



Knowledge, Perception and Attitude of Married Men towards Radio Health Messages on Family Planning

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Abstract. Radio has played a significant role in the spread of health information and continues to do so. Examples of the many campaigns that have benefited from radio include those against HIV and AIDS, immunisation campaigns, oral rehydration therapy, the fight against malaria, the Kick Polio Out campaign, the Wash Your Hand campaign during the August 2014 Ebola outbreak, the Family Planning Adoption Campaign as well as the campaign against the recent Covid-19 Pandemic. Hence, this study aims at finding out the knowledge, perception and attitude of married male employees in South-West, Nigeria, about family planning based on their exposure to Radio Health Messages on family planning. With three objectives and three research hypotheses, this study was anchored on Theory of Planned Behaviour (TPB). This study employed the cross-sectional survey research design with questionnaire as the instrument of data collection. Using Multi-stage sampling technique and Cochran formula of sample size calculation, six hundred and thirty-four (634) respondents were selected as the sample size across nine local government areas chosen in the south-western part of Nigeria. Findings shows that married men's perceptions and knowledge of family planning were significantly influenced by Family Planning Radio Health Messages, but not their attitudes towards the practice. Also, it was revealed that respondents were aware of family planning and its purposes, as well as some of the methods and how to apply them but they disagreed that family planning (FP) is beneficial for women who are still having children and that FP radio health messages are frequently directed towards men. As recommendation, Family Planning Radio Health Messages focus more on teaching the target audience on the various family planning methods available and ensure that Family Planning Radio Health Messages take a very descriptive approach, painting a mental picture and semblance of

reality for simple understanding due to the visual disadvantage of radio. Also, Family Planning Radio Health Messages should be refocused to target men not just women alone since men have the headship position to make some decisions in many families in the south-western part of Nigeria.

Keywords: Family Planning, Knowledge, Perception, Attitude, Married Men, South-West.

1. Introduction

One of the most dependable and traditional forms of media for exchanging information is radio. Radio has, over the time, been used as a medium for national development and spreading sensitisation messages by a variety of persons, community groups, organisations, and nations (Ajisafe, 2021). Radio has been used as a medium for this kind of communication as well as for information transfer to create social change, to transfer knowledge, and to exchange ideas because it can bridge language, regional, and literacy gaps while still being an inexpensive source of information that appeals to a wide range of listeners. Radio's sustainability has been made possible by its features, despite the rapid advancements in information technology, including the Internet and sophisticated two-way communication (Odero & Kamweru, 2010).

Radio has played a significant role in the spread of health information and continues to do so. Examples of the many campaigns that have benefited from radio include those against HIV and AIDS, which have included both jingle and radio dramas, immunisation campaigns, oral rehydration therapy, the fight against malaria, the Kick Polio Out campaign, the Wash Your Hand campaign during the August 2014 Ebola outbreak, the Family Planning Adoption Campaign as well as the campaign against the recent Covid-19

Pandemic. Because radio sets, televisions, and print media are becoming more widely available in developing nations and have the power to change people's behaviour, both governments and non-governmental organisations are using radio to spread information and provide education about health communication, which family planning is notable among the health discourses (Kincaid, 1992, Bankowski and Bryant (2015).

Family planning, according to the World Health Organisation (WHO, 2019), is a technique that enables people and couples to plan ahead and have the number of children, as well as the spacing and timing of their births, that they prefer. Iqbal (2013) points out that family planning does not imply the absence of children; rather, it is concerned only with a low rate of reproduction and nothing unnatural or inhumane. However, the United Nations Population Funds Activities (UNFPA, 2017) recognises family planning as a fundamental human right that allows individuals and couples to decide the number and spacing of their children. Family planning can be carried out essentially in two ways: whether using the traditional ways or through modern methods. The focus of either method is to control population.

Essentially, the population factor is just one of many variables that can either promote or impede development; therefore, controlling the population to prevent overcrowding is essential since it holds the promise of providing an answer to every socioeconomic issue facing the Nigerian nation. This position and point of view is further supported by facts, statistics, and graphical aids provided by international organisations such as the UNFPA and WHO. Nigeria's population is growing at an alarming rate in spite of efforts made by the government, non-governmental organisations, and the media. Victor (2018) lists a number of indicators of Nigeria's overpopulation to include; poor per capita income, environmental degradation, lack of medical facilities, inadequate tertiary institutions to accommodate the country's swarming youth, and unemployment. One of the viable measures identified by WHO (2019) to curtail overpopulation was the adoption of family planning. Presently, Nigeria's population is a little bit above two hundred and twenty-seven thousand (227, 250,656) (Worldometer, 2024) while it has been predicted to reach twice this figure by the year 2050, thus, rounding up the population of Nigeria to over four hundred million and making her the third most populous nation on earth (FMoH, 2019).

