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Knowledge, Religious Concern, Healthcare Support and the Practical Involvement of Men in Family Planning

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Abstract

This study examined men's knowledge, religious concerns, healthcare support, and practical involvement in family planning in Barangay Tibanga, Iligan City. It was anchored in the Health Belief Model and Andersen Healthcare Utilization Model, which explain how individual perceptions, beliefs, available resources, and healthcare conditions influence participation in health-related activities. The study employed descriptive-correlational and predictive-causal research designs. Using purposive sampling with a consecutive sampling approach, data were collected from 195 married men or men in long-term relationships aged 18 to 54 years. A validated and reliability-tested survey-modified questionnaire based on the Demographic and Health Surveys Model Men's Questionnaire was used. Data were analyzed using the mean, standard deviation, Spearman's rho, and multiple linear regression. The findings showed high levels of knowledge regarding family planning, religious concern, and practical involvement, while healthcare support was moderately high. Men were most involved through communication, shared responsibility, and joint decision-making with their partners, but participation in public advocacy and community activities remained comparatively lower. Knowledge, religious concern, and healthcare support were significantly related to men's practical involvement. The regression model explained 46.8% of the variance in practical involvement, with men's inclusivity in the health service environment and awareness of contraception and misconceptions emerging as significant predictors. Religious concerns and access to family planning services were associated with involvement but did not independently predict it when the other variables were considered. The study recommends male-friendly facilities, gender-sensitive counseling, accurate family planning education, inclusive community programs, and stronger collaboration among healthcare providers, local government units, religious institutions, and couples. The study supports SDG 1 on poverty reduction, SDG 3 on good health and well-being, SDG 5 on gender equality, and SDG 17 on partnerships. Its sustainability impact lies in strengthening inclusive reproductive healthcare, shared family responsibility, culturally sensitive services, and evidence-based local health policies.

Keywords: Andersen Healthcare Utilization Model, Family Planning, Healthcare Support, Health Belief Model, Male Inclusivity, Men's Practical Involvement, Religious Concern, Reproductive Health

1. Introduction

Family planning enables women and couples to plan the desired number, timing, and spacing of children. Although it has traditionally been viewed as a woman's responsibility, men's participation is increasingly recognized as essential to reproductive health, gender equality, shared decision-making, and improved family outcomes. The family planning program includes contraceptive use, education, counseling, maternal and child health, sexual health, and men's involvement, all of which support reproductive health and the government's Sustainable Development Goals (United Nations Population Fund, 2022). Globally, only 56% of women can independently decide on their reproductive health, while women in Eastern and Southeast Asia, including the Philippines, reportedly have a rate of 75% (World Data Bank, 2023). In the Philippines, 58% of married women aged 15-49 used any family planning method, while 41% is among sexually active individuals. Despite progress in family planning, men's involvement remains less prioritized and insufficiently documented at both local and global levels (Masnawati et al., 2023; Aventin et al., 2023).

1.1 Men's Practical Involvement in Family Planning

Male involvement in family planning is important because it supports various SDG programs and strengthens the acceptability and awareness of family planning among individuals (Mulatu et al., 2022). In the Philippine context, men's active role in parenting and family planning is emphasized because of its impact on reproductive health. Men's involvement promotes equality and shared responsibility, strengthens communication and mutual understanding between partners, and supports informed decision-making. It also contributes to improved family health outcomes, helps prevent unplanned pregnancies, and may influence a positive pregnancy and childbirth experience (HP Epharmacy Admin, 2024). However,

men's participation remains limited, making it necessary to examine the factors that influence and predict their practical involvement in family planning.

1.2 Knowledge, Religious Concern, Healthcare Support, and Men's Practical Involvement

Men's knowledge of family planning affects their practical involvement. Sarfraz et al. (2023) noted that some men believe that "wives should do as their husbands advise," showing how limited knowledge and gendered decision-making may affect acceptance of family planning. When men lack accurate information, they may struggle to communicate family planning benefits to their wives, which may lead to non-acceptance of the program. Religious beliefs and practices may also affect participation because some discourage contraceptive use (Mustafa, 2015, as cited by Sarfraz et al., 2023), although some religions support timing and birth spacing (Bormet et al., 2021). Healthcare support is another factor influencing men's involvement. Although many family planning programs promote inclusivity, activities remain largely centered on women (Ahmed et al., 2024). Men may view health centers as women's spaces and may hesitate to seek services. The lack of male-friendly areas, male counseling, and male healthcare providers creates gaps in participation, documentation, and service delivery. Health promotion and education may strengthen the relationship between men's knowledge and participation in family planning (Bag et al., 2022), improve acceptance (Kwawukume et al., 2022), and increase participation (Atkinson et al., 2023). However, there remains limited understanding of how knowledge, religious concerns, and healthcare support influence men's involvement in specific contexts such as Iligan City. In developing countries, sexual and reproductive health policies often focus on women, which may create conflict and long-term family planning desertion among men (Roudsari et al., 2023). In the Philippines, men may also be influenced by traditional masculinities (Stevenson et al., 2023), including dominance, power, and toughness (Rodriguez, 2023). When hegemonic masculinity is combined with inadequate knowledge, inequality may worsen and informed decision-making may fail. In contrast, good knowledge of family planning has been found effective in promoting male involvement in Ethiopia (Assefa et al., 2021).

1.3 Men's Family Planning Involvement in Barangay Tibanga, Iligan City

This study focuses on Iligan City, a highly urbanized area with diverse cultural backgrounds and limited documentation on men's involvement in family planning. It addresses empirical and spatial gaps by examining men's knowledge, religious concerns, and healthcare support in Barangay Tibanga, Iligan City. The study included 195 male participants aged 18-54 years who were married or in a partnership. Data collection was conducted over three months through purposive sampling using consecutive sampling. Because marital status was unknown, house-to-house visits were conducted to screen eligible men, and those who consented were included until the required sample size was reached.

