

Knowledge, Attitude and Perception of *in Vitro*-Fertilization Among Married Men in Abia State, Nigeria

Emmanuel M. Akwuruoha¹, Cyril U. Akwuruoha², Udo I. Uche³ and Augustine I. Airaodion^{*4}

¹Department of Obstetrics and Gynaecology, Abia State University Teaching Hospital, Aba, Nigeria

²Obstetrics and Gynaecology Unit, Simeone Hospital, Aba, Abia State, Nigeria

³Department of Obstetrics and Gynaecology, Federal Medical Centre, Umuahia, Abia State, Nigeria

⁴Department of Biochemistry, Lead City University, Ibadan, Oyo State, Nigeria

Received 23 January 2026 | Revised 16 February 2026 | Accepted 17 March 2026 | Available Online 11 April 2026

*Corresponding Author: **Augustine I. Airaodion** | Email Address: augustineairaodion@yahoo.com

Citation: Emmanuel M. Akwuruoha, Cyril U. Akwuruoha, Udo I. Uche and Augustine I. Airaodion (2026). Knowledge, Attitude and Perception of *in Vitro*-Fertilization Among Married Men in Abia State, Nigeria. *Life Science Review*.

DOI: <https://doi.org/10.51470/LSR.2026.10.01.107>

Abstract

Background: Male partners play a critical role in decisions about assisted reproductive technologies, yet their knowledge, attitudes, and perceptions can shape access to and acceptance of *in vitro* fertilization (IVF). This study assessed the level of knowledge, attitudes, and perceptions of IVF among married men in Abia State, Nigeria.

Research Methods: A descriptive cross-sectional survey was conducted among 423 married men selected through a multistage sampling technique. Data were collected using a pretested, interviewer-administered questionnaire covering socio-demographics, knowledge, attitudes, perceptions, and practices related to IVF. Knowledge was scored and categorized, while attitude and perception items were analyzed using frequencies and mean scores. Pearson's correlation and chi-square tests examined relationships and associations at a significance level of $p < 0.05$. Analysis was performed with SPSS version 25.0.

Results: Most respondents had heard of IVF (80.9%), and 46.8% demonstrated good to very good overall knowledge. Positive attitudes were common: 67.6% agreed IVF is an acceptable method of having children, and 73.8% were willing to encourage their wives to use IVF. Perceptions were mixed, with many viewing IVF children as normal and healthy (69.5%) and believing IVF gives hope to infertile couples (83.7%), but a large proportion considered IVF too expensive (78.2%) and not easily accessible in Aba (40.2%). Knowledge showed moderate positive correlations with attitude ($r = 0.463$, $p < 0.001$) and perception ($r = 0.418$, $p < 0.001$), while attitude and perception were strongly correlated ($r = 0.512$, $p < 0.001$). Education was significantly associated with knowledge level ($\chi^2 = 32.74$, $p < 0.001$), and income with having considered IVF ($\chi^2 = 21.86$, $p < 0.001$). Cost, lack of information, and fear of failure were the leading barriers. Most respondents (84.2%) were willing to attend IVF awareness programs.

Conclusion: Married men in Abia State show moderate to good knowledge and generally positive attitudes toward IVF, but important gaps remain in perceptions of cost and accessibility. Education and income strongly influence acceptance and consideration of IVF. Targeted community-based education, improved affordability, and wider access to services could enhance informed decision-making and support for IVF among married men in Southeast Nigeria.

Keywords: *In vitro* fertilization; Knowledge; Attitude; Perception; Married men; Infertility.

INTRODUCTION

Infertility is a growing global public health concern that affects couples' health, psychological well-being and social stability [1]. Worldwide, it is estimated that about 10 to 15 percent of couples experience infertility, with substantial social and emotional consequences for individuals and families, particularly in low- and middle-income countries such as Nigeria, where cultural expectations of childbearing are strong [2]. Infertility not only undermines personal identity and marital relationships but also carries stigmas that can influence community perceptions and treatment-seeking behaviors [3].

© 2026 by the authors. This is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author(s) and source are credited. To view a copy of this license, visit <http://creativecommons.org/licenses/by/4.0/>.

