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## Men's attitude and perception of gender roles in sexual and reproductive health in Calabar metropolis, Cross River State, Nigeria

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### ABSTRACT

Sexual and reproductive health is the state of physical, mental, and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system, its function, and processes. This implies that the impact of gender roles has its influence on men's attitudes to reproductive health and issues such as infertility, family planning, menstrual health/hygiene, breastfeeding, maternal, and child care. Therefore, this research was carried out to assess men's attitudes and perceptions of gender roles in sexual and Reproductive health in Calabar Metropolis, Cross River State, Nigeria. The study adopted a descriptive cross-sectional study to determine men's attitudes and perceptions of gender roles in sexual and reproductive health in the study area. The sample size was 423 and comprised of males 18 years and above. Data was collected using a semi-structured questionnaire method consisting of four (4) sections. Section A consists of socio-demographic characteristics, section B consists of questions on awareness of sexual reproductive health, section C consists of questions on the perception of men towards sexual reproductive health (SRH) and services, and Section D consists of questions on the attitude of gender role in SRH and services. The data was analyzed using the Statistical Package for Social Sciences (SPSS) version 20 was used in the analysis of the collected data. Results from the study showed that among the 423 respondents, the highest age bracket was 18--24 years 218(44.92%) and a large percentage were Christian (97.16%). The result of the awareness of

gender roles in sexual and reproductive health showed that respondents with a good awareness level of gender roles in sexual and reproductive health had the highest frequency of 353 and a percentage of 83.45%. The majority of respondents who were aware of gender roles and reproductive health got the information from social media. (Word count: 300).

**Keywords:** Health, sexual reproductive health, gender roles, attitude, perception

## **1. INTRODUCTION**

Globally, many strides in improving reproductive, maternal, and child health and reducing mortality across the period of the Millennium Development Goals (MDGs) lasted from 1990 to 2015. The Millennium Development Goals' success saw the mortality ratio dropping by approximately 44% from 385 to 216 deaths per 100,000 live births (Kassebaum, *et al.*, 2016). This situation is predicated on the fact that women bear a greater burden of reproductive mortality and morbidity as they shoulder the responsibility for childbearing. Largely missing is information that could assist men in making decisions regarding the roles they could play to promote sexual and reproductive health within the family.

The impact of gender roles has its influence on men's attitudes to reproductive health and issues such as infertility, family planning, menstrual health/hygiene, breastfeeding, maternal, and child care (antenatal care). All these are seen by society as the women's responsibility (Rasesemola *et al.*, 2017). In many parts of the world, men have been ignored in discussions about Reproductive health, especially in reproductive health issues that are perceived to be female-related such as contraception and infertility. Reproductive health can be ensured through effective contraception avoiding sexually transmitted diseases (STDs) and preserving fertility with the help of men, their partners, and healthcare providers.

According to Arundhati (2011), excluding men from sexual and reproductive health services means that they do not have access to vital knowledge and counseling, and hence, the failure to provide the support needed for the uptake of reproductive health services by partners. This effect will lower contraceptive prevalence, unsafe abortions, failure of reproductive health programs, and eventually increase maternal mortality. (Ijadunola, 2010). This study is aimed at addressing the need for awareness, perception, and attitude of men towards gender roles and male involvement in Sexual and Reproductive health and their impact on reducing disease burden and promoting healthy sexual practices.

## **2. EXPERIMENTAL (MATERIALS and METHODS)**

### **2. 1. Study area**

Calabar Metropolis is the study area for this research work. Calabar is the capital of Cross River State formally named 'Akwa Akpa' in the Efik dialect. Calabar metropolis is made up of Calabar South and Calabar Municipal Council and it is located between latitude 4°48 North and longitude 8°17 East of the Greenwich meridian. Calabar Metropolis is made up of 22 wards consisting of Calabar South having 12 wards and Calabar Municipal having 10 wards. It has an area of 406 square kilometers and has a projected population of 371,022 at the 2016 census (Ottong, Ering & Akpan, 2010).

