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Factors Associated with Men's Fertility Intentions and Family Planning Practice in Kebbi State, North-western Nigeria

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Abstract

This study was conducted to identify the socio-demographic determinants of men's fertility intentions (desired number of children) and use of contraceptives in Kebbi State, north-western Nigeria. Data was collected from 583 married men from rural and urban areas in three local government areas of the State using interviewer-administered questionnaire. Descriptive and bivariate analyses were used to estimate and understand the influence of socio-demographic factors on men's fertility intentions and use of contraceptives. The result reveals that men in Kebbi State have high desire for children with an overwhelming 84% desiring to have six or more children. Contraceptive knowledge is high with 66% of respondents being aware of any method but the use of contraceptives is very low with only 30% that have ever used any method. Age, education, religion and ethnicity were all significantly associated (p-value < 0.05) with men's fertility intentions and awareness and use of contraceptives. Government and policymakers that are working to reduce the high fertility rate and to improve contraceptive use in Nigeria, especially in the northern region, should consider men as critical stakeholders and should be included in programmes towards slowing down the rate of fertility and increasing family planning adoption in the country.

Keywords: Contraceptive knowledge and use, Fertility intentions; Family planning, Kebbi State, Men.

Introduction

Nigeria is the seventh most populous country in the world currently and it is expected to be the third most populous by 2050 based on projection of annual population growth rate of 2.6% (United Nations Population Division, 2019). The country's high population growth rate, just like in many sub-Saharan African countries, is mainly due to high fertility rate which is largely driven by high desire for large family size by both men and women and low contraceptive acceptance (Bongaarts, 2020; 2011; Casterline & Agyei-Mensah 2017). The total fertility rate (TFR) of Nigeria is relatively high although declining slowly, with the most recent data estimating a TFR of 5.3 children per woman, which is among the highest fertility rates in the world (National Population Commission & ICF, 2019; United Nations Population Division, 2019). The 2018

Nigeria Demographic and Health Survey (NDHS) report showed that men and women were desiring to have as high as 7.2 and 6.1 children respectively. The highest TFR is in the north-west and the lowest is in the south-west zones of the country with 6.6 and 3.9 children per woman respectively. The high fertility rate and the desire for high number of children means that there is low family planning practice in the northern region of the country.

To reduce and slow down the rate of population growth requires families to reduce their fertility sizes through adopting family planning (Bongaarts, 2011; 1997; Ross & Stover, 2001). However, the contraceptive prevalence rate (CPR) in Nigeria is very low at 17% and only about one-third of currently married women have a demand for family planning, with an unmet need of 19%. The CPR is even much lower in the northern region with only 9% of women using any method of contraception in the north-western zone and only 3.5% in Kebbi State (National Population Commission & ICF, 2019). The very low CPR in the country, and the northern region in particular, is a result of both demand and supply factors, with the low demand being influenced by both misconceptions about contraception and the high desire for large family size (Aransiola et al, 2014). Studies have also shown that fertility intention influences contraceptive acceptance and both could be influenced by socio-demographic factors (Agadjanian, 2005; Feyisetan et al. 2000; Islam & Bairagi, 2003; Saya et al., 2021).

Socio-demographic, economic, and cultural factors are largely the causes of the high desired family size in Nigeria and elsewhere (Ahinkorah et al., 2020; Matovu et al., 2017), with the demand for children and the actual fertility rate much higher in the northern region compared to the southern region. Just like in other parts of Nigeria, families in the northern region of country are the patriarchal type in which men are the heads of households and who take final decision on almost everything including on family size and reproductive health. In fact, in most cases men have the final say on the number of children and spacing of births in the family. Evidence also suggests that men's fertility desires, otherwise known as fertility intentions, influence the number of children women will have (Kebede et al., 2022), that is with the exception of the proximate determinants of fertility. However, most studies and programmes on fertility behaviour and family planning adoption focus on women while neglecting men who are important stakeholders on fertility and reproductive health decision-making. In fact, in most cases men have the final say on the number of children, spacing of births and family planning decisions in the household. Hence, understanding the worldview of men becomes very critical to any efforts towards lowering fertility rate, promoting family planning adoption, improving reproductive health and reduction in the rate of growth of Nigeria's population.

