

Patterns and mechanisms contributing to the males' positive involvement in reproductive health issues: cases from a peri-urban area of Bangladesh

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ABSTRACT

In a patriarchal society where decisions are largely made by men, the need to include men in reproductive issues are relatively complex with a view to achieving key reproductive health (RH) goals. In SDG goal 5.6, it is emphasized to ensure equal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development. The conference advises that efforts should be made to emphasize men's shared responsibility and promote their active involvement in the RH field. This study intended to explore mechanisms and channels promoting male involvement in RH in Cumilla city, a southeastern urban area of Bangladesh. The qualitative study design was used to figure out transformative and effective reasons which led males to share responsibilities regarding the RH issue. Case study method was adopted as the strategy of inquiry of this qualitative study. This study tried to explore the contextual analysis of male involvement in RH issue. In brief the study asserts the idea that being in the same gendered norms setting, some mechanisms like self-interest, adequate knowledge and awareness, mutual communication, love and affection between spouses, peer-group communication influenced males to actively involve in RH field especially in considering wife's decision regarding contraceptive use, birth spacing, abortion and accompanying wife during RH services. It is recommended that programs on effective implementation of male involvement in RH should address the socio-cultural barriers and challenges to men's supportive activities. It is a comprehensive task that cannot be achieved in the short-run and requires sustained engagement and commitment by all stakeholders.

Key words: reproductive health, male involvement, decision making, social learning.

INTRODUCTION

In the last 15 years, globally recognition of the importance of men's involvement in reproductive health (RH) is considered as an important issue in terms of adopting effective health practices.^{1,2} In SDG goals 3.7 and 5.6 it is illustrated to establish equal access to sexual and reproductive health and reproductive rights in accordance with the Programme of Action of the International Conference on Population and Development (ICPD).³ The conference shares the idea that efforts should be made to emphasize men's shared responsibility and encourage their active involvement in the RH field. Earlier researches suggest that initiatives to engage men can positively influence childbirth decision, birth spacing and use of contraceptives,⁴ the maternal workload during pregnancy,⁵ birth preparedness,⁶ postnatal care attendance⁷, and couple communication and emotional support for women during pregnancy⁸. Few studies tried to explore a few reasons working behind males non-involvement in family planning services as well as unwillingness to use contraception, especially which are related to males' initiative.^{9,10} However, other observational studies have illustrated some relationship-level factors such as intimate partner violence, relationship power, and decision-making, which influence the HIV risk among their partners.¹¹ Several small-scale initiatives aiming to engage men in reproductive health programs have had positive experiences globally,¹² but an in-depth understanding of the rationale for men's participation has not yet been explored.

A growing body of qualitative research has been reinforcing recommendations to engage male partner in RH issue.¹³ But the responsibilities of men in RH field has been always ignored by the

family planning programs and most contraceptive methods as in many Asian countries these are designed for especially women.¹⁴ In the Bangladesh context, few studies explored the determinants which work together as influential factors for involving men in reproductive health service such as education, economic status, and age.¹⁵ Based on this context, this qualitative research was designed to explore some inner realities of socio-cultural norms and practices of male involvement in RH field where husbands occupied themselves with their wives as supportive partners rather than playing dominant roles. Throughout the study accompanying wives during pregnancy, abortion or/and seeking RH services, seeking wife's decision about sexual relation, contraceptive use, birth spacing, family planning and considering wife as the equally responsible partner in any RH issues were envisioned to define the active/positive male involvement in this regard. Because in Bangladesh, the socio-cultural reality does not stimulate a man to be involved in RH issue. Here gendered status quo and male dominant social norms do not appreciate men to get involved in this regard with their wives. It is considered that RH is a female issue and if any male gets involved in this matter then social disgrace and stigma is faced by him. Considering these realities, this study attempted to investigate the opposite scenario of why and how some males are practicing their expected role in RH arena? What factors are playing an influential role contributing to this engagement? On an above, the study represents the another scenario where other males seemed not actively engaged in RH issues there being in the same socio-cultural setting some male partners are actively involved in this matter and it is recommended that other male partners can learn from these cases.

