

Predictors of Poor Perception of Women's Use of Contraceptives among Nigerian Men: A National Survey

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Abstract

Background: Men's poor perception about the use of contraceptives has been linked to their lack of support for the use of contraceptives by women. This study aims to study the predictors of poor perception of women's use of contraceptives among Nigerian men. **Methodology:** We conducted a weighted analysis of data from the 2013 Nigerian Demographic and Health Survey that included 17,359 men aged 15–19 years with STATA software, version 12.0 SE (Stata Corporation, TX, USA), using multiple logistic regression models. **Results:** Poor perception of women's use of contraceptives was found in 38.2% ($n = 6609$) of the men. Men who perceive contraception as entirely women's business (odds ratio [OR] = 8.08; confidence interval [CI]: 7.02–9.29), knew about contraceptives (OR = 2.73; CI: 1.65–4.02), did not listen to radio (OR = 1.71; CI: 1.43–2.04), and were currently unemployed (OR = 1.53; CI: 1.04–2.27) were more likely to have a poor perception on contraceptives. Significant reduction in likelihood for poor perception of women's use of contraceptives was found among respondents who, in the preceding months, heard about family planning on radio (OR = 0.86; CI: 0.75–0.97), read about family planning in the newspapers (OR = 0.85; CI: 0.72–1.00), discussed about family planning with a health-care worker (OR = 0.72; CI: 0.59–0.88), and allows the wife/partner a greater say in matters concerning her healthcare (OR = 0.62; CI: 0.47–0.83). **Conclusion:** Perception of contraceptive as an entirely women's business, poor exposure to media, and not allowing the women have a say in health-care matters were the key drivers of poor perception of contraceptive use among men.

Keywords: Attitude, contraceptives, determinants, family planning, perception, predictors, unmet need

INTRODUCTION

Family planning is an evidence-based intervention for the reduction of the high key strategy maternal mortality ratio among the developing countries.^[1] Unfortunately, the use of family planning methods in these countries has remained low.^[2–5] The current contraceptive prevalence rate in Nigeria is 15%, with an unmet need for family planning of 16.1%.^[6] The reasons for the low contraceptive utilization among these countries varied and include ignorance, lack of access, fear of side effects, misconceptions about family planning, poor attitude of providers, negative influence of the churches, and opposition from men.^[2–6]

Lack of support for women's use of contraceptives from men has been severally reported as a key militating feature against improving cardiopulmonary resuscitation (CPR) in the environment. Women have continued to report lack of spousal/partners' support as a major reason for nonusage of contraceptives.^[3–5]

Male involvement in family planning goes beyond supporting their spouses to use family planning methods and their use of contraceptive to all organizational activities involving men and directed toward increasing the acceptability and use of contraceptives. The rate of male involvement in decision-making for family planning differs across the globe. In the United States, male involvement in family planning is high and rates of 55%–56% have been reported.^[7,8] However, in Ethiopia, only 8.4% of married men participated in family planning discussions with their partners,^[9] while in Southwest Nigeria, 37% of interviewed women reported a joint decision on family planning with their partners.^[10] The identified barriers to male involvement in family planning include

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the feeling that family planning is a woman's business and use of contraceptives will lead to extramarital sex among women.^[11] Older age, higher education, higher monthly wage, and longer duration in marriage have been associated with increased male involvement in family planning.^[12] The other factors that have been reported to be associated with increased male involvement in family planning include relationship satisfactions, good spousal communication, and change in attitude of the partner.^[10,13,14]

The African society is largely patriarchal with male dominance. Therefore, the men are crucial in decisions on health care of family members including reproductive health. For instance, in Uganda, women who were referred for colposcopy after a positive cervical cancer screening test in whom information about the screening findings and a request to assist their partner in attending the next examination were sent to the male partners were more likely to return for follow-up than their counterparts.^[15]

Historically, most reproductive health programs focused on family planning and in turn, most family planning programs offered their services exclusively to women. Most family programs women as the target group and paid little attention to the role that men might have with respect to women in reproductive health decision-making and behavior. However, without the involvement and cooperation of the male, it may be difficult for programs to achieve their set targets in reproductive health including the use of contraceptives.

Strategies that have been used successfully to improve men's participation in family planning activities include sending invitations through their partners, incorporating family planning messages during the monthly meetings, and community reproductive health outreaches.^[16]

To guide efforts at increasing male involvement in strategies to improve CPR, it is necessary to identify those factors associated with misconceptions about contraceptive use among men in the country. In Nigeria, such studies are lacking. Therefore, this study seeks to bridge that gap by providing an insight into the factors that are associated with men's misconception about the use of contraceptives by women. The findings will be of help in sensitization and advocacy programs to improve the uptake of contraceptives by women in the country.