The high fertility in the northern region of Nigeria is a reflection of the lower demand for contraceptives due to poor family planning acceptance as a result of the desire for large family size by both men and women. Consequently, this study was undertaken to identify and understand the socio-demographic factors influencing men's fertility intentions (desired family size) and their knowledge and use of contraceptives in Kebbi State, north-western Nigeria. The specific objectives are to:

i. Estimate the desired family size of men and understand the factors that influence such desire in Kebbi State.
ii. Investigate the level of awareness and use of contraceptives by men in both urban and rural areas of Kebbi State
iii. Understand the association between socio-demographic factors and fertility intentions

and family planning adoption by men in Kebbi State

Literature Review

Desired family size, also referred to as fertility intention, is defined as "the number of children a respondent would like to have based on their own assessment of the costs and benefits of childbearing, and if there were no subjective or economic problems involved in regulating fertility" (Easterlin, 1975). Demographic and economic theories of fertility have argued that socio-economic development and reduction in child mortality leads to reduction in actual fertility and the desire for large family size (Bongaarts, 2011; Davis, 1945; Galor, 2011; Kirk, 1996; Notestein, 1953; Notestein, 1945; Pamuk et al., 2011). While these have been proven right in many countries, however, due to the pro-natalist nature of African societies (Caldwell & Caldwell, 1988) which has remained persistent, the situation has not fully materialized in Nigeria because the desire for large family size has strong footing in religious and traditional beliefs that promote having large number of children as a sign of spiritual blessing, thus hindering the impact of the slow socio-economic development and reduction in child mortality being experienced in the country. Also, high proportion of the population are uneducated and poor, and depends on manual agriculture, hence needing large numbers of children to support their families' production and to serve as security for aged parents.

The 1994 International Conference on Population and Development (ICPD) recommended the involvement of men as partners and agents of change in sexual and reproductive health, including family planning. The involvement of men was considered as essential to the success of family planning programmes (Sternberg & Hubley, 2004; United Nations Population Information Network (POPIN), 1994). However, very few studies have been conducted in Nigeria to understand men's fertility desires, family planning adoption, and perspectives on reproductive health in general, and even fewer of these studies have focused on the northern region, leading to a dearth of knowledge on the subject matter, especially in a traditional setting like Kebbi State. In fact, fertility and family planning are mostly considered as women's affairs. Nevertheless, the previous studies conducted in Nigeria have identified different barriers encountered by women towards adopting contraception, among which are opposition by male partners and men's low interest in and support for family planning (Aransiola et al, 2014; Babalola and John, 2012; Isiugo-Abanihe, 1994).

Other studies have also found that women's contraceptive behaviour is affected by the fertility intentions of their male partners which often manifests in disapproval of contraceptive use due to the men's desire for more children (Bankole & Singh, 1998; Irani, et al., 2014; Izugbara & Ezeh, 2010; Odimegwu, 1999). Considering that in traditional African societies, the approval of a husband is required before a woman can use contraceptives and the decision of the husband is final, any attempt by the wife to go against such decision can result in mistreatment, divorce, or the man marrying another wife. Thus, understanding men's fertility intentions is important towards lowering the fertility rate, promoting family planning adoption, and improving reproductive health in the country. Also, it is important because as men dominate reproductive health decision-making in the family, understanding their worldview will enable policymakers to engage them towards promoting family planning adoption not just by women but also by men thereby leading to reduction in the rate of growth of Nigeria's population.

Considering what has been reported in the literature by previous studies (Ahinkorah et al., 2020; Matovu et al., 2017; Muhoza et al., 2014; Oyefabi, et al., 2019; Schoemaker, 2005; Shrestha et al., 2020; Yaya et al., 2018) with respect to the influence of socio-demographic factors on fertility desires of both men and women and family planning adoption, we hypothesised that older adult men, those with no or less education, Muslims, Hausa and Fulani, and those who reside in rural areas will desire to have higher number of children and not adopt family planning than their counterparts.

