriarchal and religious contexts (Maaji et al., 2025; Adebola et al., 2025). This study addresses that gap by examining partner influence on family planning decision-making among married couples in Hwolaza Community using a mixed-methods approach.

Theoretical Framework

This study is anchored in the Health Belief Model (HBM), originally developed in the 1950s by Hochbaum, Rosenstock, and Kegels. The HBM posits that individuals are likely to adopt a health-promoting behavior when they perceive personal susceptibility to a health threat, believe the threat has serious consequences (severity), view the recommended action as beneficial, perceive few barriers, receive cues to action, and possess confidence (self-efficacy) in performing the behavior (Anyatonwu, 2023). In the context of family planning in Hwolaza Community, the HBM provides a useful lens for understanding why couples may recognize the risks of high fertility (e.g., maternal depletion, child malnutrition, economic strain) yet maintain low uptake of modern contraceptives. Perceived susceptibility and severity are weighed against strong cultural and religious values that emphasize large families as sources of social status and security. Perceived benefits include improved maternal and child health through birth spacing, while perceived barriers encompass fears of side effects, infertility myths, financial costs, and normative pressures, including male dominance in reproductive decisions. Cues to action may include community health education, peer discussions, religious leader endorsements, or spousal communication, whereas self-efficacy relates to women's confidence in negotiating contraceptive use within patriarchal household dynamics and men's willingness to engage actively (Anyatonwu, 2023).

The HBM has been applied in Nigerian reproductive health research to explain preventive behaviors such as contraceptive adoption where knowledge exists but action lags. Its strength lies in its focus on modifiable cognitive perceptions, offering clear implications for couple-centered education and myth-dispelling strategies (Anyatonwu, 2023). Nevertheless, the model has limitations in fully capturing structural and relational influences. It gives less attention to broader socio-cultural contexts, gender power relations, and external constraints such as service availability or religious authority—factors particularly salient in patriarchal rural Nigerian settings. This study acknowledges these shortcomings and supplements the HBM with attention to spousal communication and

partner dynamics, thereby integrating individual perceptions with interpersonal processes. By applying the HBM while critically situating it within Nigerian family planning literature, the framework guides the examination of how couples in Hwolaza perceive, negotiate, and act (or fail to act) on family planning decisions.

Methodology

This mixed-methods study was conducted in Hwolaza Community, Jos North LGA, Plateau State, Nigeria, selected for its rural characteristics, predominantly Muslim population, and high fertility context. A convergent parallel mixed-methods design combined a quantitative survey with qualitative in-depth interviews to examine partner influence on family planning decision-making. The target population comprised 1,130 married couples. Using Cochran's formula, a sample of 110 couples was determined and proportionally allocated across age strata via Bowley's technique. Ten participants (five husbands and five wives) were purposively sampled for interviews to gain deeper insights. Quantitative data were analysed with descriptive statistics in SPSS, while qualitative data underwent thematic analysis with triangulation. Ethical approval was obtained, and informed consent, confidentiality, and anonymity were strictly observed in line with Nigerian National Health Research Ethics Committee guidelines. The modest sample size and limited qualitative sub-sample are acknowledged as limitations.

Data Collection and Analysis

Of the one hundred and ten (110) questionnaires administered to respondents, 105 (95%) were successfully retrieved and validated for analysis.

Research Question 1: What are the attitudes and perceptions of married couples toward family planning in Hwolaza Community?

Table 1: Frequency of Attendance at Family Planning Programs

Frequency of Attendance	Frequency	Percentage (%)
Always	21	20.0
Sometimes	25	23.8
Rarely	31	29.5
Never	24	22.9
No Answer	4	3.8
Total	105	100.00

Table 1 shows the frequency of attendance at family planning programs. Only 20% of respondents always attended, while 29.5% rarely attended and 22.9% never attended. This low engagement level points to limited uptake of formal family planning programs in the community. A male partner interviewed elaborated on underlying reasons: "Many couples do not attend these programs because they promote methods that are not culturally or religiously acceptable. Men do not see the need, accessibility is an issue, and there is a general lack of awareness." This reveals that reluctance stems not only from practical

barriers but also from deeply rooted cultural norms, religious beliefs, and misinformation that discourage participation.