Hence, this study was therefore motivated by Nigeria's alarming population rise and the scary prediction.

Also, the study was motivated by The Federal Ministry of Health's urgent plea, following the Green Dot Initiative's introduction, that the media assist in refocusing attention from family planning messaging aimed at women solely to males as well. As contained in the federal government Green Dot Initiative, the media are urged to help dispel men's myths about family planning and work to ensure that they are adequately informed about it. To this end, the study aims at finding out the knowledge, perception and attitude of married male employees in South-West, Nigeria, about Family Planning Radio Health Messages.

1.1 Research Objectives

The general objective of this study was to assess the knowledge, perception and attitude of married male employees in selected local government areas in South western part of Nigeria on Family Planning while the following are the specific objectives:

- To explore the knowledge of married male employees in the south-western part of Nigeria about family planning;
- To find out the perception of married male employees in the south-western part of Nigeria about family planning?
- To determine the attitude of married male employees in the south-western part of Nigeria towards family planning.

1.2 Research Questions

- What is the knowledge of married male employees in the south-western part of Nigeria about family planning?
- What is the perception of married male employees in the south-western part of Nigeria about family planning?
- What is the attitude of married male employees in the south-western part of Nigeria towards family planning?

1.3 Research Hypothesis

The following hypotheses were formulated for this study:

H₀₁: Family planning radio health messages have no significant influence on knowledge of family planning among married male employees in the South-western part of Nigeria.

H₀₂: Family planning radio health messages have no significant influence on perception of family planning

among married male employees in the South-western part of Nigeria.

H₀₃: Family planning radio health messages have no significant influence on the attitude towards family planning among married male employees in the South-western part of Nigeria.

2. Literature and Theoretical Reviews

2.1 Radio Health Messages

The phrase "health communication" is wide and can signify different things to different individuals. From several angles, academics have defined and described health communication. This is due to the fact that, similar to other ideas, health communication is defined by views rather than a single definition. According to Sixsmith (2017), health communication is the study and application of communication techniques to support and sway decisions that improve health on an individual and societal level. It is essential to the total accomplishment of the goals and objectives of public health which includes illness prevention, treatment, and promotion of health. Nonetheless, according to Kreps (2014), health communication studies how human and mediated communication affects the provision of healthcare and the advancement of health. According to him, it is problem-based, identifies significant communication problems that hinder the provision of high-quality healthcare and its promotion, and offers precise solutions, strategies, and programmes for health communication that will raise the standard of healthcare practices. There are several communication levels where health communication takes place. It can be mass communication through radio (which is the main focus), intrapersonal, or interpersonal. As a result, the study of communication tactics aimed at educating and influencing personal and societal choices that promote health is known as health communication.

Health communication campaigns are developed as a result of a significant health concern while communication is the primary force that fuels health education and promotion focused on eliminating the health concern. Everett (2016) basically defines health communication as any type of human communication whose content is concerned with health. Ratzan (2014) defines it as, "the art and technique of informing, influencing and motivating individual, institutional, and public audiences, about important health issues." Ratzan's definition is adopted in this study for its precise description of health communication; calling it an art and a technique of not only informing but also influencing usual health behaviour. The goal of health communication is to influence people's and

communities' attitudes towards matters concerning their health, the provision of healthcare, and policy. According to Airhihenbuwa (2012), health communication is a social marketing tactic used to influence people's behaviour and increase the acceptance of a health campaign. A health communication campaign is a collection of well-timed health messages or other forms of advertising intended specifically to achieve predetermined goals and objectives.

Radio health messages consist of speech, music or other sounds. These sounds can be recorded or played live. Announcers' statements are included in the live sounds, which are broadcast simultaneously with their production. When originally created, pre-recorded sounds are not broadcast. They are taped and then aired at a later time. According to Uyeh (2017), practically all of the music and most commercials/advertisements are prerecorded.

2.2 Knowledge of Family Planning

The ability to obtain, retain, and apply information is referred to as knowledge, according to Bankowski and Bryant (2015). It is a combination of comprehension, experience, judgement, and skill. Choosing to 255 tilizi a contraceptive method requires understanding family planning, family planning techniques, and associated difficulties. Higher awareness of family planning and family planning techniques is associated with a higher likelihood of 255 tilizing contraceptives (MacCorquodale, 2015). Husbands' involvement in family planning decisions makes their understanding of family planning and its techniques a significant factor in determining the usage of contraceptives. Furthermore, it has been argued that understanding contraceptive methods is useless if one does not know where to get them (Gallen, 2014). The perceived availability of contraceptives is measured by the number of sources that are known to exist (Loesoef, 2016). According to research on women, those who knew where to find the methods were far more likely to use them than others who were unaware of them (Pebley & Brackett, 2014). In the context of this study, knowledge refers to the research subjects' understanding of natural family planning, including their initial exposure to the concept and the range of natural family planning techniques.

