

Husband's involvement in family planning programs: A scoping review

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ABSTRACT

Background: *The use of family planning or contraception programs is still gender biased in the process of family-based national development. Husbands are often not involved in family planning programs. In fact, the involvement of husbands in the use of contraception greatly influences decision-making and the choice of contraception used.*

Objectives: *The purpose of this study was to identify the involvement of husbands in the use of family planning programs.*

Methods: *This scoping review uses the PRISMA-Scr and Arksey & Malley frameworks with literature searches using the Pubmed, ScienceDirect, Wiley Library, Taylor & Francis, and Sagepub databases, which were then filtered using Mendeley software and critical appraisal using the Joanna Briggs Institute (JBI).*

Results: *The results of the search for 579 articles and selected ten articles that met the inclusion and exclusion criteria. Three main themes were obtained. The first theme was the involvement of husbands in the form of providing support/approval and participating in joint decision-making. Second, factors that influence husband involvement in the form of communication/joint discussion, access to information, sociodemographic factors (education, knowledge, work, place of residence, and number of children), and third are barriers to husband involvement in the form of sociocultural factors (gender norms and roles, religious beliefs, stigma, and side effects). From the articles, it was found that the level of husband involvement in the family planning program was relatively low. So, a strategy is needed to increase the husband's involvement.*

Conclusions: *The available evidence discusses the husband's involvement in the use of family planning programs. Several things that are highlighted are the low level of husband involvement, factors that influence husband involvement, and barriers to the use of contraception. To increase husband involvement in the use of family planning methods with various efforts such as providing access to family planning program services and information related to family planning programs.*

KEYWORD : *contraception; family planning; husband involvement; scoping*

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INTRODUCTION

Family planning (FP) is an integral part of reproductive health that is important for individuals, families, and society as a whole. Contraceptive use plays an important role in limiting, delaying pregnancy, and determining the number of children in couples of childbearing ages (1,2). At the global level, male involvement in contraceptive use plays an essential role in the success of family planning programs (3). Globally, contraceptive use among women of childbearing age is 966 million, with 874 million using modern contraception (4). Meanwhile, based on global data, 32% of 218 married women of childbearing age use contraception (5). However, in Indonesia, based on data from the 2018 National Socioeconomic Survey (BPS), the childbearing ages still rely on injectable contraception (59.57%) and pills (20.71%). Meanwhile, male participation in family planning is still very low, only 1.27%, with details of vasectomy (MOP) of 0.27% and condom use of 1%. Family planning is one of the indicators of maternal and child health, and it is an indicator of SDGs with a progress achievement of 77.5% (6).

The rate of contraceptive use is still slow due to limited choice of contraceptive methods and access to services (7), low income (8), fear and experience of contraceptive side effects (9), culture and religion (10,11), poor service quality (12), bias from users, and gender-based barriers in accessing family planning services (13,14). One of the gender roles that needs to be

highlighted in family planning programs is the involvement of husbands (10). In addition, several factors influence husband involvement, such as women's and partners' education levels (15), knowledge of family planning methods (16), attitudes towards family planning, communication and discussion of family planning with their partners, number of living children, employment status, access to media information, and joint decision-making with their partners (17).

The use of family planning programs or contraception is still a gender bias in the process of family-based state development (18). According to WHO, a husband/partner is strongly encouraged to participate during the counselling process. He is recommended to be given counselling on contraceptive methods so that he can provide support to his wife. In addition, in some studies, it is mentioned that the husband's involvement in contraceptive use is very influential in the decision-making and selection of contraceptives used (19,21). Because most spouses are aware of family planning techniques, research (22) indicates that husbands' involvement in family planning is limited. However, only women use them, and only (66.2%) know their partners use contraceptives, and >50% of men have never used contraceptives. Many studies discuss the involvement of husbands in family planning programs. Hence, the purpose of this review is to identify literature related to husband involvement in the use of family planning programs.

MATERIALS AND METHODS

This review uses the PEO Framework (Populations, Exposure, Outcome). Husbands as Populations, Involvement as Exposure, and Use of Family Planning Programs as Outcomes. This scoping review guide uses PRISMA-ScR, which consists of 20 important items and two additional items (23), and the Arksey & O'Malley framework guide is used as a review stage consisting of 5 stages of the review process (19), namely (1) identifying research questions (2) identifying appropriate research (3) journal selection (4) data charting and (5) summarizing, summarizing, and reporting results.