Table 2: Husbands' Role in Decision-Making on Family Planning

Husbands' Decision-Making	Frequency	Percentage (%)
Always	73	69.5
Sometimes	7	6.6
Rarely	10	9.5
Never	11	10.5
No Answer	4	3.8
Total	105	100.00

Table 2 reveals a strong male dominance in decision-making, with 69.5% of respondents indicating that husbands always make decisions on family planning. This stark imbalance underpins the limited role of women in family planning decisions within the community.

Table 3: Women's Role in Decision-Making on Family Planning

Women's Decision-Making	Frequency	Percentage (%)
Always	11	10.5
Sometimes	10	9.5
Rarely	7	6.6
Never	77	73.3
Total	105	100.00

Table 3 confirms women's limited influence, as 73.3% reported that women never dominate such decisions. A mother interviewed reinforced this pattern: "The role of men as head of the family is deeply ingrained. Husbands believe they should have the final say, and women often have to seek approval." Together, these findings shows a predominantly patriarchal structure that restricts joint decision-making and marginalizes women's voices in family planning matters.

Table 4: Preferred Family Planning Methods

Family Planning Method	Frequency	Percentage (%)
Pills	17	16.1
Condoms	4	3.8
IUD	21	20.0
Natural Methods	49	47.0
No Answer	14	13.3
Total	105	100.00

Table 4 indicates a clear preference for natural methods (47%), followed by IUDs (20%) and pills (16.1%). Participants frequently cited religious teachings, misinformation about side

effects, and fear of complications as reasons for favouring traditional approaches. One mother explained: "Religious teachings discourage artificial methods. There is a lot of misinformation about modern contraceptives and fear of complications." This preference shows how cultural and religious influences continue to shape contraceptive choices more strongly than modern medical options.

Table 5: Perceptions of Contraceptives and Sexual Pleasure

Perception on Contraceptives	Frequency	Percentage (%)
Always	21	20.0
Sometimes	7	6.6
Rarely	5	4.6
Never	59	56.1
No Answer	13	12.3
Total	105	100.00

Table 5 shows that while 56.1% of respondents believed contraceptives do not reduce sexual pleasure, a notable 20% held the opposite view. Such perceptions, even when not majority-held, can still act as psychological barriers that deter couples from adopting modern methods.

Table 6: Desired Number of Children

Desired Number of Children	Frequency	Percentage (%)
1	4	3.8
2	39	37.1
More than 2	62	59.0
Total	105	100.00

Table 6 reflects a strong desire for larger families, with 59% of respondents preferring more than two children. This preference is likely driven by cultural norms that associate having many children with wealth, social status, and family continuity.

Research Question 2: What factors influence couples' decision-making regarding the use of family planning methods in the Hwolaza community?

Table 7: Economic Influence on Family Planning Decisions

Response	Frequency	Percentage (%)
Always	78	74.2
Rarely	10	9.5
Never	6	5.7
Sometimes	4	3.8
No Answer	7	6.6
Total	105	100%

Table 7 shows that economic conditions exert a dominant influence, with 74.2% of respondents stating that financial factors always affect family planning decisions. It stresses how economic instability often determines whether couples can afford contraceptive use.

Table 8: The Role of Mass Media in Family Planning Decisions

Response	Frequency	Percentage (%)
Always	23	21.9
Sometimes	47	44.8
Rarely	25	23.8
Never	7	6.6
No Answer	3	2.9
Total	105	100%

Table 8 shows media impact: 44.8% sometimes, 21.9% always influenced. This implies that mass media, such as radio, television, and social media, provides platforms for public health campaigns that educate couples on family planning option.

Table 9: Key Factors Influencing Family Planning Decisions in Hwolaza Community

Factors Influencing Family Planning	Frequency	Percentage (%)
Spousal Communication Issues	45	42.9
Financial Instability	32	30.5
Cultural Beliefs and Traditions	15	14.3
Limited Access to Family Planning Services	8	7.6
Other Influences (e.g., education, peer influence)	5	4.7
Total	105	100.0

Table 9 identifies key factors: spousal communication issues (42.9%), financial instability (30.5%), cultural beliefs (14.3%), limited access (7.6%). This implies that spousal communication issues are the most significant factor affecting family planning decisions.