2.3 Perception of Family Planning

Men and women can be influenced even more by their perception of community norms than by their personal preferences concerning their ideal number of children

and contraceptive use. The process of becoming aware of, comprehending, and interpreting something is known as perception. People's daily exposure to radio health programmes causes information processing to pass through several perceptual defensive mechanisms, including selective attention, selective perception, and selective retention. It enables individuals to "sort" the information according to their personal attitudes, values, and beliefs. If the person finds the radio health messages interesting, he or she will probably consider the information, retain it in memory, and follow through with family planning (Russell & Pratt, 2015). Another way to think about perception is as the method by which living things make sense of their surroundings by interpreting and organising sensations (Belch and Belch, 2014).

Many healthcare professionals invest a great deal of time and energy into making sure that current and prospective parents will see their health messages favourably. Since radio health messages will directly influence people's decision-making, it is crucial that they have positive opinions of them (Fennell, 2017). Perceptions can also be influenced by an individual's internal elements, including experiences, beliefs, moods, attitude, wants, and expectations.

2.4 Attitudes towards Family Planning

According to Bankowski and Bryant (2017), attitude describes propensities to view and interpret events based on predispositions, to react to situations in a particular way, or to arrange ideas into logical and cohesive structures. The attitudes of couples or research participants towards natural family planning techniques are referred to as attitudes. to ascertain whether or not they approve of it, like it, or encourage it. The attitude variable describes a general level of support or opposition to using family planning to reduce the size of a family or avoid unintended pregnancies. Attitudes are not innate; rather, they are acquired through socialisation, experiences, and cultural adoption. Men's attitudes towards family planning are impacted by education and experiences (Oberiri, 2017).

A person's location, age, education, religious beliefs, traditional beliefs, family structure, degree of knowledge, and economic and social factors are some of the elements that can affect their opinions towards family planning methods. It is established that these elements influence how attitudes become behaviours. Although attitude cannot be directly observed, its consequences on behaviour are well-established (Olawande & Fasasi, 2017). Attitude is a conceptual construct.

3. Theoretical Review

3.1 Theory of Planned Behavior

The theory of reasoned action (TRA), first presented by Fishbein and Ajzen (1975), is expanded upon by the theory of planned behaviour (TPB; Ajzen, 1985, 1991). According to the theory of planned behaviour, behaviour can be anticipated both directly from behavioural intention and perceived behavioural control, as well as indirectly through the mediating role of behavioural intention (Ajzen, 1991). According to Ajzen (1991), a person's intention to behave is influenced by their attitude towards the activity, their perception of behavioural control, and the subjective norm. Ajzen (1991) posits that an individual's intention to engage in a behaviour should be stronger when they have a positive attitude, perceive a subjective norm, and feel like they have control over the behaviour. In other words, when people feel like they should perform a behaviour, see it as something they should do, and believe they have control over it. Given sufficient actual control over a particular conduct, people are expected to carry out their intentions, which is why intention is seen as the immediate antecedent of behaviour. Nonetheless, in addition to intention, perceived behavioural control might be taken into consideration because many acts are not entirely within a person's volitional control. The ability of the theory of planned conduct to forecast behavioural intention, behaviour in general, and intention and behaviour connected to health in particular has been supported by several theoretical and meta-analytic reviews.

3.2 Relevance to the study

Family planning issues cause a lot of cognitive dissonance in people, particularly when combined with the scripture's implication that God is saying "multiply and spread my fortress on the earth." People's cognition (behavioural intention) needs to be improved in order to alter attitudes. Pre-existing beliefs, or conflicting cognition, must be persuaded to change by carefully crafted messages or campaigns 256 emphasizing the advantages of family planning. In particular, we should take our cues from traditional and scriptural beliefs, which advise us to pursue a better, more comfortable, and wholesome lifestyle for ourselves. By doing this, people will have positive behavioural intentions, which will encourage the adoption of family planning. According to Ajzen (1991), people's intentions to engage in a behaviour are stronger when they have a positive attitude, perceive that a behaviour is important, and feel that they have control over it for themselves.

4. Research Methodology

This study employed the cross-sectional survey research design to examine the influence of family planning radio health messages on knowledge, perception and the attitude of married male employees in South-West, Nigeria. To select the population and final sample size for study, multi-stage sampling technique was used. First, balloting technique was used to select the states in the south-west to be included in the study. Two, each state selected from stage one was divided into their three senatorial

districts from where one local government each were purposefully selected (the local government with the highest population in each district). In the last stage, purposive technique was used to select married male employees in the identified local government areas. This is because the local government council presents an organized setting to assess the population intended for this study. Hence, this study’s population are 2,591 married male employees of nine local governments in South-West, Nigeria (see table 1 for the breakdown of local governments selected and the numbers of employees).

