GPH-International Journal of Biological and Medicine Science
(e-ISSN: 3050-9610)
Volume 09 | Issue 08 | August 2026
Published by: Global Publication House
DOI: https://doi.org/ 10.5281/zenodo.22795808
Available online at: www.gphjournal.org
Journal homepage: https://gphjournal.org/index.php/bs/index

DETERMINANTS OF MALE INVOLVEMENT IN FAMILY PLANNING AMONG MARRIED MEN IN AGBURA COMMUNITY, BAYELSA STATE, NIGERIA

Dr. Emmanuel Onokpite[1], Dr. Solomon M Uvoh[2], Ebiowe John[3], Leghemo K. Ebifaghe[4], Mercy I. Theophilus[5], Okuroemi Henrietta O.[6]

[1] Department of Anesthesia and intensive care, Faculty of Clinical Medicine, College of Health Sciences Delta State University Abraka Nigeria.

[2 5 6] Department of Human Physiology, Faculty of Basic Medical Sciences, College of Health Sciences, University of Port Harcourt, Rivers State, Nigeria.

[3] Department of Community Health, School of Public Health Sciences, University of Port Harcourt, Rivers State, Nigeria.

[4] Department of General Studies, College of Health Sciences, Bayelsa State, Nigeria.

Corresponding Author:
Dr Solomon M Uvoh
ORCID ID: 0000-0002-1580-9916
Email: Solomonu31@gmail.com

Abstract

Aim/Objective: Male involvement in family planning is not limited to contraceptive use but includes all activities male engage upon such as male support, encouragement, and approval and spousal communication on contraceptive use. This study aims to assess the determinants of male involvement in family planning in Agbura, Bayelsa State. **Methods:** Descriptive study design was adopted for this study. The sample size was determined using the Cochran formula to select all 290 adult male participants for this study. **Results:** Result from this study shows that 235.17% are within the age bracket of 25-34 years, while 80.00% were married, 35.17% had tertiary education, 60.00% were traders, 65.17% were of Christian religion, 65.17% were of a monogamous family structure and 50.00% had 1-3 living children. 34.83% discussed family planning with their spouse, 20.00% visited family planning clinic with their spouse; only 30.00% makes decisions about family planning jointly with spouse, and a handful of men 20.00% used male-centered family planning method while only 17.59% allow their spouse to use contraceptive pills. However, 24.83% of men accompanied their partner to a family planning clinic, 55.17% of men personally bought condoms for family planning purposes, 52.41% of men had ever used a modern contraceptive method, 57.59% of men feels that family planning services are easily accessible to men, while most worrisome is that only 34.83% men homes were far from the family planning clinics. Furthermore, 32.31% of men believe that having many children is a sign of wealth or prestige, 22.41% of men said their religious or cultural beliefs forbid the use of family planning, 37.59% feels embarrassed or stigmatized to be seen visiting a family planning clinic, while 34.83% of men believe that men who are involved in family planning are seen as weak or submissive to their wives. Also 57.59% of men prefer to have a large family to ensure inheritance or security**. Conclusion:** Most the married Christian men are not involved in family planning due to their religion or culture and the belief

that family planning is for the weak. Hence men should take action to be responsible husbands and active family planners themselves to reduce the high burden of family expenses that will enable them provide good education for their children.

Keywords:

Adults, Condom, Contraceptive, Family planning, Fertility, Male.

INTRODUCTION

Men involvement in reproductive health issues, including family planning is essential to accomplish the millennium development goal, though family planning (FP) programmes have centered primarily on women (Abose *et al*., 2021; Amuzie *et al.,* 2022; Wanbete *et al.,* 2024). However, with a focus on gender equity for normal health, there is a shift to engage men in supporting and using FP services (Msovela & Tengia-Kessy, 2016; Agbedi & Oweibia 2025). Family planning is a intentional effort by a couple to limit or space the number of children they may want to have through the use of contraceptive methods ((Ani *et al.,* 2016; Bishwajit *et al.,* 2017). This includes the activities male engage in such as, male support, encouragement, and approval in association with spousal communication on contraceptive use (Akinso 2015; Anbesu *et al.,* 2022). Male involvement in family planning and contraceptive use is of vital important due to its promotion of gender equality, eradication of extreme poverty, prevention of sexual violence, improved maternal health and reduced child mortality (Osuafor *et al.,* 2023).

