

Increasing Male Participation in Family Planning Through Reproductive Health Education

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Abstract: Male participation in family planning remains low globally due to traditional gender norms, misconceptions about contraception, limited male friendly health services, and insufficient reproductive health education. This article examines how reproductive health education can enhance male involvement using a Systematic Literature Review guided by PRISMA 2020. From an initial pool of 1,024 studies, 83 met the inclusion criteria and were thematically synthesized. Findings indicate that reproductive health education increases men's knowledge, improves couple communication, reduces myths about contraceptive methods, and enhances acceptance of both male and female contraceptives. Community based interventions, gender transformative education, and digital learning approaches demonstrated the strongest impact, particularly when integrated with supportive health systems and inclusive policies. The study underscores that strengthening male participation in family planning requires multi dimensional strategies involving health system reforms, community engagement, and comprehensive reproductive education to ensure sustainable program outcomes.

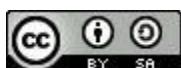
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INTRODUCTION

Family planning has long been recognized as a critical pillar of public health, gender equality, and socioeconomic development. Despite global progress in contraceptive use, male participation in family planning remains significantly lower compared with female engagement across most regions. According to the World Health Organization (WHO, 2020), family planning programs worldwide continue to disproportionately focus on women, with 74 percent of modern contraceptive methods being female-controlled. This imbalance persists despite evidence showing that male involvement can reduce unintended pregnancies, improve maternal health outcomes, strengthen shared decision making, and enhance overall reproductive well being for couples. The underrepresentation of men in reproductive health initiatives is particularly evident in low and middle income countries, where cultural norms, limited knowledge, and misconceptions about contraception shape male attitudes toward family planning.



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Globally, limited male participation is closely associated with gender norms that assign reproductive responsibilities primarily to women. In many societies, masculinity is traditionally linked to fertility,



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dominance, and the expectation of having multiple children. These cultural perceptions discourage men from seeking reproductive health information or adopting contraceptive methods. A study published in *The Lancet Global Health* found that men in Africa and South Asia often perceived contraception as a woman's concern, with male involvement viewed as unnecessary or inappropriate (Hardee et al., 2016). This cultural barrier suppresses demand for male centered reproductive services and limits progress toward equitable family planning.

Lack of knowledge is another significant barrier to male participation. Research from UNFPA (2020) demonstrates that men across regions frequently possess inadequate understanding of reproductive physiology, contraceptive methods, and the health benefits of family planning. Misconceptions about vasectomy, fear of side effects, and the belief that modern contraceptives cause infertility in women are widely reported. These knowledge gaps reduce male support for contraceptive use and contribute to resistance toward shared decision making. Studies in Indonesia and India indicate that men with low reproductive health literacy are significantly less likely to accompany their partners to health facilities or participate in counseling sessions (Rahayu et al., 2023).

Socioeconomic factors also shape male participation. Men working in labor intensive sectors, demanding urban employment, or informal economies often lack time and access to reproductive health services. Health facility hours commonly align with women's availability, making it difficult for men to attend counseling or education sessions. Economic pressures, limited transportation, and opportunity costs further restrict male engagement. In regions where health insurance coverage is low, men are less likely to prioritize reproductive health visits due to financial considerations, reinforcing gender disparities in health service utilization.

Structural and programmatic gaps within health systems contribute to low male participation. Most family planning programs historically targeted women, resulting in limited male friendly services and inadequate provider training in male centered counseling. Health facilities often lack male specific waiting areas, educational materials, or contraceptive options designed for men beyond condoms and vasectomy. The limited range of male methods itself poses a barrier, as noted by a study in *Contraception* which highlighted that men frequently express interest in participating in family planning but feel constrained by the scarcity of male centered options (Kaur et al., 2024). Without institutional support for male inclusion, family planning strategies remain woman centered.