Aim

This study aimed to determine the predictors of poor perception of the use of contraceptives by women among men in Nigeria.

Specific objectives

1. To determine the influence of sociodemographic factors on poor perception of the use of contraceptives by women among men in Nigeria
2. To determine whether economic factors influence poor perception of the use of contraceptives by women among men in Nigeria
3. To determine whether exposure to media influence poor perception of the use of contraceptives by women among men in Nigeria.

METHODOLOGY

The data used for this analysis were the data set for the Nigerian Demographic and Health Survey (NDHS) 2013 which were downloaded from the DHS measure website after registration and obtaining permission. The survey included 17,359 men and 38,522 households. It was carried out between February 2013 and June 2013.

The survey used 3-stage stratified cluster sampling technique designed to provide population and health indicator estimates at national, regional, and state levels. The sampling frame used was the list of households from the enumeration areas (EAs) prepared for the 2006 Population Census of the Federal Republic of Nigeria, provided by the National Population Commission. Administratively, Nigeria is divided into states. Each state is subdivided into local government areas (LGAs), and each LGA is divided into localities. In addition to these administrative units, during the 2006 population census, each locality was subdivided into census EAs. The primary sampling unit, referred to as a cluster in the 2013 NDHS, is defined on the basis of these EAs from the 2006 EA census frame.

A complete listing of households and a mapping exercise were carried out for each cluster from December 2012 to January 2013, with the resulting lists of households serving as the sampling frame for the selection of households. All regular households were listed. The NPC listing enumerators were trained to use Global Positioning System receivers to calculate the coordinates of the 2013 NDHS sample clusters. There were 904 clusters consisting of 372 in urban areas and 532 in rural areas. A fixed sample of 45 households was selected per cluster. The respondents included all men aged 15–49 years who were either permanent residents of the households in the sample or visitors present in the households on the night before the survey who were also included in the interview. The detailed description of the methodology for the Nigerian NDHS study has been described elsewhere.^[17]

Variables

The primary outcome variable for this study is the perception of the respondents that women who use contraceptives become promiscuous. From 2013 Nigerian DHS, the following factors were identified as potential predictors for the poor perception of contraceptives among men: age, level of education, religion, household wealth level, level of participation in household decision-making, exposure to source of health information (through the three media channels of radio, television, and newspaper/magazine), marital status, geopolitical zone, place of residence, insurance cover, and discussion with a health-care worker.

Data analysis

Weighted data analysis was done using STATA software, version 12.0 SE (Stata Corporation, TX, USA) after data cleaning and recoding. Three levels of analysis were done. First, descriptive statistics were done to determine the frequencies of poor perception of use of contraceptives among

the respondents and sociodemographic, socioeconomic, and media exposure of the respondents. This was then followed by bivariate logistic regression at the second-level analysis. Significance at bivariate logistic regression was set at $P < 0.05$ at 95% confidence interval. Third, all the variables that were found to be significant at bivariate logistic regression were then introduced into the multiple logistic regression models to control for confounders after checking for colinearity. Significance was set at $P < 0.05$ and 95% confidence interval. The result was presented in odds ratio with 95% confidence intervals.

Ethical considerations

This study is a secondary analysis of the 2013 Nigerian NDHS and as such, requires no ethical approval. We registered and obtained permission to download the requested data sets from DHS measure website. The data were handled with confidentiality and no request was made for identification of individual respondents.

RESULTS

The perception that women who use contraceptives become promiscuous was found in 38.2% ($n = 6609$) of the respondents.

Sociodemographic and economic characteristics of the respondents

The mean age of the respondents was 29.1 ± 9.9 years and more than half of them (53.6%) were over 30 years of age. Majority were currently working (76.1%), not covered by health insurance (96.7%), and resided in the rural areas (58.9%). The modal level of education was secondary education (48.3%) and less than half of the respondents (47.8%) were married. The other characteristics are shown in Table 1.

Bivariate logistic regression analysis for the predictors of poor perception of women's use of contraceptives among Nigerian men

On bivariate analysis, the factors that were significantly associated with poor perception of contraceptive use by women were residence in northwest region of the country (odds ratio [OR]=3.17; 95% confidence interval [CI]:2.86-3.51); knowledge of contraceptives (OR=3.81; 95%CI: 3.23-4.62); feeling that contraception is an entirely women's business (OR=9.37; CI: 8.59-10.22) and not currently working (OR=1.16; CI: 1.08-1.25). The other risk factors and protective factors for poor perception of women's use of contraceptive among the respondents are shown in Table 2.