About 12% Worldwide of married or in-union women are estimated to have had unmet need for contraceptive methods (Rahman *et al*., 2020; Mulatu *et al.,* 2022; Mistik 2023). The Unmet need for modern contraception and family planning (FP) accounts for 80% of unintended pregnancy (Kassa *et al.,* 2022). Expanding FP services and involving men in Nigeria could increase utilization of services in this setting could avert up to 42% of maternal deaths (Kwawukume *et al.,* 2022). Men in rural Nigeria are seen to be the head of the home and influence the healthcare decisions of the entire household affairs (Wondim, *et al.,* 2020; Maaji *et al.,* 2025; Alias *et al.,* 2025). Although contraceptive methods and services are frequently geared towards women, men are often the primary decision-makers on family size and their partners' use of FP methods (Amuzie *et al.,* 2022).

The general knowledge and attitude among men about the ideal family size, gender preference of children, ideal spacing between childbirths, and contraceptive methods use greatly influence women's preferences and opinions (Anbesu *et al.,* 2022). Studies have shown an increase in contraceptive use in cases where men partners have been involved (Dral *et al.,* 2018; Osuafor *et al.,* 2023). Men's involvement helps not only in accepting contraceptives uptake but also its effective use and continuation (Amuzie *et al.,* 2022). Male partners' role in FP services promotion and uptake has often been overlooked and neglected in rural areas in Africa such as Nigeria. The limited participation of men leads to a gap between knowledge and practice of contraception, contributing to high fertility rates, unintended pregnancies, and poor maternal/child health outcomes (Kassa *et al.,* 2016; Assefa *et al.,* 2021; Mulatu *et al.,* 2022).

Study have shown that only **14%** of men use contraceptives despite high awareness in Bayelsa state, while in River's state **44.7%** of males were involved in family planning (Kabajenyi *et al.,* 2021; Amuzie *et al.,* 2022; Alias *et al.,*2025; Maaji *et al.,* 2025). Low level of male

involvement in reproductive health practices is one of the causes of high maternal morbidity and mortality which has reduced the impact of family planning interventions and intertwines with unregulated fertility that hinders economic development and creates a political imbalance in a country (Speizer *et al.,* 2018; Omidiji 2025). Globally, there is a growing rise in the recognition of the benefits of involving men in family planning services (Koffi *et al.,* 2018Kriel *et al.,* 2019).

MATERIALS AND METHODS

Study Design

A descriptive survey design was adopted for this study

Study Area

Figure 1: Map showing Agbura

Study Population

The population of this study consists of all married male living in Agbura as at the time of this study.

Inclusion criteria

Only those who are married and consented to this study were included for this research

- Those residing in Agbura within the past two years prior to this study and agreed to participate were included

Exclusion criteria

Unmarried adult males were excluded from this study.

Those who are too sick and do not accept to participate in this study were excluded.

Sample Size Determination

Previous research work done by Amuzie *et al.,* (2022), indicates a prevalence response rate of 22.1% overall level of active male involvement in family planning services in Abia state.
In using Cochrane's formula;

n = pq/(e/1.96)^2. Where n = sample not known, p = 22.1% percentage proportion of male involvement in family planning, e = merging of sampling error tolerated at 95%-degree, confident interval set at 5% or 0.05, q = 100-p

N = 22.1 x 100 – p/ (5/1.96)^2.
n = 22.1 x 77.9/6.51
= 264 participants.
Adding 10% non-response rate 10/100 x264 =26
264+26 =
Sample size = 290.

Sampling Technique(s)

The multistage sampling technique was used to identify 290 married men in Agbura

- Stage 1: Identification of compounds by name and total population of men
- Stage 2: Identification of married men in each compound selected
- Stage 3: Determination the proportion of married men from each compound
- Step 4: Simple random sampling technique was used to select sample size

Source of data: Primary source using questionnaire.

Instrument for Data Collection

The instrument for data collection was a structured questionnaire. The instrument was divided into three sections: A, B, C and D.

- Section A elicited the demographic data of the respondents
- Section B elicited data on male involvement in family planning in Agbura
- Section C elicited the determinants of male involvement in family planning in Agbura
- Section D elicited data on the Barriers to male involvement in family planning in Agbura, Bayelsa state.

Method of Data Collection

The instrument was administered by the researchers with instructions and retrieved after filling.

Method of data analysis

Data were entered into the Microsoft excel spreadsheet (2025) and was analyzed using the statistical packaging for social science (SPSS) version 25.0. Entered and analyzed data are presented on tables and expressed as frequencies and in simple percentages.