1.4 Health Belief Model and Andersen Healthcare Utilization Model in Explaining Men's Family Planning Involvement

This study is grounded in the Health Belief Model (Rosenstock, 1966), as described by Alyafei and Easton-Carr (2024), and the Andersen Healthcare Utilization Model. The Health Belief Model is widely used and empirically validated to explain health behaviors (Alyafei & Easton-Carr, 2024), while the Andersen model is an important framework for assessing healthcare system efficacy and responsiveness (Jia et al., 2025). Together, these models explain how knowledge, religious concern, and healthcare support influence men's practical involvement in family planning. The Health Belief Model includes perceived susceptibility, perceived benefits, perceived severity, perceived barriers, cues to action, and self-efficacy. In family planning, perceived susceptibility is shaped by men's knowledge of contraceptive types, benefits, side effects, myths, and misconceptions. Men with limited knowledge may view family planning as solely women's responsibility and may not recognize the risks faced by their partners (Abdi et al., 2021). Men with deeper understanding may recognize the effects of poor birth spacing and decide to adopt contraceptive behavior (Stedman Hall, 2013). Perceived benefits refer to the belief that family planning improves maternal and child health, economic stability, and quality of life (Kriel et al., 2019). Perceived severity involves recognizing the health, social, and economic consequences of unplanned pregnancies, which may encourage men to participate in family planning activities (Atkinson et al, 2023). Perceived barriers include myths, misconceptions, fear of side effects, cultural norms, and limited partner communication (Alyafei & Easton-Carr, 2024). Accurate information can reduce these barriers and help men move from a supportive role to active involvement. Self-efficacy refers to men's confidence in their ability to participate in family planning, initiate discussions, and engage in related activities (Alyafei & Easton-Carr, 2024). Cues to action include encouragement from spouses, access to healthcare support, religion, and knowledge. The model is relevant because knowledge enables men to make informed decisions and engage more actively in family planning. Stevenson et al. (2023) emphasized that men need accurate information to make informed family planning decisions, while Shand (2021) stated that education provides knowledge that influences practical involvement, including contraceptive use, decision-making, and communication. Religious concern also shapes men's perceptions of susceptibility, severity, benefits, and barriers. Some men may view divine intervention as a reason to avoid birth control, while others may reject vasectomy because it alters what they perceive as normal existence (Roudsari et al., 2023). Religious leaders may influence involvement, as shown in Burkina Faso, where some leaders stated that modern contraceptives contradict religious principle (Barro & Bado, 2021). The Catholic Church traditionally opposes artificial contraception but supports natural methods because these respect God's design for marriage

(UCCB), which may create shame or guilt among devoted followers (Kelly, 2023). Interpretations in Islam vary significantly (Sundararajan et al., 2019), with some encouraging large families and others cautiously supporting family planning. Some Muslim men may avoid discussing the relationship between family planning and Religion, while others engage in family planning according to their understanding of Islamic principles (Mustafa et al., 2015, as cited in Ugbede et al., 2024). Understanding religion and its stance on family planning may help couples make informed decisions and improve men's engagement in family planning programs (Atkinson et al., 2023). Healthcare support represents the system-level factor influencing men's involvement. It includes contraceptive services, education, counseling, maternal and reproductive services, accessibility and availability of care, and healthcare providers. Family planning programs must include men in health promotion and education to reduce misconceptions and increase acceptance and use among partners (Kwawukume et al., 2022). Because family planning programs are often centered on women, men may feel awkward or reluctant to participate. Jungari et al. (2019) noted that men may prioritize household chores over family planning activities because of limited health infrastructure and the lack of male-inclusive programs. Andersen's model complements the Health Belief Model by explaining how service use is influenced by predisposing, enabling, and need factors (Alkhawaldeh et al., 2023). Predisposing factors include cultural and societal factors such as gender, age, knowledge, and religious beliefs. Enabling factors include resources that support or hinder service use, such as male-friendly facilities, couples counseling, and inclusion of men in family planning programs. Men may hesitate to discuss family planning concerns with female providers because of behavioral differences and limited open communication. In Pakistan, men know about contraception, but programs still need to be tailored to their needs (Alkhawaldeh et al., 2023). Need factors refer to perceived and actual need for family planning services. Knowledgeable men may seek counseling, education, or contraceptive services, and understanding their perceptions is important for planning strategies (Azkiyaunnisa et al., 2024).

1.5 Research Gaps and Rationale for Studying Men in Iligan City

This study addresses the lack of evidence on men's involvement in family planning, especially in Iligan City. It examines knowledge, religious concern, and healthcare support as independent variables that influence and predict men's practical involvement in family planning as the dependent variable. Knowledge is measured through method used and application usage. Religious concern is measured through beliefs and practices. Healthcare support is measured through access to family planning services and a men-inclusive health service environment. Men's practical involvement is measured through participation, role, communication and decision-making, and advocacy. The study sought to determine the levels of men's knowledge, religious concern, healthcare support, and practical involvement in family planning. It also examined whether there is a significant relationship between practical involvement and knowledge, religious concerns, and healthcare support, and which among these variables, singly or in combination, best predicts men's practical involvement. The first four research problems were hypothesis-free, while the relationship and prediction questions were tested at the 0.01 and 0.05 levels of significance. The study tested the null hypotheses that men's practical involvement in family planning has no significant relationship with knowledge, religious concern, and healthcare support, and that none of the variables, singly or in combination, significantly predicts men's practical involvement.