METHODOLOGY

The qualitative research approach was chosen for the study to gather an in-depth understanding of socio-cultural contexts that govern the male's behavior towards RH issue. The process-context approach developed by Bruijn (1999)¹⁶ was adopted as the conceptual framework for this study. The three basic conceptual components namely choice, process, and context were amalgamated and provided an

explanatory framework to understand the mechanisms of male involvement in a specific socio-cultural environment. On that note, in this study, various apparatuses of male involvement in the RH issue, and the way of the decision-making process were critically analyzed in the light of this theoretical aspect. The structural relations suggested in this framework were conceptualized to analyze cases, which is the prime tool of this study.

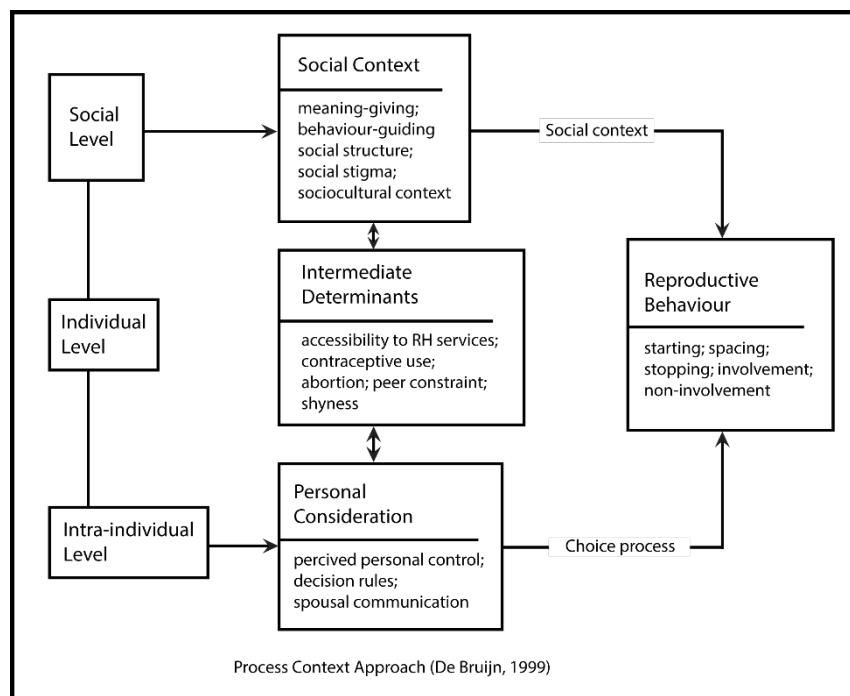
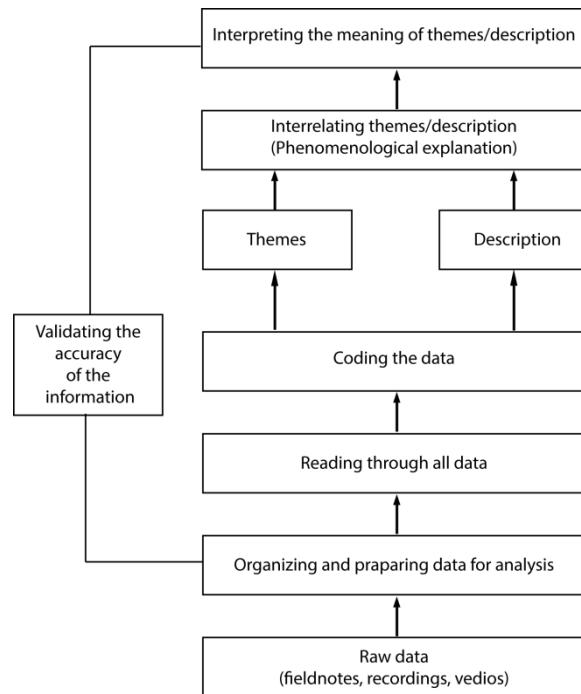