According to the National Commission (2015), it is revealed that there are about 74, 580 households in the Calabar Metropolis. Calabar Metropolis has about 62 health facilities including a general hospital, teaching hospital, public health care facility, and private clinics with Municipal having 35 and Calabar South having 27.

## **2. 2. Scope of the study**

This study was carried out to determine men's awareness level of gender roles in sexual and reproductive health in Calabar Metropolis. Furthermore, it aimed at understanding men's perceptions of gender roles as it informs men's decisions on matters relating to sexuality and attitudes of men regarding gender roles and contributing factors limiting men's involvement in sexual reproductive health in the Calabar Metropolis. Recommendations were made to address the problems identified in the course of the study.

## **2. 3. Study design**

This study was based on a descriptive cross-sectional study to determine men's attitudes and perception of gender roles in sexual and reproductive health in Calabar Metropolis, Cross River State, Nigeria.

## **2. 4. Study population**

The study population comprised all males who are 18 years and above in Calabar Metropolis.

## **2. 5. Sample size determination**

This study was carried out using Fisher's formula (2004); the sample used was calculated as shown below:

$$n = \frac{Z^2pd}{d^2}$$

where,

n = desired sample size

z = 1.96 (95% confidence interval)

p = proportion of occurrence 50% (50/100 = 0.5)

q = proportion of non-occurrence -p (1 -0.5) = 0.5

d = margin of error of 5% (5/100 = 0.05)

Therefore,

$$n = \frac{(1.962 \times (0.5 \times 0.5))}{0.0025}$$

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

$$n = \frac{0.9604}{0.0025}$$

$$n = 384.16 \cong 384$$

The desired sample size was increased by 10% to account for non-response ( $10/100=0.1$ )  
 $N = \frac{n}{1} - \text{non-response rate}$

$$0.1 = 0.1 \times 384.16 = 38.416$$

$$= 384.16 + 38.416 = 422.576 \sim 423$$

## **2. 6. Sampling procedure**

A multi-stage sampling technique was used in the selection of respondents in Calabar Metropolis.

### **Stage 1: Selection of wards**

Simple random sampling was used to select 10 wards (5 each per LGA) out of the 22 total numbers of wards in Calabar Metropolis. Names of political wards were written on paper, folded, put into a basket, and shuffled. The researcher then selected five (5) wards out of the twelve (12) political wards in Calabar South without replacement. The same was followed for Calabar Municipal and 5 wards were selected from the Ten (10) wards using the same technique as that of Calabar South.

### **Stage 2: Selection of communities**

20 Communities (2 per ward) were picked from the total number of communities in the selected wards in Calabar South and Municipal Local Government Area using random sampling techniques. Simple random sampling was employed to select 2 communities from each of the five (5) selected wards in Calabar South making ten (10) communities. Names of communities were written on paper, folded, put into a basket, and shuffled. The same was followed for Calabar Municipal as 10 communities were selected as that of Calabar south.

### **Stage 3: Selection of households**

400 households (20 households per community) were selected from the total numbers selected in Calabar South and Municipal Local Government Area using a systemic random sampling technique. In each community, a systematic random sampling technique was used to select 20 households giving a total of 400 households. Using a predefined interval to get the sample interval, the total number of compounds in each community were divided by 20 (number of the households to be sampled in a community) and the result of the expression constituted a predefined interval.

### **Example:**

$$\begin{aligned} & (\text{Total number of households in the community}) / (\text{Number of compounds to be sampled}) \\ & = \text{Sample interval.} \end{aligned}$$

Systemic random sampling was then used to select the starting point for the compound in each community. The next household was determined by adding the interval, in that order until the required households were sampled.

#### **Stage 4: Selection of respondents**

One respondent was selected from each household to be interviewed using simple random sampling. This sampling technique was done in households with more than one eligible male in the selected household. Numbers were written on pieces of paper, folded and put in a basket, and shuffled. The eligible males picked one piece of each and anybody who picks 1 participated in the study.