Study eligibility was determined using the following inclusion criteria: journal articles on husband's involvement in family planning

program participation, English language, published in the last 5 years or published from 2019-2024, open access and free full text. Review articles, books/published manuscripts/theses, and opinion articles were included in the exclusion criteria. The article search process used 5 databases, namely PubMed, ScienceDirect, Wiley Library, Taylor & Francis, and Sagepub.

The search was conducted using keywords and additional Boolean AND and OR with the following search strategy details: "husband involvement" OR "male involvement" OR "men involvement" OR "spousal involvement" OR "partner involvement" AND "family planning". Screening of articles from titles/abstracts and full text was carried out using Mendeley Desktop References

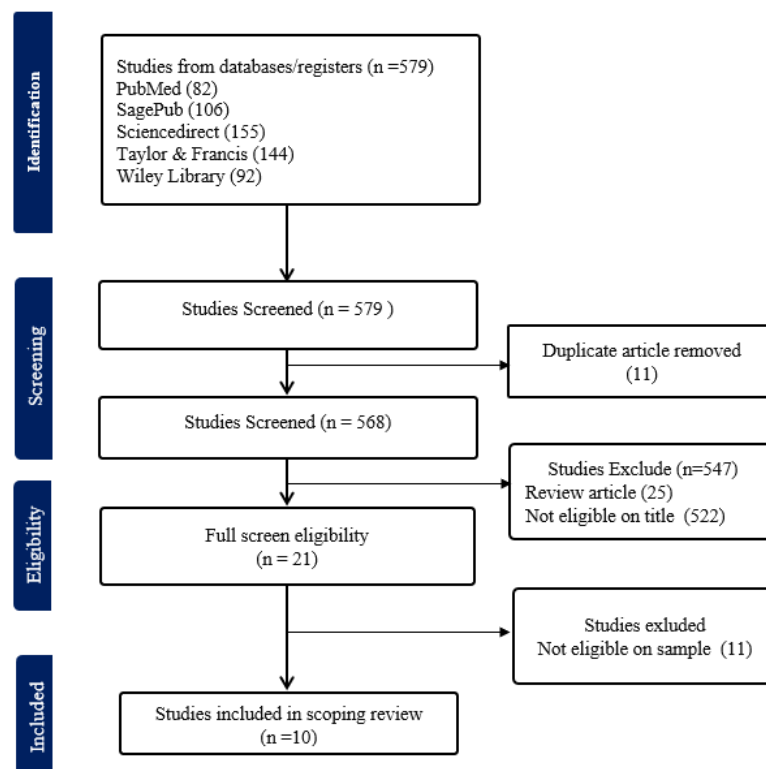


Figure 1. PRISMA-ScR Flowchart

Table 1. Data charting

Author, Year	Title	Country	Aims	Methods (design, population, samples, research instrument)	Result
(24)	Determinants of male involvement in family planning services in Abia State, Southeast Nigeria	Nigeria	Determinants of male participation in family planning services in Nigeria's State identified.	Design: Cross-sectional Population: married men in the community Sample: 616 married men in Abia State Sampling technique: Multistage sampling Analysis: binary logistic regression	Active involvement of men in family planning amounted to 55.1%. Factors affecting husbands' involvement in family planning, such as TV access, joint decision-making, employment status, and accompanying partners to clinics, increase involvement.
(25)	Male involvement in family planning use and associated factors among currently married men in rural Eastern Ethiopia	Ethiopia	To evaluate married men's involvement in family planning in rural Eastern Ethiopia	Design: Cross-sectional Population: married men in Eastern Ethiopia Sample: 577 married men in rural Eastern Ethiopia Sampling technique: multistage sampling Analysis: Multivariate logistic regression	Husbands' involvement in family planning increased by 2.37 times if their partners used contraceptives and doubled if they discussed and supported family planning.
(26)	Involvement in family planning service utilization and associated factors among married men at Debre Tabor town, Northwest Ethiopia, 2017	Ethiopia	To determine the extent and role of male involvement in family planning as well as the factors related to male involvement in family planning practices	Design: Cross-sectional Population: married men in Northwest Ethiopia Sample: 382 men in rural Eastern Ethiopia Sampling technique: simple random sampling Analysis: Logistic regression	Three hundred seventy-three married men with a 97.6% response rate were studied. The male involvement rate was 68.1%. Educational status and information sources had notable impacts. Male consent and family planning history were protective factors.
(27)	Assessment of Male Involvement in Long-Acting and Permanent Contraceptive Use of Their Partner in West Badewacho, Southern Ethiopia	Ethiopia	To determine the extent to which men in Southern Ethiopia's Badewacho West district use long-acting and permanent contraceptives	Design: Cross-sectional Population: husbands in Southern Ethiopia Sample: 564 married men in Badewacho West district, Southern Ethiopia. Sampling technique: Multistage sampling	Male involvement in LAPCM use was 19.9% and influenced by urban residence, discussion with wives, good knowledge, and positive male attitudes.