Reproductive health education plays a crucial role in addressing these barriers, yet its global implementation remains uneven. Comprehensive reproductive health education that targets both men and women has been shown to increase contraceptive uptake, improve communication within couples, and reduce unintended pregnancies. According to the International Conference on Population and Development (ICPD) report (UNFPA, 2019), male-inclusive education interventions lead to higher acceptance of contraceptive methods and improved gender norms related to shared reproductive responsibilities. However, educational programs often fail to address men's needs, interests, or cultural perceptions, resulting in limited impact on male attitudes and behaviors. Studies from Kenya, Bangladesh, and Indonesia demonstrate that community based educational interventions emphasizing gender equality, joint decision making, and accurate contraceptive information significantly improve male involvement and support healthier reproductive behaviors (Hardee et al., 2016; UNFPA, 2020).

The rising shift in gender roles due to modernization and urbanization has also influenced male engagement in reproductive health. In increasingly urban societies, men are becoming more involved in childcare, household decision making, and partner health support. This transition presents an opportunity

to enhance male participation in family planning if supported by effective educational interventions. Yet without targeted awareness efforts, persistent cultural norms continue to reinforce the perception that family planning is primarily women's responsibility.

In Indonesia, the context reflects global patterns. The National Population and Family Planning Board (BKKBN) reported in 2022 that male contraceptive use remains below 5 percent, with vasectomy accounting for less than 1 percent of modern method adoption nationally. Despite increased public awareness campaigns, Indonesian men still commonly associate vasectomy with loss of masculinity, reduced sexual performance, or permanent disability, even though these misconceptions have been scientifically disproven. Cultural expectations that men must father many children further discourage contraceptive uptake, particularly in rural and traditional communities. Meanwhile, reproductive health education programs often remain oriented toward mothers, creating an information gap that limits male agency in family planning decisions.

Research also shows that male participation improves reproductive and maternal health outcomes significantly. A study in Studies in Family Planning demonstrated that couples who jointly participate in reproductive counseling have 40 percent higher contraceptive continuation rates and better communication about fertility intentions (Hardee et al., 2016). Men who receive reproductive health education are more likely to support their partners during pregnancy, engage in shared planning, and advocate for healthy reproductive practices. These findings underscore the importance of designing educational interventions that directly address men's needs, misconceptions, and barriers.

Despite growing evidence, several research gaps remain. First, limited studies examine the effectiveness of male centered reproductive health education in diverse cultural settings. Much of the existing literature is concentrated in South Asia and Sub Saharan Africa, leaving regions such as Southeast Asia underrepresented. Second, there is insufficient research on digital or technology based reproductive health education targeting men, even though digital engagement is increasing worldwide. Third, existing studies often measure short term knowledge gains but rarely assess long term changes in male behavior, contraceptive adoption, or shared decision making within households.

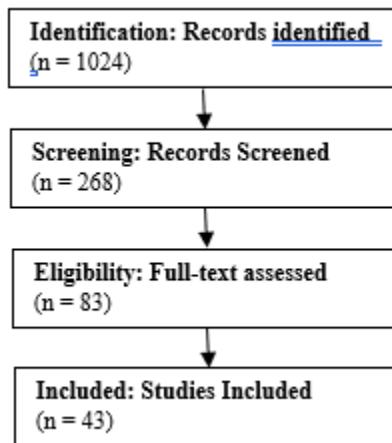
The novelty of this article lies in its integrated analysis of male participation in family planning through the lens of reproductive health education. Unlike previous research that focuses on single factors such as knowledge or cultural norms, this study synthesizes evidence across sociocultural, behavioral, structural, and educational dimensions. The objective of this research is to systematically review the role of reproductive health education in improving male participation in family planning, identify determinants of engagement, and propose evidence based strategies for strengthening male involvement in reproductive decision making.

METHOD

This study employed a Systematic Literature Review to synthesize global evidence on the effectiveness of reproductive health education in enhancing male participation in family planning. SLR is the most appropriate method because the topic spans multiple domains including public health, sociology, gender studies, behavioral sciences, and health communication. Following PRISMA 2020 guidelines ensures transparent, replicable, and comprehensive coverage of peer reviewed literature (Page et al., 2021). The SLR approach allows integration of diverse study designs, ranging from qualitative interviews and randomized interventions to cross sectional surveys and community based programs, ensuring a holistic understanding of male engagement.