#### **2. 7. Instrument for data collection**

The instrument for data collection was a semi-structured, questionnaire method consisting of four (4) sections. Section A consists of socio-demographic characteristics, section B consists of Yes or No questions with few open-ended questions on awareness of men's sexual reproductive health, and section C consists of questions on perception of men towards sexual reproductive health (SRH) and services, section D consists of questions on attitudes of men towards gender role and in sexual reproductive health and services.

#### **2. 8. Pre-testing of the questionnaire**

The questionnaire was pretested to determine the validity and reliability of the questionnaire and to check for the balance. This was done with 10% of the sample population (42 respondents) in Akpabuyo Local Government Area. Cross River State of Nigeria. Using formula:

$$\text{Non-response} = 10\% \times \text{Sample size}$$

where

$$10\% = (10/100=0.1)$$

$$\text{Sample size} = 423$$

$$\text{Non-response} = 0.1 \times 423$$

$$\text{Non-response} = 42$$

#### **2. 9. Data collection procedure**

Data was collected using a self-administered semi-structured questionnaire from the study area. This was done with the aid of two (2) field assistants who were trained to aid the researcher in the data collection process.

#### **2. 10. Method of data analysis**

The statistical Package for Social Sciences (SPSS) version 20 was used in the analysis of the collected data. Data was cleaned and entered into statistical software, and results were expressed in percentages, and frequencies and presented in tables and figures.

#### **2. 11. Ethical consideration**

A letter of introduction was obtained from the Department of Public Health Committee. During data collection verbal informed consent was ensured from respondents, stating clearly the confidentiality of their response and complete anonymity. The researcher ensured voluntary participation in the study including the freedom to withdraw from the study at any time.

### 3. RESULTS

#### 3. 1. Socio-demographic characteristics

The socio-demographic data is presented in Table 1. The study shows that among the 423 respondents, 190(44.92%) were between the ages of 18-24 years, 144(34.04%) were between the ages of 25-31 years, 59(13.95%) between 32-38 years and 30(7.09%) were from 39 years and above. More so, those whose religious inclination was Christian occupied a percentage of 97.16% having a frequency of 411, while the least frequency was observed in Islam 4(0.95%). Among the respondents, those whose occupation was business had the highest frequency and percentage of 212 and 50.12% respectively, while the least occupation interviewed was civil servants with a frequency of 46 and 10.88%.

**Table 1.** Social-demographic characteristics.

<b>Characteristics</b>	<b>Response option</b>	<b>Frequency</b>	<b>Percentage</b>
Age	18-24Years	190	44.92
	25-31 years	144	34.04
	32-38 years	59	13.95
	39 years and above	30	7.09
	Total	423	100
Religion	Christianity	411	97.16
	Islam	4	0.95
	Traditional	8	1.89
	Others	0	0
	Total	423	100
Occupation	Civil Servant	46	10.88
	Artisan	55	13.00
	Business	212	50.12
	Student	110	26.00
	Total	423	100
Employment status	Unemployed	131	30.97
	Employed	55	13.00
	Self-employed	237	56.03
	Total	423	100
Education level	Primary	9	2.13
	Secondary	97	22.93
	Tertiary	283	66.90
	Postgraduate	34	8.04
	Total	423	100
Marital status	Single	334	78.95
	Married	81	19.15
	Cohabiting	4	0.95
	Separated	4	0.95
	Total	423	100

Similarly, the self-employed respondents occupied the highest percentage of 56.03% and the least represented were those who were employed. The Education level of the respondents showed that the highest frequency was those with tertiary education with a frequency of 283 and a corresponding percentage of 66.90% and the lowest frequency and percentage respectively as those with primary educational level 9(2.13%).

Among the respondents, 334 (78.95%) were single, 81(19.15%) were married and the least percentage was those who were either cohabiting or had separated both having a percentage of 0.95%.

### **3. 2. Level of awareness of gender roles in sexual and reproductive health**

The result of the awareness of gender roles in sexual and reproductive health is presented in Table 2 below. The result showed that respondent's awareness level of gender roles in sexual and reproductive health had the highest frequency of 211 and a corresponding percentage of 49.88%.