This study was guided by the theory of reasoned action and the theory of planned behaviour. The theory of reasoned action postulates that humans are sensible, hence, they behave in a sensible manner such that they act by taking into account, implicitly and explicitly, the implications of their actions based on the available information to them. The theory advances that the immediate determinant of an action is a person's intention to carry it out (or not), and unless for unforeseen circumstances, people will act in consonance with their intentions. Similarly, the theory of planned behaviour recognises that people's actions are controlled by their intentions, although recognising that not all intentions are fulfilled into action (Ajzen, 1985; 1991). It is our belief that whatever fertility intention that men will have in Kebbi State can be transformed into action under normal circumstances of their lives. Hence, understanding these intentions can be useful towards addressing high desired family sizes by promoting family planning adoption among men.

Methods

Study Area

This study was conducted in Kebbi State, located in the north-western geo-political zone of Nigeria. The State has a land area of 36,985km^2 with an estimated population of over four million inhabitants (National Bureau of Statistics, 2018). It has 21 local government areas (LGAs) spread across three senatorial districts and four major traditional emirate councils of Argungu, Gwandu, Yauri, and Zuru emirates. Kebbi is one of the States with the highest fertility rates in Nigeria. The TFR of the State is 6.5 children per woman, and women in the state have the highest mean number of children-ever-born (9.2) and mean ideal number of children desired (8.8) in the country (National Population Commission Nigeria & ICF, 2019). Kebbi State has low socio-economic and health indicators just like most States in the northern region of Nigeria. The major local languages spoken in the State are Hausa, Fulani, Dakarkari, Zabarmawa, and Kambari. Farming, fishing, and trading are the major occupations and Islam and Christianity are the dominant religions of the inhabitants of the State.

Sample and Sampling Procedure

Married men with at least one child were the target population of the study. Multistage and systematic sampling techniques were used to select the locations and respondents. At the first stage, the most populated LGA (based on the 2006 census) from each of the three senatorial zones of the State was selected. These LGAs were Birnin Kebbi (Kebbi Central), Bunza (Kebbi North), and Zuru (Kebbi South). In the next stage of selection, each LGA headquarters was automatically selected as urban area and two other rural settlements were randomly selected. From each of the urban and rural areas, compounds were systematically selected at intervals of three, and one currently married man was randomly sampled from one household in the compound.

The sample size for the study was determined using Glenn's (1992) table with 400 respondents for a population with more than 100,000 people. However, considering the possibility of non-response and to allow for more variation and

insight into the problem of study, the sample was increased to 600 with 200 respondents sampled from each of the three LGAs; 100 each from urban and rural areas.

Data Collection

The data was collected using semi-structured questionnaire. The questionnaire was pre-tested and adjusted before administering to the respondents by trained research assistants using computer-assisted personal interview.

Data Analysis

Data was downloaded into excel spreadsheet from the server where it was stored after data collection, screened for consistency, and edited before analysis was done. Descriptive and bivariate analyses were done using statistical package for social science (SPSS) software version 20. Descriptive results are presented using frequency tables and bar graphs while bivariate results are presented using cross-tabulation. Associations between the dependent and independent variables were tested using chi-square tests.

Dependent variables

The dependent variables for this study were "desired number of children" (categorised as "1-5" and "6 or more"), "ever-use of contraceptive" (categorised as "yes" and "no"), and "future-use of contraceptive" (categorised as "yes" and "no"). Fertility intention was assessed by asking the question "how many children do you desire to have in your lifetime?" To avoid non-numeric response, respondents that said "only God knows" were probed to provide a minimum number that they will be comfortable with under normal circumstances of their lives. Ever-use of contraceptives was assessed by the question "have you ever used any male contraceptive in the past?" while future-use was assessed by the question "do you intend to use contraceptive in the future?"