In Nigeria, infertility is recognised as a significant reproductive health issue with deep cultural and social implications [4]. It impacts marital harmony, economic stability and personal well-being. Despite increased access to reproductive technologies globally, awareness and utilization of assisted reproductive technologies, such as *in vitro* fertilization (IVF), remain limited in many parts of the country. IVF is a form of assisted reproductive technology in which eggs and sperm are combined outside the body, and the resulting embryo is placed in the uterus to achieve pregnancy. It offers hope to couples facing infertility, especially when conventional treatments fail. However, in resource-limited settings, access to IVF services is often constrained by high costs, limited specialised facilities, and social misconceptions about the procedure itself [5].

Studies within parts of Nigeria show a wide variation in knowledge and acceptance of IVF and other assisted reproductive technologies. Research conducted among the general Nigerian public revealed that a majority of people hold positive views toward assisted reproductive technologies, but awareness and willingness to use them can differ by gender, education level and cultural context [5]. Evidence from a cross-sectional study in Port Harcourt indicated that awareness of IVF among women attending fertility clinics was relatively high and perceptions were moderately positive, but factors such as recommendations from health professionals, cultural beliefs and financial barriers strongly influenced acceptance [6]. Additional research in Anambra State found that married couples have mixed perceptions of infertility and IVF, with many associating infertilities with destiny or supernatural causes, and identifying cost and misconceptions as barriers to the uptake of IVF treatments [7].

Despite these insights, there remains a notable gap in published research that focuses specifically on married men's knowledge, attitudes and perceptions of IVF in Nigeria. Most available studies either concentrate on women, couples collectively, or specific sub-populations such as medical students. For instance, research among final-year medical students in South-West Nigeria showed high basic awareness of IVF, yet underscored concerns about its cost and social implications, including beliefs about infertility and gendered blame patterns [8]. Additionally, studies addressing perceptions of male infertility have documented persistent misconceptions among men about causes and management of infertility, highlighting a need for improved education and community engagement regarding male reproductive health [9].

Men's roles in reproductive decision-making are particularly important in the Nigerian context. Sociocultural norms often empower husbands as primary decision-makers in family health matters, including fertility treatments and whether couples seek assisted reproductive interventions [10]. Yet men may lack accurate information on infertility and viable treatment options such as IVF, or may hold attitudes shaped by cultural stigma, religious beliefs or economic concerns.

Without specific research on male perspectives in settings like Abia State, policymakers and health practitioners risk overlooking critical aspects that influence access to and utilization of IVF services.

The current study seeks to fill this gap by focusing exclusively on married men in Abia State, a region of Southeastern Nigeria where cultural expectations of fatherhood and family continuity remain strong. By examining men's knowledge about the IVF process, their attitudes toward its use, and their underlying perceptions shaped by social, cultural and economic factors, this research will provide critical insights that can inform targeted educational interventions, health communication strategies, and policy planning. Enhanced understanding of men's reproductive health perspectives may contribute to improved couple engagement with fertility services and support broader reproductive health goals in the region.

MATERIALS AND METHODS

Study Design

This study was a descriptive cross-sectional survey designed to assess the level of knowledge, attitudes, and perceptions regarding *in-vitro* fertilization (IVF) among married men residing in Aba, Abia State, Nigeria. The descriptive design was chosen because it allows for the measurement of the prevalence and distribution of variables, and it is appropriate for collecting information on knowledge, attitudes, and perceptions at a single point in time.

Study Area

The research was conducted in Aba, a major commercial city in Abia State, located in Southeast Nigeria. Aba has a large and diverse population drawn from multiple socio-economic backgrounds. Married men from the various residential and commercial districts of Aba were recruited for this study.

Study Population

The study population consisted of married men aged 18 years and above who had been residents of Aba for at least six months before the study. Men living in polygamous or monogamous unions were included, while unmarried men, divorced men, widowers, and those unwilling to participate were excluded.