Table 1: Population of Married Male Employees in selected Local Governments

Selected States	Local Government Area	No of Married Male Employees
Osun State	Aiyedade LGA,	178
	Osogbo LGA	198
	Ife East LGA	255
Ondo State	Akoko South-West, LGA	411
	Akure South LGA	283
	Ilaje LGA	494
Ogun State	Abeokuta South LGA	239
	Ijebu North LGA	247
	Ado-Odo/Ota LGA	286
Total Population		2,591

Using Cochran Formula, the sample size of 634 respondents was used while the distribution based on each local government is as shown below in table 2:

Table 2: Study Population and Sample Size

Selected States	Local Government Area	No of Married Male Employees	%Proportion of population	Sample
Osun State	Aiyedade LGA,	178	6.9	44
	Osogbo LGA	198	7.6	48
	Ife East LGA	255	9.8	62
Ondo State	Akoko South-West, LGA	411	15.9	101
	Akure South LGA	283	10.9	69
	Ilaje LGA	494	19.1	121
Ogun State	Abeokuta South LGA	239	9.2	58
	Ijebu North LGA	247	9.5	60
	Ado-Odo/Ota LGA	286	11.0	71
Total Population		2,591	100	634

Questionnaire was used as the instrument of data collection while the data from the study was analysed using descriptive and inferential analysis.

5. Findings

RQ1: What is the knowledge of married male employees in the south-western part of Nigeria about family planning?

Table 3: Knowledge of Family Planning among Married Male Employees

Items	SA Freq. (%)	A Freq. (%)	PA Freq. (%)	PD Freq. (%)	D Freq. (%)	SD Freq. (%)	\bar{x}	SD
Fertility Awareness (abstinence, Safe periods) is a method of family planning	388 (65.1)	147 (24.7)	29 (4.9)	13 (2.2)	10 (1.7)	9 (1.5)	5.45	0.99
Barrier Method (female/male Condoms) is a method of family planning	327 (54.9)	158 (26.5)	41 (6.9)	32 (5.4)	20 (3.4)	18 (3.0)	5.15	1.26
Family planning guards against unplanned pregnancies	172 (28.9)	298 (50)	76 (12.8)	28 (4.7)	13 (2.2)	9 (1.5)	4.94	1.02
Family planning provides information on child spacing	191 (32)	253 (42.4)	99 (16.6)	30 (5.0)	12 (2.0)	11 (1.8)	4.92	1.08
Family planning is a process by which couples take proactive steps to consciously determine the number of children they want to have	139 (23.3)	276 (46.3)	108 (18.1)	45 (7.6)	18 (3.0)	10 (1.7)	4.74	1.09
Intra-Uterine Contraception (Implants, IUDs) is a method of family planning	144 (24.2)	151 (25.3)	127 (21.3)	80 (13.4)	66 (11.1)	28 (4.7)	4.24	1.47
There are different methods of family planning	60 (10.1)	181 (30.4)	159 (26.7)	111 (18.6)	52 (8.7)	33 (5.5)	3.98	1.32
I know various family planning centres that are obtainable	64 (10.7)	96 (16.1)	159 (26.7)	138 (23.2)	82 (13.8)	58 (9.6)	3.58	1.44
I know how to use different family planning methods	53 (8.9)	74 (12.4)	122 (20.5)	181 (30.4)	97 (16.3)	69 (11.6)	3.33	1.42
Hormonal Contraceptives (pills, injections) is a method of family planning	59 (9.9)	71 (11.9)	110 (18.5)	122 (20.5)	161 (27)	73 (12.2)	3.20	1.51
Emergency Contraception (Pills, Copper IUDs) is a method of family planning	39 (6.5)	54 (9.1)	101 (16.9)	137 (23)	152 (25.5)	113 (19)	2.91	1.46
Permanent Contraception (Sterilisation) is a method of family planning	17 (2.9)	23 (3.9)	51 (8.6)	174 (29.2)	205 (34.4)	126 (21.1)	2.48	1.19
Average Mean							4.08	1.27

Source: Field Survey, 2024

Source: Field Survey, 2024

KEY: SA=Strongly Agree, A=Agree, PA=Partially Agree, PD=Partially Disagree, D=Disagree, SD=Strongly Disagree, ***Decision Rule if mean is 1 to 1.49 =Strongly Disagree; 1.5 to 2.49 = Disagree; 2.5 to 3.49 =Partially Disagree; 3.5 to 4.49= Partially Agree; 4.5 to 5.49= Agree; 5.5 to 6 = Strongly Agree

Table 3 demonstrates that, on average, participants ($\bar{x} = 4.08$) partially agreed that they knew something about family planning. Respondents specifically indicated that they understood the following aspects of family planning: barrier methods (male/female condoms) is a method of family planning ($\bar{x} = 5.15$), fertility awareness (safe periods,

abstinence) is a method of family planning ($\bar{x} = 5.45$), family planning prevents unwanted pregnancy ($\bar{x} = 4.94$), family planning offers information on child spacing ($\bar{x} = 4.92$), and family planning is a process by which couples take proactive steps to consciously determine the number of children they want to have ($\bar{x} = 4.74$).