			Analysis: binary and multivariate logistic regression		
(28)	Enablers and barriers of male involvement in the use of modern family planning methods in Eastern Uganda: a qualitative study	Uganda	To investigate the factors that encourage and hinder males in using modern family planning techniques	Design: qualitative with a phenomenological approach. Population: married men in Eastern Uganda or husbands in Southern Ethiopia Sample: 12 husbands from Mbale, Eastern Uganda Sampling technique: Purposive sampling Analysis: thematic	Two themes identified: supporting factors (positive attitudes, norms, support for women) and inhibiting factors (stigma, religion, desire for many children, gender role incompatibility).
(29)	Men's involvement in family planning service utilization among married men in Kondala district, western Ethiopia: a community-based comparative cross-sectional study.	Ethiopia	To investigate the use of family planning services by men in Western Ethiopia's Kondala district	Design: Cross-sectional Population: married men in Western Ethiopia Sample: 370 men who utilized family planning services Sampling technique: Multistage sampling Analysis: Logistic regression	In urban areas, 55.6% of husbands are involved in family planning, compared to 48.8% in rural areas. The number of children, being a government employee, having a positive attitude, education, proximity to health facilities, and male knowledge all contribute significantly to family planning use.
(30)	Knowledge and involvement of husbands in the reproductive rights of women in Harar, eastern Ethiopia	Ethiopia	To evaluate Ethiopian men's involvement and understanding of women's reproductive rights and related issues in Harar, the country's eastern region	Design: Cross-sectional Population: married men in western Ethiopia Sample: 611 married men utilizing family planning services Sampling technique: multistage sampling Analysis: multivariate logistic regression	Husband knowledge and involvement rates are 48.3% and 40.1%, respectively. History of family planning use and discussion with the wife also play a role. Social media use, distance to health facilities, and husband's age impact involvement in family planning.
(31)	Male Involvement in Family Planning Utilization and Associated Factors in	Ethiopia	To evaluate the role of men in family planning use and related variables in	Design: Cross-sectional Population: married men or husbands in Northern Ethiopia Sample: 620 married men	A study found that only 12.5% of men used male contraceptive methods for family planning, while 60% relied on

Womberma District, Northern Ethiopia: Community-Based Cross-Sectional Study	northern Ethiopian rural areas.	Sampling technique: Multistage sampling Analysis: logistic regression	communication and random consent from their partners. Factors like male education, positive attitude towards family planning, discussing with their wife, and sufficient knowledge about family planning increased the likelihood of contraceptive use.
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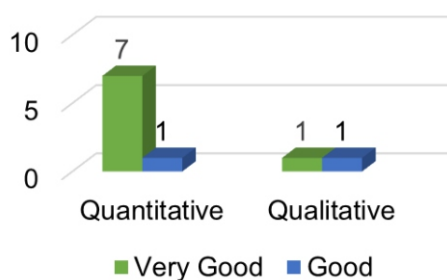


Figure 2. Article quality characteristics

Manager as a software tool for selecting articles, such as checking duplicates, abstracts, and reading full text in articles. In this stage, the information that has been obtained in accordance with the inclusion and exclusion criteria and in accordance with the topic of the review, which discusses the involvement of husbands in the use of family planning programs and details will be mapped and discussed.

The following chart is the data charting process on **Figure 1**. Data was extracted in the form of data relevant to the topic in the form of husband involvement, year of publication, country of origin of the study, research objectives, research design, participants, samples and sampling techniques, and research results (shown in **Table 1**).