Sample Size Determination

The sample size was determined using Cochran's formula for estimating population proportions, as outlined by Akwuruoha et al. [11]:

$$n = \frac{Z^2(Pq)}{e^2}$$

The formula components are defined as follows:

- n represents the minimum required sample size.
- Z is set at 1.96, corresponding to a 95% confidence level.
- P denotes the estimated proportion of married men with adequate knowledge of IVF (assumed to be 50% for maximum sample size).
- e signifies the allowable margin of error, fixed at 5% (0.05).

$$q = 1 - p$$

$$P = 50\% = 0.5$$

$$q = 1 - 0.5$$

$$= 0.5$$

$$n = \frac{(1.96)^2(0.5 \times 0.5)}{(0.05)^2}$$

$$n = \frac{3.8416 \times (0.25)}{0.0025}$$

$$n = \frac{0.96}{0.0025} = 384.16$$

The minimum sample size was 384, but it was adjusted to 423 to account for a 10% non-response rate.

Sampling Technique

A multistage sampling method was used:

1. **Stage One:** Aboja was divided into its main administrative wards.
2. **Stage Two:** A random selection of wards was conducted using simple random sampling to select 10 wards.
3. **Stage Three:** From each selected ward, specific neighbourhoods were systematically selected.
4. **Stage Four:** Within each neighbourhood, households were selected through systematic sampling. A household was defined as a dwelling with at least one married male adult eligible for inclusion.
5. **Final Step:** In each selected household, one married man was chosen using a simple random selection process (e.g., balloting if more than one eligible man resided).

Inclusion and Exclusion Criteria

Inclusion Criteria

- Married men aged 18 years and above.
- Residents of Aboja for at least six months.
- Able to communicate in English or a local language (with the help of a translator where necessary).
- Consenting to participate in the study.

Exclusion Criteria

- Unmarried men.
- Men outside the study area at the time of data collection.
- Married men with cognitive impairments that prevented understanding the questionnaire.

Study Instrument

A structured, interviewer-administered questionnaire was developed based on previously validated instruments from the literature on reproductive health knowledge and attitudes, and adapted to fit the context of IVF. The questionnaire was divided into six sections:

- **Section A:** Sociodemographic characteristics (age, education, income, religion, number of children, duration of marriage).
- **Section B:** Knowledge about IVF (definition, purpose, success factors, risks).

- **Section C:** Attitudes toward IVF (acceptability, willingness to support use, cultural/religious beliefs).
- **Section D:** Perceptions about IVF outcomes, costs, accessibility, and ethical concerns.
- **Section E:** Practices & Experience with Infertility/IVF
- **Section F:** Information Needs and Recommendations

Pre-Testing and Validation

Before the main data collection began, the questionnaire was pre-tested on a sample of 20 married men in a neighbouring community outside the study area to ensure clarity, relevance, and reliability. Based on feedback, ambiguous questions were revised. The reliability of the instrument was assessed using Cronbach's alpha for attitude and perception items, with a threshold of ≥ 0.70 considered acceptable.

Data Collection Procedure

Data were collected over a four-week period by trained research assistants who were fluent in English and local languages spoken in Aboja. The assistants were trained on research ethics, interviewing techniques, and the objectives of the study prior to fieldwork.

Participants were approached at their homes, informed about the study, and written informed consent was obtained before administration of the questionnaire. The questionnaire took approximately 15-25 minutes to complete per participant.

Data Management and Analysis

Completed questionnaires were checked daily for completeness and consistency by the research team. Data were entered into SPSS version 25.0 for analysis. Descriptive statistics (frequencies, percentages, means, and standard deviations) were used to summarize sociodemographic characteristics and responses. Participants' knowledge scores were categorized as good or poor based on predefined cut-off scores. Attitude and perception items were analyzed using frequency distributions and mean scores. Associations between sociodemographic factors and levels of knowledge, attitudes, and perceptions were examined using chi-square tests. A p-value of < 0.05 was considered statistically significant.

Ethical Considerations

Permission was sought from the community leaders in the selected wards of Aboja. Participants were informed about the purpose of the study, assured of confidentiality, and made aware that participation was voluntary. Identifiers such as names were not collected to protect privacy. All data were stored securely and accessed only by the research team.

Limitations

Potential limitations of this study include reliance on self-reported information, which may be subject to recall or social desirability bias. Efforts such as assuring anonymity and conducting interviews in private were used to minimize these biases.