Additionally, the respondents only partially agreed with the following statements: that there are many techniques of family planning ($\bar{x} = 3.98$), that they are aware of different family planning centres ($\bar{x} = 3.58$), and that intrauterine contraception (IUDs, implants) is a method of family planning ($\bar{x} = 4.24$). However, participants only partially agreed that they understood how to use various family planning methods ($\bar{x} = 3.33$), that hormonal contraceptives (pills, injections) are a form of family planning ($\bar{x} = 3.20$), and that emergency contraception (pills, copper IUDs) is a form of family planning ($\bar{x} = 2.91$). Lastly, respondents ($\bar{x} = 2.48$) disagreed that they knew about sterilisation as a means of family planning and permanent contraception.

As implied from these findings, married male employees generally knew only a little bit about family planning. They were especially informed about family planning in terms of fertility awareness (safe periods, abstinence), barrier methods (male/female condoms), protection against unintended pregnancies, information on child spacing, and the fact that family planning is a proactive process where couples choose how many children they wish to have. The survey also discovered that married male employees knew just a limited amount about various family planning clinics, different family planning methods, and long-acting reversible contraception (IUDs and implants). Furthermore, these married male employees only have a partial knowledge of the following information about family planning: how to use various methods of family planning; those hormonal contraceptives (injections, pills), as well as emergency contraception (copper IUDs, pills), are methods of family planning. Lastly, married male employees had no idea that sterilisation, a permanent form of contraception, was a family planning strategy.

RQ2: What is the perception of married male employees in the south-western part of Nigeria about family planning?

Table 4: Perception of Family Planning among Married Male Employees

Items	SA Freq. (%)	A Freq. (%)	PA Freq. (%)	PD Freq. (%)	D Freq. (%)	SD Freq. (%)	\bar{X}	SD
Family Planning methods have many side effects that are manageable	103 (17.3)	232 (38.9)	181 (30.4)	59 (9.9)	21 (3.5)	-	4.57	1.00
Adherence to family planning ideals is beneficial to the development of the nation at large	115 (19.3)	253 (42.4)	129 (21.6)	58 (9.7)	27 (4.5)	14 (2.3)	4.55	1.18
Family planning information are clearly communicated for easy understanding	95 (15.9)	271 (45.5)	110 (18.5)	69 (11.6)	33 (5.5)	18 (3.0)	4.46	1.22
Family planning issues are given appropriate attention by authorities	49 (8.2)	124 (20.8)	146 (24.5)	152 (25.5)	88 (14.8)	37 (6.2)	3.64	1.35
Family Planning is good for women still bearing children	12 (2.0)	34 (5.7)	78 (13.1)	168 (28.2)	205 (34.4)	99 (16.6)	2.63	1.19
Information about family planning are often focused on men	-	14 (2.3)	86 (14.4)	139 (23.3)	255 (42.8)	102 (17.1)	2.42	1.01
Family Planning is in line with my cultural belief	17 (2.9)	33 (5.5)	42 (7.0)	61 (10.2)	259 (43.5)	184 (30.9)	2.21	1.27
Family Planning is in line with my religious belief	13 (2.2)	25 (4.2)	31 (5.2)	56 (9.4)	294 (49.3)	177 (29.7)	2.11	1.15
Average Mean							3.32	1.17

Source: Field Survey, 2024

KEY: SA=Strongly Agree, A=Agree, PA=Partially Agree, PD=Partially Disagree, D=Disagree, SD=Strongly Disagree, ***Decision Rule if mean is 1 to 1.49 =Strongly Disagree; 1.5 to 2.49 = Disagree; 2.5 to 3.49 =Partially Disagree; 3.5 to 4.49= Partially Agree; 4.5 to 5.49= Agree; 5.5 to 6 = Strongly Agree

Table 4 showed that married male employees generally disagreed with the family planning perception scale to a significant extent ($\bar{x} = 3.32$). Specifically, married male employees felt that family planning methods had many tolerable side effects ($\bar{x} = 4.57$) and that adhering to family planning goals was good for the country's overall development ($\bar{x} = 4.55$). The following statements, which the participants only partially agreed with, were made: family planning issues were given the proper attention by authorities ($\bar{x} = 3.64$); and family planning material was delivered clearly for easy understanding ($\bar{x} = 4.46$). Furthermore, the following statements were partially disagreed with by respondents: family planning is often focused on men ($\bar{x} = 2.42$), family planning is beneficial for women

who are still having children ($x = 2.63$), family planning is in line with their cultural belief ($\bar{x} = 2.21$) and that family planning is in line with their religious belief ($\bar{x} = 2.11$).