Multivariate logistic regression analysis for the predictors of poor perception of women's use of contraceptives among Nigerian men

As shown in Table 3, perception that women who use contraceptives become promiscuous was significantly more among men who were from northwest part of the country (adjusted OR [aOR] = 4.28; 95% CI: 3.36–5.45), not currently working (aOR = 1.53; CI: 1.04–2.27), perceive contraceptives

Table 1: Distribution by sociodemographic/obstetric characteristics of Nigerian women

Sociodemographic characteristics of the respondents	Frequency (%)
Age category	
<30 years	9311 (53.64)
30 years and above	8048 (46.36)
Current marital status	
Never in union	8531 (49.14)
Married	8292 (47.77)
Living with partner	265 (1.53)
Widowed	54 (0.31)
Divorced	104 (0.60)
No longer living together/separated	113 (0.65)
Covered by health insurance	
No	16,776 (96.73)
Yes	568 (3.27)
Knowledge of contraceptives	
No	986 (5.68)
Yes	16,373 (94.32)
Women who use contraceptives become promiscuous	
No/do not know	10,698 (61.81)
Yes	6609 (38.19)
Place of residence	
Urban	7144 (41.15)
Rural	10,215 (58.85)
Region	
North central	3018 (17.39)
Northeast	2843 (16.38)
Northwest	4131 (23.80)
Southeast	1681 (9.68)
South-South	3035 (17.48)
Southwest	2651 (15.27)
Level of education	
No education	3354 (19.32)
Primary	2979 (17.16)
Secondary	8390 (48.33)
Higher	2636 (15.19)
Religion	
Catholic	1916 (11.09)
Other Christian	7058 (40.84)
Islam	8134 (47.07)
Traditionalist	157 (0.91)
Other	17 (0.10)
Wealth index	
Poorest	2646 (15.24)
Poorer	3033 (17.47)
Middle	3538 (20.38)
Richer	4042 (23.28)
Richest	4100 (23.62)
Currently working	
No	4127 (23.89)
Yes	13,145 (76.11)
Discussed family planning with health worker in the last few months	
No	16,354 (94.38)
Yes	974 (5.62)

Contd...

Table 1: Contd...

Sociodemographic characteristics of the respondents	Frequency (%)
Read about family planning in newspaper in the last few months	
No	14,936 (86.23)
Yes	2386 (13.77)
Contraception is women's business	
Don't agree	13,673 (78.98)
Agree	3639 (21.02)
Person who usually decides how to spend respondent's earnings	
Respondent alone	5635 (72.32)
Respondent and wife/partner	1418 (18.20)
Wife/partner alone	713 (9.15)
Other	26 (0.33)

as an entirely women's business (aOR = 8.08; CI: 7.02–9.29), knew about contraceptives (aOR = 2.73; CI: 1.65–4.02), and those who do not listen to radio (aOR = 1.71; CI: 1.43–2.04).

Significant reduction in likelihood for poor perception of the use of contraceptives by women was found among respondents who, in the preceding months, heard about family planning on radio (OR = 0.86; CI: 0.75–0.97), read about family planning in the newspapers (OR = 0.85; CI: 0.72–1.00), and discussed about family planning with a health-care worker (OR = 0.72; CI: 0.59–0.88). There were also reduced odds for poor perception of contraceptives when the wife/partner has a greater say in the respondent's health care (OR = 0.62; CI: 0.47–0.83). There was no association with age, education level, marital status, and religion.

DISCUSSION

Poor perception of women's use of contraceptives is contributory to poor male support for family planning commodities by their spouses/partners. This study of the predictors of poor perception of the use of contraceptive commodities by men found a rate of poor perception of 38.2% which was significantly associated with northwest region, knowledge of contraceptives, feeling that contraception is an entirely women's business, and unemployment status. There was a reduction in odds for poor perception of women's use of contraceptives among respondents who, in the preceding months, heard about family planning on radio, read about family planning in the newspapers, and discussed family planning with a health-care worker. There was no association with age, education level, marital status, and religion.