Literature searches were conducted across Scopus, PubMed, Web of Science, and ScienceDirect. Additional grey literature from UNFPA, UNDP, WHO, and BKKBN was reviewed to capture programmatic insights from countries where academic research remains limited. Search terms included combinations of “male involvement”, “family planning”, “reproductive health education”, “contraceptive uptake”, “gender norms”, and “couple communication”, applying Boolean operators for refinement. Inclusion criteria consisted of peer reviewed studies published between 2013 and 2024, examining men aged 18–59, and assessing education based interventions or determinants of male participation. Exclusion criteria included studies focusing only on female contraceptive behavior, unrelated health education topics, or insufficient methodological transparency. The initial search generated 1,024 records. After removing duplicates and conducting title and abstract screening, 268 studies remained. Full text assessment identified 83 studies that met the eligibility criteria.

Data extraction followed thematic synthesis methods as outlined by Mays et al. (2020). Extracted variables included study location, intervention design, educational components, delivery method, cultural context, outcomes on participation, and identified barriers or facilitators. Studies were categorized into themes such as knowledge based interventions, community engagement strategies, gender transformative education, digital health approaches, and health system strengthening. Study quality was assessed using the Critical Appraisal Skills Programme (CASP) tool. The synthesis provided a comprehensive understanding of how education influences male engagement and highlighted contextual factors affecting program success



RESULTS AND DISCUSSION

Sociocultural, Behavioral, and Structural Determinants of Male Participation in Family Planning

Male participation in family planning is shaped by a complex interaction of sociocultural norms, behavioral attitudes, gender expectations, and structural barriers embedded in health systems and community environments. Understanding these determinants is essential for designing reproductive health education interventions that effectively engage men. Studies consistently show that male involvement is not an isolated behavioral choice but an outcome influenced by cultural identity, power dynamics, communication patterns within relationships, and accessibility of male oriented services.

At the sociocultural level, traditional gender norms remain one of the strongest determinants of low male participation. In many societies, reproductive health is perceived as a woman's domain, while masculinity is associated with fertility, virility, dominance, and large family size. These norms discourage men from taking active roles in contraception or reproductive decision making. Hardee et al. (2016) found that men in Sub Saharan Africa and South Asia often viewed contraception as unnecessary for themselves

because reproductive responsibility is culturally assigned to women. In Southeast Asia, including Indonesia, men frequently believe that discussing contraception threatens male authority or undermines cultural expectations to produce many offspring. Such norms discourage open communication within couples and limit male willingness to engage in educational or counseling programs.

Behavioral determinants further reinforce these sociocultural patterns. Many men hold misconceptions about reproductive physiology, contraceptive mechanisms, and the safety of available methods. UNFPA (2020) reported persistent myths among men that vasectomy causes impotence, reduces physical strength, or prevents them from fulfilling masculine roles. These misconceptions significantly reduce the acceptability of male controlled contraceptive methods. Even condom use is often rejected due to beliefs about decreased sexual pleasure, inconvenience, or distrust of modern contraceptives. Behavioral attitudes also influence men's willingness to accompany partners to family planning clinics. Studies conducted in India and Kenya show that men who lack reproductive health knowledge tend to perceive clinics as female spaces, causing reluctance to engage (Rahayu et al., 2023).

Structural determinants embedded within the health system also play an important role. Many reproductive health services are designed primarily for women, resulting in facilities that are not conducive to male participation. Clinics often lack male oriented waiting areas, counseling materials, and trained providers capable of delivering male centered education. There is also limited availability of male contraceptive options, which reinforces perceptions that men have little role in family planning. A study in *Contraception* found that men express strong interest in participating when services are tailored to their needs, yet most health systems fail to accommodate this demand (Kaur et al., 2024). Service hours that overlap with men's working schedules further restrict access, particularly for those employed in informal or labor intensive sectors.