According to this analysis, married male employees generally had a negative perception of family planning. Particularly married male employees had a positive perception of family planning in terms of its numerous tolerable side effects, its procedures, and how adhering to it would benefit the growth of the country as a whole. Participants' perceptions of family planning were somewhat positive since its benefits were explained in an understandable manner and because authorities were paying enough attention to its problems. Married male employees, however, did not view family planning favourably for the following reasons: family planning was perceived as bad for women who were still having children; men were not frequently the target of family planning information; family planning did not align with their cultural beliefs; and family planning was not in line with their religious beliefs.

RQ3: What is the attitude of married male employees in the south-western part of Nigeria towards family planning?

Table 5: Attitude towards Family Planning among Married Male Employees

Items	SA Freq. (%)	A Freq. (%)	PA Freq. (%)	PD Freq. (%)	D Freq. (%)	SD Freq. (%)	\bar{x}	SD
Family planning information has positively influenced me	30 (5.0)	84 (14.1)	198 (33.2)	165 (27.7)	73 (12.2)	46 (7.7)	3.49	1.24
I believe in Family Planning as being worthy of adoption	32 (5.4)	96 (16.1)	189 (31.7)	141 (23.7)	85 (14.3)	53 (8.9)	3.48	1.31
I encourage others to adopt family planning	48 (8.1)	66 (11.1)	183 (30.7)	174 (29.2)	71 (11.9)	54 (9.1)	3.47	1.32
Family planning information has changed my cultural perspective towards family planning	19 (3.2)	37 (6.2)	48 (8.1)	72 (12.1)	234 (39.3)	186 (31.2)	2.28	1.32
Family planning information has affected my religious perspective towards family planning	15 (2.5)	29 (4.9)	43 (7.2)	60 (10.1)	287 (48.2)	162 (27.2)	2.22	1.21
Average Mean							2.99	1.28

Source: Field Survey, 2024

KEY: SA=Strongly Agree, A=Agree, PA=Partially Agree, PD=Partially Disagree, D=Disagree, SD=Strongly Disagree, ***Decision Rule if mean is 1 to 1.49 =Strongly Disagree; 1.5 to 2.49 = Disagree; 2.5 to 3.49 =Partially Disagree; 3.5 to 4.49= Partially Agree; 4.5 to 5.49= Agree; 5.5 to 6 = Strongly Agree

According to Table 5 above, participants typically disagreed with the family planning attitudinal scale to some extent ($\bar{x} = 2.99$). In particular, married male employees partially disagreed that family planning information had helped them ($\bar{x} = 3.49$), that they thought family planning should be adopted ($\bar{x} = 3.48$), and that they had partially discouraged others from adopting family planning ($\bar{x} = 3.47$). Furthermore, married male employees did not agree that knowledge about family planning had altered their religious or cultural perspectives on family planning ($\bar{x} = 2.28$) or that knowledge about family planning had influenced their attitude on family planning ($\bar{x} = 2.22$).

This investigation revealed a partially negative attitude towards family planning among married male employees in a selected local government in South-West, Nigeria. They specifically had the following unfavourable attitudes regarding family planning: that family planning information had affected them, that family planning was something that should be adopted, and that they dissuaded other people from adopting family planning. Additionally, married male employees had a negative attitude towards family planning regarding the following: family planning information had no effect on their religious perspective regarding family planning, nor had it altered their cultural perspective regarding family planning.

Test of Hypothesis

Decision Rule

The level of significance pre-set for this study is 0.05. The hypotheses would be presumed to have no significant influence between the variables under consideration. Then, if the P-value which indicates the significance or the

probability value exceeds the pre-set level of significance ($p > 0.05$), the hypothesis stated in the null form would be accepted. However, if the P-value was less than or equal to 0.05 ($p \leq 0.05$), the null hypothesis would be rejected.

H₀₁: Family planning radio health messages have no significant influence on knowledge of family planning among married male employees in the South-western part of Nigeria.

Table 6a: Model Summary of Test of Influence of Family Planning Radio Health Messages on Knowledge of Married male employees

Model		Sum of Squares	Df	Mean Square	F	Sig.
	Regression	2579.464	1	2579.464	114.854	0.000
	Residual	13340.434	594	22.459		
	Total	15919.898	595			

R= 0.403

R Square = 0.162

Adjusted R Square = 0.161

Source: Field Survey, 2024

Table 6a above indicates the model summary of hypothesis one.