Independent variables

The independent variables were socio-demographic factors which are age (20-29, 30-39, 40-49, 50-59, 60+), education (no education, primary, secondary, tertiary), religion (Christianity, Islam, Traditional), ethnicity (Fulani, Hausa, Dakarkari, Others), and place of residence (urban, rural).

Ethical Consideration

The ethical approval for the study was obtained from the University Research and Ethics Committee (UREC) of the Federal University Birnin Kebbi, Nigeria with approval number FUBK/UREC/001/VOL-II. Also, to gain access to the selected communities, the consent of the LGA authorities and community traditional leadership was sought. An informed consent form was read and signed by the respondents before data collection and the research team ensured anonymity and confidentiality of data.

Results

Descriptive Analysis

Table 1: Socio-demographic characteristics of respondents (N=583)

Socio-demographics	n	%
Age		
20-29	72	12.3
30-39	165	28.3
40-49	163	28.0
50-59	113	19.4
60+	70	12.0
Education		
No education	42	7.2
Qur'anic/Arabic	203	34.8
Primary	62	10.6
Secondary	162	27.8
Tertiary	114	19.6
Religion		
Islam	468	80.3
Christianity	80	13.7
Traditional	35	6.0
Ethnicity		
Hausa	402	69.0
Fulani	35	6.0
Dakarkari	134	23.0
Others	12	2.0
Number of Wives		
1	326	55.9
2	197	33.8
3	42	7.2
≥ 4	18	3.1
Place of residence		
Urban	292	50.1
Rural	291	49.9
LGA of Residence		
Birnin Kebbi	183	31.4
Bunza	200	34.3
Zuru	200	34.3

Sample Characteristics

The age distribution of the respondents shows that 12% were within ages 20-29, 28% were within ages 30-39 and 40-49 each, 19% were within 50-59, and 12% were 60 or more years old. Almost half of the respondents (42%) had no formal education comprising of 7% with no education at all and 35% with only the informal Qur'anic/Arabic education, while more than half (58%) had formal education comprising 11% with primary, 28% with secondary, and 20% with tertiary level education. An overwhelming majority of them (80%) were Muslims, while 14% were Christians and 6% were from

traditional religions. Majority of the respondents were from Hausa ethnic group (69%), while 6% were Fulani, 23% were Dakarkari, and 2% were from other ethnic groups. Majority of them (56%) had only one wife, 34% had two wives, 7% had three wives and 3% had four wives and only one respondent had five wives. Equal proportion of respondents were sampled from both urban and rural areas and from each of the three local governments.

Fertility Intention of Men

Fertility intention was measured by men's desired number of children and the result is presented using graphs. The result shows that 49% of the respondents had five or less children while 51% had six or more children (figure 1).

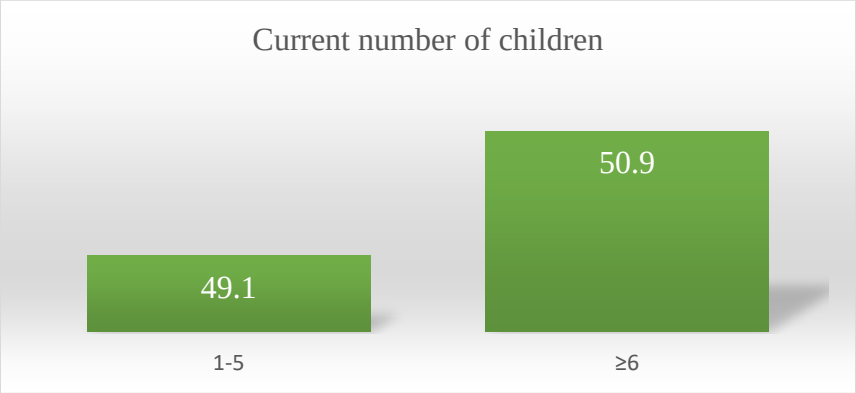

Figure 1: Respondents' current number of children

An overwhelming majority of them (81%) intend to have more children while 19% had no intention to do so (figure 2).

