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Socio-Economic Barriers to Men's Acceptance of Contraceptives: A Study of MGBIDI, Oru West Local Government Area, Imo State

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Abstract- ***This research examined the socio-economic barriers to men's acceptance of contraceptives in Mgbidi, Oru West L. G. A. in Imo State. The research was guided by three research questions, which include: a) to what extent does the preference for a male child affect the use of contraceptives, b) to what extent does educational attainment affect the use of contraceptives and c) to what extent does income level affect the use of contraceptives. Taro Yamani was adopted in determining the sample size of the study, resulting in 394 men in Mgbidi, and the Bowler's Proportional Allocation Formula was adopted in allocating each village its sample size for easy data collection. The sampling technique was the simple random sampling technique, and a structured questionnaire divided into section one, which is the personal data and section two, which are the main open-ended questions of a total of 28 items, was used in collecting relevant data for the study. These collected data were analysed using simple percentage statistical tables and the chi-square method. The results of the data analysed showed that there is a relationship between the preference for a male child and the use of contraceptives, there is a relationship between educational attainment and the use of contraceptives, and there is a relationship between income level and the use of contraceptives. Recommendations were made by the researcher which include; a) parents teaching their children to regard and value the importance of both gender to the family and society, b) NGOS should collaborate and organize more seminars to educate and encourage men to consider and accept contraceptives, and while at that they should start placing more value on the health of their partners and c) finally health care agencies and NGOS should look into partnering with pharmaceutical companies to negotiate lower prices or develop cost effective contraceptive alternatives so that men can start accepting the use of contraceptives.***

Keywords: Barriers, Contraceptives, Socio-Economic, Men's Acceptance, Socio-Economic Barrier

I. INTRODUCTION

Mgbidi, like many other African societies, has a strong quest for male children and this quest for a male child is deeply rooted in the social norms that place a high value on male children as they are perceived as essential for carrying on the family lineage and inheriting properties. In Mgbidi, when a family has one male child, the burden to continue the family lineage, heritage, and name falls on that male child, who will likely later find himself having so many children just to get another male child who will continue the same history and cycle. In the process of trying to get a male child, many wives will be married, and in some cases, the wives advise the husband to take up a new wife who will provide him with a male child.

Education is key to knowledge, but this does not apply to most men in Mgbidi because they are likely to fall under the lower educational class, which affects their knowledge of contraceptives and their use. It is also possible that they have limited access to accurate information, as they mostly believe in "hearsay". These men have ideas on condoms as a contraceptive, but they do not know about other contraceptive methods, which are more effective, and

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due to their little or no knowledge about other contraceptives, they do not bother using them. Some of the wives of these men are presumed to have a part to play in their husbands not accepting and using contraceptives, as they believe that a woman is supposed to give birth to all the children in the womb, and as such, they do not accept contraceptives.

Most men in Mgbidi are anticipated to have limited accurate medical information regarding contraceptives, as they mostly rely on their peers and social gatherings for information and guidance regarding sexual and reproductive health. Most of the information they get concerning contraceptives is likely to mislead them, and it promotes misconceptions and myths about contraceptives. One of the most common misconceptions and myths about contraceptives is that contraceptives reduce sexual pleasure, which no man wants to experience because it affects their masculinity and sexual prowess. The lack of accurate information, which comes as a result of low educational attainment, will prevent a man from accepting and using contraceptives.

The majority of Mgbidi men are predisposed to farming, which makes it very hard for them to consider using contraceptives because they are into subsistence farming, where the end products are for consumption. In contrast, the little remains of these products are taken to the market. They channel their income into satisfying their basic needs for the well-being of their families, and as such, contraceptives are regarded as an extra burden on their income, which prevents these men from using contraceptives.
The preference for male children, limited educational attainment, the women's believe of giving birth to every child in their womb, limited accurate medical information and limited income, all these issues are likely to prevent men in Mgbidi from accepting contraceptives and this prompted the research on the socio-economic barriers to men's acceptance of contraceptives in Mgbidi to ascertain if these claims are true or false.

1.1 Objective of the Study

The general objective of the study is to find out about the socio-economic barriers to men's acceptance of contraceptives in Mgbidi. Specifically, it seeks to:

1. To determine how the preference for a male child affects the use of contraceptives.
2. To find out how educational attainment affects the use of contraceptives.
3. To determine how income level affects the use of contraceptives.

1.2 Research Questions

1. To what extent does the preference for a male child affect the use of contraceptives?
2. To what extent does educational attainment affect the use of contraceptives?
3. To what extent does income level affect the use of contraceptives?

II. CONCEPTUAL FRAMEWORK

2.1 The Concept of Contraceptives

Contraceptives play a vital role in reproductive health by allowing individuals to make informed decisions about when and if they want to have children. The World Health Organization (WHO) defines contraceptives as "devices, substances, or methods that prevent pregnancy." (WHO, 2019). However, different scholars have provided various interpretations of the term.

Scholars and organizations have offered diverse definitions of contraceptives. The World Health Organization defines contraceptives as "techniques, devices, substances, or methods that prevent pregnancy" (WHO, 2019). This definition encompasses a broad range of options that individuals can utilize to control their reproductive choices. The American College of Obstetricians and Gynaecologists (ACOG) define contraceptives as "methods used to prevent pregnancy, primarily by blocking sperm from reaching an egg" (ACOG, 2019). Similarly, the Guttmacher Institute (2022) defines contraceptives as "methods or devices used to prevent pregnancy and control fertility". These definitions highlight the common goal of preventing pregnancy while acknowledging the various methods and techniques available.

