

# Assessing male involvement in family planning: A scoping review of prevalence and its associated factors

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## ABSTRACT

**Introduction:** Family planning (FP) is a key component of the Safe Motherhood Program, aimed at reducing maternal mortality and morbidity. Male involvement in FP is increasingly recognized as essential for improving reproductive health outcomes through shared decision-making and spousal collaboration. This scoping review aimed to assess the prevalence of male involvement in family planning and identify the factors that influence their participation.

**Materials and Methods:** A literature search was conducted in ProQuest, PubMed, and Scopus for peer-reviewed articles published between 2014 and 2024. Eligible studies reported on the prevalence and determinants of male involvement in FP. Two reviewers independently screened articles and extracted data. Findings were synthesised descriptively and thematically.

**Results:** Eight studies met the inclusion criteria. Reported male involvement in FP varied widely, ranging from 8.4% to 80%. Key influencing factors included education level, access to FP information, number of children, spousal communication, and attitudes towards contraception. Barriers included cultural norms, limited male-targeted services, and misconceptions about FP.

**Conclusion:** Male involvement in family planning remains inconsistent across regions. Targeted educational and community-based interventions are essential to enhance men's engagement in reproductive health and improve FP outcomes.

## KEYWORDS:

*Family planning, contraception, male, involvement, prevalence, factors, determinants, reproductive health*

## INTRODUCTION

Family planning (FP), or contraception, refers to the intentional prevention of pregnancy using various methods, including devices, medications, sexual practices, or surgical procedures. These methods are typically classified as modern or traditional.<sup>1,2</sup> According to the World Health Organization (WHO), family planning enables individuals and couples to achieve their reproductive goals and exercise their right to

decide freely whether or not to have children.<sup>2</sup> FP is a cornerstone of the Safe Motherhood Program and plays a critical role in reducing maternal mortality and morbidity. It also helps prevent unplanned pregnancies, protects women's reproductive rights, and improves child health and nutrition through optimal birth spacing.<sup>3</sup>

Reproductive health is a shared responsibility between men and women. Increasing male involvement in family planning is essential for improving maternal health and achieving the Sustainable Development Goals (SDGs), particularly those related to reducing maternal mortality.<sup>4</sup> Male involvement in family planning refers to any organisational measures explicitly targeted at males to promote the acceptance and adoption of FP among either sex. It includes males engaging in decision-making, endorsing it, or encouraging their spouse to use FP.<sup>5</sup> Another definition of male involvement with family planning is defined as participation in at least one of the following activities: conversation or spousal communication, support, approval, and use of contraceptives by the husband.<sup>6</sup>

Malaysia's contraceptive utilisation is lower than that of several Southeast Asian counterparts, such as Singapore, the Philippines, Thailand, Indonesia, and Vietnam. In 2010, Malaysians had a birth control prevalence rate of 51.7%, which was relatively low when compared to Thailand, Singapore, and Vietnam, which had rates of more than 70.0% adoption.<sup>3</sup> It is important to note that countries like Myanmar and Malaysia report minimal usage of modern contraception, despite having low total fertility rates (TFRs). This discrepancy implies that TFR alone is an insufficient proxy for contraceptive access, underscoring the necessity of a more complex comprehension of reproductive health transitions in these societies.<sup>7</sup> According to the Confidential Enquiries into Maternal Deaths (CEMD) Malaysia Report 2001–2005, up to 70% of maternal deaths occurred without any form of family planning. A key but often overlooked issue in Malaysia's FP efforts is the lack of male engagement, gender awareness, and shared responsibility between partners.<sup>8</sup>

Male engagement in contraceptives increases spousal collaboration and decreases opposition, which enhances women's uptake and continuity of family planning techniques.<sup>4</sup> Several studies in high- and middle-income

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countries have found a substantial link between male engagement and an increase in contraceptive adoption and use. According to FP studies, male engagement is strongly connected with access to media, especially television and radio, spouse work status, and average monthly income.<sup>9</sup> Few studies have identified barriers to male engagement in family planning. Still, most prior research has been conducted in urban settings, which differ from rural settings in socio-demographic and behavioural aspects.<sup>4</sup>