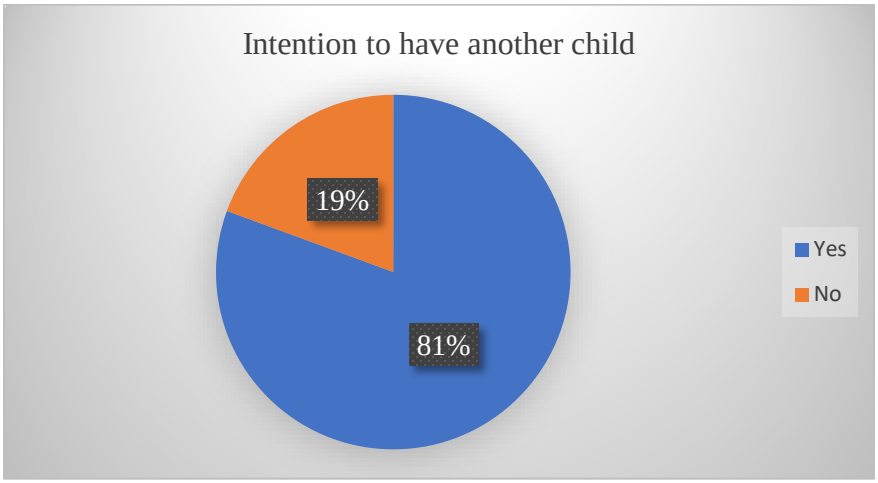

Figure 2: *Respondents' intention to have more children*

Among those with intention to have more children, 16% desire to have maximum of five children while 84% desire to have six or more children (figure 3) indicating a high desire for children.

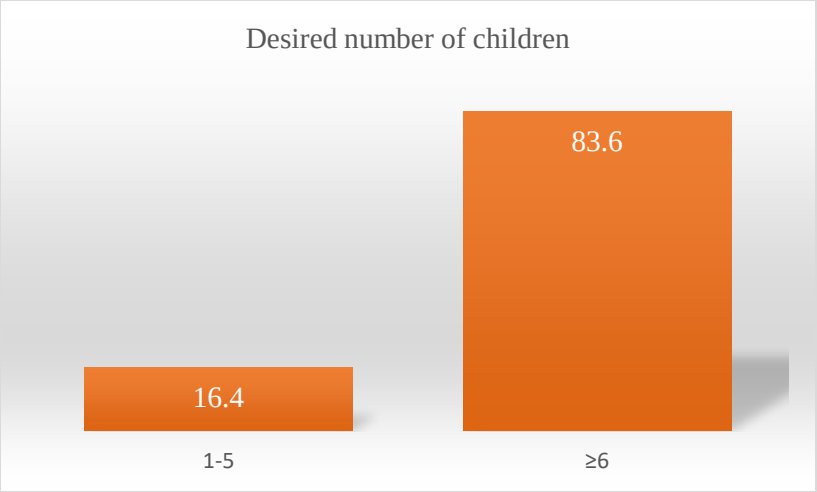

Figure 3: *Respondents' desired number of children (n=470)*

Contraceptive Awareness and Use

Table 2 displays respondents' contraceptive awareness, ever-use, and intention to use in the future. The result shows that two-thirds of the respondents were aware of any method of contraceptives while about one-third of them were not aware of any method. The awareness by type of method shows that 49% were aware of only modern contraceptives, 8% knew of only traditional methods, while 43% were aware of both modern and traditional methods. Among the respondents who were aware of contraceptives, 37% learnt about it from health facilities or health workers, 22% from media sources, 35% from family or friends, 5% from religious centres (Mosque or Church) and only two respondents knew about it from other sources.

For ever-use of contraceptive, only 30% of respondents that were aware of contraceptives have ever used any method while an overwhelming 70% have never used any. Among those that have ever used contraceptives, 23% of them have used only modern contraceptives, 31% have used only traditional methods, while 46% have used both modern and traditional methods. The major reasons for using contraceptives are for birth spacing (46%) and birth control (51%). Those who have never used any contraceptives cited reasons such as fear of side effects (34%), not supported by their beliefs (47%), not supported by their spouses (3%), and other reasons (17%).