In this scoping review **Figure 2**, 10 articles are included, with 8 articles using cross-sectional design and 2 articles using qualitative design. There are critical appraisal results from 7 cross-sectional design articles (A1), (A2), (A3), (A4), (A6), (A7), (A8) with "Very good" quality and 1 article (A9) of good quality. While the qualitative critical appraisal obtained 1 article (A5) of very good quality and 1 article (A10) of good quality. So that all incoming articles can be used for the next review process.

Based on the results of searching articles in 5 databases, 579 journal articles were obtained with the following details: PubMed (82), ScienceDirect (155), Wiley Library (92), Taylor & Francis (144), SAGEPUB (106). Then, the article references were downloaded, extracted, and re-selected

with the help of Mendeley Desktop References Manager software. A total of 11 articles were detected as duplicates, so they were deleted, and the total became 568, which will then be filtered according to the title and abstract relating to husband involvement in family planning program use. A total of 547 articles were not relevant and were excluded because 25 articles were review articles and 522 articles did not match the title, then 21 relevant articles were screened again in full text according to the framework. After filtering according to the inclusion and exclusion criteria, objectives, settings, samples, and research results, the final result was 10 articles that were declared appropriate. Furthermore, the article is included in the charting data. Moreover, the charting data includes the article. Additionally, Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) with the Scoping Review guideline framework (PRISMA SCR) are used to display the results, which can improve the quality of publication reporting and as a basis for reporting the results of the scoping review(23).

RESULTS AND DISCUSSION

RESULTS

Using Mendeley software, 579 articles from 5 databases were screened overall. Ten papers in total that satisfied the inclusion criteria and the quality standards for articles with critical evaluation were included in this scoping review after they had undergone thorough screening to the full text.

There were several characteristics of the 10 suitable journal articles, including year of publication, country, and research methods used.

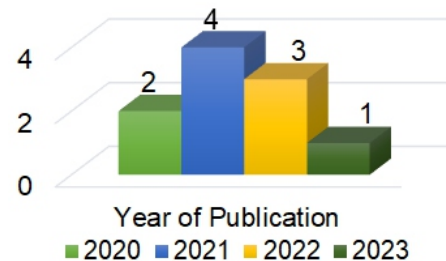


Figure 3. Characteristics of year of publication

The diagram on **Figure 3**, explains that most of the articles were taken from 2021 with 4 articles, 2020 with 2 articles, 2022 with 3 articles, and 2023 with 1 article.

In the **Figure 4**, the characteristics of the country of research in this review are Ethiopia (6), Nigeria (1), India (1), Africa (1), and Uganda (1).

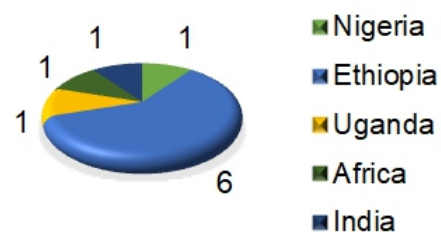


Figure 4. Country characteristics



Figure 5. Study design characteristics

In the diagram on **Figure 5**, cross-sectional research methods were 8 articles,

Table 2. Theme and subtheme

Theme	Subtheme	Article
Husband's Involvement	Giving support/approval	A1, A2, A3, A4, A5, A6, A8
	Joint decision making	A1, A5
Factors affecting husband's involvement	Communication/ joint discussion	A2, A3, A4, A7, A8, A10
	Access to information	A1, A3, A7
	Sociodemographic factors	A1, A2, A3, A4, A5, A6, A7, A8, A9, A10
Barriers to contraceptive use	Sociocultural and Religion	A5, A9, A10
	Contraceptive side effects	A5, A10

and qualitative research methods were 2 articles. Data extraction results in accordance with the questions and objectives of the review. There are several themes, such as several articles discussing husband involvement, factors that influence contraceptive involvement and barriers to contraceptive use.

DISCUSSION

From the 10 reviews conducted, the themes of husband involvement in the use of family planning programs were husband involvement, factors that influence husband involvement, and barriers to contraceptive use (**Table 2**).

Husband involvement

Husband involvement in the use of family planning programs is still relatively low (A1), (A2), (A3), (A4), (A6), and (A8) (**Table 2**). The low involvement of husbands will have an impact on the low use of family planning

programs. Male consent to family planning is the most potent form of involvement in reducing unmet protection needs, although it is often not followed by further involvement. Based on research results show that most forms of male participation in family planning result in lower unmet contraceptive needs among women(34).