RESULTS

Data presentation and analysis

A total of 290 respondents participated in this study, out of which all questionnaires were received and analyzed as shown below.

Table 1: Socio-Demographic Characteristics of the Respondents

Variables	Frequency (n= 290)	Percentage (%)
Age		
15-24	9	3.10
25-34	102	35.17
35-44	65	22.42
45-54	73	25.17
55+	41	14.14
Marital Status:		
Single	22	7.59
Married	232	80.00
Cohabiting	29	10.00
Divorced/Widowed	7	2.41
Highest Educational Level:		
No formal education	44	15.17
Primary	64	22.07
Secondary	80	27.59
Tertiary	102	35.17
Occupation:		
Farmer	29	10.00
Trader	174	60.00
Civil Servant	36	12.41
Artisan	22	7.59
Unemployed	29	10.00
Religion:		
Christianity	189	65.2
Islam	29	10.0
Traditional	65	22.4
Other	7	2.4
Type of Family Structure:		
Monogamy	189	65.17
Polygamy	101	34.83
Number of Living Children		
0	22	7.59
1-3	145	50.00
4-6	123	42.41

Source: Field survey, 2026

Table 1 above shows that 35.17% falls within the age bracket of 25-34 years, 80.00% were married, 35.17% had tertiary education, 60.00% were traders, 65.2% were of Christian religion

and Islam 10.0%, 65.17% were from a monogamous family structure while 50.00% had 1-3 living children.

Table 2: Male Involvement in Family Planning

Variables	Frequency (n= 290)	Percentage (%)
Discussed family planning with spouse		
Yes	101	34.83
No	189	65.17
Visited a family planning clinic with your spouse		
Yes	58	20.00
No	232	80.00
Make decisions about family planning jointly with spouse		
Yes	87	30.00
No	203	70.00
Used a male-centered family planning method		
Yes	58	20.00
No	232	80.00
Approve of spouse using contraception		
Yes	51	17.59
No	239	82.41

Source: *Field survey, 2026*

Table 2 shows that only 34.83% discussed family planning with their spouse, just 20.00% visited family planning clinic with their spouse; only 30.00% makes decisions about family planning jointly with spouse, just a handful of men 20.00% used a male-centered family planning method while only 17.59% approve of spouse their using contraception

Table 3: Determinants of Male Involvement in Family Planning

Variables	Frequency (n= 290)	Percentage (%)
Accompanied your partner to a family planning clinic		
Yes	72	24.83
No	218	75.17
Personally bought condoms for family planning purposes		
Yes	160	55.17
No	130	44.83
You or your partner ever used a modern contraceptive method		
Yes	152	52.41
No	138	47.59
Feel that family planning services are easily accessible to men		
Yes	167	57.59
No	123	42.41
Is the family planning clinic too far from your home or place of work		
Yes	101	34.83
No	189	65.17

Source: *Field survey, 2026*

Table 3 shows that only 24.83% of men accompanied your partner to a family planning clinic, 55.17% of men personally bought condoms for family planning purposes, 52.41% of men had ever used a modern contraceptive method, 57.59% of men feels that family planning services are easily accessible to men, while most worrisome is that only 34.83% men homes are far from the family planning clinics.

Table 4: Barriers to Male Involvement in Family Planning

Variables	Frequency (n= 290)	Percentage (%)
Believe that having many children is a sign of wealth or prestige		
Yes	94	32.41
No	196	67.59
Religious or cultural beliefs forbid the use of family planning		
Yes	65	22.41
No	225	77.59
Feel embarrassed or stigmatized to be seen visiting a family planning clinic		
Yes	109	37.59
No	181	62.41
Believe that men who are involved in family planning are seen as weak or submissive		
Yes	101	34.83
No	189	65.17
Prefer to have a large family to ensure inheritance or security		
Yes	167	57.59
No	123	42.41

Source: *Field survey, 2026*

Table 4 shows that 32.41% of men believe that having many children is a sign of wealth or prestige, 22.41% of men said their religious or cultural beliefs forbid the use of family planning, 37.59% feels embarrassed or stigmatized to be seen visiting a family planning clinic, while 34.83% of men believe that men who are involved in family planning are seen as weak or submissive while 57.59% of men prefer to have a large family to ensure inheritance or security

DISCUSSION

The results from this study shows that 35.17% respondents fall within the age bracket of 25-34 years, 80.00% were married, 35.17% had tertiary education, 60.00% were traders, 65.17% were of Christian religion, and 65.17% were of a monogamous family structure while 50.00% had 1-3 living children. This study shows that only 34.83% discussed family planning with their spouse, just 20.00% visited family planning clinic with their spouse; only 30.00% makes decisions about family planning jointly with spouse, just a handful of men 20.00% used a male-centered family planning method while only 17.59% approve of spouse their using contraception. Findings of this study agreed with Amuzie *et al.,* (2022) that a large majority of men (84.2%) had discussed FP with their spouses in the past 6 months prior to the study.