Table 2: Contraceptive Awareness and Use

Contraceptive status	Frequency (N=583)	Percent
Awareness of contraceptives		
Yes	386	66.2
No	197	33.8
Awareness by method	**(n=386)**	
Modern method only	188	48.7
Traditional method only	30	7.8
Modern and traditional methods	168	43.5
Source of awareness	**(n=386)**	
Health facility/worker	144	37.3
Media	86	22.3
Family/Friends	136	35.2
Religious centre	18	4.7
Others	2	0.5
Ever-use of contraceptives	**(n=386)**	
Yes	116	30.1
No	270	69.9
Method ever used	**(n=116)**	
Modern method only	27	23.3
Traditional method only	36	31.0
Modern and traditional methods	53	45.7
Reason for ever-use	**(n=116)**	
Birth spacing	53	45.7
Birth control	59	50.9
Others	4	3.4
Reason for never-use	**(n=270)**	
Fear of side effects	91	33.7
Not supported by my beliefs	126	46.7
Not supported by my spouse	8	3.0
Other reason	45	16.7
Future use	**(n=386)**	
Yes	185	52.1
No	201	47.9
Allow Spouse to use in future	**(n=386)**	
Yes	219	56.7
No	167	43.3

For future use of contraceptives, the result indicates that 52% of the respondents have the intention to use contraceptives in the future while 48% do not intend to use in the future. The result also shows that 57% will allow their wives to use contraceptives in the future while 43% will not allow them to use in the future.

Bivariate Analysis

Cross-tabulations and Chi-Square tests (p-value of 0.05, 95% confidence interval) were used for bivariate analyses to check for association between socio-demographic determinants and men's fertility intentions and their use of contraceptives.

Table 3: Association between socio-demographic factors and fertility intention of men

Determinants	Desired number of children (%)		p-value
	1-5	**≥6**	
Age			.000
20-29	36	35	
30-39	33	117	
40-49	7	132	
50-59	1	81	
60+	0	28	
Education			.000
No education	5	31	
Qur'anic/Arabic	4	143	
Primary	6	48	
Secondary	31	111	
Tertiary	31	60	
Religion			.000
Islam	33	341	
Christianity	41	26	
Traditional	3	26	
Ethnicity			.000
Hausa	21	291	
Fulani	8	24	
Dakarkari	41	76	
Others	7	2	
Place of residence			.533
Urban	36	199	
Rural	41	194	

Association between Socio-Demographic Factors and Men's Fertility Intentions

The result of the test of association between socio-demographic factors and fertility intention shows that age, education, religion and ethnicity were all significantly associated (p-value <.001) with fertility intentions of men, while place of residence was not statistically significant (table 3). The cross-tabulation shows that equal proportion of respondents within ages 20-29 desire to have 1-5 and six or more children respectively, while most respondents of ages 30 or more desire to have six or more children, showing a transition where younger generations desiring less children than the older generations. Irrespective of level of education attained, majority of the respondents desired to have six or more children than those who desire to have five or less number of children. Majority of Muslim men and those from traditional religions desire to have six or more children than those who desired five or less children, while on the contrary, more Christians desire to have five or less children. Majority of respondents from Hausa, Fulani, and Dakarkari ethnic groups desired to have six or more children than to have five or less, while those from other ethnic groups tend to desire five or less children than to have more than five. An overwhelming majority of both urban and rural respondents tend to desire to have six or more children than to have five or less children.