RESULTS

The respondents were mostly aged 30–49 years, in monogamous marriages, with 10–14 years of marital duration, and had at least secondary education. Most earned between ₦50,000 and ₦200,000 monthly, were Christian, and had one to two living children, while about one-third reported difficulty having children (Table 1). Awareness of IVF was high, with over four-fifths having heard of it and most demonstrating correct understanding of its purpose, process, limitations, and risks. Overall knowledge was mainly fair to good, with about 47% rated as good or very good (Table 2).

Attitudes were generally positive, as many agreed that IVF is acceptable, should be encouraged, and that men should accept and support its use. Willingness to learn more about IVF was also high (Table 3). Perceptions showed that most respondents believed IVF children are normal and healthy, IVF gives hope to infertile couples, and should be supported by health insurance. However, many perceived IVF as expensive and only moderately accessible locally (Table 4).

Regarding practices, about one-third had undergone fertility testing, fewer reported their wives had received treatment, and about 40% had personally considered IVF. Cost, fear of failure, and lack of information were the most common barriers. Most respondents were willing to attend IVF awareness programs (Table 5). Information needs focused mainly on cost, procedure, access points, and success rates, with hospitals, media, and churches identified as key channels for awareness (Table 6).

Correlation analysis showed significant positive relationships between knowledge, attitude, and perception scores, as well as between income and willingness to use IVF, and education and knowledge. Age had a weak negative correlation with acceptance of IVF (Table 7). Chi-square tests indicated significant associations between education and knowledge level, income and having considered IVF, religion and attitude, and knowledge level and willingness to attend awareness programs (Table 8).

Comparative mean scores showed higher knowledge, attitude, and perception scores among respondents with tertiary education and higher income compared to those with lower education and income levels (Table 9).

Table 1: Socio-Demographic Characteristics of Respondents

Variable	Frequency (n = 423)	Percentage (%)
Age (years)		
20–29	57	13.5
30–39	126	29.8
40–49	143	33.8
50–59	69	16.3
60+	28	6.6
Marital structure		
Monogamous	331	78.3
Polygamous	92	21.7
Duration of marriage		
<5 years	74	17.5
5–9 years	112	26.5
10–14 years	134	31.7
≥15 years	103	24.3
Highest education		
No formal education	21	5.0
Primary	47	11.1
Secondary	109	25.8
NCE/OND	86	20.3
HND/Bachelor's	121	28.6
Postgraduate	39	9.2
Average monthly income		
< ₦50,000	83	19.6
₦50,000–₦100,000	117	27.7
₦101,000–₦200,000	109	25.8
₦201,000–₦300,000	69	16.3
> ₦300,000	45	10.6
Religion		
Christianity	371	87.7
Islam	32	7.6
Traditional/Other	20	4.7
Number of living children		
None	96	22.7
1	84	19.9
2	109	25.8
3	78	18.4
≥4	56	13.2
Experienced difficulty having children		
Yes	147	34.8
No	276	65.2

Table 2: Knowledge about IVF

Variable	Frequency (n = 423)	Percentage (%)
Heard of IVF (Yes)	342	80.9
IVF = fertilization outside the body (Correct)	297	70.2
IVF mainly treats infertility (Correct)	304	71.9
Main source of information		
Hospital/Health workers	114	27.0
Friends/Family	73	17.3
Media (TV/Radio/Social)	96	22.7
Internet	87	20.6
Religious centers	53	12.5
IVF can be used when both partners have problems (Correct)	286	67.6
IVF involves all stages (Correct)	301	71.2
IVF success depends on all listed factors (Correct)	278	65.7
IVF does not guarantee pregnancy (True)	266	62.9
IVF risks include all listed (Correct)	289	68.3
IVF babies biologically related (True)	257	60.8
IVF can use donor eggs/sperm (True)	241	57.0
IVF available in Nigeria (Yes)	279	66.0
Overall knowledge level		
Very poor	34	8.0
Poor	67	15.8
Fair	124	29.3
Good	132	31.2
Very good	66	15.6