1.6 Alignment of Men's Family Planning Involvement with Relevant Sustainable Development Goals (SDGs)

The study aligns with SDG 1, No Poverty, because family planning is linked to poverty reduction and the improvement of family well-being (Aventin et al., 2023). It also aligns with SDG 3, Good Health and Well-Being, because it focuses on reproductive health, family planning services, maternal and child health, and improved health outcomes (United Nations Population Fund, 2022). The study supports SDG 5, Gender Equality, because men's involvement promotes shared responsibility, communication, and informed reproductive decision-making between partners (HP Epharmacy Admin, 2024). It also relates to SDG 17, Partnerships for the Goals, because the findings may support coordinated action among the Department of Health, Local Government Units, religious institutions, nurses, midwives, men, women, and future researchers in improving family planning programs and reproductive health outcomes.

1.7 Multidisciplinary Sustainability Relevance of Male-Inclusive Family Planning

This study contributes to multidisciplinary sustainability by supporting public health, gender, socio-economic, cultural, policy, governance, and institutional sustainability. In public health, it may help improve reproductive health, pregnancy outcomes, and family-centered care. In gender sustainability, it promotes shared responsibility between men and women in family planning. In socio-economic sustainability, it connects informed family planning decisions with poverty reduction and improved family welfare. In cultural and religious sustainability, it encourages culturally sensitive approaches that recognize religious beliefs and practices while supporting reproductive health. In policy and governance sustainability, it may inform the Department of Health and Local Government Units in updating family planning programs and strengthening men's participation. In institutional sustainability, it may guide nurses, midwives, and healthcare providers in developing male-inclusive counseling, education, and family planning services. Overall, the study provides baseline evidence for future research and for interventions that may move men from passive supporters to active
in family planning.

2. Material and methods

2.1 Research Design

This study utilized descriptive-correlational and predictive-causal designs. The descriptive design was used to determine the participants' levels of knowledge, religious concern, healthcare support, and practical involvement in family planning. The correlational design examined the relationship among these variables, while the predictive-causal framework determined how knowledge, religious concern, and healthcare support predicted men's practical involvement in family planning. Descriptive research describes behavior, situations, events, and outcomes without testing theoretical predictions or cause-and-effect relationships. Correlational research explains how variables interact, whether they increase or decrease together, or whether they are unrelated. Descriptive correlational research explains the association between two or more variables without manipulation or causation, focusing on measured variables and emerging trends (Bhat, 2023). Causal Research (Explanatory Research) was used to identify the extent and nature of cause-and-effect relationships (Causal Research (Explanatory Research), n.d.). Predictive-causal research combines prediction and explanation by identifying cause-and-effect relationships and predicting outcomes using collected data and statistical models without data manipulation (Singh & Sharma, 2023).

2.2 Locale of the Study

The study was conducted in Iligan City, a highly urbanized first-class city in Northern Mindanao, Philippines. According to the Philippine Statistics Authority's 2020 census, Iligan City had a total population of 362,182, with a male population of 181,922. Males aged 15-59 accounted for approximately 59.82% or 108,825 of the male population. Iligan City is predominantly Catholic and Christian, with a significant presence of Muslims and other natives, creating a setting with varied cultural and religious influences. The specific site was Barangay Tibanga, an urban barangay with 18 zones and a population of 8,003 (Philippine Statistics Authority, 2022). The barangay was selected because of its diverse population and established health infrastructure. It is served by a health center and a maternal care facility, both accredited by PhilHealth and the Department of Health as Konsulta Facilities. These facilities are the primary sources of family planning services, making Barangay Tibanga an appropriate setting for investigating the study objectives. According to the Iligan City Health Office data from July to December 2025, Tibanga had 2,591 males aged 15-59, although information on marital status was unavailable.

2.3 Respondents of the Study

The respondents were married men or men in long-term relationships, aged 18-54 years, residing in Barangay Tibanga, Iligan City. This age range was selected to provide a strong foundation, align with existing research age ranges, and remain consistent with global standards such as the Demographic and Health Survey. For survey purposes, the respondents were grouped into the age brackets of 18-25 years, 26-33 years, 34-41 years, 42-49 years, and 50-54 years. Although concerns about possible social desirability bias among male participants were raised during the proposal stage, men were retained as respondents to ensure that primary internal data, including personal religious beliefs and practices, were gathered directly from them rather than through proxy reporting by women. Direct male participation ensured that the data reflected the respondents' actual lived experiences and internal beliefs.

2.4 Sample and Sampling Procedure

Barangay Tibanga had a total population of 2,591 men aged 19-59. Since data on marital status were unavailable, the initial sample size was computed based on the total male population using Raosoft, with a 5% margin of error and a 95% confidence level, yielding 385 participants. However, this figure was considered inappropriate because it represented the total male population and did not align with the inclusion criteria and sampling approach. The study used purposive sampling with a consecutive sampling approach. Men were screened through house-to-house visits to determine eligibility based on the study criteria, and every eligible man who consented was included until the required sample size was reached. After methodological refinement and expert review during the proposal evaluation, the required sample size was set at 195. A total of 206 men initially completed the survey, but 11 responses were excluded because of incomplete data, resulting in a final sample of 195 participants. This sample was considered adequate for the study objectives and achievable within the target population.