Table 4: Association between socio-demographic factors and contraceptive use

Determinants	Ever use		p-value	Future use		p-value
	Yes	**No**		**Yes**	**No**	
Age			.011			.000
20-29	22	36		36	22	
30-39	49	79		81	47	
40-49	28	84		40	72	
50-59	14	48		22	40	
60+	3	23		20	6	
Education			.000			.000
No education	4	7		6	5	
Qur'anic/Arabic	16	87		26	77	
Primary	5	38		12	31	
Secondary	45	82		65	62	
Tertiary	46	56		76	26	
Religion			.000			.000
Islam	62	238		124	176	
Christianity	50	25		56	19	
Traditional	4	7		5	6	
Ethnicity			.000			.000
Hausa	49	203		102	150	
Fulani	4	19		9	14	
Dakarkari	55	44		67	32	
Others	8	4		7	5	
Place of residence			.042			.118
Urban	54	156		93	117	
Rural	62	114		92	84	

Association between Socio-Demographic Factors and Men's Contraceptive Use

The results on the association between socio-demographic factors and ever use of contraceptives and intention to use in the future by men who were aware of any contraceptives is presented in table 4. It shows that all the socio-demographic factors were significantly associated (p-value <.05) with ever-use and future use of contraceptives except for place of residence that is not significantly associated with future use. The result shows that there were more respondents who have never used any contraceptives in all age groups than those who have ever-used any method. However, more respondents within ages 20-29, 30-39, and 60 or more years intend to use contraceptives in the future while more of those within ages 40-49 and 50-59 do not intend to use contraceptives in the future. Irrespective of educational attainment of respondents, more of them have never used any contraceptives, and only the majority of those with tertiary education have intention to use in the future, while almost equal number of those with no education and with secondary education have intention and no intention to use in the future. However, majority of those with Qur'an/Arabic and primary education do not intend to use contraceptives in the future.

Furthermore, higher number of Muslims and more of those from traditional religions have never used any contraceptives and do not intend

to use in the future than those who had ever-used or intend to use in the future. In contrast, more Christians have ever-used and intend to use contraceptives in the future than those who never used or do not intend to use in future. More respondents from Hausa and Fulani ethnic groups have never used and have no intention to use contraceptives in the future than those who have ever-used and who intend to use in the future. Also, more respondents from Dakarkari and the other ethnic groups have ever-used and intend to use contraceptives in the future. More respondents from both urban and rural areas have never used any contraceptives than those that have ever-used, while more respondents from urban areas have no intention to use contraceptives in future than those who have the intention, but more respondents from rural areas have intention to use in the future than those with no intention.

Discussion

The findings from this study show that there is a desire for large family size in Kebbi State as most men intend to have six or more children. In line with the postulations of the theory of planned behaviour and the theory of reasoned action, this intention can actually translate into action under normal circumstances, unless men are targeted with information that promotes family planning. Although fertility desire or intention may not necessarily translate to actual fertility, however, an overwhelming majority of the men in this study already have more than five children and do not intend to stop giving birth, indicating a strong pronatalist attitude as attested by Oyediran (2006). A study in Niger, the country with the highest fertility rate in the world, revealed that 97% of men desire to have more children (Ahinkorah et al., 2021). Similarly, Odusina et al. (2020) in a study of couples in Nigeria found that the fertility desire of men was more than that of women, and an earlier study by Oyediran (2006) among the Yoruba of south-western Nigeria also found that men have higher fertility desire. Socio-demographic factors such as age, education, religion, and ethnicity were found to be associated with fertility intention in this study, similar to what was found by previous studies on fertility desires in Africa and Asia especially among women (Adhikari, 2010; Ahinkorah et al., 2020; Ahinkorah et al., 2021; Oyediran, 2006; Saya et al., 2021).

The desire for high number of children by men in Kebbi State may not be unconnected with the importance attached to children by parents due to cultural norms on childbearing and family size; the traditions of the predominantly Muslims and Hausa-Fulani people, which the respondents belong to, tend to promote having higher number of children. Religion and ethnicity have been found to have great influence on the high fertility desires of men (Isiugo-Abanihe, 1994; Kahansim et al., 2013; Odusina et al., 2017; Odusina et al., 2020) and Muslims and Hausa people of northern Nigeria tend to desire larger family size. The demographic and health survey and other surveys in Nigeria have consistently reported higher fertility rates in the northern region of the country that is predominated by Muslims and Hausa-Fulani people. The Muslims and Hausa-Fulani practice polygynous marriage which in turn promotes higher fertility and larger family size (Lawson & Gibson, 2018; Patel, 2017).