Due to the low involvement of men in the use of contraception, their consent helps women make their own decisions about the number and spacing of pregnancies. Although men contribute through communication and decision-making (35,36) and have positive attitudes towards family planning, many still view family planning as a woman's responsibility(37).

This situation is reinforced by the focus of the national family planning program, which is more targeted at women. With the consent of their husbands, women in Indonesia tend to follow their desires to limit or space pregnancies, although sometimes

not entirely in line with their husbands' wishes. So, to increase the husband's involvement, a strategy is needed. In the use of family planning programs, the forms of husband involvement are providing support/ agreement and joint decision-making.

Subtheme 1: Providing Support/Consent

Articles (A1), (A2), (A3), (A4), (A5), (A6), and (A8) describe the various ways that a husband can get involved, such as by supporting, approving, and having a favorable attitude about the usage of family planning programs (**Table 2**).

A husband's contribution to family planning may take the form of offering assistance to partners(38). Often in the use of family planning programs, many husbands feel that they do not have a role in the family planning program or that all responsibilities are entirely left to the wife(39), so the support provided by husbands is still very lacking(18).

Studies have shown forms of spousal support in family planning programs, such as taking the wife to get family planning services (A1) (**Table 2**), communication (40), and discussing family planning program options. Qualitative research conducted in South Africa mentioned that support to partners positively impacts the use of family planning programs (41). The study noted that male consent was the strongest involvement of husbands (42). This is because spousal support/approval allows couples to use family planning programs without fear and anxiety (A2).

Subtheme 2: Shared decision-making

Articles (A1) and (A5) explain that husbands are involved in decision-making and giving consent regarding family planning methods (**Table 2**). The spouse is the primary decision-maker in the household. Couples must practice family planning, make reproductive decisions together, and become pregnant in order to satisfy their reproductive aspirations. In a family, couples may have different desires regarding the regulation of the number of family members and a lack of harmony between couples, which can lead to unwanted and unplanned pregnancies that affect the family planning program (43). Research (44) shows that family planning decision-making is the responsibility of both, husband and wife. Estimates of decision-making in family planning programs that involve husbands have a higher percentage than those carried out by women alone or husbands alone about 66.04%(45).

Factors Influencing Husband Involvement

In this review, the factors influencing husbands' involvement are Communication/ Collective discussion (A2), (A3), (A4), (A7), (A8), (A10), access to information (A1), (A3), (A7), and sociodemographic factors (A1) - (A10) (**Table 2**).

Subtheme 1: Communication/Discussion together

Spousal communication in this study was found in articles (A2), (A3), (A4), (A7), (A8), (A10) (**Table 2**). The discussion will

affect the wife's perception and decision-making regarding family planning. Research conducted by (46) found that spousal communication about family planning can increase contraceptive use rates and increase interest in the use of family planning programs.

Communication also affects joint decision-making and mutual understanding of knowledge, attitudes, and practices related to reproductive health, sexual desire, and fertility preferences, and a key component of family planning is the frequency of family planning discussions in a couple and the wife's assessment of her husband's attitude toward it (29). Therefore, open and frequent communication between husband and wife is important for discussing joint decisions about family planning and addressing imbalances in the relationship.

Subtheme 2: Access to information

The article mentioned that access to information comes from social media and television (A1), (A3), (A7). **(Table 2)** Access to information is a factor that determines the husband's involvement in family planning programs. The access that couples have will determine their attitudes and behaviors about family planning (47).

Television, radio, and social media are mass media that are often used to find information and as one of the communication tools that can be widely reached (48). Research (49) states that mass media is an important tool that can be used to increase

knowledge and use of family planning, especially in countries with large populations.

Subtheme 3: Sociodemographic Factors

a. Education

Men in higher education are heavily involved in family planning programs, according to articles (A3) and (A4) **(Table 2)**. Education is one of the predictors of perceptions of family planning ideas/technological advances.

Studies (50) have demonstrated that men's understanding of family planning and contraceptive techniques will grow with higher education. Therefore, efforts are needed to increase men's involvement in family planning by providing men with access to comprehensive information and education (51).

b. Knowledge

Men who are well-versed in family planning will be able to assist couples in using contraceptives by understanding and participating in their use. According to research (42) the husband's level of involvement can be determined by his understanding of contraceptive methods.