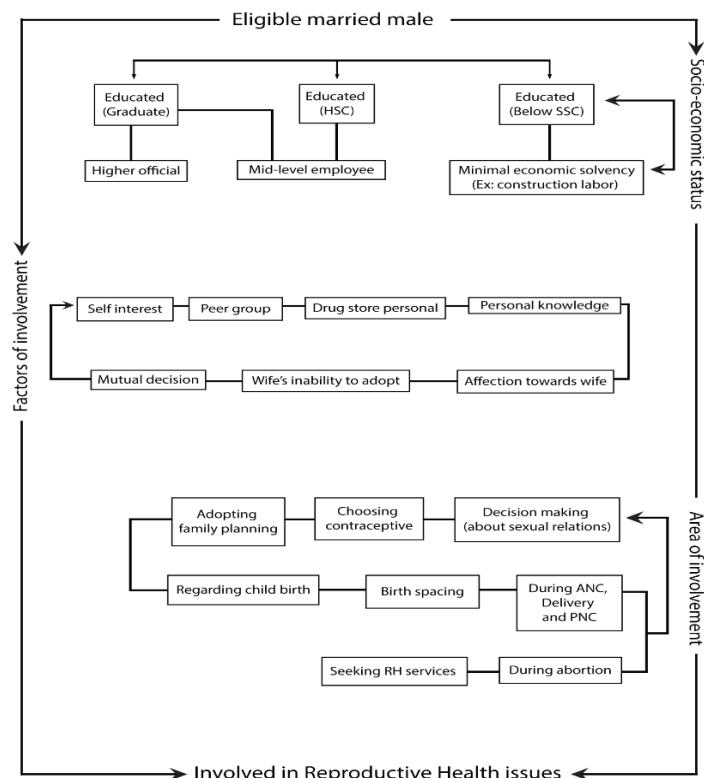
Figure 1 Conceptual framework adopted in the study

To identify the cases, at first health service providers of the study area were interviewed and from them fifteen cases were found. Then to validate the cases suggested by service providers screening questionnaire was given to those couples to reaffirm the envisioned engagement of the study and cross checking the filled questionnaire ten cases were finally selected. The age of the study population was between 25-35 years. Collected information was organized following the successive approximation method¹⁷ and

data were analyzed using the thematic analysis method based on the code list and interpreted thoroughly.¹⁷ Ethical approval gained from Comilla University research authority (funding institution of this study). Research ethics were carried out in the whole research process like maintaining the confidentiality of respondents, having consent from respondents for the interview, stating the respondents as anonymous, and interpreting the results from an objective point of view.

**Figure 2** Data analysis plan of the study

RESULTS

**Figure 3** Overview of the results

The core research question of the study was focused on two things; the patterns of male involvement in RH sector and the second one was to investigate those mechanisms that worked as functional forces affecting their involvement in RH issues.

Male involvement in reproductive health decisions

In all ten cases, male respondents were found interested in being involved in reproductive health issues actively. Moreover, the female respondents of these ten cases indicated that they took “mutual decision” on some RH issues. “Family formation planning”, “contraceptive use”, and “timing of women’s pregnancies” were the most frequently mentioned issues where partners took mutual decisions. “Family formation planning” was mentioned in eight cases, “contraceptive use” was mentioned in nine cases, and “timing of women’s pregnancies” was mentioned in seven cases.

“My husband usually discusses with me about our family planning issues, about my problems, and what he wants from me. He was with me when I went to seek reproductive health care from Nagar Sasthya Kendro, Cumilla. We both decided together about our family plan”.