Table 3: Attitudes Toward IVF

Statement	Strongly Agree n (%)	Agree n (%)	Neutral n (%)	Disagree n (%)	Strongly Disagree n (%)
IVF is an acceptable method of having children	142 (33.6)	144 (34.0)	59 (14.0)	47 (11.1)	31 (7.3)
I would encourage my wife to use IVF	128 (30.3)	143 (33.8)	63 (14.9)	51 (12.1)	38 (9.0)
I feel comfortable discussing IVF with my spouse	117 (27.7)	141 (33.3)	70 (16.5)	56 (13.2)	39 (9.2)
IVF is against my religious beliefs	71 (16.8)	76 (18.0)	81 (19.1)	103 (24.3)	92 (21.8)
IVF interferes with God's will	78 (18.4)	85 (20.1)	76 (18.0)	97 (22.9)	87 (20.6)
A man should accept IVF as a medical solution	165 (39.0)	136 (32.2)	54 (12.8)	41 (9.7)	27 (6.4)
Using IVF reduces the stigma of childlessness	148 (35.0)	131 (31.0)	63 (14.9)	46 (10.9)	35 (8.3)
I would support my wife emotionally during IVF	181 (42.8)	131 (31.0)	49 (11.6)	35 (8.3)	27 (6.4)
I would keep IVF treatment secret	92 (21.7)	84 (19.9)	88 (20.8)	89 (21.0)	70 (16.5)
Infertility is mainly a woman's problem	83 (19.6)	85 (20.1)	79 (18.7)	92 (21.7)	84 (19.9)
Men should also be tested for infertility	192 (45.4)	126 (29.8)	49 (11.6)	33 (7.8)	23 (5.4)
I am willing to learn more about IVF	201 (47.5)	133 (31.4)	45 (10.6)	27 (6.4)	17 (4.0)

Table 4: Perceptions of IVF (Cost, Access, Ethics)

Statement	Strongly Agree n (%)	Agree n (%)	Neutral n (%)	Disagree n (%)	Strongly Disagree n (%)
IVF children are normal and healthy	156 (36.9)	138 (32.6)	58 (13.7)	44 (10.4)	27 (6.4)
IVF is too expensive for most families	198 (46.8)	133 (31.4)	42 (9.9)	30 (7.1)	20 (4.7)
IVF services are accessible in Aba	82 (19.4)	91 (21.5)	93 (22.0)	85 (20.1)	72 (17.0)
IVF should be supported by health insurance	211 (49.9)	136 (32.2)	38 (9.0)	23 (5.4)	15 (3.5)
IVF should only be for married couples	174 (41.1)	138 (32.6)	48 (11.3)	37 (8.7)	26 (6.1)
Donor sperm/eggs are morally wrong	117 (27.7)	109 (25.8)	66 (15.6)	74 (17.5)	57 (13.5)
IVF increases family happiness	157 (37.1)	132 (31.2)	57 (13.5)	44 (10.4)	33 (7.8)
IVF may cause marital conflict	99 (23.4)	99 (23.4)	76 (18.0)	84 (19.9)	65 (15.4)
IVF gives hope to infertile couples	223 (52.7)	131 (31.0)	33 (7.8)	22 (5.2)	14 (3.3)
IVF is culturally acceptable in Igbo society	96 (22.7)	105 (24.8)	87 (20.6)	74 (17.5)	61 (14.4)

Table 5: Practices & Experience with Infertility/IVF

Variable	Frequency (n = 423)	Percentage (%)
Ever undergone a fertility test (Yes)	159	32.9
Wife had fertility treatment (Yes)	121	28.6
Personally considered IVF (Yes)	167	39.5
Barriers to IVF		
Cost	291	68.8
Religious belief	137	32.4
Fear of failure	169	40.0
Cultural reasons	118	27.9
Lack of information	186	44.0
Would attend IVF awareness program (Yes)	356	84.2

Table 6: Information Needs and Recommendations

Variable	Frequency (n = 423)	Percentage (%)
Wants info on cost	319	75.4
Wants info on the success rate	287	67.8
Wants info on procedure	301	71.2
Wants info on risks	273	64.5
Wants info on access points	312	73.8
Awareness via hospitals	296	70.0
Awareness via churches	241	57.0
Awareness via media	278	65.7
Awareness via community meetings	263	62.2
Awareness via schools	217	51.3

