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Factors Influencing Men's Participatory Roles in Reproductive Health Services: Place of Health Communication and Education in Ogun State, Nigeria

Samuel Adesina OKUESO* Segun Abiodun OLAWUNMI Ayobami Alade OKUNDARE
Faculty of Education, Olabisi Onabanjo University, PMB 2002, Ago – Iwoye, Nigeria

Abstract
The study examined variables associated with men's participatory roles in reproductive health services in Ogun State Nigeria. Descriptive survey research design with qualitative method was adopted for the study. Eight hundred (n=800) participants were randomly selected for the study. Data were gleaned using validated instruments, which were: demographic Information Form (DIF) and Likert modified scale questionnaire which were: Educational factor for men participation questionnaire (EFMPQ. R=8.882)., Age/experience factor for men participation questionnaire (AFMPQ. R=0.723)., Religious factor for men participation questionnaire (RFMPQ. R=.772) and Reproductive health education influence questionnaire (RHEIQ. R=0.92). Inferential statistics of Chi-square (x^2), t test and multiple regression analysis were used to test the hypotheses at 0.05 level of significance. The findings revealed that the four variables of religion, level of education, level of reproductive health education and cultural background of men contributed significantly to the roles of men on reproductive health services in various degrees while age of men, based on the findings does not. It was also established in the study that the nature of reproductive health service: family planning, fertility issues and STI prevention influences men participatory roles ((R^2=0.243, P < 0.05). It was recommended that men's participation should be enhanced through behavior change communication/information strategies and also, further studies should be carried out on the influence of Islam and Christianity, on men's participation in reproductive health services with improved researches on men's contraceptive devices.
Keywords: reproductive health, family health, cultural background, men participation, fertility

1. Introduction

New Information and new approaches promise to help men become full partners in better reproductive health project because such partnership is not only desired but it will significantly assist to optimally achieve public health goals. Men like their women counterparts, should play key roles in reproductive health services including family planning, fertility issues, sexuality matters and child welfare among others, because it has been copiously reported that active participation of men in reproductive health services will benefit both the spouse and the children and promote the achievement of reproductive health goals (Davis,Vyankandondera, Luchters, Simon & Holmes,2016). But increasing men's participation has been somewhat difficult among some populations, simply because reproductive health programmes has not given as much emphasis to men as to women (Ringheim, 2001). Traditionally, reproductive health services including family planning had viewed women as their primary clients for three reasons namely: It is women who become pregnant, most contraceptive methods were designed for women and reproductive health services can be offered conveniently as part of maternal and child health services (Green, Cohen, Belhadi and Ghouayeli, 2002) and the situation has not significantly changed.

Awasum (1999) opined that African men were brought up to think that reproductive health services including family planning are women's issues. "No wonder, they lack information and do not participate actively with their spouses / partners". The 1994 International Conference on Population and Development (ICPD) held in Cairo reminded the world audience that good reproductive health is the right of all, men and women alike, and that together; they share responsibility for reproductive matters. Since then, several researches and efforts has been geared towards improving men participation in reproductive health issues through health education/information and communication strategies for positive reproductive health behaviour change indices, it was reported that use of media approaches may also be a successful strategy (Sternberg & Hubley, 2004). Several limiting factors had been identified and efforts made to address those negative factors for better and improved men participation all over the world. In spite of the aforementioned and various efforts geared towards men participation in reproductive health, there is still need for more intervention to improve the participation. In studies conducted in Uganda and Nigeria for instance, majority of the participants (70%and 55%) had low male involvement index and in Uganda, only 5% of men accompanied their spouse to the antenatal clinic and it was suggested that more of maternal education will improve men participation (Byamugisha,Tumwine, Semiyaga& Tylleskar, 2010., Okueso, 2008., Shahjahan, Mumu, Afroz,Chowdhury, Kabir & Ahmed, 2013). Kassa, Abajobir &Gedefaw (2014) reported that the level of male involvement was low which was attributed to lack of information, inaccessibility to the services and the desire to have more children were part of the reasons for low male involvement in family service utilization

Consensus reached in Cairo then, was that neither men nor women are likely to enjoy good reproductive health, until couples are able to discuss sexual matters and make reproductive decision together (Danforth, 1999). Today's new perspective recognizes that; men play important, often dominant roles in decision crucial to women's reproductive health. Understanding and influencing, being the balance of power between men and women can help improve reproductive health behavior, couples who talk to each other about reproductive health and family planning can make better and healthier decisions that will result in fast and positive achievement of family planning, fertility and sexuality health goals, and also, men have been identified to contribute to and suffer from infertility which is another crucial aspect of reproductive health matters where men are hitherto exonerated on the causes and predisposing factors, especially an existing belief among the rural illiterate peasants but with active involvement and participation, easy diagnosis, prompt and effective therapy can be embarked upon with improved prognosis.

