MALE FERTILITY ATTITUDES AND FAMILY SIZE PREFERENCES AMONG RURAL DWELLERS IN GOMBI LOCAL GOVERNMENT AREA OF ADAMAWA STATE, NIGERIA

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ABSTRACT

This paper examines male fertility attitudes and family size preferences among rural dwellers in Gombi local government area of Adamawa state, Nigeria. Despite advancements in gender equality and reproductive health education, traditional patriarchal norms continue to shape family-building decisions in many rural African communities. The paper aims to explore the factors influencing male reproductive attitudes and family size preferences, with a focus on male dominance, child sex preference, and attitudes towards contraceptive use. Patriarchal theory and gender role theories were reviewed by the study. A multi-stage sampling techniques (Cluster, systematic and simple randomization) survey design was adopted by the study. The paper utilized a mixed-method approach, combining quantitative data from 399 respondents and qualitative insights from interviews. Quantitative data were analyzed using descriptive statistics and Pearson Product-Moment Correlation (PPMC) to identify the relationships between variables, while qualitative responses were thematically analyzed. Key findings reveal that traditional gender roles, religious beliefs, and economic factors strongly influence male fertility attitudes and contribute to larger family sizes. Child sex preference, particularly the desire for male offspring, drives continued childbearing in pursuit of sons. Additionally, male dominance in reproductive decision-making often results in women having little say in determining family size. While awareness of contraceptives is increasing, cultural resistance and misconceptions limit their acceptance. Based on these findings, the paper recommends targeted interventions promoting gender-equitable decision-making, improved access to family planning services, and the active engagement of men in family planning discussions.

Keywords*: Male Fertility, Family Size Preference, Rural Dwellers, Gombi Local Government*

1. INTRODUCTION

Fertility preferences and reproductive behavior are central themes in demographic studies, with far-reaching implications for population growth, gender dynamics, and family welfare. Globally, one persistent factor influencing fertility patterns is the preference for male children, a phenomenon rooted in socio-cultural, economic, and historical contexts.

While biological and economic rationality might suggest equal or even greater value for daughters especially given their role in care giving and household duties male preference continues to shape reproductive decision-making in many parts of the world (Abubakae & Mustapha, 2023). In patriarchal societies, sons are often viewed as bearers of the family name, inheritors of property, and providers in old age, contributing to a skewed value system that prioritizes male offspring over female (Adedini et al., 2018). Globally, the decline in fertility rates in high-income countries has sparked growing concern. Fertility rates in many developed countries have fallen below the replacement level of 2.1 children per woman, raising alarms about population aging and workforce sustainability. Several factors contribute to this trend, including delayed marriages, increased parental age at first birth, improved access to contraception and abortion, and growing female participation in higher education and the workforce. Structural issues such as the rising cost of housing, limited maternity and paternity support and inadequate childcare services further discourage early or multiple childbearing (Adebowale et al., 2021).

In Nigeria, fertility remains high, particularly in the northern regions where traditional, religious, and patriarchal values are deeply entrenched. National Demographic and Health Surveys (NDHS) consistently reveal that many households still exhibit a strong bias for male offspring, often correlating with increased fertility intentions. In households where only female children are born, there is social and familial pressure especially on the woman to continue reproducing until a male child is produced. This dynamic not only affects family planning outcomes but also contributes to maternal and child health risks due to closely spaced and repeated pregnancies. Although women contribute significantly to economic and household labor, their reproductive roles are still predominantly evaluated through the lens of their ability to bear male children (Ajayi & Adeniyi, 2018).

At the local level in Gombi, Adamawa State, these broader trends take on a particularly poignant dimension. Gombi, a rural locality, exemplifies the socio-cultural values that drive high fertility rates and male child preference in Northern Nigeria. Here, customary beliefs and Islamic traditions reinforce the notion that male children are the rightful heirs and custodians of the family name and inheritance. Women who bear only female children often face stigmatization or are considered incomplete, resulting in continued childbearing in pursuit of a male heir. This has direct implications for family size, resource allocation, and women's health outcomes (Mbacké, 2017). Additionally, local perceptions about fertility are heavily influenced by factors such as limited access to reproductive health services, low levels of female education, and restricted economic opportunities. Discussions around family planning are often dominated by men, with women having limited agency in decisions regarding birth spacing or the total number of children. Moreover, some families consider having many children particularly male as a sign of prosperity and divine blessing, while smaller families may be perceived as socially inadequate or economically insecure (Brauner-Otto et al., 2019)

This paper, therefore, seeks to examine male fertility attitudes and family size preferences among rural populations in Gombi, Adamawa State. It explores how male child preference shapes reproductive behavior and influences the decision-making processes surrounding family planning, fertility intentions, and ideal family size.