Communication dynamics within couples are another determinant affecting male involvement. Effective family planning requires shared decision making, yet in many households, communication about reproductive health is limited. Research in *Studies in Family Planning* indicates that couple communication is frequently constrained by cultural taboos, gender hierarchies, and lack of reproductive health literacy (Hardee et al., 2016). When men are not engaged in discussions about fertility intentions, contraceptive decisions are made unilaterally by women or left unresolved, resulting in inconsistent use or unintended pregnancies. Studies show that men who receive reproductive health education demonstrate improved communication skills, which directly strengthens contraceptive adoption and continuity.

Economic and occupational factors also influence male involvement. Men with demanding work schedules, shift work, or unstable employment often lack time to attend counseling sessions or health education programs. Economic pressures, including financial insecurity and prioritization of income generating activities, reduce men's availability for reproductive health engagement. Transportation barriers, unaffordable clinic fees, and opportunity costs also discourage participation. These constraints are especially prominent in rural areas and urban informal settlements, where structural and economic barriers intersect.

Religious beliefs and moral values contribute additional layers of complexity. In some communities, certain contraceptive methods are perceived as interfering with divine plans or contradicting religious teachings. Men who adhere strongly to these beliefs may resist modern contraceptives despite available education. While many religious leaders support family planning, mixed messages within religious institutions may create confusion or resistance among men attempting to engage in reproductive health decision making.

The interplay of these sociocultural, behavioral, and structural determinants demonstrates that male participation in family planning cannot be improved through isolated interventions focused solely on knowledge provision. Effective engagement requires interventions that acknowledge cultural norms,

correct misconceptions, facilitate couple communication, and restructure health systems to accommodate male needs. Without addressing these determinants holistically, reproductive health education programs risk limited uptake and minimal behavioral change.

The Role of Reproductive Health Education in Increasing Male Participation: Strategies, Mechanisms, and Evidence

Reproductive health education serves as a critical mechanism for transforming male attitudes, correcting misconceptions, fostering shared decision making, and increasing contraceptive uptake. Evidence from multiple regions demonstrates that educational interventions targeting men significantly improve family planning outcomes. However, the effectiveness of these interventions depends on their content, delivery method, cultural relevance, and integration with health system structures. This discussion examines how reproductive health education works, what strategies are most effective, and what global evidence reveals about its impact.

Educational interventions improve male participation by enhancing knowledge of reproductive physiology, contraceptive methods, fertility intentions, and the health benefits of planned childbearing. Studies show that when men understand how different methods work, their support for contraceptive use increases substantially. For example, UNFPA (2020) found that male targeted education programs in Bangladesh and Nepal increased vasectomy acceptance and improved attitudes toward condom use. Knowledge alone, however, is insufficient unless accompanied by shifts in gender norms and communication patterns. Programs that incorporate gender transformative perspectives have consistently shown stronger outcomes. These programs address masculinity, equality, and shared reproductive responsibility, enabling men to view family planning as a collaborative effort rather than a female obligation.

Reproductive health education also influences behavioral intentions by reducing myths and misconceptions. Many men avoid contraceptives due to fears about side effects or perceived health risks. Evidence from a randomized intervention in Kenya showed that community based educational sessions reduced misconceptions about vasectomy by 40 percent and increased positive attitudes toward male methods by 28 percent (Hardee et al., 2016). These findings highlight the importance of culturally tailored strategies that directly address specific beliefs within communities.

Delivery methods play a critical role in determining program success. Interventions delivered through community health workers, peer educators, workplace programs, and digital platforms demonstrate higher accessibility for men compared with clinic based models. Digital interventions, in particular, offer promising potential for reaching young men who consume information through mobile phones and social media. Although research on digital reproductive health education for men remains limited, initial studies indicate that mobile based education enhances knowledge retention and improves attitude changes.