- Female respondent, Cumilla, 2017

However, there are some RH issues where taken decisions were found influenced by the male partners of the female respondents. Four such issues are “decision regarding childbirth”, “decision regarding abortion”, “decision regarding birth spacing”, and “decision to select RH service provider” were frequently mentioned with “decisions influenced by the male partner”. “Decision regarding childbirth” issues were mentioned in six cases, “decision regarding abortion” related

issues were mentioned in eight cases, “decision regarding birth spacing” was mentioned in five cases, and “decision to select RH service provider” was mentioned in four cases with the female respondents. Female respondents in these cases mentioned that without having a discussion with their male partners, they do not take decisions regarding such issues. It was evident from the cases that almost all the male respondents were participating while they visit a doctor for their wives, consulting with RH health service providers, and were accompanying their wives when they visit RH service care centers. In most cases, the female respondents mentioned that it was their husband’s self-interest or love and affection towards them which led their male partners to take these responsibilities willingly.

“It is becoming our culture, if my friend sees me take my wife to the clinic he will say me as a henpecked, but we should come out of this social stigma. All of us should treat reproductive health issues as meant for both husband and wife.”

- Male respondent, Cumilla, 2017

Male involvement in contraceptive use

We found both the male and female participants in all our cases as aware of different types of contraceptive methods. Among them, “condom” was mentioned with “temporary methods”, “NSV” and “implant” was mentioned with “permanent methods” frequently. Male respondents in nine cases were found more interested to adopt a contraceptive method for them rather than forcing their wives to adopt contraceptive methods. In six cases, the male respondents argued that they do not want that their wives should have the consequences caused after adopting the female-centered method, as most of the female contraceptive methods have some side effects on the female body. So, to avoid

unplanned pregnancies and health risks of their female partners, they decided regarding their contraception method and took the responsibilities upon themselves after discussing with their wives. In seven cases with the RH service providers, participants also mentioned that most of the time they suggest “condom” as the safest contraceptive form for men.

“I observed my wife from the very beginning of our marriage and realized that she is not able enough to take any family planning method. I was afraid that any female-centered contraceptive method might increase her health complications and might be a great risk for her health. Then I told her - don't worry, I'll adopt one of the effective methods for me, you just stay healthy and safe, that's what I want.”

- Male respondent, Cumilla, 2017

Male involvement in birth spacing and abortion

Based on all ten cases, the study explored a closer relation between husband and wife's decision about “childbirth” and “birth spacing”. At least eight female respondents perceived male's involvement in childbirth and birth spacing as a positive indicator. Among the ten, we found three cases of abortion/MR in the study. All six respondents of these three cases noted abortion as a mutual decision and stated that one cannot take such a big decision alone. Moreover, almost all the key personnel mentioned that cases like abortion always require the presence of a male partner/husband. Three of our RH service providers perceived that typically it is not always true that the male partners are forcing their female partners to abort unwanted babies; sometimes they found male partners truly supportive. Though when abortion cases were discussed,

attention was found mostly centered on the role and responsibility of the women, but male partners of these female partners also seemed as supportive and caring to their wives.

“When there was no one on my side, my husband was enough for me to support in this critical situation. He did not let me get insulted or have pain. He took all the responsibilities to arrange the abortion. I was much happy and feel blessed during that period.”

- Female respondent, Cumilla, 2017

Four male respondents, who didn't tackle situations like aborting a baby in their conjugal life also agreed on a point that as the sexual relationship is meant for both husbands and wives so involvement in abortion also should be equal. They also added that it would be an injustice to their wives if they leave their wives alone in critical conditions like abortion.

Mechanisms Contributing to male involvement in reproductive health issue

Another core objective of the study was to identify the mechanisms contributing to the involvement of males in RH issues and we found seven of them; “Self-interest”, “knowledge” about RH, “wife's inability” to adopt any contraceptive methods or RH care services, “mutual decision” in conjugal life, “affection towards wife”, knowledge and experience sharing among the “peer groups”, suggestions from the salesman of the “medicine shops” were mentioned frequently with the “mechanisms of involvement”.