Respondents following the highest frequency had 142 and a percentage of 33.57% and respondents with a least awareness level had a frequency of 70 and a percentage of 16.55%. Therefore, the total respondents with a fair knowledge of gender roles in sexual and reproductive health total a frequency of 353 and a percentage of 83.45%.

### **3. 3. Awareness grading scale**

- i) Has heard of sexual and reproductive health
- ii) Can remember the source that he heard it from
- iii) The duration of the time you have been aware of sexual and reproductive health
- iv) Have the head of gender roles in sexual and reproductive health
- v) Knows the meaning of sexual and reproductive health

From the awareness grading scale, respondents who answer the question above correctly and score between 0-1, shows that respondents have poor awareness level of gender roles in sexual and reproductive health with a frequency of 70 and a corresponding percentage of 16.55%, respondent who fall in the category that score between 2-3 correctly shows that they have moderate awareness level of gender roles in sexual and reproductive health with a frequency of 142 and a corresponding percentage of 33.57% and respondent who score between 4-5 correctly shows that they have good awareness level of gender roles in sexual and reproductive health with a frequency of 221 and a corresponding percentage of 49.88% as clearly seen in table 2 below.

### **3. 4. Sources of information**

The result for the sources of information (Fig. 1) showed that the majority of the respondents that were aware of gender roles and reproductive health got the information from social media.

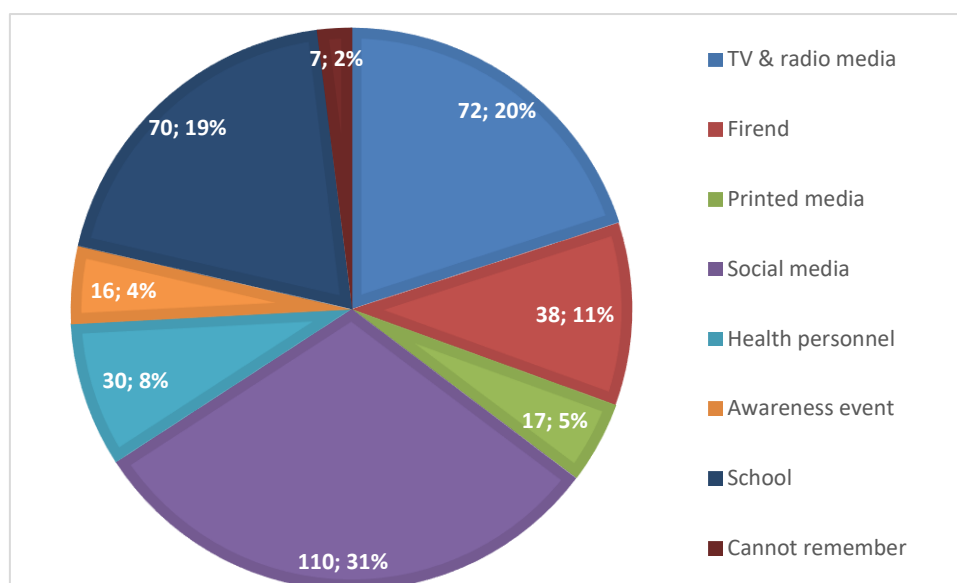
The TV and radio media was the second-highest medium through which many got their awareness. From the chart, it is obvious that the least source of awareness was gotten from awareness events.

The implication is that few awareness events are aimed at educating the populace on the knowledge of gender roles in sexual and reproductive health.

**Table 2.** Awareness of gender roles in sexual and reproductive health in the Calabar metropolis.

Levels of awareness	Mean score	Frequency	Percentage (%)
Good awareness	4-5	211	49.88
Moderate awareness	2-3	142	33.57
Poor awareness	0-1	70	16.55
Total		423	100

Keys: Good awareness 4-5, Moderate awareness 2-3, Poor awareness 0-1.