Contraceptives hold significant importance in promoting individual and public health. They empower individuals to plan and space pregnancies, leading to improved maternal and child health outcomes. According to the WHO, the use of contraceptives can prevent unintended pregnancies, reduce maternal mortality and morbidity, and enable women to pursue education and career opportunities (WHO, 2019). Contraceptives also contribute to the prevention of sexually transmitted infections (STIs), including HIV/AIDS. By enabling individuals to have control over their reproductive choices, contraceptives promote gender equality and reproductive rights (Jones, Darroch, Henshaw, 2014).
Throughout history, societies have developed various methods of contraception. Ancient Egyptians used vaginal suppositories made from crocodile dung as a barrier method (Sasson, 1996). In ancient China, condoms made from oiled silk were employed (Bullough & Bullough, 1990). Historically, Nigerian women have used various herbal remedies as contraceptive measures. For instance, women in the Yoruba tribe traditionally use bitter leaf (Vernonia amygdalina) as a natural contraceptive (Okereke, 2019). Additionally, the use of plants such as neem (Azadirachta indica) and cotton root bark (Gossypium spp.) is also commonly used in Nigerian traditional medicine to prevent pregnancy (Oyebola, Akanbi, Adebayo, & Oyebola, 2018). The advent of modern contraceptives can be traced back to the 20th century. In the 1960s, the introduction of the birth control pill revolutionized contraception by providing a highly effective hormonal method (Sanger, 1914; Grimes, 1994). Additionally, the development of intrauterine devices (IUDs) and barrier methods, such as male and female condoms, expanded contraceptive options for individuals (Grimes, 1994).

In recent years, advancements in contraceptive technology have continued to expand options. Long-acting reversible contraceptives (LARCs), including hormonal implants and intrauterine devices, have gained popularity due to their high effectiveness and convenience (American Academy of Pediatrics, 2014). Non-hormonal methods, such as copper IUDs and fertility awareness-based methods, offer alternatives for individuals who prefer non-hormonal contraception (World Health Organization, 2019).

2.1.1 Types of Contraceptives (methods of contraceptives)
There are various types of contraceptives available, each offering different levels of effectiveness, convenience, and potential side effects. Here an overview of the different types of contraceptives will be talked on.

- Barrier methods
- Hormonal methods
- Intrauterine Devices (IUDs)
- Sterilization
- Emergency contraception
- Natural methods (fertility awareness-based methods)

2.2 Uses of Contraceptives
According to the World Health Organization (WHO), the use of modern contraceptives has increased worldwide in recent years, with an estimated 64% of women of reproductive age using some form of contraception in 2021 (source: WHO, 2021). Contraceptives serve multiple purposes beyond the prevention of unintended pregnancies. They provide individuals and couples with greater control over their reproductive choices, promoting overall well-being and empowering them to plan their families according to their desires and circumstances.

Prevention of Unintended Pregnancies: The primary purpose of contraceptives is to prevent unintended pregnancies. By using contraceptives consistently and correctly, individuals and couples can effectively control their fertility and avoid pregnancies when they are not ready or do not desire to have children. Contraceptives offer a range of options to suit different lifestyles, preferences, and health needs.

Family Planning and Birth Spacing: Contraceptives play a crucial role in family planning by enabling individuals and couples to space their pregnancies and have children at times that are optimal for their health, well-being, and socioeconomic circumstances. Birth spacing allows women's bodies to recover from the physical and nutritional demands of pregnancy, childbirth, and breastfeeding, reducing the risks associated with closely spaced pregnancies (World

Health Organization [WHO], 2013). It also enables parents to provide adequate attention, care, and resources to each child, promoting better outcomes for both mothers and children.

Pregnancy Prevention in Medical Conditions: Certain medical conditions or medications may pose risks to a woman's health if she becomes pregnant. Contraceptives can be used to prevent pregnancies in such situations. For example, women with certain chronic diseases, such as diabetes or hypertension, may need to delay or avoid pregnancies to manage their condition effectively (ACOG, 2019). Additionally, some medications, such as those used for treating epilepsy or certain cancers, can be harmful to developing fetuses, necessitating the use of contraceptives.

Management of Menstrual Disorders: Contraceptives, particularly hormonal methods like combined oral contraceptives or hormonal IUDs, are often prescribed to manage menstrual disorders. They can help regulate menstrual cycles, reduce menstrual pain (dysmenorrhea), alleviate heavy or irregular bleeding (menorrhagia), and manage symptoms of premenstrual syndrome (PMS) or premenstrual dysphoric disorder (PMDD) (ACOG, 2019). By providing hormonal balance and control over menstrual patterns, contraceptives offer relief and improve the quality of life for individuals with these conditions.

Treatment of Hormonal Imbalances: Hormonal contraceptives, such as oral contraceptive pills or hormonal patches, are used in the treatment of hormonal imbalances. They can help regulate hormone levels and address conditions such as polycystic ovary syndrome (PCOS), hirsutism (excessive hair growth), and acne (ACOG, 2019). By modulating hormone production and providing hormonal stability, contraceptives contribute to the management of these conditions and their associated symptoms.

Preventing and Managing Sexually Transmitted Infections (STIs): Condoms, a widely available barrier method, are effective in preventing the transmission of STIs, including HIV. When used consistently and correctly, condoms create a physical barrier that prevents the exchange of bodily fluids, reducing the risk of STI transmission during sexual activity (World Health Organization [WHO], 2019). Condom use is recommended as part of comprehensive STI prevention strategies, promoting safer sexual practices and protecting individuals and their partners from infections.

Supporting Gender Equality and Women's Empowerment: Contraceptives play a pivotal role in promoting gender equality and women's empowerment. By providing women with control over their own fertility, contraceptives enable them to make informed decisions about their health, education, and career. Access to contraceptives empowers women to plan pregnancies according to their desired timing and spacing, allowing them to pursue education, participate in the workforce, and engage in social and economic activities (United Nations Population Fund [UNFPA], 2012). When women can control their reproductive choices, it leads to improved overall well-being and contributes to gender equality.

Reducing Poverty and Promoting Economic Development: Contraceptives have significant implications for poverty reduction and economic development. When individuals and couples can plan and space their pregnancies, it reduces the number of dependents in a household. This enables families to allocate their resources more effectively, ensuring that they can adequately provide for the needs of each family member. By reducing the financial burden associated with large and unplanned families, contraceptives contribute to poverty reduction and promote economic development at both individual and societal levels (Speidel, Harper, & Shields, 2010). Increased household income resulting from the ability to control fertility can be invested in education, healthcare, nutrition, and entrepreneurship, leading to improved overall well-being and economic growth.