Today's challenges as exposed by the 1994 International Conference on population and development (ICPD|), is to enhance male responsibility for family planning and other reproductive health programmes, by expanding services in such ways that protect and improve the reproductive health programmes, by expanding services in such manners that protect the reproductive health needs of both men and women and by encouraging greater sensitivity to gender issues. Valente, Saba and Merit et al (1996) and Dudgeon & Inhorn (2004) opined that when reproductive health decisions are taken jointly by both partners, these decisions are more likely to be implemented. Men become more supportive by helping their partners to receive reproductive health services when needed and by providing the resources needed to obtain these services. A 1994 family planning campaign in Bolivia sought to increase communication using the Slogan "Let's talk together during the promotion" the number of new contraceptive users and the number of men reporting their intervention to seek reproductive health services increased dramatically.

1.1 Statement of problem

The contemporary reproductive health care services are geared towards popular participation for effective result. Men can no longer stand aloof; therefore, men deserve more attention, for their own sake, for the sake of their wife (ves) and for the health of their families and communities. Due to several factors such as religious belief, cultural belief and demographic factors among others which are still limiting the men participation in reproductive health issues in and among most community members in Nigeria especially, the rural agrarian community members which has been copiously reported to affect the optimal result of effective family planning strategies making some women to be involved in clandestine family planning involvement among other reproductive health activities such as fertility issues, child birth and care among others. From the new perspective, men are seen as active participants for better reproductive health services rather than by–standers, or adversaries (Ringheim, 2001., Davis et al, 2016).

Danforth (1999) opined that many reproductive health care providers were accustomed paying little attention to men, except for the diagnosis and treatment of Sexually Transmitted Diseases (STDS). In recent time reproductive health programmers are seeking better ways to understand men, engage them and help them take better care of themselves and their partners but men participation has not been satisfactorily researched among rural agrarian population to bring them into sufficient limelight for effective result through popular and effective participation.

3. Methodology

3.1 Design

Descriptive survey research design was adopted with qualitative method for the study, because it enabled the researchers to describe the phenomenon the way it existed in the study and present the participants point of view on the issue without any manipulation.

3.2 Respondents

Eight hundred men were randomly selected from four rural local governments in the four existing geopolitical zones of the state viz; (Ijebu, Remo, Egba and Yewa) 200 each were selected at senatorial district meetings of the two main political parties in the state that were rotated among the four zones. The age range of 35 – 55 years with the mean age of 45.00 was chosen. These groups of men were selected because they were married for several years with enough experience on reproductive health matters.

3.3 Instrument

A self-structured questionnaire drawn in line with Likert-scale rating of four, with the validity done with the assistance of professionals in the field of health research in the Department of Human Kinetics and Health Education, Olabisi Onabanjo University Ago-Iwoye for face, construct and content validity. These were used to glean data for the study. They were: Educational factor for men participation questionnaire (EFMPQ. R=8.882).,

Age/experience factor for men participation questionnaire (AFMPQ. R=0.723)., Religious factor for men participation questionnaire (RFMPQ. R=.772) and Reproductive health education influence questionnaire (RHEIQ. R=0.92). Test re-test method was adopted for field testing of the instrument using 15 men from Epe Local government area of Lagos State. Ten days interval was given for the test-retest using Pearson moment correlation co-efficient to get the reliability above. Demographic information form and in-depth interview guide were also used to collect information on the demographic characteristics of the participants and to collect qualitative data respectively.

3.4 Procedure for Data Collection

The researchers appointed volunteers among the politicians that were trained as research assistants for easy accessibility to the participants with the kind permission of the senatorial district Executives and the parties state secretaries. The questionnaire forms were distributed to the participants prior commencement of meetings and at the end of the meetings, these questionnaire forms were retrieved. Out of 860 forms administered, 805 were retrieved and 800 were properly filled, these were used for the study. However, it took the researchers, three months to be able to administer the questionnaire. The data collected with questionnaire were collated and analyzed using the inferential statistics of Chi-square (x^2), t-test and multiple regression. The postulated hypotheses were tested at 0.05 level of significance.

4. Results

This section of the study focused on presentation of results on the basis of postulated hypotheses that guided the study.