**Figure 1.** Sources of Information on men's level of awareness of gender roles in sexual and reproductive health.

### 3. 5. Men's perception of gender roles in sexual and reproductive health.

The result for the perception of gender roles in sexual and reproductive health in Calabar Metropolis is presented in Table 3. Among the respondents, 59.10% have the negative perception that men have the highest decision-making power for women's sexual reproductive health while the population that had a positive perception was just 40.90%. Similarly, respondents that believe men can decide not to be involved in the sexual health needs of their wives or partners had a percentage of 52.96. In terms of decision-making, as its patterns to the number of children, 70% of the respondents believe that it is wrong for only men to be involved in decision-making, while 30% had a negative perception about deciding the number of



children. Among the respondents, 91.02 percent had a positive perception that men should rather protect women against sexual abuse, while 8.98% still held a negative perception of protecting women against sexual abuse. Equally, 88.89% of the respondents had a positive perception of men visiting the hospital for antenatal with their partners, and 11.11% had a negative perception of that.

The study shows that 82.74% of the respondent disagreed that women who practice family planning are fat and ugly. On the contrary, 17.26% of the population agreed to the fact that family planning makes a woman fat and ugly. In the study, 72.10% of the respondents disagreed with the perception that family planning makes a woman promiscuous, while 27.9% agreed with that negative perception. More so, 74% of the respondents opined that family planning does not result in infertility/barrenness, contrary, 26% agreed that family planning results in infertility/barrenness. Among the respondents, 70% disagreed with the perception that sexual reproductive health services are too expensive, but 30% believed that the services are very expensive.

**Table 3.** Men’s perception of gender roles in sexual and reproductive health.

<b>Variables</b>	<b>Positive perception</b>	<b>%</b>	<b>Negative perception</b>	<b>%</b>
Men have the highest decision-making power for women’s sexual reproductive health	173	40.90	250	59.10
Men can decide not to be involved in the sexual health needs of their wives or partners	199	47.04	224	52.96
Men should make the sole decision on the number of children	258	70.00	165	30.00
Men should not protect women against sexual abuse	385	91.02	38	8.98
Men should not visit the hospital for antenatal with their wives or partner during pregnancy	376	88.89	47	11.11
Women who practice family planning are fat and ugly	350	82.74	76	17.26
Family planning makes a woman promiscuous	305	72.10	118	27.9
Family planning results in infertility/barrenness	313	74.00	110	26
Sexual reproductive health services are too expensive	296	70.00	127	30.00

**3. 6. Men’s attitudes towards gender roles in sexual and reproductive health**

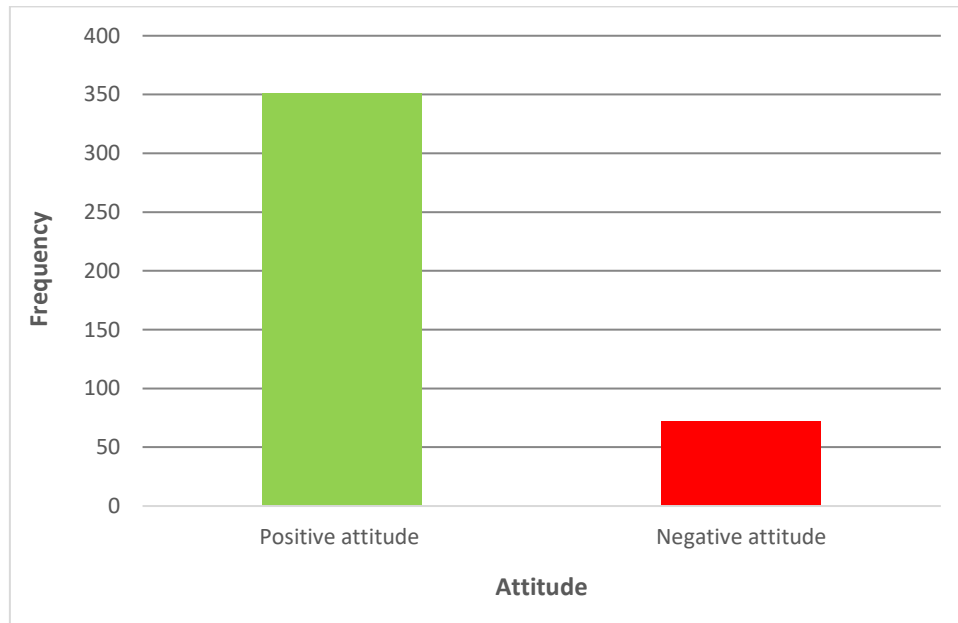
The results on the attitude of gender roles in sexual and reproductive health is presented in Table 4. Respondents in the study population showed a high frequency of 364 and a corresponding percentage of 86.05%, who were concerned about their place as men towards family planning and treatment of women, 90% of respondent will respond if a woman, wife, or partner is being beaten or abused sexually. 87.94% respondent have the attitude that their wife or partner is allowed to tell them about any sexual health issues that bother her and 393(92.21%) of the respondent supported their wife or partners to access sexual health services when needed, only 21.04% had the negative attitude of not advising other men about how their wife or partners health’s issues should be met whereas 78.96% with a high frequency of 334 had the positive attitude of advising other men about how their wife or partners health’s issues should be met.