2.5 Research Instrument

The study used a survey-modified questionnaire composed of five parts as the primary research instrument. The questionnaire was modeled and modified from the Demographic and Health Surveys (DHS) Model Men's Questionnaire. The first part gathered the respondents' profile in terms of age, civil status, number of children, years of marriage or relationship, and religion. These profile variables were not part of the main study variables but were collected to provide background information about the respondents. The second part assessed knowledge of contraceptive methods and their application and usage, including purpose, benefits, education and counseling, partner support, accessible services, myths, and misconceptions. The third part assessed religious concerns by examining beliefs and practices that influence men's decisions to participate in family planning. The fourth part measured healthcare support available for men, including access

to family planning services and men's inclusion in the family health environment. The fifth part assessed practical involvement in family planning, including confidence in participation, roles, communication and decision-making, and advocacy. A 5-point Likert scale was used, ranging from strongly agree or Very High to strongly disagree or Very Low. The Likert-type scoring of 5, 4, 3, 2, and 1 was adopted from the Accrediting Agency for Chartered Colleges and Universities in the Philippines. The questionnaire underwent validation and reliability testing. Validity refers to the degree to which a tool measures what it is intended to measure, while reliability refers to the consistency and stability of a measurement across time (Andersson et al., 2004). The questionnaire was validated by four experts to ensure clarity, cultural appropriateness, and relevance to the study variables. A pilot test was conducted with thirty participants to assess credibility and trustworthiness. The Statistical Package for the Social Sciences (SPSS) was used for reliability testing, and Cronbach's alpha was computed to determine the internal consistency and reliability of the scales. A coefficient of 0.7 or higher is considered acceptable, and all variable items obtained values greater than 0.7 (Tavakol & Dennick, 2011). This process was completed before the questionnaires were administered to the target respondents.

2.6 Data Gathering Procedure

The researcher followed a systematic and ethically grounded process in gathering the data. Before data collection, the required institutional consents and letters of request were secured from the Graduate Studies Office, the research adviser, and the Research Ethics Review Board of Liceo de Cagayan University. A formal letter was personally delivered to the Iligan City Health Office, the Barangay Health Center, and the Barangay Captain to obtain permission to conduct the study. The purpose, procedures, and schedule of the study were clearly explained. After approval, schedules were arranged with barangay officials and zone presidents to facilitate access to the community. Qualified participants were men residing in Barangay Tibanga, Iligan City who were aged 18-54 years, married or in a long-term relationship, and able to provide informed consent. The researcher distributed the structured five-part survey questionnaire to eligible participants. The respondents completed the questionnaire privately, either on-site or at home, in approximately 30 minutes. The researcher was available for clarification during the study and through mobile phone or email. Completed questionnaires were collected, reviewed, cleaned, encoded, and prepared for statistical processing. A total of 206 questionnaires were retrieved, but only 195 participants were retained for analysis after data cleaning.

2.7 Data Analysis Techniques

Descriptive statistics, specifically the mean and standard deviation, were used to answer research problems 1, 2, 3, and 4, which determined the level of men's knowledge, extent of religious concerns, availability of healthcare support services, and level of men's practical involvement in family planning. The mean is the sum of all values in a sample divided by the total number of values in the sample (Hurley & Tenny, 2021). The standard deviation measures the extent of dispersion in a set of values, usually in relation to the mean (El Omda & Sergent, 2024). For research problem 5, Spearman's rho was used to determine the relationship among the variables. Spearman's rho is a non-parametric measure of statistical dependence between two variables and measures the strength and direction of the relationship between variables. For research problem 6, multiple linear regression was used to estimate the relationship between one dependent variable and two or more independent variables (Bevans, 2023). Through multiple linear regression, the researcher determined whether knowledge, religious concern, and healthcare support significantly predicted men's practical involvement in family planning.

2.8 Ethical Considerations

This study followed ethical principles in research. Ethical approval was obtained from the Research Ethics Review Board of Liceo de Cagayan University before data collection. Formal letters were also secured from the Iligan City Health Office and the Barangay Captain. Recruitment was voluntary and non-coercive and was coordinated with the City Health Office, barangay officials, and zone presidents. Men who did not meet the research criteria and those who declined to provide informed consent for reasons such as cognitive impairment, emotional distress, or inability to understand the questionnaire were excluded. These criteria ensured that only participants capable of safe and voluntary participation were included. Before the questionnaire was administered, the purpose of the study, voluntary participation, and the right to withdraw at any time without penalty were explained to each participant. The participants were informed that the study involved no medical procedures and that there were no right or wrong answers. The researcher disclosed potential conflicts of interest, including financial, familial, or proprietary concerns, and affirmed that none would affect the study outcomes. All procedures were conducted transparently to protect the study's integrity, objectivity, and ethical conduct. The survey questionnaire was distributed only after the participants signed the consent form. In compliance with the Data Privacy Act (DPA) of 2012 and its implementing rules and regulations, effective as of September 8, 2016, participants' responses were stored, sealed, and handled with complete confidentiality and anonymity. Only aggregated results were reported, and no identifying information was collected. The survey questionnaires were retrieved after the participants completed them. The study also adhered to community schedules and barangay protocols. The findings were intended to enhance and support community and family planning program initiatives without compromising beliefs and culture. Community consideration promoted cultural sensitivity, respect for each participant's values and practices, and ethical conduct in community-based research.

3. Results and Discussion

3.1 Level of Men's Knowledge Regarding Family Planning

3.1.1 Knowledge of Family Planning Method Use

The participants showed a high level of knowledge of family planning method use, with an overall mean of 3.67 and standard deviation of 0.67. This indicates that men were generally knowledgeable about different contraceptive methods. Knowledge of the IUD received the highest mean of 3.86, while knowledge of male condoms and the rhythm method both received the lowest mean of 3.57. Although these lowest scores remained within the high level, the standard deviations showed some inconsistency in the participants' understanding of proper use, techniques, and possible misconceptions. These findings suggest that men in Barangay Tibanga generally know different family planning methods, although their knowledge is not equally strong across all methods. This agrees with Anaman-Torgbor et al. (2025), who reported that 91.9% of 503 Sub-Saharan participants could identify and enumerate different types of methods, and with Shrestha et al. (2025), who reported that 100% of 373 Ethiopian men knew at least one modern contraceptive, such as a condom or vasectomy. However, the findings differ from Boma and Peter-Kio (2023), who reported that only 48.6% of 442 participants in Rivers State, Nigeria were knowledgeable. The lower rating for male condoms and the rhythm method also reflects the findings of the Pace project, which noted that condoms were popular among men aged 15-24 years but were associated with discomfort, misinformation, and reduced sensation (Azkiyaunnisa et al., 2024). The lower familiarity with the rhythm method also does not strongly support the advocacy of some churches that promote natural family planning methods (Kelly, 2023).