Table 6b Showing the Influence of Family Planning Radio Health Messages on Knowledge of Married male employees

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	36.545	1.172		31.190	0.000
Family Planning Radio Health Messages	1.618	0.151	0.403	10.717	0.000

a. Dependent Variable: Knowledge of Family Planning

Source: Field Survey, 2024

Tables 6a and 6b show that married male employees' awareness of family planning was positively and significantly influenced by family planning radio health messages ($B = 1.618, t = 10.717, p < 0.05$). The correlation coefficient ($r = 0.403, p < 0.05$) indicates that there was a positive and weak significant link between men's knowledge of family planning and family planning radio health messages. This implies that married male employees' understanding of family planning will rise as a result of increased exposure to family planning radio health messages. The model indicates that radio health messages about family planning could be responsible for 16.2% ($R^2 = 0.162$) of the variation in married male employees' knowledge of family planning. This suggests that radio health messages about family planning could be utilised to increase married male employees' knowledge of family planning. As a result, the null hypothesis—which contends that family planning radio health messages have no significant influence on knowledge of family planning among married male employees in the selected local governments in the South Western part of Nigeria—was rejected.

H₀₂: Family planning radio health messages have no significant influence on perception of family planning among married male employees in South-western part of Nigeria.

Table 7a Model Summary of Test of Influence of Family Planning Radio Health Messages on Perception of Married Male Employees

Model		Sum of Squares	Df	Mean Square	F	Sig.
	Regression	358.282	1	358.282	38.071	0.000
	Residual	5590.005	594	9.411		
	Total	5948.287	595			

R= 0.245

R Square = 0.060

Adjusted R Square = 0.059

Source: Field Survey, 2024

Table 7a indicates the model summary of hypothesis two.

Table 7b Showing the Influence of Family Planning Radio Health Messages on Perception of Married Male Employees

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	31.204	0.758		41.142	0.000
Family Planning Radio Health Messages	-0.603	0.098	-0.245	-6.170	0.000

a. Dependent Variable: Perception of Family Planning

Source: Field Survey, 2024

Tables 7a and 7b show that married male employees' perceptions of family planning were significantly impacted negatively by family planning radio health messages (B= -0.603, t= -6.170, p<0.05). According to the correlation coefficient (r = -0.245, p<0.05), married male employees' perceptions of family planning were negatively and weakly significantly correlated with family planning radio health messages. This shows that men's perceptions of family planning deteriorate as a result of increased exposure to family planning radio health messages. According to the model, married male employees' perceptions of family planning could vary by 6% (R² = 0.060) depending on the family planning radio health messages they listen to. This implies that married male employees may have a negative perception of family planning as a result of listening to family planning radio health messages. As a result, the null hypothesis—which contends that family planning radio health messages have no significant influence on perception of family planning among married male employees in the South-western part of Nigeria—was rejected.

H₀₃: Family planning radio health messages have no significant influence on the attitude towards family planning among married male employees in South-western, Nigeria.

Table 8a Model Summary of Test of Influence of Family Planning Radio Health Messages on Attitude towards Family Planning among Married male employees

Model	Sum of Squares	Df	Mean Square	F	Sig.
Regression	22.132	1	22.132	1.917	0.167
Residual	6856.404	594	11.543		
Total	6878.537	595			

R= 0.057

R Square = 0.003

Adjusted R Square = 0.002

Source: Field Survey, 2020

Table 8a indicates the model summary of hypothesis three.

Table 8b Showing the Influence of Family Planning Radio Health Messages on Attitude towards Family Planning among Married male employees

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	B	Std. Error	Beta		
(Constant)	18.308	0.840		21.796	0.000
Family Planning Radio Health Messages	-0.150	0.108	-0.057	-1.385	0.167

a. Dependent Variable: Attitude Towards Family Planning

Source: Field Survey, 2024

Tables 8a and 8b show that attitudes towards family planning among married male employees were not significantly impacted by family planning radio health messages (B= -0.150, t= -1.385, p>0.05). It can be inferred that married male employees' attitudes towards family planning are not significantly affected by radio health messages about family planning. As such, the null hypothesis, which contends that attitudes towards family planning among married male employees in the south-western part of Nigeria are not significantly influenced by family planning radio health messages, was accepted.

6. Summary of Findings

	Test of Hypotheses		
H ₀₁	Family planning radio health messages have no significant influence on knowledge of family planning among married male employees in the South-western part of Nigeria.	P<0.05	Significant
H ₀₂	Family planning radio health messages have no significant influence on perception of family planning among married male employees in the South-western part of Nigeria.	P<0.05	Significant
H ₀₃	Family planning radio health messages have no significant influence on the attitude towards family planning among married male employees in the South-western part of Nigeria.	P>0.05	Not Significant

7. Conclusion and Recommendation

Based on the study's findings, it can be concluded that married men's perceptions and knowledge of family planning were significantly influenced by Family Planning Radio Health Messages, but not their attitudes towards the practice. Although many respondents were unaware of family planning centres, they were aware of family planning and its purposes, as well as some of the methods and how to apply them. Moreover, Respondents disagreed that family planning (FP) is beneficial for women who are still having children and that FP radio health messages are frequently directed towards men.