Table 7: Correlation Analysis (Pearson's r)

Variables Correlated	r-value	p-value	Interpretation
Knowledge score vs Attitude score	0.463	<0.001	Moderate positive
Knowledge score vs Perception score	0.418	<0.001	Moderate positive
Attitude score vs Perception score	0.512	<0.001	Strong positive
Income vs Willingness to use IVF	0.371	0.002	Significant positive
Education vs Knowledge score	0.489	<0.001	Strong positive
Age vs Acceptance of IVF	-0.214	0.011	Weak negative

Table 8: Chi-Square Analysis of Associations

Variables Compared	χ^2	df	p-value	Decision
Education × Knowledge level	32.74	10	<0.001	Significant
Income × Considered IVF	21.86	4	<0.001	Significant
Religion × Attitude toward IVF	18.39	6	0.005	Significant
Age group × Acceptance of IVF	14.22	8	0.076	Not significant
Knowledge level × Willingness to attend awareness	26.51	4	<0.001	Significant
Marital structure × Perception of donor use	9.47	4	0.050	Borderline significant

Table 9: Comparative Mean Scores (Index Scales)

Group	Knowledge Mean ± SD	Attitude Mean ± SD	Perception Mean ± SD
Low education	12.4 ± 3.1	28.7 ± 5.6	24.9 ± 4.8
Secondary	15.8 ± 3.4	31.9 ± 5.2	27.3 ± 4.5
Tertiary	18.6 ± 3.0	34.8 ± 4.9	29.6 ± 4.2
Low income	13.9 ± 3.2	30.1 ± 5.4	25.8 ± 4.6
High income	17.9 ± 3.1	34.1 ± 5.0	29.1 ± 4.3

DISCUSSION

In vitro fertilization (IVF) is an important option for managing infertility, yet men's understanding and acceptance can shape uptake and spousal support. This study assessed the knowledge, attitudes, and perceptions of IVF among married men in Aba, Abia State, Nigeria.

The results of this study reveal that knowledge of *in vitro* fertilization (IVF) among married men in Abia State was moderate, with about half of the respondents demonstrating a fair to good understanding of IVF concepts and procedures. A large majority had heard of IVF and correctly identified the fundamental idea that fertilization occurs outside the body and that IVF is primarily an infertility treatment. Despite this, knowledge gaps remain regarding nuanced aspects such as donor gamete use and success probabilities, suggesting room for improved education. This pattern of moderate awareness aligns with research from Port Harcourt, Nigeria, where 79% of women attending fertility clinics were aware of IVF, yet detailed knowledge varied by specific aspects of the procedure [12]. Similarly, in Cape Coast, Ghana, about two-thirds of women were aware of IVF, and many viewed it as offering hope, though specific misunderstandings persisted [13].

Socio-demographic factors strongly influenced knowledge and attitudes in our study. Education and income positively correlated with knowledge scores, suggesting that men with higher formal education and greater financial resources are better informed and potentially more receptive to IVF. This trend reflects broader patterns in reproductive health literacy where socioeconomic status enhances access to information and shapes health-seeking behaviours. For example, in Nigeria, public awareness and positive attitudes toward assisted reproductive technologies were more common among participants with higher education and income levels, reinforcing the role of socioeconomic status in shaping perceptions of infertility treatments [12].

Our analysis of attitudes toward IVF showed a generally supportive stance among participants. Many respondents agreed that IVF was an acceptable method of having children, would encourage its use by their partners, and felt comfortable discussing it at home. Most agreed that men should undergo fertility testing and that IVF could reduce the stigma of childlessness.

This strong positive attitude aligns with findings in other Nigerian populations where a majority expressed willingness to use IVF if needed, though cost and religious beliefs remained significant reservations [14]. The positive link between knowledge and favourable attitudes in our study is supported by literature showing that greater understanding of IVF predicts more positive attitudes toward the procedure [15].

Religious and cultural factors emerged as salient influences on attitudes. Some respondents perceived IVF as conflicting with religious beliefs or divine will, a phenomenon documented in other Nigerian and African studies where traditional and religious interpretations can shape acceptance of assisted reproductive technologies [7]. Despite these concerns, a notable proportion of men disagreed with religious constraints, indicating a pluralistic view where faith and medical intervention can coexist in decision-making about fertility.