3.1.2 Awareness of Contraception and Misconceptions

The participants showed a high level of awareness of contraception and related misconceptions, with an overall mean of 3.68 and standard deviation of 0.58. The highest mean was recorded for the belief that family planning is necessary for stable family finances, with a mean of 4.13. The lowest mean was recorded for the statement that vasectomy does not permanently reduce a man's sexual desire, with a mean of 3.25, indicating a moderately high but neutral or undecided response. This suggests that although awareness was generally high, misconceptions about vasectomy remained present. These results show that men recognize the economic and health-related value of family planning, but misconceptions about male contraceptive methods may still affect their involvement. The findings are consistent with Pepito et al. (2022), who reported that low contraceptive use is linked to myths, misconceptions, low access to information, and health policies. They also relate to Lantiere et al. (2022), who reported that men avoid contraceptives, particularly condoms, because of low confidence in their effectiveness. The strong rating on family finances supports Turner (2021), who emphasized that contraceptive use can reduce the risk of monetary constraints, and UNFPA (2022), which emphasized that planned pregnancies improve maternal health and help eradicate poverty. The misconception about vasectomy corresponds with Atkinson et al. (2023), who noted that men may be reluctant to use contraceptive methods because of fears about reduced sexual function and libido. Similarly, Wolde et al. (2023) noted that adequate knowledge about vasectomy can lead to a more favorable response to the method.

3.1.3 Accessibility, Purpose, and Counseling in Family Planning

The participants also showed a high level of knowledge of contraceptive accessibility, purpose, and attendance in counseling, with an overall mean of 3.97 and standard deviation of 0.72. The highest rating was for the belief that family planning helps ensure financial stability, with a mean of 4.11. The lowest rating was for birth spacing as an important decision for ensuring the health of the next child, with a mean of 3.85. Although the score remained high, it showed that participants' understanding of birth spacing was less consistent than their understanding of the economic benefits of family planning. These findings indicate that men understood the accessibility and purpose of family planning, especially in relation to financial stability, but may still need stronger counseling on birth spacing and shared decision-making. The findings align with the UNFPA study, which emphasized that the accessibility and purpose of family planning include poverty reduction, empowerment, and improved maternal health. Kwawukume et al. (2022) also found that involving men in family planning health promotion, counseling, and access to information is vital to participation. The emphasis on financial stability supports Kriel et al. (2019), who noted that men associate family planning with financial security, and Turner (2021), who stated that family planning can reduce the risk of financial problems. The lower rating on birth spacing still supports Atkinson et al. (2023), who stated that knowledgeable men can understand the outcomes and consequences of family planning, and HP Epharmacy Admin (2024), which emphasized that birth intervals help prevent unplanned pregnancies and improve maternal and child health outcomes.

3.1.4 Overall Knowledge of Family Planning

Overall, the participants had a high level of knowledge regarding family planning, with a combined mean of 3.75 and standard deviation of 0.66. Application usage obtained the higher mean of 3.83, while method use obtained a mean of 3.67. This shows that men were more confident about the purpose, accessibility, and counseling aspects of family planning than the more technical details of specific contraceptive methods. This finding suggests that men in Barangay Tibanga have general awareness of family planning, but their technical knowledge of methods, effectiveness, side effects, and proper use

may still need improvement. As cited by Sarfraz et al. (2023), awareness of contraception is an important part of male involvement because knowledge influences participation and informed choices. Assefa et al. (2021) similarly noted that men may be familiar with contraceptive methods but may have limited understanding of their technical aspects. The findings imply that misconceptions, limited education directed toward men, and cultural norms that frame family planning as a woman's responsibility may explain the remaining knowledge gaps.

3.2 Level of Religious Concern Regarding Family Planning

3.2.1 Religious Practices Related to Family Planning

The participants showed a high level of religious practices related to family planning, with an overall mean of 3.57 and standard deviation of 0.75. The highest-rated practice was praying together with their wives to seek guidance on birth spacing and the number of children, with a mean of 3.86. The lowest-rated item was visiting health clinics recommended by the church, with a mean of 3.41. These results show that religious practices influence family planning decisions, although the degree of influence varies among participants. The findings suggest that religious practices shape men's attitudes toward family planning, but they do not appear strong enough to fully determine involvement. This is consistent with Sarfraz et al. (2023), who found that religion affects family planning behavior and that some religious teachings identify contraception as against divine will. Barro and Bado (2021) also found that faith leaders have substantial influence in the community, although many do not advocate family planning use because it may contradict doctrinal principles. The high rating for prayer suggests that men use faith-based reflection in planning childbearing, while the variability indicates that others may also rely on medical considerations (Sundararajan et al., 2019). Barro and Bado (2021) also found that praying together strengthens communication and leads to more informed decisions, although religious leaders may provide moral guidance without necessarily recommending specific clinics.