This scoping review was conducted to address a critical gap in understanding the role of men in family planning, particularly in low- and middle-income countries where male engagement remains limited and under-researched. Despite ongoing global and national efforts to improve reproductive health outcomes, male involvement has often been overlooked in both policy and practice. Malaysia, for example, reports relatively low modern contraceptive usage, and few studies have focused on men's participation in FP decision-making. Recognising that men often play a decisive role in reproductive choices, especially in patriarchal societies, this review was designed to map existing evidence on the prevalence of male involvement in family planning and to identify the key factors that influence such involvement. This work forms part of a broader initiative aimed at informing future interventions and health education programs that promote gender-equitable participation in reproductive health. By synthesising existing literature, the review aims to guide researchers, healthcare providers, and policymakers in developing targeted strategies to enhance male engagement in FP services and ultimately improve maternal and child health outcomes. Hence, this scoping review aimed to assess the prevalence of male involvement in FP activities and its associated factors.

## MATERIALS AND METHODS

### Data sources and searches

The Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist was used to complete the review. A comprehensive search was conducted in the ProQuest, PubMed, and Scopus databases on March 23, 2025, and was restricted to reviews published in English between December 31, 2014, and December 31, 2024. The search keywords were tailored to each database.

### Search Terms and Strategy Used in This Scoping Review

The following generic search string was adapted for each database:

("male involvement" OR "male participation" OR "men participation") AND  
("family planning" OR "contraceptive use" OR "reproductive health") AND  
("prevalence" OR "factors" OR "determinants" OR "barriers")

### Exclusion Criteria:

- Qualitative studies, systematic reviews, or mixed-methods studies without distinct quantitative prevalence data.
- Studies focused exclusively on women or couples where male-specific data could not be separated.
- Non-English publications or those without full-text access.

### Study selection and data extraction

Duplicates were removed from the electronic search results after they were exported to Microsoft Excel. The primary reviewer determined which studies should be included. One reviewer extracted data from full-text reviews, with another independently evaluating 20% of these papers to assess eligibility and consistency. Any disagreements about study inclusion were settled with the help of a third reviewer.

### Quality Appraisal

Although a formal, tool-based critical appraisal was not an a priori objective of this scoping review, we conducted a brief assessment of methodological rigour to provide context for interpreting the findings. Each included study was examined for: (i) clarity of aims and study design; (ii) sampling strategy and sample size justification; (iii) data collection instruments (e.g., pre-tested or validated questionnaires); and (iv) appropriateness of statistical analyses. All eight studies employed cross-sectional designs with structured or semi-structured questionnaires and reported their objectives, sampling frames, and analytic methods transparently.

## RESULTS

In total, 1132 studies were identified through the electronic databases. ProQuest resulted in 593 studies, Scopus produced 242 studies, while PubMed produced 297 studies. After applying restrictions based on full-text availability (393 studies) and duplicates (57 studies), 682 studies were retrieved from the three databases. Then, 654 studies were further removed due to a lack of topical relevance. Twenty-eight studies were assessed for eligibility, of which twenty were excluded because the contents of the articles did not fulfil the inclusion criteria (ten are systematic reviews, seven are qualitative studies, and three are articles studying populations involving women or wives. Finally, eight reviews that fulfilled the eligibility criteria were included based on title and abstract screening.

A total of peer-reviewed articles conducted in several countries were included in this review, namely Malaysia (n=1), Ethiopia (n=4), Uganda (n=1), Malawi and Tanzania (n=1), and Myanmar (n=1). Research findings regarding prevalence and factors associated with male involvement in family planning were reported in Tables II. The prevalence of male participation in family planning varies significantly across different regions of the world, with reported rates ranging from as low as 8.4% in some areas to as high as 80% in others, highlighting the diverse cultural, social, and economic factors that influence men's engagement in reproductive health initiatives. Our reviewed articles indicate that male involvement in family planning is significantly associated with several factors, notably the educational status of married men, which enhances their understanding and engagement in reproductive health. Additionally, their knowledge about family planning plays a crucial role in determining their level of participation. Other important factors include the sources from which men obtain information about family planning, the number of children they currently have, and their overall attitudes towards family planning practices. These elements collectively shape men's involvement and influence the effectiveness of family planning initiatives within various communities.