Table 10: Men's Willingness to Accompany Wives to Family Planning Clinics

Men's Accompaniment to Clinics	Frequency	Percentage (%)
Always	13	12.3
Sometimes	11	10.4
Rarely	69	65.7
Never	8	7.6
No Answer	4	3.8
Total	105	100.00

Table 10 shows low male accompaniment: 65.7% rarely. A man explained: "Men... see family planning as a 'woman's issue'... embarrassing... time constraints... fear of judgment." Men's reluctance to accompany their wives to family planning clinics is an indication of

deep-seated gender roles and cultural norms that present a strong barrier to family planning.

Research Question 3: To what extent does partner involvement influence the choice and use of family planning methods among couples in the Hwolaza community?

Table 11: Awareness of Side Effects of Contraceptive Methods on Women's Health

Awareness of Side Effects	Frequency	Percentage (%)
Always	89	84.8
Sometimes	5	4.7
Rarely	3	2.9
Never	6	5.7
No Answer	2	1.9
Total	105	100.00

Table 11 indicates high awareness of side effects (84.8% always occur). The high awareness of the potential side effects of contraceptives on women's health is an indication that these side effects are common concerns within the Hwolaza community.

Table 12: Men's Willingness to Use Family Planning Methods if Aware of Side Effects on Women

Men's Willingness Based on Awareness	Frequency	Percentage (%)
Always	34	32.4
Sometimes	22	21.0
Rarely	41	39.0
Never	6	5.7
No Answer	2	1.9
Total	105	100.00

Table 12 indicates awareness of side effects might increase men's willingness (32.4% always). Raising awareness among men about the side effects of female contraceptives could potentially increase their willingness to use male-oriented family planning methods

Discussion of Findings

The findings reveal a predominantly cautious and conservative attitude toward family planning in Hwolaza Community, marked by low attendance at family planning programs (only 20% always attended), strong patriarchal dominance in decision-making (69.5% reported husbands always decide), limited women's influence (73.3% stated women never dominate decisions), and a clear preference for natural methods (47%). Couples also expressed a strong desire for larger families (59% preferred more than two children) and held mixed perceptions about contraceptives' impact on sexual pleasure. These patterns align with existing Nigerian studies. For instance, studies across Nigeria have consistently

documented low uptake of modern contraceptives, attributing it to widespread misconceptions about side effects, religious concerns, and entrenched male dominance in reproductive matters (Amuzie et al., 2022; Okunlola et al., 2022). In the Middle Belt context of Plateau State, the preference for natural methods and larger families appears to be reinforced by Christian religious teachings and cultural norms that equate many children with wealth and social status; a dynamic less frequently emphasised in southwestern studies but consistent with conservative communities across Nigeria's Middle Belt. This regional specificity highlights how religious identity in north-central Nigeria may sustain higher fertility preferences compared to more secular or urban southern contexts.

Applying the Health Belief Model (HBM), the findings suggest that couples perceive low severity of high-fertility risks (such as maternal health complications and economic strain) when balanced against the culturally valued benefits of large families. High perceived barriers including religious prohibitions, fear of side effects, and normative male authority, combined with weak cues to action (infrequent program exposure) and low self-efficacy in negotiating contraceptive use, significantly reduce the likelihood of adopting modern methods. This interpretation extends previous HBM applications in Nigeria by highlighting how religious identity and patriarchal norms amplify perceived barriers in this specific setting. While earlier HBM-based studies in Nigeria have shown that perceived benefits and self-efficacy influence contraceptive intentions, the present findings demonstrate that in rural Middle Belt communities, cultural valuation of large families appears to further diminish perceived severity, creating a stronger perceptual resistance than observed in urban or southwestern samples (Anyatonwu, 2023).

Economic pressures emerged as the most dominant factor influencing decision-making (74.2% reported financial conditions always influence choices), followed by spousal communication deficits (42.9%). Cultural and religious norms and limited access to services were also notable. These results resonate with broader sub-Saharan African evidence showing that economic instability and socio-cultural factors consistently constrain reproductive choices (Okunlola et al., 2022). However, the prominence of spousal communication issues as the leading barrier in Hwolaza adds nuance to existing literature, which has more often emphasised economic or religious factors in northern and southwestern Nigeria. Within the HBM framework, overwhelming perceived barriers (financial costs, communication gaps, and cultural prohibitions) appear to outweigh potential benefits such as improved maternal health and better resource allocation, while inconsistent media cues and low self-efficacy in spousal negotiation further hinder informed decision-making. This suggests that interventions targeting only economic or service access may have limited impact unless they also address interpersonal communication dynamics within couples.