2. LITERATURE REVIEW

2.1 Male Attitude toward Contraceptive Use and Family Size Preference

It is imperative to understand male attitudes toward contraceptive use and family size preference to aid in promoting reproductive health and family planning in rural areas (Udensi et al., 2023). So examining recent studies that focuses on male perspectives on contraception and desired family size among rural dwellers was go a long way achieving this objective. Studies have shown that male

attitudes toward contraceptive use play a significant role in family planning decisions. In many rural communities, men often hold traditional views regarding reproductive health, with some expressing reluctance or opposition to contraceptive methods (Brauner-Otto et al., 2019). Factors influencing male attitudes toward contraception include cultural beliefs, religious teachings, and misconceptions about contraceptive efficacy and side effects. Additionally, limited access to information and healthcare services may contribute to low contraceptive use among rural men.

Rural men's preferences regarding family size are influenced by a combination of socio-cultural, economic, and personal factors. Cultural norms and societal expectations often prioritize larger families, particularly in patriarchal societies where male offspring are valued for their role in family lineage and support in old age (Ajayi et al., 2018). Economic considerations also play a significant role, with some men perceiving larger families as a source of labor and security in agrarian communities (Adebowale et al., 2018). However, studies suggest that increasing educational attainment and exposure to modern family planning methods may lead to shifts in family size preferences among rural men, with a growing acceptance of smaller family sizes (Johnson. Etal., 2021).

Despite efforts to promote contraceptive use and family planning, rural men face various barriers that limit their access to and utilization of reproductive health services. These barriers include cultural taboos surrounding discussions about contraception, lack of male involvement in reproductive health decision-making, and inadequate healthcare infrastructure in rural areas (Olugbenga-Bello et al., 2017). Additionally, gender inequalities and power dynamics within relationships may hinder women's ability to negotiate contraceptive use with their partners, further exacerbating barriers to family planning.

Obembe et al. (2018) studied male involvement in family planning in rural Kano, northern Nigeria, exploring the level of male involvement in family planning and its determinants in rural areas of Kano State, Northern Nigeria. Findings suggest that while men have positive attitudes towards family planning, their involvement remains limited due to socio-cultural factors, including gender norms and religious beliefs. The study highlights the importance of addressing these barriers to enhance male participation in family planning programs.

Sriyani, (2017) carried a study on The Impacts of Gender Attitudes and Socio-Economic Determinants on Ideal Fertility: A Study among Young Men in Ghana. He maintained that Fertility is one of most important factors of demographic studies; alarming Total Fertility Rate (TFR) threatens developing indicators in many ways. Gender equality, child and infant mortality, achieving of universal education, higher incidence of AIDS/HIV and environmental sustainability are few of them. Ghana has experienced a greater decline in fertility rate than any other country in West Africa, and drawn special interest of policy-makers and demographers. Even though Ghana has a rapid decline in fertility, it still needs a high attention, due to the mismatched causality between fertility decline and fertility theories. However, the low rate of fertility in Ghana has not contributed to slower population growth due to the "demographic deficit", and the age structure shows population momentum. This phenomenon has hit the Ghanaian economy very severely and may subject a society to potentially disruptive, political and social movements due to an increased burden on higher education, proper housing, the labor market pressure and sexual health (Johnson & White, 2019).

Many studies have been carried out in Ghana in order to confirm the most efficient methods to control fertility rates. Of all contributing factors, men's dominance plays the vital role in family planning. However, little explored are the ways in which men's dominance in fertility decisions is associated with Socio- Economic (SEC) factors and gender attitudes? If family planing agendas are to succeed, they should recognize the male role and its power. Understanding of the SEC characteristics and

gender roles of future potential parents (young men) who have the fertility aspirations of the ideal number of children is essential, as it would help in achieving expected TFR in Ghana (Idris & Aliyu 2019).