Male's self-interest

Randomly in eight cases, male respondents perceived that “self-interest”

can be an important factor to increase male involvement in RH issues in an active way. Five of them strongly believed that at first male partners need to feel a depth interest in involving themselves actively in RH issues along with their wives. Male respondents exemplified that because of their self-interest, they came along with their wives to have RH services from the service centers, took care of their wives during pregnancy, supported their wives while having an abortion, and also took responsibilities regarding family planning decision and contraceptive use.

“I think it is obvious for a husband to be self-interested to get him involved in RH issues actively. He has to come forward from his own interest.”

-Female respondent, Cumilla, 2017

Male’s knowledge regarding reproductive health

Respondents noted that the percentage of males involved in family planning and reproductive health will be higher among the married couples who have knowledge of reproductive health issues while the percentage of males involved in family planning and reproductive health will be lower among those do not have adequate knowledge on this. So, according to them, having a certain level of “knowledge regarding RH issues” can be identified as another prime factor for male involvement.

“To get involved in RH issues one needs to have an understanding of these issues. If one gets to know the importance of male involvement in the RH issue then he would be able to engage himself. For this, personal knowledge is important.”

- IDI, Male respondent, Cumilla, 2017

Female partner’s inability to adopt contraceptives

In five cases it was commonly found that whenever the male partner got to know that his wife is “unable or uncomfortable to adopt” any family planning method or bear the total responsibility of her reproductive health, he eagerly took responsibilities on his shoulder. Male respondents in all these five cases also added that they have experienced such issues while choosing long term contraceptives for their family planning. In nine cases, male respondents prioritized their wives’ physical health condition rather than making them merely responsible for RH issues. It was commonly evident in all ten cases that the male partner was trying to avoid any health risks of their female partners.

“I think my wife should stay healthy and safe. If she gets ill by adopting any birth control method it will bring sufferings also for me. I can’t endure her suffering. As such, I decided to take an implant in my body. Her safety is my first priority.”

- IDI, Male respondent, Cumilla, 2017

Affection within the relationship

Moreover, in almost every cases respondents specifically identified good spousal communication as an important determinant to ensure male involvement in the RH issue. Three of RH service providers stated that when spouses share a mutual understanding and loving relation, then males can easily be intended to share their responsibilities towards their wives on the issue of the reproductive health arena. “Affection towards spouse” was also stated as an important factor behind male involvement in the RH issue. Participants also exemplified that, during their service providing the session, sometimes they met couples where the male partners asked for

hassle-free services for their wives. They don't want to put their wives at any risk. These key personals also perceived that these males have keen affection towards their wives.

"I met at least two couples in a week those came here in my office for taking permanent contraceptive method, vaccine or for registering an abortion and the husband asked me for providing such methods through which his wife won't get hurt. He doesn't want to give pain or stress to his wife anyway."

- **Male Health Service Provider, Cumilla, 2017**

Hereby, affection and mutual decisions were found as interdependently tied up and it can also be noted as conjugal dependency felt by both partners. The study found that in those relations affection towards partner was found mostly there males and both females take mutual decisions regarding RH issue and always try to lighten the burden (physical or psychological) of opposite partners.

Connections with peer groups and medicine sellers

The social network was found as another influential factor. Four key personals also agreed on this point that there is a significant association between received advice from peer groups and male involvement in RH issues. Moreover, in nine cases, respondents somehow mentioned that they got suggestions to get involved in RH issues of their conjugal life from their friends and colleagues. Most frequently they mentioned the sellers from nearby medicine shops. They also added that they feel free to discuss their conjugal matters or reproductive health-related complexities with their peer groups and within their social network. So, based on

these cases, the peer group can work as an effective factor behind the male's positive involvement in RH issues.

"Married male persons take suggestions from their male friends' who work in hospitals, medicine shops, or an NGO. Most RH awareness building and monitoring programs try to employ female health workers at the field level. Male partners feel uncomfortable to share their problems with them. I think, if we can build mass awareness for the male partners by appointing more male field staff, male involvement in RH issues will increase dramatically."