TABLE 1: DEMOGRAPHIC DESCRIPTION OF THE STUDY PARTICIPANTS

VARIABLES	**n=800**	**%**
AGE IN YEARS		
35yrs-39yrs	280	35
40-44	240	30
45-49	122	15.25
50-54	15	1.875
55 and above	143	17.875
Total	800	100
RELIGION		
Christianity	410	51.25
Islam	363	45.375
Others	27	3.375
Total	800	100
EDUCATIONAL LEVEL		
first degree and above	110	13.75
NCE/HND holder	211	26.375
school certificate/ primary school/without formal education	479	59.875
Total	800	100
YEARS IN MARRIAGE		
1yr-5yrs	193	24.125
6ys-10yrs	233	29.125
11yrs-15yrs	212	26.05
16yrs and above	162	20.25
Total	800	100
OCCUPATION		
Farming(Agricultural/Aquacultural)	394	49.25
Artisans	230	28.75
White-Collar	176	22
Total	800	100

Table 1 presented above revealed the demographic characteristics of the study participants. On age distribution, n=280 (35%) falls within age range of 35-39, n= 240(30%) falls within age range of 40-44, n=122(15.25%) falls within age range of 45-49, n=15(1.875%) falls within age range of 50-54, while n=143(17.875%) falls within age range of 55 and above. On religion, n=410(51.25%) were Christians, n=363(45.375%) were Muslim, while n=27(3.374%) claimed belonging to other religion. On educational level, n=110(13.75%) falls among those with first degree holder and above, n=211(26.375%) falls among those with

NCE or HND while, n=479(59.875%) falls among those with Primary school/Secondary school certificate and no formal education which may be due to the fact that the participants were selected more from the rural locations of the state where most inhabitants were predominantly farmers and artisans. On years in marriage, n=193(24.125%) falls within 1yr-5yrs, n=233(29.125%) falls within 6yrs-10yrs, n=212(26.05%) falls within 11yrs-15yrs while, n=162(20.25%) falls within 16yrs and above. On Occupation, n=394(49.25%) were involved in farming, n=230(28.75%) were artisans while n=176(22) were involved in white collar jobs.

4.1 Hypothesis 1
The age of men in Ogun State will not significantly influence their participatory roles in reproductive health services.
Table 2: (x^2) Analysis of age of men on participatory role in reproductive health.

	SA	A	D	SD	Remark
O	188	210	207	195	Not Rejected
E	200	200	200	200	

Calculated value = 1.6, table value = 7.82 degree of freedom = 3, P < 0.05

The result in table 2 revealed that the computed x^2 of 1.6 is less than the table value of 7.82 at 0.05 level of significance. Thus, the hypothesis which states that there will be no significant influence of age on male participatory roles in reproductive health services is hereby not rejected which implies that both young and old men have the same feelings towards accepting to participate in reproductive health but that both young and old meen should be simultaneously counseled on reproductive health participation .

4.2 Hypothesis II: the religious beliefs of men in Ogun State will not significantly influence their participatory roles in reproductive health services.
Table 3: Chi-square (x^2) analysis of influence of religion on men participatory roles on reproductive health services.

	SA	A	D	SD	Remark
O	180	212	173	215	Rejected
E	200	200	200	200	

Calculated x^2 value = 12.5, table value = 7.82, degree of freedom = 3 P < 0.05

The result in table 3 revealed that the computed x^2 value of 12.5 is greater than the table value of 7.82 at 0.05 level of significance thus the hypothesis which states that religious belief of men in Ogun State will not significantly influence men participatory roles in reproductive health services is therefore rejected. The finding here implies that religion is a key factor to consider while counseling and educating men on their roles in reproductive health matters. Arausel & Carlbom (2016) affirmed that religion is an essential issue on reproductive health issues. Also, religious leaders can be co-opted in addressing men participatory roles in reproductive health matters.

4.3 Hypothesis III: level of Education of men in Ogun State will not significantly influence their participatory roles in reproductive health services.
Table 4: Chi-square (x^2) analysis of influence of Education on men participatory roles in reproductive health in Ogun State.

	SA	A	D	SD	Remark
O	184	218	176	222	Rejected
E	200	200	200	200	

Calculated x^2 value = 8.3, table value = 7.82, degree of freedom = 3, P < 0.05

The result in Table 4 revealed that the computed x^2 value of 8.3 is greater than the table value of 7.82 at 0.05 level of significance. Thus, the hypothesis, which states that the level of Education of men in Ogun State will not significantly influence their participatory roles in reproductive health services is therefore rejected meaning that level of education of men will significantly affect men's attitude towards participating in reproductive health matters. Educated men may easily see the need for supporting their spouse in reproductive health matters more than the illiterates,

4.4 Hypothesis IV: level of reproductive health communication/Education of men in Ogun state will not significantly influence their participatory roles in reproductive health services.