Partner involvement remained minimal, with 65.7% of men rarely accompanying their wives to family planning clinics and many viewing family planning as "a woman's issue." Despite high awareness of side effects on women's health (84.8%), this awareness translated into only modest willingness among men to consider alternatives (32.4% always

willing). This limited male engagement restricts shared responsibility and modern method uptake. The finding converges with studies in East Africa demonstrating that greater male involvement significantly improves contraceptive continuation rates and reduces unmet need (Kabagenyi et al., 2014). However, it diverges somewhat from studies in southwestern Nigeria, where targeted spousal communication interventions have shown stronger effects on joint decision-making. In HBM terms, the absence of partner-related cues to action and low mutual self-efficacy diminishes the perceived benefits of collaborative responsibility, allowing entrenched barriers such as embarrassment, time constraints, and rigid gender roles to persist. This study thus contributes to the literature by illustrating how male disengagement operates as both a structural and perceptual barrier in a Middle Belt Christian community, extending understanding beyond the predominantly Muslim northern or more urban southern contexts.

Conclusion

This study establishes that deeply entrenched patriarchal norms, religious misconceptions, economic hardships, and profoundly limited male involvement form an interlocking web of barriers that severely stifle family planning uptake in Hwolaza Community. In response to the research questions, the study found predominantly cautious attitudes toward family planning characterised by low program engagement, male-dominated decision-making, and preference for natural methods (RQ1); economic pressures and spousal communication deficits as the most influential factors shaping decisions (RQ2); and minimal partner involvement that restricts shared responsibility despite awareness of side effects (RQ3). These dynamics not only exacerbate maternal and child health risks, chronic household poverty, and intergenerational malnutrition but also undermine national aspirations for sustainable population growth, gender equity, and socio-economic advancement. Without decisive action to dismantle male-centric decision-making, dispel myths, alleviate financial burdens, and foster genuine partner collaboration, contraceptive prevalence will likely remain stagnant.

Limitations of the Study

The study has several limitations. The modest sample size (n=105) and single-community focus in Hwolaza limit generalizability to other parts of Plateau State or Nigeria. Additionally, reliance on self-reported survey and interview data introduces potential social desirability bias, particularly on sensitive topics such as sexual pleasure and spousal communication. Future research should employ larger, multi-site samples and mixed methods that include observational data where possible. This study contributes to the existing scholarship by providing context-specific evidence from a Middle Belt Christian community, highlighting the unique role of religious identity and spousal communication gaps alongside more commonly documented economic and patriarchal barriers. It adds depth to the literature on male involvement by documenting specific attitudinal and structural obstacles to clinic accompaniment in this setting.

Recommendations

Arising from the study's findings, the following recommendations are proposed:

1. Community and religious leaders should actively champion family planning by incorporating evidence-based information into sermons, gatherings, and teachings. Specifically, leaders should address the finding that religious teachings discourage modern methods and explicitly endorse responsible family sizes as compatible with faith and cultural values, thereby reducing perceived barriers identified by 47% of respondents who preferred natural methods.
2. Government health authorities, NGOs, and youth leaders should implement couple-focused education campaigns and joint counselling initiatives, with strong prioritisation of male outreach. Given that 65.7% of men rarely accompany their wives to clinics and many view family planning as a "woman's issue," programmes should include targeted community forums and peer networks designed to overcome embarrassment, time constraints, and gender norms, while building spousal communication skills to address the 42.9% of respondents who cited communication gaps as the leading barrier.
3. Policymakers, healthcare providers, and women's groups should address economic and access barriers by subsidising or providing free diverse contraceptives and upgrading rural service infrastructure. In light of the 74.2% of respondents who reported that financial conditions always influence decisions, family planning support should be integrated into women's economic empowerment programmes, while mass media (especially radio) should be used more strategically for myth-dispelling messages that reach both men and women.

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