Similarly, Eugene (2017) undertook a study on thefamily size preferences of men in the western area of Sierra Leone. Method and determinants. His studies on Studies about family sizes tend mostly to concentrate on women as the target group. However, decisions about fertility are not made entirely by women. In developing societies men indeed play a prominent role in decisions concerning the family. Family sizes preferred by men should therefore be considered seriously. Conflicting opinions observed where family size data processing is concerned is generally due to the method adopted for data collection. Generally, the singular question approach was adopted. In this study, the multiple question approach is adopted in order to determine the distinction between the desired family size and the ideal family size. It was observed that the desired family size is lower than the ideal family size. The determinants of the desired family size are dominated by the impact of the rapid economic decline the country is experiencing.

Similarly, Abubakar and Mustapha, (2023) in their studies on the factors associated with men's fertility intention and family planning practices in kebbi state, north-western Nigeria. The Data for their studies 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

2.2 Socio-Cultural Factors that Shape Male Fertility Attitudes and Family Size Preference

Understanding the socio-cultural factors that shape male fertility attitudes and family size preference is essential for developing effective reproductive health interventions in rural Nigeria.

According to Tukur et al., (2018) these factors are:

(i) Cultural Beliefs and Gender Norms

Cultural beliefs and gender norms play a significant role in shaping male fertility attitudes and family size preferences in Nigeria. Traditional gender roles often dictate that men are expected to be the primary decision-makers regarding family planning and reproduction. This patriarchal system reinforces the preference for male children, as sons are seen as essential for continuing the family lineage and providing support in old age. Consequently, men may prioritize having male offspring, leading to larger family sizes as they continue to procreate until they achieve their desired number of sons.

(ii) Religious Influences

Religious beliefs also exert a significant influence on male fertility attitudes and family size preferences in rural Nigeria. Studies have shown that adherence to certain religious doctrines can shape individuals' views on contraception, family planning, and fertility. For example, Islam and Christianity, the two dominant religions in Nigeria, may have differing perspectives on birth control methods and the ideal family size. Religious teachings may encourage procreation and discourage the use of contraceptives, leading to larger family sizes among devout followers

(iii) Economic Factors

Economic considerations also influence male fertility attitudes and family size preferences among rural dwellers in Nigeria. Researcher suggests that socio-economic status, education level, and employment opportunities can impact individuals' reproductive decisions. In many rural communities, where poverty is prevalent, larger families may be perceived as a form of social security, as children can provide labor and support in agricultural activities. Additionally, limited access to education and economic opportunities for women may constrain their ability to control fertility, leading to higher fertility rates and larger family sizes.

(iv) Healthcare Access and Fertility Education

Access to healthcare services and fertility education also play a crucial role in shaping male fertility attitudes and family size preferences. Studies have highlighted the importance of comprehensive reproductive health education programs in rural Nigeria, which can improve knowledge about contraception, fertility, and reproductive rights. However, barriers such as limited healthcare infrastructure, lack of trained personnel, and cultural taboos surrounding reproductive health may hinder the dissemination of accurate information. Addressing these challenges and expanding access to quality healthcare services can empower individuals to make informed decisions about their reproductive health and family planning.

Therefore, socio-cultural factors exert a profound influence on male fertility attitudes and family size preferences among rural dwellers in Nigeria. Cultural beliefs, religious influences, economic considerations, and access to healthcare all shape individuals' reproductive decisions and fertility outcomes. Understanding these factors is crucial for developing targeted interventions and policies aimed at promoting reproductive health and empowering individuals to make informed choices about family planning. Further research is needed to explore the complex interplay of these socio-cultural factors and their impact on reproductive behavior in rural Nigeria.

3. METHODOLOGY

This paper employed the survey design. A scientific technique called descriptive survey design involves observing and recording a subject's behavior without modifying it in any manner. It describes the features and nature of a particular phenomenon, along with its shortcomings and purpose. It serves as a useful introduction to a certain subject and a basis for further quantitative research. This is about the link between variables. Since this is a survey design, information from a portion of the population under study was gathered and utilized to produce a population representation. The paper combined a focused group discussion (qualitative data) and a questionnaire (quantitative data) to gather information from a sample. The population of the paper comprised 80,500 adult males age 18 years and above residing in rural communities within Gombi local lovernment area. The sample size is 400 using Taro Yamane formular.