Table 5: Chi-square (x^2) analysis on the influence of the level of reproductive health information/education on the roles of men in reproductive health services in Ogun State.

	SA	A	D	SD	Remark
O	239	182	210	169	
E	200	200	200	200	Rejected

Calculated x^2 value = 14.52, table value = 7.82, degree of freedom = 3 $P < 0.05$.

The result in table 5 revealed that the computed x^2 value of 14.52 is greater than the table value of 7.82 at 0.05 level of significance. Thus, the hypothesis, which states that level of reproductive health education of men in Ogun State will not significantly influence their participatory roles in reproductive health service, is hereby rejected. The implication of this is that if men are well informed and health educated on their participatory roles in reproductive health issues, they may participate most effectively and the benefit of spousal cooperation, and involvement would be reaped. The linkage between mass-media campaign and promotion of condom normalization through discussion, seeking information and intention to use and its usage goes beyond as a behavior change strategy to include dimension of age, education attainment and economic status. The effectiveness of mass media campaign for normalizing condom discussion is largely mediated by demographic and socioeconomic variables (Suryawanshi, Peter, Adhikary & Bharat, 2016)

4.5 Hypothesis V: Cultural background of men in Ogun State will not significantly influence their participatory roles in reproductive health services.

Table 6: Chi-square (x^2) analysis on influence of culture on men participatory roles in reproductive health in Ogun State.

	SA	A	D	SD	Remark
O	160	196	210	234	Rejected
E	200	200	200	200	

Calculated x^2 value = 14.36, table value = 7.82, degree of freedom = 3, $P < 0.05$

The result in table 6 revealed that the computed x^2 value of 14.36 is greater than the table value of 7.82 at 0.05 level of significance. Thus, the hypothesis, which states that Cultural background of men in Ogun State will not significantly influence their participatory roles in reproductive health, is rejected. This finding implies that the culture of the people is an important factor to consider while educating men on their participation in reproductive health matters and also to determine useful intervention strategies that are culturally related(Bisika, 2008., UNFPA,2011., Charles, 2014).

4.6 Hypothesis vi: There will be no significant difference in the attitude of rural and city men on reproductive health service participation.

Table 7: Differences in the attitude of rural and city men in reproductive health services

Location	N	Mean	Std	df	t	Sig of t
Rural	510	34.54	8.65	798	8.589	0.000*
Urban	390	39.16	6.08			

*Implies significant t at p<. 05

The result in table 7 revealed significant outcome (t=8.589, $P < 0.05$). The data presented implied that there is significant difference between the attitude of rural and city men on reproductive health services participation. The mean attitude of men on participation of public health services score (34.54) recorded by men in the rural location is not only lesser than men attitude score (39.16) recorded by men in urban location but shows a significantly lesser in their attitude, the difference is statistically significant. Hence, there is a significant difference in the attitude of rural and city men on participation in reproductive health services in favour of men in the cities who recorded higher men attitude score.

4.7 Hypothesis vii: Nature of reproductive health activities (family planning, fertility issues, and STI prevention) will not significantly influence men participatory role in reproductive health in Ogun State.

Table 8: Family planning, fertility issues and STI prevention as determinants of men participation in reproductive health in Ogun State.

R^2 = 0.243 Adjusted R^2 = 0.240 F-Statistic = 85.151				
Parameter	Coefficient	Std Error	T-cal	Probability
Constant	5.238	2.195	2.389	0.017
Family Planning	0.364	0.088	4.370	0.000
Fertility issues	0.208	0.048	4.267	0.000
STI prevention	0.516	0.148	1.460	0.095

In table 8, family planning, fertility issues and STI prevention as independent variables accounted for 24.3% of the total variation in men participation in reproductive Health (R^2=0.243, P < 0.05) is significant. Therefore, the nature of reproductive health activities (family planning, fertility issues and STI) will significantly influence men participatory role in reproductive health services in Ogun State.

The relative influence of the exogenous variables indicated that both family planning and fertility issues significantly influenced men participatory role in reproductive health in Ogun State at p<0.05 which implied that men are more disposed to cooperating with their spouse on those issues while STI prevention do not influence participatory role significantly at p<0.05 which implies that men are not prepared to discuss nor cooperate with women on issues relating to sexually transmitted infections STI.