The majority (70.4%) were aware of male-focused FP methods. Only 57.3% were currently using a FP method and 64.8% had discussed FP with their friends. In contrast, less than half of the men (49.3%) had ever attended a FP clinic and recommended FP to their friends (48.5%) in the past 6 months prior to the study. The overall level of active male involvement in family planning services was 55.1% (95% CI: 51.0–59.2%). The mean age of the respondents was

42.4 ± 8.0 years. Access to television (aOR = 1.58, 95% CI: 1.05–2.39), spouse employment status (aOR = 2.02, 95% CI: 1.33–2.06), joint decision-making (aOR = 1.66, 95% CI: 1.05–2.62), and accompanying spouse to the FP clinic (aOR = 3.15, 95% CI: 2.16–4.62) were determinants of active male involvement. At least, one out of every two men was actively involved in family planning services. This was determined by access to television, employment status of spouse, joint decision-making, and accompanying spouse to the FP clinic. There is a need to focus on the identified factors in order to further improve the active involvement of men in FP services.

This study disagreed with Kwawukume *et al.,* (2022) that over 50 % (52.2%) of the male respondents reported they or their partner were currently using some form of contraceptives to delay or avoid pregnancy. However, only 36.4% of women reported they or their partners were currently using contraceptives to delay or avoid pregnancy. The majority of the men respondents (72.8%) approved of the use of FP methods by their partners, 75% of the women respondents also indicated their partners had approved of their use of FP. The findings also indicate that men had a higher propensity of reporting FP use ($X^2 = 4.5534$, $p = 0.033$). For the couples who did not approve of the FP methods, the reasons included: socio-cultural beliefs (31%), side effects (30.8%) such as delayed or absence of menses, and difficulty of conceiving after terminating use of FP and others (38.5%). Overall, about 48% of men were sufficiently involved in FP service utilization. Involvement of men in FP use was positively associated with knowledge of FP and the number of living children.

This study shows that only 24.83% of men accompanied your partner to a family planning clinic, 55.17% of men personally bought condoms for family planning purposes, 52.41% of men had ever used a modern contraceptive method, 57.59% of men feels that family planning services are easily accessible to men, while most worrisome is that only 34.83% men homes are far from the family planning clinics. Findings from this study thus agreed with Kwawukume *et al.,* (2022) that male partners' knowledge (95.5%) and approval (72.8%) of FP services were high. About 48% of men were involved in FP service utilization. Having living children (aOR; 1.71(1.27, 2.15)) and being knowledgeable (aOR; 6.14(1.38, 10.90)) about FP were positively associated men's involvement in FP service utilization. Reasons for low contraceptive use were health risks, side effects, and socio-cultural norms. This study disagreed with Demissie *et al.,* (2021) that among the respondents, 55.1% (95% CI: 51.0–59.2%) were active in FP services compared to 39.6% (95% CI: 35.6–43.7%) who were passive. However, 5.3% (95% CI: 3.6–7.4%) were not involved in any form of FP services.

This study agreed with Haq & Talukder (2017) that there was a positive association with the active involvement and support of family members in accompanying spouse to the FP clinic. (OR = 1.78, 95%CI: 1.20–2.64) Furthermore, those who believed that their community supported accompanying spouse to the FP clinic were 80% more likely than their counterparts to be active in male involvement (OR = 1.80, 95%CI: 1.18–2.75) This study shows that 32.41% of men believe that having many children is a sign of wealth or prestige, 22.41% of men said their religious or cultural beliefs forbid the use of family planning, 37.59% feels embarrassed or stigmatized to be seen visiting a family planning clinic, while 34.83% of men believe that men who are involved in family planning are seen as weak or submissive while 57.59% of men prefer to have a large family to ensure inheritance or security.