- **Female Health Service Provider, Cumilla, 2017**

DISCUSSION

Male involvement in reproductive health issues is crucially dependent on social and cultural norms of a community which can be predominantly found in Bangladesh.¹⁸ This research investigated the influential mechanisms which led a man to get engaged in the reproductive health issue. Within such a cultural setting where most of the males are not involved because of their gendered status quo there some people were found as actively involved because of their self-interest, affection towards their wife, personal knowledge, and peer group relation. The behavioral aspect of males in this fact is influenced by the cultural institution of patriarchy, social practices, and the socio-cultural values that men adopted from their surroundings.¹⁹ Considering this socio-cultural context of male's participation in reproductive health care, this study was designed as qualitative in nature to identify some influential mechanisms as well as challenges of male involvement in reproductive health care issues. In most cases, it was found that male

partners do not want to give pain to their wives or do not want that their wives would share the sufferings caused after adopting a female-centered method as most of the contraceptive methods have some reverse effects on the female body. As such, they told that they would like to adopt possible family planning methods for themselves after consulting with health service providers.

However, on this point in the Bangladeshi context, decision-making about RH matters goes beyond the as here kin relationships and lineage structures play a culturally significant role in the family.^{20,21} This was also noted in this study that regarding family formation in-laws decision plays an important role and male partners perceived their involvement in childbirth and birth spacing as a positive indicator. As such, there found a closure relation between husband and wife's decision about childbirth and birth spacing from their understanding and mutual relation. Earlier studies revealed that men have a great influence on the decision-making process regarding reproductive health decisions in Bangladesh, the pattern of their active participation in this issue was not explored in these studies. As such, this study tried to explore some influential issues which led men to get involved in reproductive health practices beyond their cultural stigma. Herewith, most of the respondents, both male and female noted abortion as a mutual decision where one cannot take such a big decision alone. The participation of the male in MR/abortion issues remained visible in some cases where cases like abortion happened in their conjugal life. These were also noted in several studies that effective inter-spousal communication plays an influential role to promote shared responsibilities on reproductive health matters.²² Male respondents noted that from the decision-making to the end of the abortion one should have the affection and care towards

his wife and he should take the responsibility equally along with his wives. It was explored that male respondents of this study accompany their partners to the RH clinics, avoiding a fact attributed to gender norms practiced in our socio-cultural setting.

Hereby, Kamal (2013), in his article titled 'Determinants of Male Involvement in Family Planning and Reproductive Health in Bangladesh' explored some determinants which work together as influential factors for involving men in reproductive health service.⁹ There he identified some factors such as education, economic status, age as determinants of male involvement in reproductive health issues. But this study was quantitative in nature and it did not focus on cultural values and practices regarding this health issue. But this research was designed as qualitative in nature and it tried to explore some inner realities of socio-cultural norms and practices which may lead to the strategy of involving male in reproductive health care generated from the cases where husbands occupied themselves in reproductive health care with their wives as supportive partners rather than playing dominant roles. Overall, it demonstrates some positive learnings from the cases that if a male person wants, then they can be involved though living in a diverse socio-economic context. Like the conceptual model proposed by Bruijn, 1999¹⁶ used in this study, this study demonstrated some ideas which may found similar to the idea of the process-context approach for analyzing reasons behind men's non-involvement tend in the reproductive health sector. It narrates the notion of the reproductive behavior of male and their involvement by considering the socio-cultural context and socialization process. Overall, with the help of the case study design as methodology and conceptual model of this study, this study demonstrated some new ideas for ensuring effective male

involvement in RH issues to enhance safe reproductive behavior.

CONCLUSION

Male involvement in family planning and reproductive health seemed considerably higher among couples that got information about reproductive health issues from their social network. It can be referred that male involvement in reproductive health is a contextual process of behavioral change which is needed for men to provide a great impact in reproductive health matters. Where because of social stigma males are found as non-involved in the RH issue, there this study explored that because of positive social networks shared by peer groups and other relations males can involve in the RH field. The engagement of men in reproductive health practices leads to a comprehensive understanding between spouses, it reduces the number of unwanted pregnancies. In study areas, it was evident that gender rights strongly favor men, predominates. But it explored that though living in different socio-cultural backgrounds, the male can be involved actively in the RH issue if they share some positive mechanisms of involvement.