Perceptions of the cost and accessibility of IVF were critical. Many respondents felt IVF is too expensive for most families and expressed the belief that it should be supported by health insurance. Perceived high cost has consistently been reported as a major barrier to IVF in low-resource settings, including studies in Nigeria where cost constrained uptake more than awareness or attitude [7]. Only a smaller portion of men agreed that IVF services were readily accessible locally, revealing gaps in geographical and infrastructural access, which could discourage utilization and care-seeking.

Perceptions extended to ethical and social dimensions. Most men believed that children born through IVF are healthy and that IVF gives hope to infertile couples, reinforcing a generally positive reception. However, mixed views persisted on donor sperm/eggs, with a significant minority viewing donor gametes as morally wrong. Such ethical concerns echo findings in other cultural contexts where donor use raises moral and identity questions, even amid broad acceptance of IVF as a treatment option.

Our results on reproductive practices showed that about one-third had undergone fertility testing and nearly 40% had considered IVF personally, indicating active engagement with fertility issues beyond abstract awareness. Barriers identified, especially cost, fear of failure, lack of information, and cultural reasons, are consistent with global reports where financial, psychosocial, and informational constraints inhibit the pursuit of assisted reproductive technologies, particularly in low- and middle-income contexts.

The high willingness to attend IVF awareness programs and the expressed desire for more information on cost, success rates, procedures, risks, and access points highlight an unmet need for tailored education and community sensitization. Studies in similar contexts emphasize the value of structured awareness campaigns to dispel myths, increase health literacy, and improve health outcomes [12].

Correlation analysis further clarifies the interconnectedness of knowledge, attitudes, perceptions, and socio-demographic factors.

We found a moderate positive correlation between knowledge and attitude scores, and between knowledge and perception scores. These findings mirror research indicating that increased knowledge often predicts more positive attitudes and perceptions toward IVF [15]. The strong positive correlation between attitude and perception underscores how cognitive and affective components together shape overall receptivity to fertility treatments. The significant positive associations of income with willingness to use IVF highlight the economic dimension in reproductive decision-making.

Our findings also suggest age may play a role in acceptance of IVF, with a weak negative correlation indicating that younger respondents may be slightly more open to assisted reproductive technologies. Although age did not reach statistical significance in chi-square analysis, the trend aligns with other studies where younger individuals tend to be more receptive to medical interventions that challenge traditional norms.

CONCLUSION

The findings of this present study demonstrate that married men in Abia State generally possess moderate knowledge, positive attitudes, and mixed perceptions about IVF, shaped by educational, economic, cultural, and religious factors. While attitudes and willingness to use IVF are promising, gaps in detailed knowledge, persistent misconceptions, cost barriers, and access challenges underline the need for public health strategies focused on education, affordability, and supportive counselling. These findings are consistent with research from Nigeria and other African settings, reinforcing the broader relevance of addressing informational and structural barriers to improve acceptance and access to fertility treatments.

REFERENCES

1. Ezirim, E. O., Akwuruoha, E. M., Amah, C. I., Onyemereze, C. O., & Airaodion, A. I. (2025). Knowledge, attitude and perception towards premature ovarian insufficiency among Nigerian women. *International Journal of Clinical Gynaecology and Obstetrics*, 5(1). <https://doi.org/10.61148/2836-0737/IJCGO/040>
2. Akwuruoha, E. M., Ezirim, E. O., Amah, C. I., Onyemereze, C. O., & Airaodion, A. I. (2025). Pathogenesis and factors influencing premature ovarian insufficiency among Nigerian women. *International Journal of Research and Reports in Gynaecology*, 8(1), 222–232. <https://doi.org/10.9734/ijrrgy/2025/v8i1132>
3. Onyemereze, C. O., Eze, A. K., Mba, K. K., Mba, C. J., Adesina, O. O., Abali, I. O., & Airaodion, A. I. (2024). Awareness and prevalence of endometriosis among women with fertility challenges attending gynaecology clinic in a tertiary hospital in Nigeria. *International Journal of Gynaecology and Infertility*, 2(1), 1–13.
4. Akwuruoha, E. M., Ezirim, E. O., Amah, C. I., Onyemereze, C. O., & Airaodion, A. I. (2025). Prevalence and awareness of premature ovarian insufficiency among Nigerian women. *Journal of Women's Health Care and Gynecology*, 5(5), 1–8. <https://doi.org/10.59657/2993-0871.brs.25.100>