2.3 Effectiveness of Contraceptives

The effectiveness of contraceptives is a crucial consideration when choosing a method. It is important to understand the difference between perfect use and typical use effectiveness rates. Perfect use refers to the effectiveness of a contraceptive

method when used correctly and consistently according to instructions. Typical use takes into account real-world use, which may involve errors, inconsistent use, or incorrect usage. This section examines the effectiveness of various contraceptive methods.

1. Effectiveness of Barrier Methods: When used consistently and correctly, male condoms have a high effectiveness rate, with an estimated perfect use effectiveness of 98% and a typical use effectiveness of 85% (CDC, 2020).
2. Effectiveness of Hormonal Methods: When used perfectly, hormonal methods have high effectiveness rates, with COCs and progestin-only pills having a perfect use effectiveness of 99% and a typical use effectiveness of 91% (CDC, 2020).
3. Effectiveness of Intrauterine Devices (IUDs): Copper IUDs have a perfect use effectiveness of 99% and a typical use effectiveness of 99.2% (ACOG, 2019). Hormonal IUDs have a perfect use effectiveness of 99% and a typical use effectiveness of 99.8% (ACOG, 2019).
4. Effectiveness of Sterilization: Tubal ligation has a perfect use effectiveness of 99.5% and a typical use effectiveness of 99.5% (ACOG, 2017). Vasectomy has a perfect use effectiveness of 99.85% and a typical use effectiveness of 99.9% (ACOG, 2017). These methods are highly effective, but it is important to note that they are intended to be permanent, and reversibility may not always be guaranteed.
5. Effectiveness of Emergency Contraception: Copper IUDs have a near-perfect use effectiveness of 99.9% when inserted within five days after unprotected intercourse (ACOG, 2019). ECPs, depending on the type used, have varying effectiveness rates, with perfect use effectiveness ranging from 97% to 98% (ACOG, 2019). It is important to note that ECPs are most effective when taken as soon as possible after unprotected intercourse.

2.4 Side Effects and Risks of Contraceptives

While contraceptives are generally safe and effective, they can have certain side effects and associated health risks. Understanding these potential complications and managing them appropriately is vital to ensure the overall well-being of contraceptive users. This section aims to discuss the common side effects, health risks, and complications associated with contraceptive use, along with strategies for managing these side effects and risks.

2.4.1 Common Side Effects of Contraceptives

- Nausea
- Breakouts
- Weight gain
- Breast tenderness or increased breast size
- Irregular bleeding or spotting between menstrual periods
- Mood swings, changes in mood, or symptoms of depression or anxiety are other side effects of contraceptives.

2.4.2 Health Risks and Complications of Contraceptives

Although contraceptives are generally safe, certain health risks and complications have been associated with their use. It is important to note that the benefits of contraceptive use often outweigh the risks. However, healthcare providers should carefully consider the individual's medical history and risk factors before prescribing contraceptives. The following are some notable health risks and complications:

1. Cardiovascular risks: Combined hormonal contraceptives (CHCs), which contain both estrogen and progestin, have been associated with a small increased risk of cardiovascular complications.
2. Sexual health considerations: Contraceptive methods can have implications for sexual health beyond preventing pregnancy.
3. Fertility concerns: Some contraceptive methods, particularly long-acting reversible contraceptives (LARCs) like intrauterine devices (IUDs) and implants, may have an impact on fertility following discontinuation.

2.5 Men and Contraceptives

Traditionally, the responsibility for contraception has predominantly been placed on women. However, recognizing the importance of male involvement, global initiatives have sought to shift this paradigm and emphasize the role of men in contraceptive decision-making and usage. In many societies worldwide, men have traditionally played a secondary role in contraceptive use. However, there has been a growing recognition of the need to involve men as active participants in family planning. This shift is driven by several factors, including the desire to reduce the burden on women, promote gender equality, and foster shared responsibility in reproductive health decision-making (Inhorn, 2021). By involving men, the range of contraceptive options can expand, allowing couples to make choices that align with their specific needs and preferences (Shattuck, Kerner, Gilles, Hartmann, Ng'ombe, & Guest, 2011). Male contraceptives have the potential to reduce unintended pregnancies, contribute to improved family planning outcomes, and enable couples to effectively space their children (Shattuck, Kerner, Gilles, Hartmann, Ng'ombe, & Guest, 2011). Furthermore, male contraceptives may offer health benefits to men themselves, such as a reduced risk of sexually transmitted infections (STIs) (Wang, Swerdloff, Iranmanesh, Dobs, Snyder, Cunningham, Matsumoto, Weber, Berman, & Testosterone Gel Study Group, 2016).

The involvement of men in contraceptive use brings several benefits. Firstly, it helps to share the responsibility for family planning between men and women, promoting equality in reproductive health decision-making. This shift can empower women by relieving them of the sole burden of contraceptive use and allowing them greater control over their reproductive choices (Shattuck, Kerner, Gilles, Hartmann, Ng'ombe, & Guest, 2011). Secondly, male contraceptives provide an additional method of birth control, increasing the range of options available to couples. This diversity allows individuals and couples to tailor their contraceptive choices to their specific circumstances, preferences, and health needs (Shattuck, Kerner, Gilles, Hartmann, Ng'ombe, & Guest, 2011). Thirdly, male contraceptive methods offer the potential to enhance family planning outcomes by promoting effective spacing of pregnancies and reducing the incidence of unintended pregnancies (Shattuck, Kerner, Gilles, Hartmann, Ng'ombe, & Guest, 2011). Lastly, male contraceptive use may contribute to reducing the transmission of STIs, thus providing a dual benefit of pregnancy prevention and protection against infections (Wang, Swerdloff, Iranmanesh, Dobs, Snyder, Cunningham, Matsumoto, Weber, Berman, & Testosterone Gel Study Group, 2016).

Involving men in contraceptive decision-making and use is crucial for promoting gender equality, reducing unintended pregnancies, and improving family planning outcomes. The global perspective on men and contraceptives highlights the benefits of male involvement and the challenges that need to be addressed. In Nigeria, including the town of Mgbidi, cultural norms, religious beliefs, and socio-economic factors influence men's participation in family planning. However, opportunities exist to promote male contraceptive use through comprehensive sexuality education, awareness campaigns, and collaborative efforts involving healthcare providers, policymakers, and community-based organizations. By actively involving men in family planning programs and addressing the barriers they face, societies can work towards achieving comprehensive reproductive health goals and ensuring the well-being of individuals, couples, and families.