**Eligibility criteria**  
**Table I: Inclusion Criteria**

Study design	Quantitative studies using cross-sectional /longitudinal designs
Study population	Currently married men or male partners of women of reproductive age (15–49 years)
Outcomes	Studies reporting the prevalence of male involvement in family planning and its associated factors (e.g., knowledge, attitudes, education, spousal communication)
Geographic scope	No geographic restriction; studies from all regions were eligible
Language	English
Publication type	Peer-reviewed journal articles, reports
Publication date	Between January 2014 and December 2024

**Table II: Summary of Included Studies on Male Involvement in Family Planning**

Country	Author (Year)	Study Design	Sample Size	Prevalence of Male Involvement	Main Objective	Associated Factors
Ethiopia	Demissie et al. (2021)	Community-based cross-sectional	373	68.1%	To study the level and role of male involvement in FP and describe associated factors.	Education level, sources of FP information, spousal communication, desire to learn FP methods, approval and use of FP by men or their partners.
Ethiopia	Geltore & Lakew (2022)	Community-based cross-sectional	382	69.7%	To assess men’s participation in modern FP among married couples in Durame Town.	Education, number of living children, sources of information, knowledge, and attitude.
Uganda	Omona & Mahoro (2023)	Cross-sectional	371	80.0%	To explore factors associated with male participation in postpartum FP in Kampala.	FP approval, FP knowledge, source of information.
Malaysia	Seng Fah et al. (2017)	Cross-sectional	167	39.2%	To identify men’s involvement in FP discussions with spouses and associations with socio-economic characteristics.	Older age, higher education, higher income, longer marriage duration.
Malawi & Tanzania	Osuafor et al. (2023)	Cross-sectional using DHS data	10,996	53.0%	To assess male involvement in FP decisions and related determinants in household contexts.	Age 35–54, secondary/higher education, access to media, female-headed household.
Ethiopia (NW)	Kassa et al. (2014)	Semi-structured cross-sectional	524	8.4%	To assess male involvement in FP services and associated factors in Debre Markos.	Low involvement due to lack of information, service inaccessibility, and desire for more children.
Ethiopia (North)	Wondim et al. (2020)	Community-based cross-sectional	620	12.5%	To assess male involvement in FP use and its associated factors in rural communities.	Education (self and partner), positive FP attitude, spousal discussion, FP knowledge (positive), number of children (inverse relationship).
Myanmar	Myint et al. (2021)	Cross-sectional	388	40.7%	To determine male involvement in FP and its association with attitudes and behavioural factors using the Theory of Planned Behaviour.	Positive attitudes, subjective norms, and intention to engage in FP practices.

Despite setting no geographic restrictions in the search strategy, all eight included studies originated from Asia and sub-Saharan Africa. This outcome likely reflects two main factors. First, male involvement in family planning has been a more pressing and studied issue in these regions due to lower contraceptive uptake, higher fertility rates, and deeply rooted gender norms that impact reproductive decision-making. Second, there appears to be limited availability of region-specific quantitative research from high-income

countries on this topic, possibly because male engagement in FP is less emphasized or more integrated into broader reproductive health systems in those settings.

**Education Level**

In this scoping review, five articles indicated a noteworthy correlation between men’s participation in family planning initiatives and their educational attainment.<sup>4,10-13</sup> Specifically, the findings suggest that individuals with higher levels of