Findings from this study agreed with Kassa *et al.,* (2022) that those who answered in the affirmative said their partners support them by providing money for transport to facility and/or for FP services, encouraging and accompanying them to the health facility. Women who reported that their spouse support FP use were more likely to use a contraceptive method ($X^2 = 9.5223$, $P = 0.002$) compared to those who said no. Women who reported their partners had some educations were also more likely to use a contraceptive method ($X^2 = 14.1133$, $P = 0.000$). In all, female respondents tended to report more favorable attributes for their male partners' involvement than the male respondents.

CONCLUSION

This study shows that family planning is determined by men accompanying their partner to a family planning clinic. It was thus observed from this study that a handful of men personally bought condoms for family planning purposes, while only few men has ever used modern contraceptive method despite family planning services being easily accessible to their homes. Major barriers to men involvement in family planning as reveal in this study are due to the believe that having many children is a sign of wealth or prestige, accompanied with religious or cultural beliefs that forbid the use of family planning, and embarrassment or stigmatization to be observed visiting a family planning clinic.

REFERENCES

Abose A, Adhena G, & Dessie Y. (2021). Assessment of male involvement in long-acting and permanent contraceptive use of their partner in West Badewacho, Southern Ethiopia. Open Access *Journal of Contraception.* 12:63–72. doi: 10.2147/OAJC.S297267.

Agbedi, E. B., & Oweibia, M. (2025). Determinants of Family Planning Method Mix in Rural Sub-Saharan Africa: Understanding Barriers, Preferences, and Drivers of Choice. *Journal of community medicine public health care* 12: 173. *of*, *20*, 2381-1978.

Akinso O, & Akinso S. (2015). Factors that influence male involvement in family planning: a qualitative study of men of reproductive age in Ibadan north-east and north-west, Oyo state. *Journal of Contraception.* 92:395. doi: 10.1016/j.contraception.2015.06.163.

Alias, A., Mokti, K., Azhar, N., Lotfi, W. H. N. W. M., Hidrus, A., Ahmad, Z. N. S., ... & Ibrahim, M. Y. (2025). Assessing male involvement in family planning: A scoping review of prevalence and its associated factors. *The Medical journal of Malaysia*, *80*(5), 642-648.

Amuzie, C. I., Nwamoh, U. N., Ukegbu, A., Umeokonkwo, C. D., Azuogu, B. N., Agbo, U. O., & Balogun, M. S. (2022). Determinants of male involvement in family planning services in Abia State, Southeast Nigeria. *Contraception and Reproductive Medicine*, *7*(1), 15. https://doi.org/10.1186/s40834-022-00182-z

Anbesu, E. W., Aychiluhm, S. B., & Kahsay, Z. H. (2022). Male involvement in family planning use and its determinants in Ethiopia: a systematic review and meta-analysis protocol. *Systematic Reviews*, *11*(1), 19.

Ani F, Abiodun O, Sotunsa J, Faturoti O, Imaralu J, & Olaleye A. (2016). Demographic factors related to male involvement in reproductive health care services in Nigeria. Eur J

Contraceptive and Reproductive Health Care. 21:57–67. doi: 10.3109/13625187.2015.1036856.

Assefa L, Shasho Z, & Kasaye HK, (2021). Men's involvement in family planning service utilization among married men in Kondala district, western Ethiopia: a community-based comparative cross-sectional study. *Contracept Reprod Med* 6: 1–16

Bishwajit G, Tang S, Yaya S, Ide S, Fu H, & Wang M, (2017). Factors associated with male involvement in reproductive care in Bangladesh. Biomedical care journal of Public Health.17:1–8. doi: 10.1186/s12889-016-3915-y.

Demissie TW, Tegegne EM, & Nigatu AM. (2021). Involvement in family planning service utilization and associated factors among married men at debre tabor town, Northwest Ethiopia, 2017. *Pan African medical journal*. 38 Available from: https://pubmed.ncbi.nlm.nih.gov/34046117/.

Dral AA, Tolani MR, Smet E, & Van_Luijn A. (2018). Factors influencing male involvement in family planning in Ntchisi district, Malawi – a qualitative study. Afr J Reprod Health. 2018;22:35–43. doi: 10.29063/ajrh2018/v22i4.4.

Haq I, Sakib S, & Talukder A. (2017) Sociodemographic factors on contraceptive use among ever-married women of reproductive age: evidence from three demographic and health surveys in Bangladesh. *Journal medical science*. 5(4):31. doi: 10.3390/medsci5040031.

Kabagenyi A, (2021). Barriers to male involvement in contraceptive uptake and reproductive health services: a qualitative study of men and women's perceptions in two rural districts in Uganda. *Journal of reproductive health*. 11(1):21. doi: 10.1186/1742-4755-11-21.