2.6 Barriers to Men's Acceptance of Contraceptives

The promotion and use of contraceptives play a critical role in family planning and reproductive health. While women have traditionally borne the primary responsibility for contraception, involving men as active participants is essential for effective family planning and shared decision-making. Despite all the benefits that come with the use of contraceptives, men still find it difficult to accept their partners making use of these contraceptives. Several social and economic barriers can make it difficult for men to accept and use contraceptives.

2.6.1 Social Barriers to Men's Acceptance of Contraceptives

1. Patriarchy: Patriarchy, as a system of social organization that prioritizes male dominance and power, influences various aspects of individuals' lives, including reproductive health and family planning. Within the context of men's acceptance

of contraceptives, scholars have examined how patriarchal norms, beliefs, and structures act as barriers. Patriarchal societies often grant men more power and control over reproductive decisions, including contraceptive use (Peterson, 2018).

2. Gender norms: Gender norms, which prescribe socially constructed expectations and behaviors for individuals based on their gender, significantly influence men's attitudes towards contraception. Gender norms often assign the primary responsibility for contraception to women, reinforcing the notion that reproductive health is primarily their domain (MacPhail et al., 2020). Men may perceive contraceptive use as unnecessary or outside their realm of responsibility, leading to their limited acceptance and engagement.
3. Masculinity norms: Masculinity norms, which prescribe socially constructed expectations and behaviors associated with masculinity, significantly shape men's attitudes towards contraception. Traditional notions of masculinity and machismo can create barriers to male contraceptive acceptance. Men may fear that contraceptive use threatens their perceived masculinity, power, or fertility (Inhorn, Birenbaum-Carmeli, & Westphal, 2020). Concerns about loss of virility or diminished sexual pleasure may further hinder their willingness to adopt contraceptives.
4. Educational Attainment: Men with lower levels of education may have limited access to accurate information and may lack awareness of the available contraceptive options. This lack of knowledge contributes to the barriers in accepting contraceptives. According to Ankomah, Anyanti, and Oladosu (2019), men with higher educational attainment are more likely to possess comprehensive knowledge about contraception, enabling them to make informed decisions.
5. Misconceptions and myths: Many men may rely on inaccurate information obtained through informal sources, such as peers, media, or cultural beliefs. According to Higgins, Hirsch, and Trussell (2008), misconceptions can range from beliefs about decreased sexual pleasure to fears of long-term health consequences. These misconceptions contribute to a lack of acceptance and reluctance towards using contraceptives.

2.6.2 Economic Barriers to Men's Acceptance of Contraceptives

1. Cost and accessibility: Economic factors such as high cost and limited accessibility to contraceptives pose significant barriers. Contraceptive methods, particularly long-acting options like vasectomy, can be expensive and may not be covered by insurance or readily available resources (Bajos, Lalloué, Ferrand, Moreau, Le Guen, Warin, & Detavernier, 2020). Lack of financial resources can limit men's ability to access and afford contraceptive services.
2. Income level: Some Nigerian scholars highlight the impact of socioeconomic disparities on men's acceptance of contraceptives. Limited financial resources can hinder men's ability to access and afford contraceptive methods or services. The cost associated with contraceptives can be perceived as a significant financial burden, making it less affordable for men with lower income levels (Odimegwu, Somefun, & Bamiwuye, 2014; Adewuyi, Zhao, & Khan, 2016).

2.7 Effects of Not Using Contraceptives

Contraception enables individuals and couples to make informed decisions regarding the timing and spacing of pregnancies, leading to improved family well-being and overall societal development. However, the absence or inadequate use of contraceptives can have significant ramifications for both the family and society at large.

2.7.1 Effects on the Family

1. A significant effect of not using contraceptives is the increased likelihood of unplanned pregnancies. Unplanned pregnancies can disrupt the lives of individuals and couples, leading to emotional distress, strained relationships, and challenges in adapting to the new family dynamics (Barber, Axinn, & Thornton, 1999).
2. Unplanned pregnancies often require additional financial resources for prenatal care, childbirth, and raising a child. The lack of preparedness for these expenses can lead to increased financial strain, impacting the family's overall well-being

(Shapiro, 2010). According to Finer, Zolna, & Shifts (2016), unplanned pregnancies can put a strain on a family's financial resources, especially if they have limited income or are already struggling to make ends meet.

2.7.2 Effects on the Society

1. The absence of contraceptive use contributes to population growth, which can strain societal resources and infrastructure. Uncontrolled population growth leads to increased demands for healthcare, education, housing, and food, placing a burden on governments and societies (United Nations, 2019). Overpopulation poses challenges to sustainable development, environmental sustainability, and social stability.
2. The lack of contraceptive use can affect educational attainment and employment opportunities. Unplanned pregnancies often lead to disruptions in education, limiting individuals' ability to acquire necessary skills and qualifications (Miller & Sassler, 2017). This can hinder social mobility, perpetuating cycles of poverty and inequality within society.

III. THEORETICAL FRAMEWORK

Conflict theory, a sociological perspective developed by Karl Marx, is a useful framework for understanding barriers to men's acceptance of contraceptives. Conflict theory examines social inequality and power dynamics in society, focusing on how different groups compete for resources and influence. When applied to the topic of socio-economic barriers to men's acceptance of contraceptives, conflict theory sheds light on the underlying factors that contribute to barriers and resistance. Conflict theory emphasizes the existence of power imbalances within society, particularly in terms of gender. In many cultures, men traditionally hold more power and decision-making authority, including reproductive choices. Accepting contraceptives might be seen as relinquishing control and challenging traditional gender roles. As a result, men may resist contraceptive methods that they perceive as undermining their power and dominance.
Conflict theory recognizes that patriarchal values often shape social norms and expectations. These values prioritize male sexual autonomy and reinforce the notion that contraception is primarily the responsibility of women. Men may internalize these norms, leading to a reluctance to accept contraceptives and an expectation that women should bear the burden of family planning. Conflict theory suggests that men's acceptance of contraceptives can be hindered by fears of emasculation. Stereotypical notions of masculinity often associate virility and fertility with male identity. Accepting contraception may be seen as challenging these ideals and, consequently, threatening a man's sense of masculinity. This fear of emasculation can create barriers to men's acceptance of contraceptives.