Yamane formular $n = \frac{N}{1 + N(e2)}$

Where;

n = sample size
N = Total population
e = merging of error (0.05)
1 = constant valve

$n = \frac{80,500}{1+80,500(0.05)2}$

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$$n = \frac{80,500}{1+80,500\times0.0025}$$

$$n = \frac{80,500}{1+201.25}$$

$$n = \frac{80,500}{202.25}$$

$$n = \mathbf{398} \approx \underline{\mathbf{400}}$$

The purposive sampling technique was use. The questionnaire used in this study consists of structured items designed to gather quantitative data on male attitudes towards childbearing decisions and family size preference among rural dwellers. This method of data collection, face-to-face structured interviews, is deemed appropriate for this study based on cultural sensitivity. The expert in the field examined the research instrument to ensure that it was appropriate in terms of content and that it would provide the desired results. The questionnaire's final draft included all of their suggestions and modifications. The paper instrument was consequently exposed to face validity as a result. The test-retest method was used to ensure the reliability of the research instrument. The mixed method of analysis was used where the quantitative data collected through the questionnaire were analyzed using descriptive statistics such as frequencies, percentages, and measures of central tendency. The paper employed the Pearson Product Moment Correlation is a measuring tool in statistics that determines whether there is a linear relationship between two variables. Qualitative data from open-ended questions was thematically analyzed to identify recurring themes and patterns in participants' responses. Statistical software such as SPSS was utilized for data analysis, ensuring accuracy and reliability of finding. The items was on a 4 modified Likert Scale of Strongly Agree (SA), Agree (A), Disagree (D) & Strongly Disagree (SD).

4. DATA PRESENTATION, ANALYSIS AND DISCUSSION OF FINDINGS

This paper mirrored presentation and discussion of findings in line with the objectives of the study. It is imperative to note that a total of four hundred questionnaires (400) were distributed to respondents in the study areas. However, only three hundred and eighty five (385) questionnaires were rightly filled and returned as 5 were declared invalid due to some reasons that rendered the questionnaires unusable. Therefore, the analysis was done with the available questionnaire recovered and have achieved 95% validity.

Table 4.1: Respondents views on the socio-cultural factors of male fertility on family size preference.

Statements					Descriptive			
	SA (%)	A (%)	D (%)	SD (%)	Total	Mean	Std.Dev	Remark
Traditional gender roles strongly influence my decisions regarding family size.	95 (25)	190 (50%)	57 (15%)	38 (10%)	380	2.90	.89	**Accepted**
I consider what people was say when making fertility decisions.	57 (15%)	143 (37%)	123 (32%)	57 (15%)	380	2.53	.92	**Accepted**
My religious beliefs significantly shape my attitudes towards family planning and fertility.	152 (40%)	114 (30%)	76 (20%)	38 (10%)	380	3.00	1.00	**Accepted**
Access to education for both men and women impacts family size preferences.	132 (35%)	172 (45%)	57 (15%)	19 (5%)	380	3.10	.83	**Accepted**
My economic status influence my decisions regarding family size	95 (25%)	171 (45%)	76 (20%)	38 (10%)	380	2.85	.91	**Accepted**

Source: *Field work, 2026;* ***LEGEND:*** *4.00-2.50=* ***Accepted:*** *2.49-1.00=* ***Rejected***

The data in table 1 on descriptive analysis of socio-cultural factors influencing male fertility attitudes and family size preferences in Gombi reveals key insights, which includes: first, that traditional gender roles, with a mean score of 2.90 and a standard deviation of 0.89, strongly influence fertility decisions, indicating widespread acceptance of male-dominated family planning. Second, that community influence, with a mean of 2.53 and standard deviation of 0.92, shows variability in how societal perceptions affect decisions. Third, religious beliefs (mean: 3.00, SD: 1.00) significantly shape attitudes, emphasizing religion's central role. Fourth, education, scoring the highest mean of 3.10 with a low SD of 0.83, suggests that greater educational access leads to informed family size choices. Finally, economic status (mean: 2.85, SD: 0.91) also plays a crucial role, though its impact varies by individual circumstances. These findings highlight the culturally sensitive approaches to address socio-cultural influences.