3.2.2 Religious Beliefs Related to Family Planning

The participants showed a moderately high level of religious beliefs related to family planning, with an overall mean of 3.48 and standard deviation of 0.68. The highest-rated item was the belief that religious teachings promote strong family relationships, with a mean of 3.93. The lowest-rated item was the belief that religious leaders are key figures in determining whether men use family planning, with a mean of 3.12. This indicates that religion remains influential, but men do not rely solely on religious leaders when making reproductive decisions. These results suggest that religious beliefs influence men's values, relationships, and decision-making, but they do not fully control contraceptive choices. The findings align with Sundararajan et al. (2019), who emphasized that having the same faith does not mean having the same degree of religious influence. Some men may strictly follow doctrines, while others interpret them more flexibly depending on education, exposure to health information, and personal conviction. The findings are also consistent with Sarfraz et al. (2023), who showed that religion plays an important role in family planning attitudes. The strong rating on family relationships aligns with Barro and Bado (2021) and Sarfraz et al. (2023), who noted that religious institutions can strengthen family bonds by encouraging communication and moral decision-making.

3.2.3 Overall Religious Concern

Overall, religious concern obtained a high composite mean of 3.53 and standard deviation of 0.71. Religious practices had the higher mean of 3.57, while religious beliefs had a mean of 3.48. This indicates that men recognized religion as important in shaping family values and reproductive decisions, but their responses also showed that religious influence was not uniform. These findings show that religious concern is meaningful but moderate in shaping men's family planning attitudes and behavior. Religion appears to strengthen family relationships, promote communication, and support marital responsibility, but it does not dominate contraceptive decisions. Men appear to combine religious values with health concerns, healthcare support, and family financial capacity when making family planning decisions.

3.3 Level of Healthcare Support for Men Regarding Family Planning

3.3.1 Supportive Access to Family Planning Services

The participants reported a high level of supportive access to family planning services, with an overall mean of 3.73 and standard deviation of 0.69. The highest-rated item was the role of family planning programs for men in providing accurate information and correcting myths and misconceptions, with a mean of 3.76. The lowest-rated item was the presence of family planning services designed for men, with a mean of 3.71. This shows that men generally perceived family planning services as available and supportive, although male-centered services could still be strengthened. These findings indicate that supportive access can encourage men's involvement, especially when health workers provide accurate information and correct misconceptions. This is consistent with Demissie et al. (2021), who noted that good knowledge alone is not enough and that male-inclusive family planning programs increase participation. Kwawukume et al. (2022) also emphasized that supportive access, including family planning services for males and the availability of male healthcare providers, is vital for involvement. Ahmed et al. (2024) similarly emphasized the importance of supportive access. However, the lower rating for services designed for men aligns with Masnawati et al. (2023), who found that men's involvement remains low because family planning remains dominated by women. Ahmed et al. (2024) also emphasized that men may feel excluded from services that focus mainly on women.

3.3.2 Limited Accessibility to Family Planning Services

The participants reported a low level of limited accessibility, with an overall mean of 2.36 and standard deviation of 0.77. This means that they generally disagreed that health centers had limited information, lacked support for male participation, or failed to provide counseling on condom use. The highest-rated item in this set was inactive support from healthcare providers for men seeking assistance, with a mean of 2.48, while the lowest-rated item was limited information on how men participate in family planning, with a mean of 2.23. These findings indicate that men did not consider access barriers to be severe, although some differences in experience remained. The results align with Masnawati et al. (2023), who emphasized that men's low involvement is linked to persistent gaps in service design, and with Jungari et al. (2019), who noted that the lack of male-friendly services can become a barrier to involvement. The findings also partially contradict Ahmed et al. (2024), who stated that family planning providers are mostly women and that men may feel uneasy discussing reproductive issues with them. Limited access to male-focused information can still restrict participation, as emphasized by Ahmed et al. (2024), Roudsari et al. (2023), Kwawukume et al. (2022), and Stevenson et al. (2023).

3.3.3 Men's Inclusivity in the Health Service Environment

The participants reported a high level of men's inclusivity in the health service environment, with an overall mean of 3.72 and standard deviation of 0.63. The highest-rated item was the perception that family planning services are intended to involve both men and women, with a mean of 3.83. The lowest-rated item was the accommodation of men seeking family planning services in local health centers, with a mean of 3.51. These results show that men generally viewed the health service environment as inclusive, although actual accommodation experiences may vary. These findings support the view that men's participation increases when family planning programs intentionally include them. This is consistent with Kwawukume et al. (2022), who stated that men's participation improves when they are included in family planning programs, and with Atkinson et al. (2023), who noted that supportive and inclusive environments reinforce participation. The findings also align with (Family Planning Organization of the Philippines [FPOP], 2021; HP Epharmacy Admin, 2024), which state that family planning programs should involve both partners. Kwawukume et al. (2022) and Atkinson et al. (2023) also reiterated that inclusivity increases acceptance and improves health outcomes. However, the results contradict Masnawati et al. (2023), who reported that family planning programs still focus mainly on women.

3.3.4 Overall Healthcare Support

Overall, healthcare support for men regarding family planning was moderately high, with a mean of 3.38 and standard deviation of 0.68. Men's inclusivity in the health service environment had the higher mean of 3.72, while access to family planning services had the lower mean of 3.05. This shows that men recognized inclusive and respectful health environments, but their perception of actual access remained neutral or undecided. These results suggest that while the health service environment may appear respectful and safe for men, access may not be strong enough to make men fully engaged or convinced. Actual access may involve appointment scheduling, availability of services, confidence in using services, and comfort in the health center setting. This means that inclusivity alone may not be sufficient if men do not experience access as direct, convenient, and clearly intended for them.