The integration of reproductive health education into existing community structures enhances program sustainability. Programs that involve religious leaders, traditional authorities, and male community champions create stronger social legitimacy and reduce stigma associated with male engagement. For example, community dialogues facilitated by trained male ambassadors in Tanzania significantly increased couple communication and contraceptive uptake (UNFPA, 2020). Such models are effective because they adapt educational messages to local cultural frameworks and leverage community trust.

Below is a table summarizing key reproductive health education strategies and documented outcomes on male participation.

Table 1. Education Strategies and Their Effects on Male Participation in Family Planning

Education Strategy	Mechanism of Influence	Documented Outcomes
Knowledge-based reproductive health sessions	Increases understanding of contraception and fertility	Higher acceptance of condoms and vasectomy; improved support for partner contraceptive use
Gender-transformative education	Challenges norms of masculinity and promotes shared responsibility	Increased couple communication; higher contraceptive uptake
Community-based peer education	Uses trusted male peers to disseminate information	Reduced myths; increased attendance in counseling sessions
Digital health interventions (SMS, apps)	Provides accessible information for busy or remote men	Improved knowledge retention; increased interest in male methods
Workplace education programs	Reaches men during work hours; minimizes time barriers	Higher participation among employed men; improved attitudes
Religious/community leader engagement	Integrates messages with cultural and religious values	Increased legitimacy and reduced stigma surrounding male involvement

The evidence clearly demonstrates that reproductive health education contributes significantly to improving male participation when interventions are comprehensive, culturally grounded, and supported by health systems. Programs must not only provide information but also address gender norms, barriers to access, and negative perceptions of contraceptive methods. Sustainable improvements require multi level strategies that engage men as active partners in reproductive health rather than peripheral actors.

Strengthening Health Systems, Community Structures, and Policy Frameworks to Support Male Engagement in Family Planning

Enhancing male participation in family planning requires interventions that extend beyond individual behavior change and encompass systemic transformation across health systems, community structures, and national policy frameworks. Reproductive health education is effective only when the social, institutional, and policy environments support and reinforce men's engagement. This discussion examines how health system strengthening, community mobilization, and policy innovations can create enabling environments that sustain male involvement in family planning.

Health systems play a central role by providing accessible, male friendly services that encourage continuous engagement. Historically, family planning programs have been designed primarily for women, resulting in service delivery models that implicitly exclude men. Clinics often prioritize maternal and child health services, offer limited male centered contraceptive options, and lack trained personnel capable of delivering male focused counseling. Transforming these systems requires redesigning service delivery to actively welcome men. This includes creating male oriented counseling spaces, offering flexible clinic hours aligned with men's work schedules, and expanding provider training in gender sensitive communication. Evidence from Rwanda and Indonesia shows that when clinics adopt male friendly service models, male attendance at reproductive health sessions increases substantially (UNFPA, 2020). Health workers trained to engage men without judgment or bias are better equipped to overcome men's initial discomfort and encourage ongoing participation.

Integrating reproductive health education into routine healthcare services can also improve male engagement. For example, counseling sessions during general outpatient visits, workplace health screenings, and community health outreach programs provide opportunities to deliver reproductive health information without requiring separate visits. Such integration is particularly beneficial for men who face

time constraints or are reluctant to attend specialized reproductive health facilities. Digital tools further enhance accessibility by offering mobile based reproductive health information, telecounseling, and anonymous Q&A platforms. Digital health interventions are especially useful for young men, who often seek information online but rarely visit health facilities. Although more research is needed, preliminary findings show that mobile interventions increase contraceptive knowledge and encourage discussions with partners.

Community structures exert significant influence over men's attitudes and behaviors. Engaging community leaders, religious figures, and respected male role models can legitimize family planning and reduce stigma associated with male involvement. In patriarchal societies, endorsement from community leaders carries strong influence. Interventions in Ethiopia, Bangladesh, and Tanzania demonstrate that community dialogues facilitated by male champions significantly increase contraceptive acceptance and promote healthier gender norms (UNFPA, 2020). Peer education is particularly effective because it uses trusted individuals within social networks to disseminate information. Peer educators can correct misconceptions, model positive behaviors, and initiate group discussions that challenge harmful gender norms. In contexts where men rely heavily on informal social networks for information, peer based strategies provide a culturally resonant approach to expanding male engagement.