Results on the decision of number of children, 17.02% of respondent had the negative attitude making sole decision on the spacing pattern of the children I would want to have with my spouse, although respondent with a higher frequency of 351 and percentage of 82.98 had the positive attitude of making decisions about the spacing pattern of the children they want to have with their spouse.

This result as presented in Fig. 2, shows that respondents had a positive attitude toward gender roles in sexual reproductive health in Calabar Metropolis.

**Table 4.** Men’s attitudes towards gender roles in sexual and reproductive health.

<b>Variables</b>	<b>Positive perception</b>	<b>%</b>	<b>Negative perception</b>	<b>%</b>
I am concerned about my place as a man in family planning and the treatment of women	364	86.05	59	13.95
I do not support my wife or partners to access sexual health services when needed	393	92.91	30	7.09
I will not respond if I find a woman, wife, or partner being beaten or abused sexually	381	90.07	42	9.93
Women, my wife or partner is not allowed to tell me about any sexual health issues that bother her	372	87.94	51	12.57
I do not advise other men about how their wife or partners health’s issues should be met	334	78.96	89	21.04
I do not concede to the decision of my wife or partner about their sexual health need	343	81.09	80	18.91
I alone decide the spacing pattern of the children I would want to have with my spouse	351	82.98	72	17.02



**Fig. 2.** Men's attitude towards gender roles in SRH.

#### 4. DISCUSSION

The results of the study on gender roles and sexual and reproductive health suggest that respondents with a high level of knowledge of gender roles had the highest frequency (211) and corresponding percentage (49.88%). Low awareness respondents made up 70 of the sample and made up 16.55% of the total, whereas intermediate comprehension respondents made up 142 of the sample and made up 33.57%. 353 respondents, or 83.45% of the total, had a reasonable awareness of gender roles in sexual and reproductive health. However, men acknowledged having significant unmet needs in terms of knowledge about sexual and reproductive health in relation to HIV. Men described acting as the key decision-makers in the family when it came to sexual and reproductive concerns. The use of condoms in sero-concordant and sero-discordant relationships, sexual safety, and general health information were topics that men specifically desired education on. Although men claimed they made most of the sexual decisions, (L. Matenga *et al.*, 2021).

According to the results of the sources of awareness question, social media was the primary source of information for the vast majority of respondents who were aware of gender roles and reproductive health. The second-highest means for spreading awareness was through TV and radio. The results makes it clear that awareness events were the least reliable source of awareness. The consequence is that few public awareness campaigns are intended to inform people about gender roles in sexual and reproductive health. Although, Underserved and hard-to-reach groups that may be challenging to engage through more conventional methods could be recruited online. When doing research using conventional data collection techniques, research studies employing this methodology have run online research recruiting efforts across multiple online networks concurrently (Facebook, Twitter, LinkedIn) or across a single platform (Twitter).

Clyne W *et al* developed a study account and related hashtags for the Twitter portion of their multiplatform recruiting strategy to entice people to participate in an online survey about HIV clinical outcomes. Social media was deemed essential for recruiting by them, and they were especially impressed with how effective and affordable their strategy was.