Furthermore, the high fertility among Muslims is largely because Islamic religion did not explicitly command birth control or promote lower fertility, instead the Prophet Muhammad (PBUH) is reported to have encouraged Muslims to give birth to higher number of children to whom he would be proud of on the day of judgement (www.islamqa.info). Also, due to the largely polygamous nature of Muslims and the Hausa people in Kebbi State, it is not unexpected that the men will desire to have large family size, although majority of the respondents only had one wife. To address this, policy makers and

government should design programmes that will involve religious and traditional leaders on the need to reduce the high fertility in the State by making men to understand the implications of high fertility on the wellbeing of their families, on the health of their wives who are at higher risk of maternal mortality and morbidity due to high fertility, and on the health of children who are also at higher risk of deaths as a result of high parity and close birth intervals.

Education is another important determinant of fertility intention. Different studies have shown that education has a negative relationship with fertility (Ahinkorah et al., 2020; Ahinkorah et al., 2021; Behrman 2015; Cleland 2002; Kebede et al., 2022), with increasing education among people leading to reduction in fertility. However, our finding shows that education did not have much influence on the high desire for large family size because all the respondents, irrespective of their educational attainment already have higher number of children (six or more). By implication, the strength of the influence of other factors, such as religion and tradition, may have been stronger than that of education, hence efforts toward lowering fertility rate should include religious and traditional leaders so as to enable them play some roles. Fertility reduction policies and programmes should target men with low level of education and especially those with only the non-formal Qur'anic and Arabic education as the result indicates they have higher desire for large family size.

The findings show that awareness of family planning is high among men in the state with over two-thirds of them being aware of any method. This finding is not surprising because the existing evidence suggest that knowledge of contraceptives is always high among both male and females in the country (Avidime et al. 2010; Duze & Mohammed, 2006; National Population Commission & ICF, 2019). However, there is a generally very low practice of family planning by respondents in Kebbi State with only 30% of men that have ever used any contraceptives to prevent unwanted pregnancy. This is not peculiar to only the men because the result from the 2018 NDHS has also shown that only 3.5% of women in Kebbi State were using any contraceptives (National Population Commission & ICF, 2019).

Furthermore, contraceptive use was found to be significantly associated ($p < .001$) with socio-demographic factors such as age, education, religion, ethnicity, and place of residence, similar to what was reported by previous studies in Nigeria and elsewhere (Ejembi et al., 2015; Ibisomi, 2014; Nurjaeni et al., 2021; Odewale et al., 2016; Okigbo et al., 2017; Sekoni & Oladoyin 2016). The non-use of contraceptives was highest among men in the mid and older ages (30-59 years), those with only Qur'anic/Arabic education and with secondary schooling, among Muslims and those from Hausa ethnic group. The influence of place of residence was not different as higher numbers of men from both urban and rural areas have never used any contraceptives than those that have used any. Similarly, a large proportion of men (48%) do not intend to use contraceptives in the future and similar proportion (43%) will not allow their wives to use in future. Most of the men who will not use contraceptives in the future were of age 40-49, with only Qur'anic/Arabic education, were Muslims and from Hausa ethnic group, and from urban areas. With the high desire for large family size, family planning adoption becomes less attractive as argued by Bongaarts (2020) and can be seen from men in Kebbi State. By implication, policy and programmes should prioritise these categories of men with educative and behaviour communication messages to reduce their high desire and accept contraception as a way of lowering fertility.

Conclusion

Fertility rate is high in the northern region of Nigeria and the contraceptive prevalence is very

low. With men as influential members and chief decision-makers in the family in the northern region, it is important to study their perspectives to fertility desires and family planning practice which necessitates this study. The findings which reveal a high desire for more children by married men and a very low use of contraceptives imply that policymakers in their efforts toward lowering Nigeria's fertility rate and increasing contraceptive uptake should not leave out men in any programmes. Carrying men along, with their influence in households, will ensure they understand the implications of having a larger family size and making informed decision with their spouses. Programmes should target especially uneducated and low educated men, Muslims, Hausa, and rural residents.

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