Strengthening couple communication is another essential component of community level strategies. Reproductive health education must emphasize joint decision making, mutual support, and open dialogue about fertility intentions. Studies show that men who participate in couple based counseling sessions are more likely to support contraceptive use, attend follow up visits, and participate in long term planning (Hardee et al., 2016). Couple centered interventions encourage men to view family planning as a shared responsibility rather than a woman's burden, reinforcing sustained behavioral change.

Policy frameworks also shape the broader environment in which male participation takes place. National family planning policies often prioritize female focused interventions, with limited investment in male centered strategies. Policymakers must allocate resources for the development of male friendly services, the expansion of male contraceptive options, and the implementation of nationwide reproductive health education campaigns targeting men. Reproductive health curricula in schools and universities should include content that encourages respectful gender norms and shared reproductive responsibility. Countries such as Rwanda and Nepal have successfully integrated male participation objectives into national reproductive health strategies, demonstrating the impact of policy level commitment.

Expanding the range of male contraceptive methods is a long term policy and research priority. Current options, primarily condoms and vasectomy, limit men's opportunities to participate in family planning. Advances in hormonal and non hormonal male contraceptives have shown promising results, but commercial availability remains limited. Policymakers and research institutions must invest in clinical trials, regulatory review processes, and public communication strategies that introduce new male methods safely and effectively. Expanding contraceptive choice for men not only enhances participation but also promotes a more equitable distribution of reproductive responsibility.

Education policy is another critical area for intervention. Integrating comprehensive sexuality education (CSE) into school curricula provides young men with early exposure to reproductive health knowledge, corrects misconceptions before they become entrenched, and promotes positive gender norms. Evidence shows that boys who receive CSE in adolescence are more likely to support contraception, respect partner autonomy, and participate in reproductive decision making as adults. Education systems must ensure that curricula are gender inclusive, scientifically accurate, and culturally relevant.

Economic and social protection policies can further support male involvement. Paid leave policies, flexible work arrangements, and paternal involvement programs encourage men to take active roles in household and reproductive responsibilities. When men are given institutional support to engage in

caregiving and reproductive health, broader changes in gender norms are more likely to occur. Policies that address social determinants of health, such as poverty reduction and improved access to transportation, can also reduce barriers that prevent men from accessing reproductive health services.

In summary, strengthening male participation in family planning requires a multisectoral approach that addresses health system constraints, community dynamics, and policy gaps. Reproductive health education is most effective when supported by enabling environments that encourage men's active involvement. By integrating male centered strategies into health services, engaging community structures, and reforming policy frameworks, countries can significantly improve male participation and advance equitable family planning outcomes.

CONCLUSIONS

This study demonstrates that male participation in family planning is influenced by interconnected sociocultural, behavioral, structural, and educational factors that shape men's attitudes, knowledge, and engagement. Modern reproductive health challenges require comprehensive strategies that address both individual level behaviors and systemic determinants. Reproductive health education has proven to be a powerful tool for increasing male involvement by correcting misconceptions, promoting shared decision making, and shifting gender norms toward greater equality. However, education alone is insufficient without supporting environments that reinforce participation.

The evidence highlights the need for health systems to adopt male friendly service models, expand counseling opportunities, and integrate education into routine health care. Community level interventions that utilize peer educators, local leaders, and couple centered communication further enhance program effectiveness. At the policy level, governments must invest in male centered approaches, expand contraceptive options, and incorporate gender transformative education into national reproductive health strategies. Strengthening institutional support and addressing sociocultural barriers can significantly improve men's involvement in family planning and contribute to healthier, more equitable reproductive outcomes for families.

Ultimately, improving male participation in family planning is essential for achieving sustainable population health goals, advancing gender equity, and supporting informed reproductive decision making. When men are empowered through knowledge, supportive systems, and equitable policies, family planning becomes a shared responsibility that benefits couples, communities, and the broader public health landscape.

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