The rate of 38.2% is high and suggests that many of the respondents will not support the use of contraceptives by their wives or partners since it is unlikely that a man will encourage his wife or partner to participate in activities that encourage sexual promiscuity or extramarital sex. This finding is in line with another important finding from this study of a high proportion (21.2%) of respondents feeling

that contraception is an entirely women's business. These findings call for an extensive sensitization and advocacy programs utilizing the approaches that have been shown to improve men's involvement in reproductive health which include sending invitation to them through their wives, incorporating family planning messages at their monthly meetings, and carrying out community reproductive health advocacy visits.^[15,16]

It is somewhat surprising that those who knew about contraception were actually more likely to have poor perception than their counterparts who did not know about contraception. However, it might be because the women who reported not knowing about contraception may not have heard about it and therefore will have no opinion over their use. This trend has been previously reported among Nigerian women by Odu *et al.* who found that despite 96.5% knowledge rate of family planning, only 52.7% of the men supported family planning.^[17] The same trend has also been observed in Malawi^[18] and Ethiopia.^[19] Therefore, accessing men's knowledge of contraceptives as an index in reproductive health programs should be accompanied by an assessment of what they feel toward the use of contraceptives by their spouses. In addition, family planning messages should necessarily seek to address misconceptions alongside giving information on general knowledge about contraceptives.

The key factor that significantly reduced the likelihood of poor perception of women's use of contraceptives among the respondents was exposure to media information on family planning. Men who, in the preceding months, heard about family planning on radio and read about family planning in the newspapers were found to be less likely to have poor perception of contraceptive use than their counterparts. The study also showed an increased risk of poor perception among respondents who did not listen to radio at all.

The contribution of the media in improving the uptake of reproductive health services has been reported previously by other authors.^[20-22] There is, therefore, the need to consolidate on this platform to disseminate family planning information targeting men and addressing misconceptions surrounding women's use of contraceptives. Other social media platforms can also be used to reach a wider audience.

Discussion of family planning with a health-care worker was also associated with reduced likelihood for poor perception of women's use of contraceptives. It, therefore, means that all the avenues of interaction between health-care workers and men should be used to discuss family planning issues and address the misconceptions and other issues surrounding their use.

Surprisingly, sociodemographic variables of age, education, religion, and wealth index did not affect the perception of women's use of contraceptives among the respondents. This is in contrast to the previous reports of the positive influence of

Table 2: Bivariate logistic regression analysis for the predictors of Poor perception of women's use of contraceptives among Nigerian men

Sociodemographic and economic factors	Perception that women who accept family planning become promiscuous		
	Crude OR	95% CI	P
Age category (years)			
<30 (reference)			
>30	1.03	0.97-1.10	0.274
Marital status			
No (reference)			
Yes	1.07	1.01-1.14	0.030
Knowledge about contraception			
No (reference)			
Yes	3.87	3.23-4.64	<0.000
Perception that family planning is women's business			
No (reference)			
Yes	9.37	8.59-10.22	<0.001
Place of residence			
Urban (reference)			
Rural	1.03	0.97-1.10	0.320
Region			
South-South (reference)			
North central	1.35	1.20-1.50	<0.001
Northeast	2.51	2.25-2.80	<0.001
Northwest	3.17	2.86-3.51	<0.001
Southeast	2.29	2.02-2.60	<0.001
Southwest	1.40	1.24-1.57	<0.001
Highest educational level			
Secondary and below (reference)			
Higher education	0.68	0.62-0.74	<0.001
Religion			
Other Christian (reference)			
Catholic	1.14	1.04-1.27	0.014
Islam	1.75	1.64-1.87	<0.001
Traditionalist	1.01	0.72-1.42	0.956
Frequency of listening to radio			
Not at all (reference)			
Less than once a week	1.04	0.95-1.14	0.369
At least once a week	0.91	0.84-0.99	0.031
Frequency of reading newspapers			
Not at all (reference)			
Less than once a week	0.78	0.72-0.85	<0.001
At least once a week	0.72	0.67-0.79	<0.001
Wealth index			
Poorest (reference)			
Poorer	0.97	0.87-1.08	0.587
Middle	0.82	0.74-0.91	<0.001
Richer	0.75	0.68-0.83	<0.001
Richest	0.62	0.56-0.68	<0.001
Partner currently pregnant			
No (reference)			
Yes	1.07	0.96-1.20	0.228
Discussed family planning with health worker in the last few months			
No (reference)			
Yes	0.63	0.55-0.73	<0.001

Contd...

Table 2: Contd...