Conflict theory recognizes that information and knowledge are unequally distributed in society. Men may have limited access to accurate and comprehensive information about contraceptive methods, their efficacy, and potential side effects. Lack of awareness and education can perpetuate misconceptions and misunderstandings about contraceptives, leading to reluctance or resistance to their use. Conflict theory highlights how societal norms and values shape individual behavior. There may be a stigma associated with men using contraceptives, as it challenges traditional gender roles and expectations. Men may fear judgment from peers, partners, or society at large for their contraceptive choices, leading to barriers in acceptance.

Conflict theory acknowledges that reproductive responsibility has historically been disproportionately placed on women. Men may feel less accountable for contraception due to the perception that it is primarily women's responsibility. This lack of perceived responsibility can contribute to a reluctance to accept and actively engage in contraceptive methods. Conflict theory recognizes the influence of power dynamics within the healthcare system. Men may have concerns about the potential side effects and health risks associated with contraceptive methods. In some cases, healthcare providers may prioritize women's reproductive health over men's concerns, further contributing to men's barriers to acceptance.

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IV. EMPIRICAL FRAMEWORK

A study was conducted by Oladapo, Osonuga, Akinmoladun, Sule-Odu, Alabi & Ogunniyi (2020) on "Socioeconomic and Cultural Barriers to Men's Acceptance of Contraception in Southwest Nigeria". This study intended to identify the barriers to men's acceptance of contraception in Nigeria, particularly in Southwest Nigeria. The study used a cross-sectional design and recruited men aged 18-49 years from two local government areas in Ogun State, Nigeria. A total of 526 men were recruited and completed a structured questionnaire. The study found that the majority of the participants had heard of contraceptives, with condoms being the most commonly known method. However, only 17.7% of the participants reported using any form of contraception, and the most common method used was condoms. The study identified several barriers to men's acceptance of contraception, including socioeconomic and cultural factors.

Socioeconomic barriers included limited access to information, services, and resources. Participants with lower levels of education and lower income were less likely to accept contraception. They also had limited knowledge about contraceptive methods and their effectiveness. Additionally, the study found that participants from rural areas had limited access to services, which affected their decision to use contraception. Cultural factors, including gender roles and stereotypes, also played a significant role in men's attitudes towards contraception. The study found that men were expected to be the primary breadwinners and decision-makers in the family, and contraception was seen as a woman's responsibility. This perception led to a lack of interest and involvement by men in family planning. Moreover, cultural and religious beliefs viewed contraception as unnatural and against religious principles.

Based on the findings, the study recommended increasing access to information and education about contraceptive methods and their benefits. It also recommended providing access to affordable and high-quality contraceptive services, especially in rural areas. Addressing cultural and religious beliefs through community-based interventions and engaging religious leaders in advocacy efforts was also recommended. The study also recommended encouraging men to take an active role in family planning and challenging traditional gender roles and stereotypes. In total, the study provides valuable insights into the barriers to men's acceptance of contraception in Nigeria, highlighting the need for comprehensive interventions that address both socioeconomic and cultural factors to improve men's participation in family planning.

V. RESEARCH METHODOLOGY

Survey research was used to carry out the research to investigate the socio-economic barriers to men's acceptance of contraceptives in Mgbidi, Oru West Local Government Area, Imo State. This research design allowed the researcher to collect data directly from the target population and obtained insights into their attitudes, beliefs, and behaviors related to contraceptive use. The study area is Mgbidi, which is a community located in the western part of Imo State, and it is located within the Oru West Local Government Area of Imo State, Nigeria. Mgbidi is situated in the tropical rainforest zone of Nigeria, with a humid climate characterized by heavy rainfall and high temperatures. The town is located at a latitude of 5.7644° N and longitude 7.0851° E and covers an area of approximately 75 square kilometres. Mgbidi is a community which is made up of eleven (11) villages, and these villages are Ugbele, Umuekwe, Ukwudo, Eziala, Imouha, Ozurumu, Umuehi, Ehitte, Umuokpara, Umuabiahu, and Umuorji. Mgbidi has a population of 16,230 people, according to the 2006 Nigerian census. The indigenes in Mgbidi are mostly Christians, while a few of them are traditionalists, and they are mostly farmers, while the rest partake in petty trading. The town is known for its warm and hospitable people who welcome visitors from all walks of life.

5.1 Population and Sample Size of the Study

This is the entire group of people which the researcher intends to generalize on for the research. According to the 2006 National Population Census conducted in Nigeria, Mgbidi had an estimated population of about 16,230. While conducting a population projection using the arithmetic method, the current population of Mgbidi is estimated to be 25,127, which is the population of the study (for

calculation see appendix two), and from this population the sample size of the study was drawn by adopting the “Taro Yamani Method" which resulted to 394 men (for the calculation see appendix three).

Table 1: Population and Sample Size of the Study

S/N	VILLAGES	POPULATION	SAMPLE SIZE
1.	UKWUDO	2385	94
2.	IMOUHA	2214	98
3.	UMUEKWE	2854	100
4.	UGBELE	3041	102
TOTAL		10,494	394

5.2 Instrument for Data Collection

This study adopted both primary and secondary data collection techniques. The primary data collection technique involves the use of a structured questionnaire, which is divided into section one, containing personal data and section two, which carries the main questions. The main questions consist of open-ended and closed-ended questions, and this type of question was used to reduce biasing errors, allowing anonymity, and to get deeper answers, which aided in answering the research questions. It consists of 28 items. While the secondary data collection technique involved works from the school library, magazines, journals, and other published articles of different researchers on contraceptives on the internet.

VI. DATA ANALYSIS

Simple percentage statistical tables were used to analyze the data collected in the field in cases of personal information. While the chi-square method will be used to test the hypothesis of the study for a better understanding of the relationship which exists between the variables of interest.