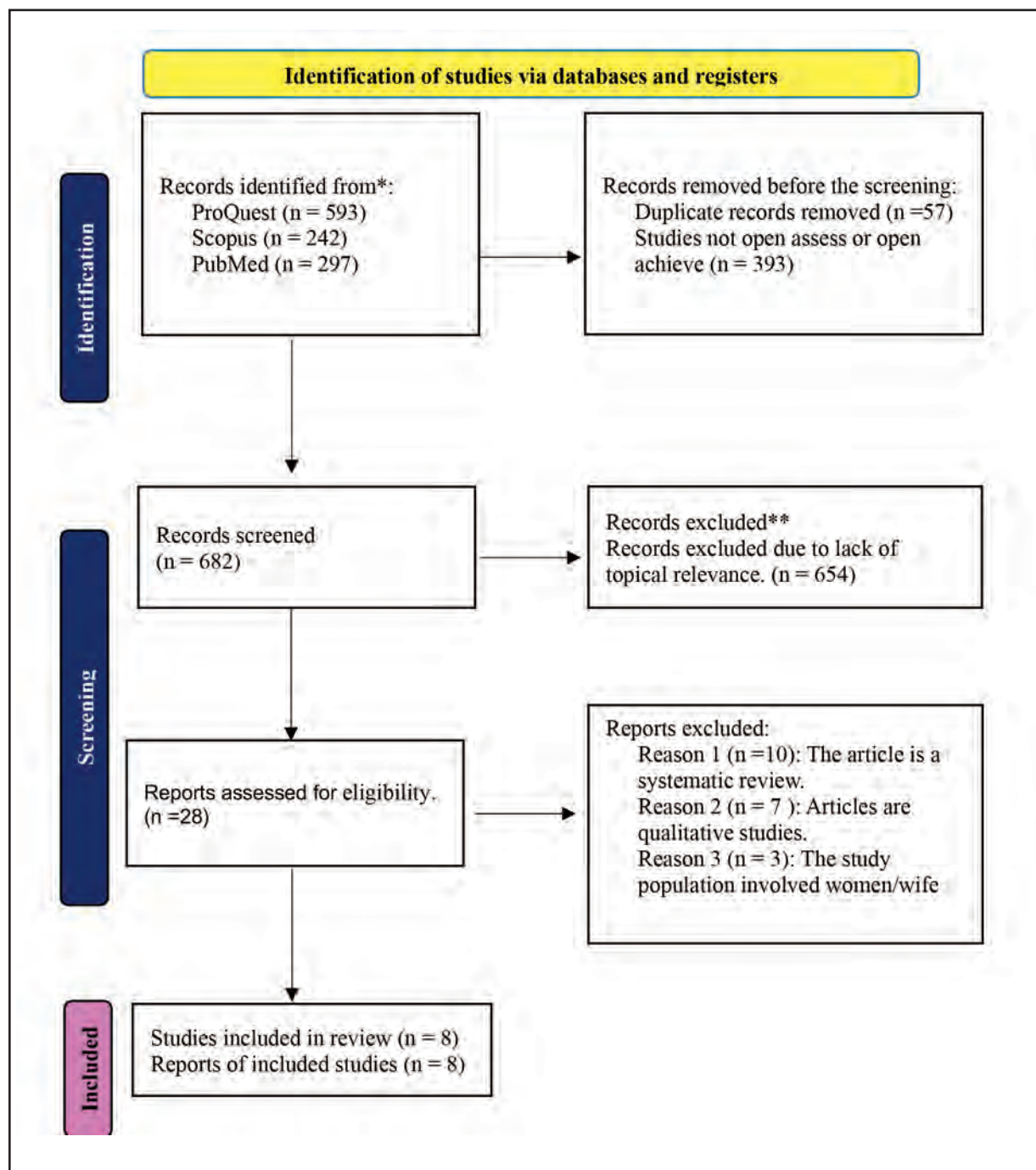


Fig. 1: Literature selection diagram

education are more likely to engage actively in family planning activities. This implies that as educational levels increase, so does the likelihood of men participating in discussions and decision-making processes related to family planning. Consequently, enhancing educational opportunities for men may serve as a crucial strategy for increasing their involvement in family planning, ultimately leading to more informed choices regarding reproductive health.<sup>14-15</sup>

#### Sources of Information About FP

Five quantitative studies examined sources of information about family planning as a factor for men's involvement in family planning.<sup>10</sup> The role of information sources in shaping men's participation in family planning is critical. Access to accurate and comprehensive information empowers men to engage more actively in reproductive health decisions, fostering better family planning practices. Research indicates that men's awareness of family planning options significantly influences their participation. Studies reveal

that men who receive information from healthcare providers, community programs, or educational campaigns are more likely to support and use family planning methods.