RECOMMENDATIONS

It can be set out from the overall study that if men conceptualize family planning as not the only female-centered issue rather a responsibility shared by both than ensuring male involvement in reproductive health issues would be possible. It is expected that further quasi-experimental research by applying mixed-method approaches can be conducted to examine that how the factors behind the positive involvement of males differ with demography and geographical status like hill tracts where RH service receiving

practices may be practiced in a different manner. Overall, it aspires that an understanding of positive factors practiced by male partners would help policymakers and planners to devise and implement more effective strategies promoting male involvement in reproductive health issues. Explored socio-cultural realities of this study can be denoted as significantly associated factors behind male involvement in the RH field in our society which is male dominant in nature.

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CONFLICTS OF INTEREST

The authors declare no conflicts of interest.

REFERENCES

1. USAID. Challenges and opportunities for male involvement in reproductive health in Cambodia . Phnom Penh POLICY Proj [Internet]. 2005. Available from: http://www.policyproject.com/pubs/countryreports/MaleInvolv_Cam.pdf
2. Salem R. Men's surveys: new findings [Internet]. 2004 [cited 2020 Oct 29]. Available from: https://www.researchgate.net/publication/8187490_Men's_surveys_new_findings
3. World Health Organization. Sexual

and Reproductive Health. World Health Organization [Internet]. 2017 [cited 2020 Oct 29]. Available from: https://www.euro.who.int/__data/assets/pdf_file/0005/348008/Fact-sheet-SDG-SRH-FINAL-04-09-2017.pdf?ua=1

4. Shattuck D, Kerner B, Gilles K, Hartmann M, Ng'ombe T, Guest G. Encouraging contraceptive uptake by motivating men to communicate about family planning: The Malawi Male Motivator project. *Am J Public Health* [Internet]. 2011; Available from: <https://ajph.aphapublications.org/doi/10.2105/AJPH.2010.300091>
5. Sinha D. Empowering communities to make pregnancy safer: an intervention in rural Andhra Pradesh [Internet]. 2008;(5):1–42. Available from: <http://www.popcouncil.org/asia/india.html>
6. C.L. S-R, S. S. Involving husbands in safe motherhood: Effects of the Suami SIAGA Campaign In Indonesia. *J Health Commun* [Internet]. 2004. Available from: <https://www.tandfonline.com/doi/abs/10.1080/10810730490447075>
7. Mullany BC, Becker S, Hindin MJ. The impact of including husbands in antenatal health education services on maternal health practices in urban Nepal: Results from a randomized controlled trial. *Health Educ Res* [Internet]. 2007. Available from: <https://academic.oup.com/her/article/22/2/166/622187>
8. Hartmann M, Gilles K, Shattuck D, Kerner B, Guest G. Changes in couples' communication as a result of a male-involvement family planning intervention. *J Health Commun* [Internet]. 2012. Available from: <https://www.tandfonline.com/doi/abs/10.1080/10810730.2011.650825>
9. Kamal MM, Islam MS, Alam MS, Hassn ABME. Determinants of Male Involvement in Family Planning and Reproductive Health in Bangladesh. *Am J Hum Ecol*. 2013; Available from: http://worldscholars.org/index.php/ajhe/article/view/0202_6
10. Bishwajit G, Tang S, Yaya S, Ide S, Fu H, Wang M, et al. Factors associated with male involvement in reproductive care in Bangladesh. *BMC Public Health* [Internet]. 2017. Available from: <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-016-3915-y>
11. Pettifor AE, Measham DM, Rees H V., Padian NS. Sexual power and HIV risk, South Africa. In: *Emerging Infectious Diseases* [Internet]. 2004. Available from: https://wwwnc.cdc.gov/eid/article/10/11/04-0252_article
12. Blake M, Babalola SCN-I 12-5. Impact of a male motivation campaign on family planning ideation and practice in Guinea. PRISM project [Internet]. 2002;(13):20pp. Available from: http://pdf.usaid.gov/pdf_docs/PNACS563.pdf
13. Dudgeon MR, Inhorn MC. Men's influences on women's reproductive health: Medical anthropological perspectives. *Soc Sci Med* [Internet]. 2004. Available from: <https://www.sciencedirect.com/science/article/abs/pii/S0277953603006282?via%3Dihub>
14. Joshi LR. Male Participation in Family Planning: Human Behaviour Perspective. *J Nepal Health Res Counc* [Internet]. 2015. Available from: <https://pubmed.ncbi.nlm.nih.gov/27005710/>
15. Sharma A. Male Involvement in Reproductive Health: Women's Perspective. *The Journal of Family Welfare* [Internet]. 2003. Available from: <https://journals.sagepub.com/doi/10.1177/097206340400700109>
16. Courgeau D, Bruijn BJ De. Foundations of Demographic Theory.