6.1 Results

Tables - Section A: Analysis of Personal Data

Table 2: Age distribution of the respondents

Age limit	Number respondents	Percentage
18–24	56	14.2%
25–34	186	47.2%
35–44	102	25.9%
45–59	50	12.7%
Total	394	100%

Table 2. reveals that most of the respondents are young and have families, and Mgbidi supports these men in starting a family to start procreation on time, as they believe that the earlier the better, especially in getting a male child while they are young and agile, and so, they do not consider the use of contraceptives.

Table 3: Marital status of the respondents

Marital status	Number respondents	Percentage
Single	44	11%
Married	260	66%
Widowed	90	23%
Divorced	0	0%
Total	394	100%

Source: fieldsurvey2023

Table 3 shows that many of the respondents are married. This is because Mgbidi, like most African societies, values marriage before procreation, which gives the license to give birth to many children and not consider the use of contraceptives. Also, there were no responses for divorced persons because the Mgbidi does not approve of divorce.

Table 4: Educational status of the respondents.

Educational status	Number respondents	Percentage
Primary	112	28.4%
Secondary	72	18.3%
University	40	10.2%
Informal	170	43.1%

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Total	394	100%

Source: fieldSurvey,2023

Table 4 shows that most of the respondents either did not get any form of formal education or stopped at the primary level. This is because most of the families in Mgbidi see education as a waste of time and money, so they prefer going into trade or agriculture, which most times is subsistence in nature, all because they want to take care of their family needs, so contraceptives are not considered.

Table 5: Occupational status of the respondents

Occupational status	Number respondents	Percentage
Farmers	167	42.4%
Traders	123	31.2%
Artisans	67	17.0%
Civil Servants	37	9.4%
Total	394	100%

Table 5 shows that more than half of these respondents are farmers and traders, which limits them to what they can afford for themselves and their families because they realized little amount of money at the end of the day, so they see contraceptives as extra expenses.

Table 6: Religion of the respondents

Religion	Number respondents	Percentage
Christian	316	80.2%
Pegan	0	0%
Muslim	0	0%
African Traditional Religion	78	19.8%
Total	394	100%

Source: fieldSurvey,2023

Table 6 shows that almost all of the respondents are Christians, and the remaining are traditionalists, and they all believe that children are gifts from God, so it is considered a sin to use contraceptives and also disrespectful to God for giving children.

Table 7: Income level of the respondents

Income level	Number respondents	Percentage
Below 10,000-20,000	102	26%
21,000-30,000	177	45%
31,000-40,000	65	16.4%
41,000-50,000 and above	50	12.6%
Total	394	100%

Source: fieldSurvey,2023

Table 7 reveals that the majority of respondents fall into the low-income category, a result of their line of work, as most are subsistence farmers and petty traders. They realize low income at the end of the month, making it difficult to consider using contraceptives because of the cost.

Tables - Section B: Testing of Hypotheses

Ho1: There is no significant relationship between the preference for a male child and the use of contraceptives.

To test this hypothesis, questions 9, 11 and 13 were used.

Table 8: Testing of hypothesis one

Table	Yes	No	Don't know	Total
9	249 (a)	48 (b)	97 (c)	394
11	242 (d)	59 (e)	93 (f)	394
13	301 (g)	31 (h)	62 (I)	394
Total	792	138	252	1182

(For the calculation of expected response (E), see Appendix Five)

$$x^2 = \frac{£ (O–E)}{E}$$

Table 8.1: Displaying Data for chi-square with formula

Cell	O	E	O–E	(O–E) ²	$\frac{(O–E)^2}{E}$
a	249	264	-15	225	0.85
b	48	46	2	4	0.09
c	97	84	13	169	2.01
d	242	264	-22	484	1.83
e	59	46	13	169	3.67
f	93	84	9	81	0.96
g	301	264	37	1369	5.19
h	31	46	-15	225	4.89
i	62	84	-22	484	5.76
Total	1182	1182	0	3210	25.25

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Therefore; the calculated value = 25.25
Degree of freedom (df) = (R–1) (C–1)
= (3–1) (3–1)
= 2*2
= 4
Level of significance = 0.05
Critical value = 9.48

Decision
The calculated value is 25.25, which is greater than the critical value of 9.48; the null hypothesis will be rejected, and the alternative hypothesis will be accepted, which states that there is a relationship between the preference for a male child and the use of contraceptives.

Testing Hypothesis Two
Ho2: There is no significant relationship between educational attainment and the use of contraceptives.
To test this hypothesis, questions 15, 17 and 19 were used.

Table 9: Testing Hypothesis Two

Table	Yes	No	Don't know	Total
15	253 (a)	45 (b)	96 (c)	394
17	203 (d)	60 (e)	131 (f)	394
19	192 (g)	72 (h)	130 (i)	394
Total	648	177	357	1182

x^2
E = £ (O–E)

Table 9.1: Displaying Data for chi-square with formula

Cell	O	E	O–E	$(O–E)^2$	$\frac{(O–E)^2}{E}$
a	253	216	37	1369	6.34
b	45	59	-14	196	3.32
c	96	119	-23	529	4.45
d	203	216	-13	196	0.78
e	60	59	1	1	0.02
f	131	119	12	144	1.21
g	192	216	-24	576	2.67
h	72	59	13	169	2.86
i	130	119	11	121	1.02
Total	1182	1182	0	3274	22.67

Decision
The calculated chi-square value is 22.67, which is greater than the critical value of 9.48; the null hypothesis will be rejected, and the alternative hypothesis will be accepted, which states that there is a relationship between the educational attainment and the use of contraceptives.

Testing Hypothesis Three
Ho3: There is no significant relationship between income level and the use of contraceptives.

To test this hypothesis, questions 23, 25 and 27 were used.