3.4 Level of Men's Practical Involvement in Family Planning

3.4.1 Participation in Family Planning

The participants showed a high level of participation in family planning, with an overall mean of 3.79 and standard deviation of 0.65. The highest-rated item was supporting their partner in maintaining reproductive health, with a mean of 3.92. The lowest-rated item was willingness to participate in community activities that promote family planning, with a mean of 3.63. This indicates that men were more comfortable supporting family planning within the relationship than participating publicly in community-based activities. These findings show that men in Barangay Tibanga are active participants in family planning and are moving beyond traditional gender roles. The results align with Atkinson et al. (2023), who reported that men participate when they have adequate knowledge and supportive environments. They also align with Shand (2021), who emphasized that communication improves male participation, and with Bag et al. (2022), who found that men are more active when family planning services are accessible and male-friendly. However, the findings contrast with Stevenson et al. (2023) and Rodriguez (2023), who found that hegemonic masculinity can hinder involvement. Supporting partners' reproductive health is associated with improved reproductive health (HP Epharmacy Admin, 2024), increased participation (Atkinson et al., 2023), and effective decision-making (Stevenson et al., 2023; Shand, 2021). However, Abebe et al. (2023), Ahmed et al. (2024), and Masnawati et al. (2023) found that cultural norms, program gaps, and lack of inclusion continue to restrict men's engagement.

3.4.2 Men's Role in Family Planning

The participants showed a high level of role assumption in family planning, with an overall mean of 3.73 and standard deviation of 0.67. The highest-rated item was ensuring that family planning decisions are shared with the partner, with a mean of 3.91. The lowest-rated item was willingness to attend family planning counseling with the partner, with a mean of 3.59. This indicates that men recognized family planning as a shared responsibility, although some were less interested in

formal counseling in health centers. These results suggest that men prefer shared decision-making and private discussions at home but may feel less comfortable with formal counseling settings. The findings support studies showing that men promote equal and joint responsibility (HP Epharmacy Admin, 2024; Shand, 2021) and may take initiative in seeking family planning options (Bag et al., 2022; Shand, 2021). However, the results also contrast with Roudsari et al. (2023), who reported that family planning policies often focus on women and limit men's access to information. In relation to correcting misconceptions, the findings align with Ugbede et al. (2024) and Stevenson et al. (2023), who noted that accurate knowledge empowers men to correct myths, while Azkiyaunnisa et al. (2024) reported that misconceptions and perceived side effects remain obstacles that require education.

3.4.3 Communication and Decision-Making in Family Planning

The participants showed a high level of communication and decision-making in family planning, with an overall mean of 3.78 and standard deviation of 0.69. Sharing responsibility in selecting contraceptive methods had the highest mean of 3.91. Helping resolve disagreements with a spouse about family planning decisions had the lowest mean of 3.66. This shows that men generally supported mutual decision-making, although conflict resolution in family planning discussions remained the weakest area. These findings suggest that communication has become an important part of men's practical involvement, but resolving disagreements may still require additional support. The findings align with Aventin et al. (2023), who implied that involvement includes supportive partnership that can improve family planning outcomes. Shand (2021) also noted that communication and joint responsibility are main components of men's practical involvement. The lower score on resolving disagreements may be explained by Rodriguez (2023), who described hegemonic masculinity among Filipino men, where dominance and avoidance of emotional sensitivity may hinder conflict resolution. Sarfraz et al. (2023) also found that some men demand compliance from their partners, reducing the likelihood of collaborative problem-solving.

3.4.4 Advocacy for Family Planning

The participants showed a high level of advocacy in family planning, with an overall mean of 3.69 and standard deviation of 0.74. Encouraging others to learn about family planning had the highest mean of 3.77. Joining community activities that promote reproductive health had the lowest mean of 3.54. This indicates that men were willing to promote family planning but were less enthusiastic about participating in organized community activities. These findings suggest that men recognize the value of advocacy but may hesitate to express support publicly. This may be due to limited time, cultural practices, or discomfort with activities traditionally designed for women. According to Mulatu et al. (2022), men believe that family planning is a public health concern and that their engagement is essential to achieving the Sustainable Development Goals. Despite this awareness, men's public involvement remains lower than their willingness to encourage others or support family planning privately.

3.4.5 Overall Practical Involvement in Family Planning

Overall, the participants had a high level of practical involvement in family planning, with a mean of 3.75 and standard deviation of 0.66. Communication and decision-making had the highest mean of 3.80, followed by participation, role, and advocacy. Advocacy had the lowest mean of 3.69, although it remained within the high level. These findings show that men in Barangay Tibanga demonstrated consistent and positive engagement in family planning. The findings indicate that men's involvement is strongest when it occurs through dialogue, mutual respect, and shared decisions with their partners. Advocacy remained the lowest component, suggesting that men still need stronger motivation to participate publicly in family planning activities. These findings are consistent with Shand (2021), who described men's roles in family planning as involving support, communication, and joint responsibility.

3.5 Relationship Between Men's Practical Involvement and Knowledge, Religious Concern, and Healthcare Support

The correlation results showed that all variables were significantly associated with men's practical involvement in family planning. Method use was significantly related to practical involvement at the 0.05 level, with ρ=.167 and p=.020. Application usage in terms of awareness and misconceptions was significant at the 0.01 level, with ρ = .512 and p = .000. Application usage in terms of accessibility, purpose, and attendance was also significant at the 0.01 level, with ρ=.522 and p=.000. Religious practices were significantly related to involvement, with ρ = .557 and p = .000, while religious beliefs were also significant, with ρ = .499 and p = .000. Healthcare support in terms of access to family planning services was significant, with ρ = .420 and p = .000. Limited accessibility was significantly and negatively related to involvement, with ρ =- .309 and p = .000. Men's inclusivity was significantly and positively related to involvement, with ρ = .524 and p = .000. These findings show that knowledge, religious concern, and healthcare support are important factors in men's practical involvement in family planning. Method familiarity alone does not guarantee participation, which aligns with Assefa et al. (2021), who implied that knowledgeable men may still consider family planning a woman's responsibility, and with Abdi et al. (2021), who reported that men who view contraception as a women's concern often remain on the sidelines. Awareness and correction of misconceptions appear more influential, supporting Bag et al. (2022), who stated that health education reduces misconceptions and increases acceptance, and Atkinson et al. (2023), who emphasized that improved awareness leads to participation in family planning decisions. The strong relationship of accessibility, purpose,