Table 4.2: Respondent views on the influence of male attitude toward contraceptive on family size preference in Gombi LGA, Adamawa state.

Statements					Descriptive			
	SA (%)	A (%)	D (%)	SD (%)	Total	Mean	Std. Dev.	Remark
I believe using contraceptives is an effective method to control family size.	95 (25%)	133 (35%)	95 (25%)	57 (15%)	380	2.70	1.00	**Accepted**
I don't have issues discussing contraceptive methods with my partner.	55 (14%)	130 (34%)	136 (36%)	59 (16%)	380	2.48	.92	**Rejected**
Access to contraceptive methods is crucial for shaping my family planning decisions.	114 (30%)	190 (50%)	57 (15%)	19 (5%)	380	3.05	.80	**Accepted**
My cultural beliefs as a male influence my willingness to use contraceptives for family planning.	76 (20%)	152 (40%)	95 (25%)	57 (15%)	380	2.65	.96	**Accepted**
I am knowledgeable about the different contraceptive options available	114 (30%)	152 (40%)	76 (20%)	38 (10%)	380	2.90	.94	**Accepted**

Source: *Field work, 2026;* ***LEGEND:*** *4.00-2.50=* ***Accepted:*** *2.49-1.00=* ***Rejected***

Table 2 shows the analysis of male attitudes toward contraceptive use in Gombi, revealing key insights into their influence on family size preferences. The mean score of 2.70 (SD: 1.00) indicates agreement that contraceptives are effective for controlling family size, though variability suggests some tension between traditional views and modern methods. A mean of 2.48 (SD: 0.92) shows disagreement with comfort in discussing contraceptives with partners, reflecting cultural norms that inhibit open communication. Access to contraceptives is strongly agreed upon (mean: 3.05, SD: 0.80), highlighting the importance of availability in shaping decisions. Cultural beliefs also impact contraceptive use, with a mean of 2.65 (SD: 0.96), indicating mixed acceptance. Finally, knowledge about contraceptive options is relatively high (mean: 2.90, SD: 0.94), though there's room for increased awareness.

CONCLUSION

This paper has provided a comprehensive examination of the determinants of male fertility attitudes and family size preferences among rural dwellers in Gombi local government area of Adamawa State, Nigeria. Through a rigorous analysis of socio-cultural factors, male attitudes toward contraceptive use, child sex preference, and male dominance in childbearing decisions, the study has identified these elements as significant influences on family size preferences within the community. The paper findings reveal that these factors are deeply entrenched in the cultural and societal structures of Gombi local government area, perpetuating traditional gender roles and reinforcing male dominance in reproductive decisions. This has led to a prevalent preference for larger family sizes, driven by cultural expectations, religious beliefs, economic conditions, and a strong desire for male offspring. The persistence of these norms presents substantial challenges to the adoption of more sustainable family planning practices. The insights gained from this paper provide a foundation for developing targeted, context-specific interventions aimed at promoting sustainable family planning and reproductive health in rural communities. As such, this work not only advances academic understanding but also offers

practical recommendations for policymakers, healthcare providers, and community leaders working to improve reproductive health outcomes in rural Nigeria.

RECOMMENDATIONS

Based on the findings of this study, the following recommendations have been made:

i. Family planning programs should encourage shared decision-making between spouses, ensuring that both men and women have an equal say in determining the number of children they wish to have. This can be achieved through community education programs that challenge traditional gender norms and promote the benefits of equitable partnerships in family planning.

ii. Efforts should be made to improve access to family planning services in rural areas, particularly by addressing the cultural and logistical barriers that limit contraceptive use. This includes providing accurate information about contraceptives, dispelling myths, and ensuring that services are readily available and accessible to all members of the community.

iii. Since male dominance is a significant factor in reproductive decision-making, family planning programs should actively engage men in discussions about reproductive health. Educating men about the benefits of smaller family sizes, the importance of considering their wives' health and preferences, and the value of gender equality can help shift attitudes and practices toward more balanced decision-making.

iv. Targeted interventions should focus on changing cultural norms that prioritize male children and drive larger family sizes. This could include community-based campaigns that emphasize the equal value of male and female children and the benefits of smaller, gender-balanced families.

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