Table 10: Testing Hypothesis Three

Table	Yes	No	Don't know	Total
21	284 (a)	34 (b)	76 (c)	394
23	226 (d)	57 (e)	111 (f)	394
25	234 (g)	47 (h)	113 (I)	394
Total	744	138	300	1182

x^2
E = £ (O–E)

Table 10.1: Displaying Data for chi-square with formula

Cell	O	E	O–E	$(O–E)^2$	$\frac{(O–E)^2}{E}$
A	284	248	36	1296	5.23
B	34	46	-12	176.89	3.13
C	76	100	-24	510.76	5.76
D	226	248	–22	484	1.95
E	57	46	11	136.89	2.63
F	111	100	11	108.16	0.01
G	234	248	-14	196	0.79
H	47	46	1	2.89	0.02
I	113	100	13	153.76	1.69
Total	1182	1182	0	3108	22.41

Decision
At the 0.05 significance, the calculated value of chi-square is 22.41 while the critical value is 9.48. Therefore, we reject the null hypothesis and accept the alternative hypothesis stating that there is a significant relationship between income level and the use of contraceptives.

VII. DISCUSSION OF FINDINGS

Based on the findings of this research work, hypotheses one showed that there is a significant relationship between the preference for a male child

and the use of contraceptives. From the responses and analysis, it was observed that men who are the only male children in their family do not accept the use of contraceptives because they are looking for a male child to continue the family lineage. The responses gotten from questions 10, 12, and 14 also show that there is a relationship between the preference for a male child and the use of contraceptives as the respondents believe it gives them more control over the gender of their children, it is necessary to ensure continuation of their family heritage and also family pressure and societal expectations to have a son gives them the go ahead to procreate to get a male child. The result was supported by Oladapo, Osonuga, Akinmoladun, Sule-Odu, Alabi & Ogunniyi (2020), who had a similar view that men are expected to be the primary breadwinners, successors and decision makers in the family, and contraceptives are not seen as an option.

The analysis of hypothesis two proved that there is a significant relationship between educational level and the use of contraceptives. It was ascertained from the responses gotten and analyzed that educational attainment goes hand in hand with the use of contraceptives, to get better and more effective results, so low educational standards hinder the acceptance and use of contraceptives by most men. According to the responses in questions 16, 18 and 20, it is obvious that there is a relationship between educational attainment and the use of contraceptives as the respondents answered that education gives more information and understanding about contraceptives and their benefits, it also increases the level of awareness about the importance of contraceptives and also help to make informed and better choices of contraceptive methods. The result was supported by Maru, Rajalakshimi & Sharma (2019), who were of the same view that men with a lower level of education were less likely to use contraceptives.

The analysis of hypothesis three showed that there is a relationship between income level and the use of contraceptives. Through the responses and analysis gotten, it is detected that for a man to accept and make use of contraceptives, he needs to earn a high income to make it easy for him and not strain the family financially. From the responses gotten from questions 24, 26 and 28 it shows that there is indeed a relationship between income level and the use of contraceptives as the respondents answered that low income level earners makes it difficult to afford contraceptives because of the nature of their jobs, also they cannot afford different variety of contraceptive methods to suit them because of the cost, and competing financial priorities such as feeding and shelter making it even more difficult for low income earners to consider using contraceptives because of these pressing needs. This result was backed up by Tariq, Maarseveen, De Brouwere & Rahman (2020), who were of the same view that the cost of contraceptives was a barrier and that men often prioritize other financial needs.

VIII. CONCLUSION

It is concluded that contraceptives have not been accepted and used by many communities, including Mgbidi because they hold deep-rooted patriarchal values, which value male children over the opposite gender, and as such, this mindset creates a barrier to men's acceptance of contraceptives, as they perceive it as a challenge to their masculinity and authority within the household.

Many men in Mgbidi are involved in subsistence agriculture and low-paying labor-intensive occupations, making it difficult for them to support their families adequately. Consequently, they perceive having more children as an economic strategy, hoping that their children will contribute to household income in the future. This financial strain and the belief that larger families are advantageous from an economic perspective contribute to these men's resistance to contraception.

The lack of comprehensive knowledge about contraceptive methods among men in Mgbidi, which comes as a result of the low level of educational attainment, also affects the use of contraceptives. The research revealed that misconceptions and myths surrounding contraceptives are widespread in the community. Some men hold the belief that contraceptives have adverse effects on their health, while others harbor misconceptions about their effectiveness. This lack of accurate information and

understanding acts as a significant barrier to men's acceptance of contraception.

Additionally, the influence of social networks and community perceptions emerged as an important factor in shaping men's attitudes towards contraceptives. The study found that men who belonged to social groups or networks that stigmatized contraception were more likely to resist its use. The fear of being judged or ostracized by their peers and community members contributes to the reluctance of men to accept contraceptives.

Based on the findings of the study, the following recommendations are made:

1. Parents in Mgbidi and the society should teach their children to have regard for the opposite gender and also value a female child just as they value a male child.
2. Non-Governmental Organizations (NGOS) on reproductive health should organize more seminars and workshops to teach the rural indigenes the importance of using contraceptives.
3. Efforts should be made by health care agencies and Non-Governmental Organizations to lower the cost of contraceptives or provide subsidies to make them more affordable for men, particularly those with lower incomes.

REFERENCES

[1] American Academy of Pediatrics. (2014). Long-Acting Reversible Contraception: Implants and Intrauterine Devices. Pediatrics, 134(4), e1244–e1256.

[2] American College of Obstetricians and Gynecologists. (2017). Female Sterilization. Retrieved from https://www.acog.org/womenshealth/faqs/femalesterilization

[3] American College of Obstetricians and Gynecologists. (2019). Intrauterine devices (IUDs). Retrieved from https://www.acog.org/en/womens health/faqs/intrauterine-devices-iuds

[4] Ankomah, A., Anyanti, J., &Oladosu, M. (2019). Myths, misinformation, and communication about family planning and contraceptive use in Nigeria. Open Access Journal of Contraception, 10, 95 104. doi:10.2147/OAJC.S205752

[5] Bajos, N., Lalloué, B., Ferrand, M., Moreau, C., Le Guen, M., Warin, M., ...&Detavernier, E. (2020). Male contraception: A matter of attitudes and experience. Contraception, 102(5), 285-292.

[6] Barber, J. S., Axinn, W. G., & Thornton, A. (1999). Unwanted childbearing, health, and mother-child relationships. Journal of Health and Social Behavior, 40(3), 231-257.