Men are more likely to utilize family planning if they are aware of the different kinds of family planning programs, particularly the forms of male contraception (52). So, good knowledge of husbands is needed and will impact the husband's involvement in the family planning program.

c. Occupation

A person's employment status (A1) determines family planning decision-making, including the number of children (**Table 2**). In this case, couples must give their wives the freedom to work and understand their work. Men who work as employees tend to be more responsible in planning the number of children (53). In addition, working as an employee illustrates that the economy tends to be good. Research in Tanzania revealed that economic status affects family planning literacy(54).

d. Place of residence

Men living in urban areas are three times more likely to engage in family planning use (A4) (**Table 2**). The reason is that, on average, people living in urban areas have a better economic status and knowledge literacy. Urban areas have better access than rural areas and the opportunity to get higher education to improve health literacy, especially in family planning(55).

e. Number of children

The number of children determines the husband's involvement. Articles (A5) and (A6) explain the number of children who are against husband involvement (**Table 2**). The number of children >3 tends to have low involvement in family planning programs(31). This shows that the number of children, as desired, will affect the husband's involvement.

Barriers to Contraceptive Use

Some barriers to contraceptive use from the literature review are sociocultural factors (A5), (A9), (A10), and contraceptive side effects (A5), (A10) (**Table 2**).

Subtheme 1: Sociocultural Factors

The review showed that sociocultural factors can hinder husbands' involvement in family planning programs. The review also explained that social and cultural issues influence positive attitudes. Therefore, social and cultural issues also influence the husband's involvement. The sub-themes discussed are gender norms and roles, religious beliefs, and stigma.

a. Gender norms and roles

A hindrance to the participation of spouses in family planning (A9) (**Table 2**). In this instance, women are forced to participate in family planning programs and topics pertaining to reproductive health without their husbands' consent. Gender roles in culture will hinder men's participation in family planning programs. However, individual knowledge and education are good, and cultural or sociocultural factors will influence the decision-making process in men who are higher than women.

b. Religious Beliefs

One factor impeding husbands' participation in family planning is religion (A5), (A9) (**Table 2**). Religion has a significant influence on the husband's involvement. The

idea that using contemporary contraceptives as a family planning strategy goes against religious teachings is brought up in a number of articles, especially the vasectomy method (56,57). it can significantly affect family planning(58).

c. Stigma

Social stigma is one of the factors inhibiting family planning programs (53). Stigma is a view of shameful, disgusting things that can harm others and damage a person's identity. In this context, stigma can affect the husband's involvement in family planning (A5). In research(59), it is stated that stigma can also be a factor that can cause the unmet need for contraception, so prevention and anticipation of stigma in family planning are needed.

Subtheme 2: Side Effects

Side effects of contraceptive methods can affect men's involvement in family planning (A5) and (A10) (**Table 2**). Based on research (60) in Kwazulu-Natal, South Africa, many men dislike or disagree with the use of family planning due to the side effects of contraception. Commonly reported side effects included decreased libido, decreased male sexual pleasure, and abnormal menstruation. Thus, contraceptive side effects and dissatisfaction among men are factors that hinder men's involvement in family planning. This will lead to discontinue contraceptive use and increase the unmet need for contraception(41).

Limitation of Study

The limitation of this study is that none of the ten articles discussed strategies that can be applied to increase husband involvement. Only two articles used a qualitative research design. Further research is required, such as conducting qualitative research on husband involvement in family planning programs. Most articles discussed factors that influence and hinder husband involvement, but none discussed strategies to increase it. The authors highlighted that husbands' involvement in family planning programs is still low and that shared decision-making, support and consent, discussion with partners, and access to information can increase husbands' involvement in family planning programs.

CONCLUSION AND RECOMMENDATION

The available evidence addresses husbands' involvement in family planning programs. Several things are highlighted, namely the low level of husband involvement, factors that influence husband involvement, and barriers to contraceptive use. Increase husband involvement in family planning methods through various efforts, such as providing access to family planning program services and information related to family planning programs. So, steps are needed to increase the husband's involvement. The initial step is to use a socio-cultural approach by involving religious and community leaders in the Male KB campaign effort. It is necessary to optimize the KB Village as a

centre for education and counselling for Men and develop educational programs that strengthen communication skills in discussing family planning.

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