Sociodemographic and economic factors	Perception that women who accept family planning become promiscuous		
	Crude OR	95% CI	P
Currently residing with wife/partner			
No (reference)			
Yes	0.77	0.65-0.92	0.004
Currently working			
No (reference)			
Yes	1.16	1.08-1.25	<0.001
Person who usually decides how to spend respondent's earnings			
Respondent/wife (reference)			
Respondent alone	1.29	1.14-1.46	<0.001
Wife/partner alone	1.75	1.46-2.11	<0.001
Others	2.05	0.95-4.47	0.069
Person who should have greater say: Respondent's health care			
Respondent alone	1.28	1.15-1.42	<0.001
Wife/partner alone	1.28	1.09-1.50	0.002
Someone else	1.97	1.22-3.19	0.006
Others	1.92	0.12-30.68	0.646
Heard about family planning on radio in the last few months			
No (reference)			
Yes	0.78	0.73-0.83	<0.001
Heard about family planning on TV in the last few months			
No (reference)			
Yes	0.63	0.59-0.68	<0.001
Read about family planning in the newspapers in the last few months			
No (reference)			
Yes	0.67	0.62-0.74	<0.001
Discussed family planning with a health-care worker in the last few months			
No (reference)			
Yes	0.63	0.55-0.73	<0.001

CI: Confidence interval, OR: Odds ratio

Table 3: Multivariate logistic regression analysis for the predictors of Poor perception of women's use of contraceptives among Nigerian men

Sociodemographic and economic variables	Perception that women who do family planning become promiscuous		
	Adjusted OR	95% CI	P
Marital status			
No (reference)			
Yes	1.02	0.75-1.39	0.902
Knowledge about contraception			
No (reference)			
Yes	2.73	1.85-4.02	<0.001
Perception that family planning is women's business			
No (reference)			
Yes	8.08	7.02-9.29	<0.001
Region			
South-South (reference)			
North central	1.73	1.40-2.17	<0.001
Northeast	3.01	2.35-3.85	<0.001
Northwest	4.28	3.36-5.45	<0.001
Southeast	2.88	2.25-3.68	<0.001
Southwest	1.52	1.23-1.87	<0.001

Contd...

Table 3: Contd...

Sociodemographic and economic variables	Perception that women who do family planning become promiscuous		
	Adjusted OR	95% CI	P
Highest educational level			
Secondary and below			
Higher education	0.91	0.77-1.08	0.303
Religion			
Other Christian (reference)			
Catholic	0.82	0.67-1.01	0.067
Islam	1.02	0.88-1.20	0.763
Traditionalist	0.83	0.50-1.37	0.459
Frequency of listening to radio			
At least once a week (reference)			
Less than once a week	1.53	1.28-1.83	<0.001
Not at all	1.71	1.43-2.04	<0.001
Frequency of reading newspapers			
Not at all (reference)			
Less than once a week	0.89	0.74-1.04	0.148
At least once a week	0.88	0.74-1.06	0.175
Wealth index			
Poorest (reference)			
Poorer	1.03	0.86-1.22	0.763
Middle	1.20	0.99-1.46	0.059
Richer	1.12	0.91-1.37	0.293
Richest	1.10	0.88-1.39	0.388
Discussed family planning with health worker in the last few months			
No (reference)			
Yes	0.72	0.59-0.88	0.002
Currently residing with wife/partner			
No (reference)			
Yes	1.10	0.90-1.36	0.356
Currently working			
No (reference)			
Yes	1.53	1.02-2.29	0.039
Person who usually decides how to spend respondent's earnings			
Respondent/wife (reference)			
Respondent alone	0.79	0.66-0.97	0.021
Wife/partner alone	1.29	0.93-1.79	0.123
Others	0.79	0.28-2.27	0.673
Person who should have greater say in respondent's health care			
Respondent alone	1.10	0.93-1.32	0.243
Wife/partner alone	0.62	0.47-0.83	0.001
Someone else	1.288455	0.60-2.77	0.517
Heard about family planning on radio in the last few months			
No (reference)			
Yes	0.86	0.75-0.97	0.017
Read about family planning in the newspapers in the last few months			
No (reference)			
Yes	0.85	0.72-1.00	0.041

CI: Confidence interval, OR: Odds ratio

education on men's attitude to contraception. This may mean, therefore, that the determining factor on men's perception of women's use of contraceptives goes beyond sociodemographic factors and rest more on the media influence which clearly presents an opportunity to be explored in order to improve men's disposition to family planning.

CONCLUSION

There is a high rate of poor perception of women's use of contraceptives among Nigerian men that has no association with sociodemographic and economic factors but is reduced by media sensitization on family planning. There is a need to

scale up the use of media in information dissemination about the use of contraceptives in the country targeting the men.

The main limitation of this study is the use of 2013 data which are the latest Nigerian NDHS data available for analysis. Therefore, some of the key findings may have changed between then and now as a result of interventions.

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Conflicts of interest

There are no conflicts of interest.

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