[7] Centers for Disease Control and Prevention. (2020). Contraception. Retrieved from https://www.cdc.gov/reproductivehealth/contraception/index.htm

[8] Finer, L. B., Zolna, M. R., & Shifts, P. (2016). Unintended pregnancy in the United States: incidence and disparities, 2006. Contraception, 84(5), 478-485.

[9] Grimes, D. A. (1994). The Early History of Reproduction: Ancient Egypt and Ancient China. In L. J. King, D. Grimes, C. N. Phipps, R. J. Spellacy (Eds.), Fertility, Family Planning, and Women's Health: New Data From the 1995 National Survey of Family Growth (pp. 6-12). Springer.

[10] Guttmacher Institute. (2022). Contraception. Retrieved from https://www.guttmacher.org/fact-sheet/contraceptive-use-worldwide

[11] Higgins, J. A., Hirsch, J. S., &Trussell, J. (2008). Pleasure, power, and inequality: Incorporating sexuality into research on contraceptive use. American Journal of Public Health, 98(10), 1803-1813. doi:10.2105/AJPH.2007.130096

[12] Inhorn, M. C. (2021). Masculinity, reproduction, and male infertility in the Middle East: Marginalized men coming to voice. Transcultural Psychiatry, 58(1), 7-35.

[13] Inhorn, M. C., Birenbaum-Carmeli, D., &Westphal, L. M. (2020). Disrupting masculinities? Arab men and male infertility in the new millennium. Reproductive BioMedicine & Society Online, 10, 50-61.

[14] Jones, R. K., Darroch, J. E., &Henshaw, S. K. (2014). Contraceptive Use Among U.S. Women Having Abortions in 2000-2001. Perspectives on Sexual and Reproductive Health, 36(4), 166–173.

[15] Maru, R., Rajalakshimi, A. K., & Sharma, S. (2019). Socioeconomic and cultural factors influencing men's attitudes and practices toward family planning in Nepal. Journal of Population and Social Studies, 27(2), 117-131.

[16] Marx, K. (1867). Capital: A critique of political economy (Vol. 1). Progress Publishers.

[17] Miller, A. M., &Sassler, S. (2017). Unintended childbearing and the consequences of mothers' relationship status. Journal of Marriage and Family, 79(4), 1063-1083.

[18] Odimegwu, C., Somefun, O. D., &Bamiwuye, O. S. (2014). Demographic and socio-cultural factors influencing use of contraception among Nigerian women. The Open Public Health Journal, 7, 22-28.

[19] Okereke, C. I. (2019). Contraception in Nigeria: Past, Present and Future. Annals of Medical and Health Sciences Research, 9(4), 155-160.

[20] Oladapo, O. T., Osonuga, O. A., Akinmoladun, J. A., Sule Odu, A.O., Alabi,O. T., & Ogunniyi, S.O., (2020). Socioeconomic and cultural barriers to men's acceptance of contraception in southwest Nigeria. BMC Women's Health, 20(1),138. https://doi.org/10.1186/s12905-020-01023-5

[21] Oyebola, A. O., Akanbi, A. O., Adebayo, A. G., &Oyebola, T. O., (2018). Ethnobotanical survey of plants used as contraceptives and abortifacients among the Yoruba people of southwestern Nigeria. Journal of Medicinal Plants Studies, 6(3), 95-99.

[22] Peterson, Z. D. (2018). Gender inequality and reproductive health among adolescent girls in rural Nepal. Journal of Adolescent Health, 62(3), S34-S40.

[23] Sanger, M. H. (1914). What Every Girl Should Know. The American Journal of Nursing, 15(6), 466–467.

[24] Sasson, V. (1996). Contraception in Ancient Times. European Journal of Obstetrics & Gynecology and Reproductive Biology, 65(2), 213–216.

[25] Shapiro, A. F. (2010). The economic consequences of unplanned pregnancies for women and children: A literature review. Women's Health Issues, 20(5), 323-329.

[26] Shattuck, D., Kerner, B., Gilles, K., Hartmann, M., Ng'ombe, T., & Guest, G. (2011). Encouraging contraceptive uptake by motivating men to communicate about family planning: The Malawi Male Motivator project. American Journal of Public Health, 101(6), 1089-1095.

[27] Speidel, J. J., Harper, C. C., & Shields, W. C. (2010). The potential of long-acting reversible contraception to decrease unintended pregnancy. Contraception, 81(5), 386-389. doi: 10.1016/j.contraception.2010.01.021

[28] Tariq, N., Maarseveen, M. V., De Brouwere, V., & Rahman, A. (2020). Barriers to contraceptive use amongst men in rural Indonesia. Journal of Reproductive Health, 17(1), 1-12.

[29] United Nations Population Fund. (2012). The state of the world population 2012: By choice, not by chance: Family planning, human rights, and development. Retrieved from https://www.unfpa.org/sites/default/files/pub-pdf/EN-SWOP2012-FINAL.pdf

[30] United Nations. (2019). World population prospects 2019: Highlights (ST/ESA/SER.A/423). United Nations Department of Economic and Social Affairs, Population Division.

[31] Wang, C., Swerdloff, R. S., Iranmanesh, A., Dobs, A., Snyder, P. J., Cunningham, G.,

Matsumoto, A. M., Weber, T., Berman, N., & Testosterone Gel Study Group. (2016). Transdermal testosterone gel improves sexual function, mood, muscle strength, and body composition parameters in hypogonadal men. Journal of Clinical Endocrinology & Metabolism, 91(6), 1991-2001.

[32] World Health Organization. (2013). Report of a WHO technical consultation on birth spacing. Retrieved from https://www.who.int/maternal_child_adolescent/documents/birth_spacing05/en/

[33] World Health Organization. (2019). Male latex condom: Specification, prequalification, and guidelines for procurement (WHO/UNFPA/FHI360, 2019). Retrieved from https://www.who.int/reproductive.health/publications/contraceptive-eligibility-statement-condoms/en/

[34] World Health Organization. (2019). Medical eligibility criteria for contraceptive use. Geneva, Switzerland: World Health Organization.

[35] World Health Organization. (2021). Contraception. Retrieved from https://www.who.int/news-room/fact-sheets/detail/contraception