5. Abba, Z. M., Olumoh, J., & Okeke, M. I. (2025). *Nigerian public awareness, attitude, and perception toward assisted reproductive technologies*. In Proceedings of the 3rd International Conference of the American University of Nigeria (Vol. 3, No. 1, pp. 590–602). American University of Nigeria. e-ISSN 3027-0650.
6. Orukwogu, U., Mgbere, M., & Kue, J. B. (2022). The Perception and Acceptance of In Vitro Fertilization amongst Infertile Couples Attending Fertility Clinic in University of Port Harcourt Teaching Hospital Choba in Rivers State. *IPS Journal of Basic and Clinical Medicine*, 1(2), 1–8. <https://doi.org/10.54117/ijbcm.v1i2.2>
7. Okafor, N. I., Joe-Ikechebelu, N. N., & Ikechebelu, J. I. (2017). Perceptions of Infertility and In Vitro Fertilization Treatment among Married Couples in Anambra State, Nigeria. *African journal of reproductive health*, 21(4), 55–66. <https://doi.org/10.29063/ajrh2017/v21i4.6>
8. Ajayi, A., Ajayi, V., Biobaku, O., Oyetunji, I., Aikhuele, H., & Afolabi, B. M. (2017). Awareness, knowledge, and perception of in vitro fertilization among final-year medical students in South-West Nigeria. *International Journal of Pregnancy & Child Birth*, 2(1), 5–12. <https://doi.org/10.15406/ipcb.2017.02.00007>
9. Adesina, A. O., & Arulogun, O. S. (2024). Perception of married men about male infertility: A case study from Ede, Osun State, Nigeria. *International Journal of Research in Engineering, Science and Management*, 7(6), 152–155.
10. Ezebuoro, E. I., Abali, I. O., Akenroye, S. G., Onyemereze, C. O., & Airaodion, A. I. (2025). The role of male involvement in family planning and contraceptive use in Nigeria. *Journal of Counselling and Family Therapy*, 7(1), 30–37.
11. Akwuruoha, E. M., Onwube, O. C., Akwuruoha, C. U., & Airaodion, A. I. (2025). Prevalence, causes and psychological effects of miscarriage among women in Abia State University Teaching Hospital, Aba, Nigeria. *American Journal of Biomedical Science & Research*, 27(5), 850–856. <https://doi.org/10.34297/AJBSR.2025.27.003603>
12. Nwosu, A. B., Diorgu, F., & Altraide, O. (2024). Awareness, perception and determinants of acceptance of in vitro fertilization among women attending fertility clinics in Port Harcourt, Nigeria. *International Journal of Academic and Applied Research*, 8(5), 18–24.
13. Arhin, S. K., Tang, R., Hamid, A., Dzandu, D., & Akpetey, B. K. (2022). Knowledge, Attitude, and Perceptions about *In Vitro* Fertilization (IVF) among Women of Childbearing Age in Cape Coast, Ghana. *Obstetrics and gynecology international*, 2022, 5129199. <https://doi.org/10.1155/2022/5129199>
14. Bello, S., Oche, M., Usman, Y. E., Tunau, K. A., Abdullahi, Z. S., Garba, J. A., Umar, A. G., Ibrahim, R., Nasir, A. M., & Sani, U. M. (2023). Factors affecting the willingness to take up IVF among infertile women. *African Journal of Reproduction and Gynaecological Endoscopy*, 8(1), 14–20. https://doi.org/10.4103/ajrge.ajrge_7_24
15. Malina, A., Roczniowska, M., & Pooley, J. A. (2021). Contact, moral foundations, or knowledge? What predicts attitudes towards women who undergo IVF. *BMC Pregnancy and Childbirth*, 21, Article 346. <https://doi.org/10.1186/s12884-021-03810-9>