Based on current knowledge of family planning, it is recommended that Family Planning Radio Health Messages focus more on teaching the target audience on the various family planning methods available. Because radio has a visual disadvantage, Family Planning Radio Health Messages should take a very descriptive approach, painting a mental picture and semblance of reality for simple understanding. Family Planning Radio Health Messages should inform the intended audience about family planning methods and how they are beneficial for women who are still having children, as well as how they have manageable negative effects. Additionally, Family Planning Radio Health Messages has to be refocused to target men also not just women alone since men have the headship position in many families in south-western part of Nigeria. Furthermore, Family Planning Radio Health Messages planners should receive timely and sufficient family planning information from stakeholders, such as; the Federal Ministry of Health, State Ministries of Health, Local Government Department of Public Health, Planned Parenthood Federation of Nigeria (PPFN), all health workers, and all family planning agencies and bodies. The stakeholders must also help media strategists create messages that meet the target audience's cultural and religious values in addition to addressing

misconceptions. Stakeholders can sponsor Family Planning Radio Health Messages as another way to assist the media planners. Doing this would help to address the rising population of Nigeria which characterised unemployment, inadequate tertiary institutions to cater for the teeming youths, lack of medical facilities, low per capital income, and environmental deterioration, among others experienced in Nigeria (Victor, 2018).

References

Airhihenbuwa, C. (2012). *New Perspectives on Global Health Communication Obregon, SR Waisbord, The handbook of global health communication, Wiley-Blackwell, Chichester*, 34-51.

Ajisafe, I. O. (2021). Radio as a Tool for National Development. *Asian Journal of Education and Social Studies*, 1-9.

Ajzen, I. (1991). *The Theory of Planned Behaviour: Reactions and Reflections*.

Bankowski, H. O., & Bryant, J. (2017). Fertility, Mortality, Migration, and Family Planning. *Social Issues*, 12(4), 45-56

Belch, M. A., & Belch, L. A. (2014). Family decision at the turn of the century: has the changing structure of households impacted the family decision-making process? *Journal of Consumer Behaviour: An International Research Review*, 2 (2), 111-124.

Everett, J. (2016). *The effect of individual differences in the inner and outer states of ICT on engagement in online reading activities and PISA 2009 reading literacy: Exploring the relationship between the old and new reading literacy. Learning and Individual Differences*, 22, 336-342.

Fennell, J. (2017). A Framework for Analyzing the Proximate Determinants of Fertility *Population and Development Review*, 4 (1), 105-132.

- Gallen, M. E. (2014). Men--new focus for family planning programs. *Population Reports. Series J: Family Planning Programs*, (33), 889-919.
- Kincaid, D. L. (1992). Mass media, ideation, and behaviour: A longitudinal analysis of contraceptive change in the Philippines. *Communication Research*, 27 (6), 723-763.
- Kreps, G. L. (2014). The evolution and advancement of health communication inquiry. *Annals of the International Communication Association*, 24 (1), 231-253.
- Loesoef, D. (2016). Spousal Veto over Family Planning Services. *American Journal of Public Health*, 77 (3), 339-344.
- MacCorquodale, D. W. (2015). Analysis of a family planning program in Guatemala. *Public Health Reports*, 85 (7), 571.
- Oberiri, A. D. (2017). Fertility and Family Planning in Haiti. *Studies in Family Planning*, 13 (8/9), 237-245.
- Odero, M., & Kamweru, E. (2010). *Media Culture and Performance in Kenya*. Nairobi: Friedrich Ebert Stiftung.
- Pebley, A. R., & Brackett, J. W. (2014). The relationship of contraceptive availability to contraceptive use. *International Family Planning Perspectives*, 84-92.
- Ratzan, S. C. (2014). Strategic Health Communication and Social Marketing on Risk Issues. *Journal of health communication*, 4 (1), 1-6.
- Russell, A., & Pratt, M. S. (2015). Contraception across Cultures: Technologies, Choices, Constraints.
- Sixsmith, J., & Barry, M. M. (2017). The Relevance of Context in Understanding Health Literacy Skills: Findings from a Qualitative Study. *Health Expectations*, 20(5), 1049-1060.
- United Nations Population Fund (UNFPA) (2017). Available online @ <http://www.unfpa.org/familyplanning>
- Uyeh, D. D. (2017). Exposure to mass media family planning messages among post-delivery women in Nigeria: testing the structural influence model of health communication. *The European Journal of Contraception & Reproductive Health Care*, 24(1), 18-23.
- Victor, P. C. (2018). Psychosocial factors influencing family planning. *Journal of Family Welfare*, 19 (1), 23-25.
- World Health Organization. (2019). *A Guide to Family Planning for Community Health Workers and their Clients*.