and attendance supports Kwawukume et al. (2022), who noted that men's participation improves when programs are inclusive, and Masnawati et al. (2023), who emphasized that women-centered family planning creates gaps in male participation. Religious practices and beliefs were also significantly related to involvement, suggesting that religion may support responsible parenthood and family well-being rather than simply function as a barrier. This is consistent with Roudsari et al. (2023), who found that religious practices shape perceptions of acceptable reproductive behavior, and Mustafa (2015, as cited in Sarfraz et al., 2023), who emphasized that artificial contraceptives are discouraged by certain Religions and may influence participation. The findings also align with Barro and Bado (2021), who found that religious leaders may be knowledgeable but not necessarily supportive of modern contraceptive use, and with Kelly (2023), who emphasized that Catholic teachings prohibit artificial methods and may lead to guilt and shame. Healthcare support was also significant, supporting Kwawukume et al. (2022), who emphasized that supportive health systems and accessible information increase men's engagement. The negative relationship of limited accessibility supports Jungari (2019) and Roudsari et al. (2023), who reported that inadequate infrastructure, structural barriers, and lack of male-friendly services can discourage involvement. Men's inclusivity showed one of the strongest positive relationships, aligning with Atkinson et al. (2023), who implied that inclusive reproductive programs, couple counseling, and male-focused education significantly increase male participation.

3.6 Predictors of Men's Practical Involvement in Family Planning

The regression results showed that the combined predictors of knowledge, religious concern, and healthcare support had a strong positive relationship with men's practical involvement in family planning, with R =0.684. The model explained 46.8% of the variance in men's practical involvement, with R^2 = .468, adjusted R^2=.445, and SEE=.636. Among the predictors, men's inclusivity was the strongest significant predictor, with Beta = .269 and sig = .000. Awareness of contraception and misconceptions was also a significant predictor, with Beta = 0.22 and sig = .007. Accessibility, purpose, and attendance was not significant but served as a marginal predictor, with beta = .148 and sig = 0.57. Religious practices, religious beliefs, access to family planning services, method use, and limited accessibility were not significant predictors in the regression model. These findings show that men's practical involvement is best predicted by whether they feel included in the health service environment and whether they have awareness that corrects misconceptions about contraception. Men's inclusivity as the strongest predictor indicates that involvement increases when local health centers make men feel welcome, provide emotionally safe counseling, allow easy scheduling, provide educational materials intended for men, accommodate men, and give them opportunities to express concerns. This is consistent with the United Nations Population Fund (2022), which emphasized that men's involvement increases when they feel included and recognized within the system. The World Health Organization (2022) also noted that when healthcare support services intentionally engage men, provide non-discriminatory services, and reduce stigma in traditionally women-focused family planning activities, involvement outcomes become positive. Awareness of contraception and misconceptions as a significant predictor supports Azkiyaunnisa et al. (2024), who showed that misconceptions about modern family planning methods, such as beliefs that they are ineffective, reduce sexual desire, or encourage promiscuity, discourage men from becoming involved. Maharajah & Haffejee (2021) also found that awareness can increase men's involvement, although some men still refuse to engage because of dominance or reliance on partners. The marginal result for accessibility, purpose, and attendance is consistent with Maharajah & Haffejee (2021), who reported that access to family planning services does not guarantee involvement. Azkiyaunnisa et al. (2024) similarly found that misconceptions, personal beliefs, discomfort, and the belief that family planning is a woman's responsibility influence men's decisions to use modern family planning methods. Overall, religious concerns and access were correlated with practical involvement but did not independently predict involvement when other variables were considered.

4. Conclusion & Recommendations

The study concluded that men had a high level of knowledge regarding family planning, indicating good awareness of method use and application-related aspects. Religious concern was also high, suggesting that religious practices and beliefs may serve as positive motivators rather than barriers, although some men remained undecided about certain doctrines. Healthcare support was moderately high, showing that while family planning services were generally supported, limited accessibility and comfort in obtaining services remained concerns. Men's practical involvement was high, particularly in communication and joint decision-making with their partners, although they were less willing to engage in broader public advocacy activities. The findings further showed that knowledge, religious concern, and healthcare support were significantly related to men's practical involvement in family planning. In the regression analysis, men's inclusivity and awareness or misconceptions under application usage significantly predicted men's involvement, indicating that making men feel welcome in health facilities and addressing misinformation are important factors in strengthening their participation.

Based on the findings, health institutions, local government units, religious institutions, the male population, women, nurses, midwives, and future researchers are encouraged to strengthen male involvement in family planning. The Department of Health may develop male-friendly standards for family planning facilities, train healthcare providers in

gender-sensitive counseling, and support barangay health centers in creating dedicated spaces and services for men. Local government units may implement male-focused family planning programs, address accessibility concerns, establish mobile health services, and create dedicated areas for men in health centers. Religious institutions may support responsible parenthood by participating in awareness programs and helping address misconceptions. Men may seek accurate information, join counseling with their partners, communicate openly about family planning goals, and raise concerns during consultations. Women may encourage shared responsibility within the household, while nurses and midwives may help create welcoming, respectful, and inclusive services for men through consultations, health education, home visits, and community orientations. Future researchers may compare men's participation across barangays, cities, or regions, examine male-focused family planning interventions, and explore partner communication, couple dynamics, and socio-economic factors.

Compliance with ethical standards

The study observed ethical principles throughout the research process. Ethical approval and the required institutional and community permissions were secured before data collection. Participation was voluntary, informed consent was obtained, and the participants' rights, privacy, confidentiality, anonymity, beliefs, and cultural practices were respected.

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