Various information sources, such as workshops, media campaigns, and peer discussions, are vital in informing men about family planning. Effective communication enhances understanding and acceptance of FP methods, thus promoting involvement.<sup>9</sup> Impact on Decision-Making: Male participation in family planning decisions often hinges on the quality and accessibility of information. When men are well-informed, they are more likely to participate in discussions about contraceptive choices, leading to higher usage rates.<sup>16</sup> In conclusion, accessible and reliable information sources are essential for increasing men's involvement in family planning.

### Attitude Towards Family Planning

In this scoping review, the attitude of the respondents towards family planning was examined and discussed in three studies.<sup>4,10,13</sup> Research indicates a strong link between positive attitudes toward family planning and male involvement in postpartum family planning. When men actively support and engage in family planning discussions, it can enhance their partners' willingness to adopt contraceptive measures. This involvement is crucial as it not only promotes shared responsibility in reproductive health and empowers women, leading to higher contraceptive uptake.<sup>17</sup>

A positive perspective on family planning among men often translates to better communication and collaboration within couples. Such dynamics can alleviate concerns about contraceptive methods, making women feel more secure in their choices. Moreover, studies have shown that male involvement can significantly improve maternal and child health outcomes by ensuring mutual and well-informed family planning decisions.<sup>18</sup>

## DISCUSSION

The primary aim of this paper is to conduct a comprehensive review of the existing literature concerning the prevalence of male involvement in family planning (FP) activities and explore the various factors associated with such involvement. This examination will not only highlight the extent to which men participate in FP initiatives. Still, it will also identify key determinants that influence their engagement, including socio-cultural, economic, and educational factors. By synthesising this information, the paper seeks to provide valuable insights into the role of men in family planning, thereby contributing to the broader discourse on reproductive health and gender dynamics.

This comprehensive review revealed a significant variance in the prevalence of male involvement in family planning across different countries, highlighting the disparities in participation rates and the scarcity of studies conducted in lower-middle-income countries. The variation observed between studies can largely be attributed to differences in research design, evaluation methodologies, and the sociocultural contexts of the studied populations. Among the

countries examined, Ethiopia emerged as the most researched, with a robust body of literature, followed closely by Malaysia, Uganda, Malawi, Tanzania, and Myanmar. Notably, the findings indicate that Uganda boasts the highest level of male involvement in family planning, with an impressive participation rate of 80%. In stark contrast, the Northwest region of Ethiopia demonstrates the lowest prevalence, with only 8.4% of men actively participating in family planning initiatives. This striking contrast underscores the need for targeted interventions to enhance male engagement in family planning across various cultural contexts.

In Uganda, recent research indicates a significantly higher level of male involvement in postpartum family planning than the national average. This suggests a growing trend of active participation among men in supporting their partners during the critical period following childbirth.<sup>19</sup> This increase in engagement highlights a shift in societal attitudes towards shared responsibility in reproductive health. It reflects the positive outcomes of various health initiatives promoting collaborative decision-making regarding family planning. Furthermore, this trend signifies a shift in cultural attitudes towards male participation and highlights the positive impact of targeted health education initiatives to foster collaborative family planning efforts.<sup>17</sup> As such, the enhanced male involvement in postpartum family planning represents a crucial development for improving maternal and child health outcomes across the country.<sup>20</sup> However, the existing body of research concerning the prevalence of male involvement in family planning in Malaysia remains insufficient, highlighting a significant gap in understanding how men's participation influences reproductive health outcomes.<sup>14</sup>

In this study, men's involvement in family planning is influenced by various factors, including their education level, the number of children they currently have, the sources of information they rely on, their level of knowledge, and their attitudes towards family planning practices. Each of these elements plays a significant role in shaping men's engagement in reproductive health decisions. Research indicates that men with more children may adopt different perspectives towards family planning than those with fewer or no children. This correlation often arises from a sense of responsibility or the desire for family size control. Men with several children might be more motivated to participate in family planning discussions to avoid financial strain or to ensure better living conditions for their existing children.<sup>12</sup>