#### **4. 1. Perception of gender roles in sexual and reproductive health in Calabar metropolis**

The findings for the perception of gender roles in sexual and reproductive health in Calabar Metropolis. Only 40.90% of respond a favorable opinion of men having the most influence over women's sexual and reproductive health, compared to 59.10% who held a negative opinion. Similarly, 52.96 percent of respondents said they believed males might choose not to assist their wives' or partners' sexual health requirements. In terms of decision-making as it relates to the number of children, 30% of respondents had a negative opinion about choosing the number of children, while 70% of respondents thought it was improper for solely men to be involved in decision-making. According to Matenga *et al*, 2021, men must have the necessary knowledge and understanding of important sexual and reproductive health issues, such as HIV, in order to participate in decisions regarding their sexual and reproductive health.

Males should protect women against sexual abuse, according to 91.02 percent of respondents, but 8.98 percent of them still believed that men shouldn't do so. In addition, 88.89% of respondents thought favorably of males going to the hospital for prenatal care alongside their spouses, whereas 11.1% thought unfavorably of it. According to the survey, 82.74% of respondents didn't think that family planning-using women are overweight and unattractive. Contrarily, 17.26% of people felt that family planning made women obese and unattractive. According to the study, 27.9% of respondents agreed with the idea that family planning makes a woman promiscuous, while 72.10 percent of respondents disapproved of it. Furthermore, 74% of the respondents believed that family planning did not cause infertility or barrenness; nevertheless, 26% of them thought that it did. Seventy percent of those polled disagreed with the idea that sexual and reproductive health services are excessively expensive, but thirty percent did.

Sexual and reproductive health is the state of physical, mental, and social well-being and not merely the absence of disease or infirmity in all matters relating to the reproductive system, its function, and processes. This implies that both men and women have equal rights to sexual health and well-being. The impact of gender roles has its influence on men's attitudes to reproductive health and issues such as infertility, family planning, menstrual health/hygiene, breastfeeding, maternal al, and child care (antenatal care). Therefore, this research was carried out to assess men's attitudes and perception of gender roles in sexual and Reproductive health in Calabar Metropolis, Cross River State, Nigeria.

The study adopted a descriptive cross-sectional study to determine men's attitudes and perception of gender roles in sexual and reproductive health in the study area. The sample size was 423 and comprised of males from 18 years and above. Data was collected using semi-structured questionnaire method consisting of four (4) sections. Section A consists of socio-demographic characteristics, section B consists of Yes or No questions with few open-ended questions on knowledge of sexual reproductive health, section C consists of questions on attitude and perception of men towards sexual reproductive health (SRH) and services, section D consisting of questions on gender role and participation in sexual reproductive health and services. The data was analyzed using the statistical Package for Social Sciences (SPSS) version 20 was used in the analysis of the collected data.

Results obtained from the study shows that among the 423 respondents, the highest age bracket was 18-24years 190(44.92%) and a large percentage was Christian (97.16%). Business men were the highest respondents with a frequency of 212 and mostly had tertiary education with a percentage of 66.90%. Among the respondents, 334 (78.95%). The result of the awareness of gender roles in sexual and reproductive health showed that respondents with a good awareness level of gender roles in sexual and reproductive health had the highest percentage of 49.88%, the total respondents with a fair knowledge of gender roles in sexual and reproductive health total a frequency of 353 and a percentage of 83.45%. The majority of respondents that were aware of gender roles and reproductive health got the information from social media. The result of the perception of gender roles in sexual and reproductive health showed that most of the respondents had positive perceptions and high positive attitudes towards gender roles in sexual and reproductive health.

## **5. CONCLUSION**

It can be concluded from the research that men in Calabar Metropolis likely have a good knowledge of gender roles in sexual and reproductive health. More so, it may be concluded that the awareness, perception and attitudes of men towards gender roles in sexual and reproductive health is good. Although more work has to be done to bring more awareness. Since social media is the easiest channel to create awareness, it will be recommended that more awareness campaigns should be done to reach out to wider audiences also, further research should be conducted on mainly married men to validate the findings as respondent were mostly singles.

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