Kassa, B. G., Tenaw, L. A., Ayele, A. D., & Tiruneh, G. A. (2022). Prevalence and determinants of the involvement of married men in family planning services in Ethiopia: A systematic review and meta-analysis. *Women's Health*, https://doi.org/10.1177/17455057221099083

Kassa, M., Abajobir, A. A., & Gedefaw, M. (2016). Level of male involvement and associated factors in family planning services utilization among married men in Debremarkos town, Northwest Ethiopia. *BMC international health and human rights*, *14*(1), 33. https://doi.org/10.1186/s12914-014-0033-8

Koffi TB, Weidert K, Bitasse EO, Mensah MAE, Emina J, & Mensah S, (2018). Engaging men in family planning: perspectives from married men in Lomé, Togo. *Journal of global health science practice.*6:316–327. doi: 10.9745/GHSP-D-17-00471.

Kriel Y, Milford C, Cordero J, Suleman F, Beksinska M, & Steyn P,(2019). Male partner influence on family planning and contraceptive use: perspectives from community members and healthcare providers in KwaZulu-Natal, South Africa. *Journal of reproductive health.* 16:89. doi: 10.1186/s12978-019-0749-y.

Kwawukume, S. A. K., Laar, A. S., & Abdulai, T. (2022). Assessment of men involvement in family planning services use and associated factors in rural Ghana. *Archives of Public Health*, *80*(1), 63. https://doi.org/10.1186/s13690-022-00822-5

Maaji SM, Beli II, Maaji BM, Alhassan MY, Umar SI, Tsiga-Ahmed FI. (2025). Husbands involvement in contraceptive decision-making in a northern Nigerian city. *Contraceptive and reproductive medicine*. 10(1):77. doi: 10.1186/s40834-025-00418-8.

Mistik S, (2023). Married men's opinions and involvement regarding family planning in rural areas. *Journal of contraception*. 67(2):133–137. doi: 10.1016/S0010-7824(02)00459-6.

Msovela J, & Tengia-Kessy A. (2016). Implementation and acceptability of strategies instituted for engaging men in family planning services in Kibaha district, Tanzania. *Journal of reproductive health*. 13:2–7. doi: 10.1186/s12978-016-0253-6.

Mulatu, T., Sintayehu, Y., Dessie, Y., & Dheresa, M. (2022). Male involvement in family planning use and associated factors among currently married men in rural Eastern Ethiopia. *Sage Open Medicine*. 10(1). doi:10.1177/20503121221094178

Omidiji, A. O. (2025). The role of men in promoting maternal health in Yenagoa Metropolis, Bayelsa State. *GAS Journal of Arts Humanities and Social Sciences (GASJAHSS)*, *3*(6), 44-53.

Osuafor, G. N., Akokuwebe, M. E., & Idemudia, E. S. (2023). Male involvement in Family Planning decisions in Malawi and Tanzania: what are the determinants?. *International Journal of Environmental Research and Public Health*, *20*(6), 5053. https://doi.org/10.3390/ijerph20065053

Rahman AE, Perkins J, Salam SS, Mhajabin S, Hossain AT, & Mazumder T, (2020). What do women want? An analysis of preferences of women, involvement of men, and decision-making in maternal and newborn health care in rural Bangladesh. *BMC Pregnancy Childbirth*. 20:2–12. doi: 10.1186/s12884-020-2854-x.

Speizer I.S, Corroon M, Calhoun LM, Gueye A, & Guilkey DK. (2018). Association of men's exposure to family planning programming and reported discussion with partner and family planning use: the case of urban Senegal. *Plos One*. 13:2–15. doi: 10.1371/journal.pone.0204049.

Wambete S.N, Serwaa D, Dzantor E.K, Baru A, Poku-Agyemang E, Kukeba MW, Bashiru Y, & Olayemi OO. (2024). Determinants for male involvement in family planning and contraception in Nakawa Division, Kampala, Uganda; An urban slum qualitative study. *PLOS global public health.* 4(5):e0003207. doi: 10.1371/journal.pgph.0003207.

Wondim, G., Degu, G., Teka, Y., & Diress, G. (2020). Male involvement in family planning utilization and associated factors in Womberma District, Northern Ethiopia: community-based cross-sectional study. *Open Access Journal of Contraception*, 197-207. https://doi.org/10.2147/OAJC.S287159