A man's knowledge about family planning methods and their benefits directly correlates with his willingness to engage. Increased knowledge empowers men to make informed decisions, dispelling myths surrounding contraceptive use. Studies show that men with comprehensive knowledge are more likely to support their partners in family planning initiatives.<sup>5</sup> Men's attitude towards family planning can either facilitate or hinder their involvement. Positive attitudes, often shaped by cultural, social, or personal beliefs, promote active participation. Men who view family planning as a shared responsibility are more inclined to engage. In contrast, negative perceptions,

often rooted in traditional gender roles, can lead to resistance.<sup>21</sup>

Understanding male partner influence in contraceptive decision-making is crucial not only for influencing individual behaviours but also for advancing broader public health goals.<sup>22</sup> Evidence consistently shows that male involvement in family planning contributes to better maternal and child health outcomes. These findings underscore the importance of adopting holistic approaches that view reproductive health as a shared responsibility between partners.<sup>23</sup> A shared decision-making model, where both partners actively engage in discussions and decisions about contraceptive use, fosters mutual respect, improves communication, and supports more informed and sustainable reproductive choices.<sup>24</sup> Promoting male engagement within this framework not only enhances the effectiveness of family planning programs but also empowers women by reinforcing their autonomy in reproductive health decisions.<sup>25-26</sup>

Several strengths were discovered during this review. First, this scoping review may give a complete overview of the current corpus of research, including a wide range of study designs, approaches, and settings. This is especially beneficial for countries and diverse areas with many distinct people and locations, whose healthcare delivery is influenced by various cultural, economic, and political challenges.

The findings of this review can help policymakers and healthcare providers understand the prevalence and factors associated with male involvement in family planning. This knowledge may lead to better-tailored policies and initiatives that are also more successful overall. Nevertheless, the insights derived from this review will likely enhance our understanding of the prevalence of male involvement in family planning initiatives and the various factors that influence such participation. By exploring these dynamics, we can better comprehend the barriers and facilitators that shape men's roles in reproductive health decisions. This knowledge is crucial for developing targeted interventions that promote greater engagement among men, ultimately contributing to improved family planning outcomes and healthier communities.

This review has several limitations that should be considered when interpreting the findings. First, only eight studies met the inclusion criteria, which limits the breadth and generalisability of the conclusions. The small number of studies may not capture the full diversity of male involvement in family planning across different cultural and socioeconomic settings. As a result, the patterns observed may reflect the specific contexts of the included studies rather than global trends. Second, the review included only articles published in English and indexed in three databases (PubMed, Scopus, and ProQuest), which may have led to the exclusion of relevant studies published in other languages or local journals. Although a supplementary search was performed using Google and Google Scholar, some relevant studies might have been missed, particularly from underrepresented regions. Third, most of the included studies used cross-sectional designs, which are limited in establishing cause-and-effect relationships. In addition, potential biases

such as self-reporting, convenience sampling, and varying definitions of "male involvement" across studies could affect the reliability of the reported findings. Despite these limitations, the review provides valuable insights into the prevalence and influencing factors of male participation in family planning and highlights important gaps for future research.

## CONCLUSION

In conclusion, the scoping review on male involvement in family planning highlights a critical gap in participation, particularly in various contexts such as Ethiopia and other regions. The prevalence of male involvement remains significantly low, despite the recognized benefits of active participation in reproductive health decisions. Factors influencing this involvement include men's knowledge of family planning options, their attitudes toward reproductive health, and the number of children they currently have.

To enhance male engagement in family planning, targeted educational interventions are essential. These should focus on dispelling myths, improving knowledge about contraceptive methods, and fostering supportive attitudes among men. Additionally, health programs must address the accessibility of information and services to encourage men to take a proactive role in family planning. By recognizing and addressing these factors, stakeholders can promote healthier family dynamics and improve overall community health outcomes.

## CONFLICT OF INTEREST

The authors have no conflicts of interest.

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