Choice, Process, Context. Popul French Ed [Internet]. 1999. Available form: <https://www.jstor.org/stable/1534906?origin=crossref>

17. Creswell JW. Qualitative Inquiry & Research Design. Sage Publications, Inc [Internet]. 2007. Available form: <https://us.sagepub.com/en-us/nam/qualitative-inquiry-and-research-design/book246896>

18. Bernstein, Stan; Hansen CJ. Public choices, private decisions: Sexual and reproductive health and the Millennium Development Goals [Internet]. 2006;1–180. Available from: http://www.themimu.info/sites/themimu.info/files/documents/RefDoc_Health_PublicChoices-Private Decisions-SRHandMDGs_UNMillenniumProject_2006.pdf

19. Khan MA, Rahman M, Khanam PA, Barkat-e-Khuda, Kane TT, Ashraf A. Awareness of sexually transmitted disease among women and service providers in rural Bangladesh. Int J STD AIDS [Internet]. 1997. Available from: <https://journals.sagepub.com/doi/10.1258/0956462971919066>

20. Helzner JF. Men's involvement in family planning. Reprod Health Matters [Internet]. 1996. Available from: https://www.jstor.org/stable/3775363?seq=1#metadata_info_tab_contents

21. Ijadunola MY, Abiona TC, Ijadunola KT, Afolabi OT, Esimai OA, OlaOlorun FM. Male involvement in family planning decision making in Ile-Ife, Osun State, Nigeria. Afr J Reprod Health [Internet]. 2010. Available from: <https://pubmed.ncbi.nlm.nih.gov/21812197/>

22. Santhya KG, Dasvarma GL. Spousal communication on reproductive illness among rural women in southern India. Cult Heal Sex [Internet]. 2002. Available from: <https://www.tandfonline.com/doi/abs/10.1080/13691050110095559>

23. World Health Organization. Programming for Male Involvement in Reproductive Health. Report of the meeting of WHO Regional Advisers in Reproductive Health WHO/PAHO, Washington DC, USA 5-7 September 2001 [Internet]. 2002 [cited 2020 Oct 29]. Available from: https://apps.who.int/iris/bitstream/handle/10665/67409/WHO_FCH_RHR_02.3.pdf;jsessionid=453ED384F4958813B7A2B77A8ACF627E?sequence=1

24. Kaye DK, Kakaire O, Nakimuli A, Osinde MO, Mbalinda SN, Kakande N. Male involvement during pregnancy and childbirth: Men's perceptions, practices and experiences during the care for women who developed childbirth complications in Mulago Hospital, Uganda. BMC Pregnancy Childbirth [Internet]. 2014. Available form: <https://bmcpregnancychildbirth.biomedcentral.com/articles/10.1186/1471-2393-14-54>