5.Discussion

The result of the study is discussed in accordance with the research hypotheses that guided the study. The outcome of the study revealed that: religious belief, level of education, level of reproductive health communication/education and cultural background of men influenced their participatory roles in reproductive health in Ogun State. The result of the study agrees with Reingheim (1996) who found a positive correlation in men's participatory roles in reproductive health services. He opined that, men who are educated about reproductive health issues and are well informed are more likely to support their partner's decision and also encourage public policies that results in women receiving the reproductive health care they need. Men participation in reproductive health is motivated by several factors which either promotes or limits active participation (Sternberg & Hubley, 2004., Dudgeon & Inhorn, 2004., Audet, Blevins, Chire, Aliyu,Vaz, Antonio, Alvim, Bechtel, Wester &Vermund, 2016.,Kululanga, Sundby, Malata & Chirma (2012)., Holden, McLachLan & de Kretser (2005). Nary, Nel & Wegner (1996) concluded that individual attitudes and behaviors among men vary enormously on reproductive health matters; they reported that evidences suggest that many more men would participate if they have more information through effective education and opportunity to do so.

The study revealed that the age of men will not have any significant influence on men's participatory roles in reproductive health since the hypothesis 1, was not rejected this result is at variance with Ogunowo (2004) who stated that age of men has a significant role to play in men participatory role in reproductive health services. But this result is in agreement with Green (1997), who stressed that, men observed that their participation in reproductive health, especially in the area of family planning is irrespective of age of marriage and couple's age. Hypothesis II stated that the religious belief of men will not significantly influence their participatory roles in reproductive health services. The result revealed that religious belief of men play a significant role in influencing their participatory roles in reproductive health. Ezeh, Seroussi & Raggers (1996), affirmed that the individuals' religion, determines the level of family planning devices an individual adopts. Hypothesis III and IV considered the influence of reproductive health education/awareness and educational level; the result revealed that both the level of education and reproductive health education, played significant roles in the men's participatory roles in reproductive health services. Hypothesis V stated that cultural background of men will not significantly influence their participatory roles in reproductive health services.

The result showed that the cultural factors play a significant role in reproductive health. This result is in accordance with Eze (2003) who reported that approval for family planning, by African men is low, especially in West Africa, due to their cultural background.

The qualitative analysis of the study revealed that men will participate in reproductive health if the importance can be effectively explained and communicated to them as a way of motivating and supporting their wives. Dyers, Abraham Mokoena, Van der Spuy (2003) reported that men had little knowledge about the physiology of human fertility, causes of infertility and modern treatment options. Most men interviewed responded that they are aloof on reproductive matters because they don't see the need to be part of it since it is the women that carry pregnancy and do family planning but will be involved on issue of fertility and will always be giving approval for other issues relating to health which is in line with the position of Ali, Rizwan,& Ushijima (2009), Onyango, Owoko & Oguttu (2010)., Adongo, Tapsoba, Philips, Tabong,Stone, Kuffour,Esantsi, & Akweonga (2013) and Kabagenyi, Jennings, Reid, Nalwadda, Ntozi & Atuyambe (2014) that spousal approval was still relevant for women in the use of contraceptives and that several factors hinders men participation in reproductive health. Media approaches and communication may improve men participation but there may be some problems in application of cognitive behavior change approaches (Kululanga, Sundby, Malata & Chirma, 2011)

Most men from the rural communities posited that the love for children and the support for the wife will make them cooperate on issues relating to reproductive health but the religion of the people determine their involvement on family planning and child welfare matters which is in agreement with the study conducted by Oyediran, Ishola, & Feyisetan (2002) that age, education, place of residence and number of children affect contraceptive knowledge and participation among men.

6. Conclusion

Men participatory roles in reproductive health services has been established to be influenced by several factors such as: religious believe which has been reported to influence both negatively and positively it has been established that educational level has a significant positive influence on men participatory roles in reproductive health services in Ogun State it was also found out that adequate information on reproductive health will improve men participation, the people's culture has also been established to influence the men participation such as love for children. The nature of the reproductive health activities has also been established to influence men's participation in reproductive health while men's age has no significant influence on their participation in Reproductive health services in Ogun State. Sequel to the foregoing, the following recommendations were therefore suggested.

7. Recommendations

- If men are to be properly integrated into reproductive health services, they should be properly animated and informed of the need for their effective participation using behavioural change communication education.
- Men should be encouraged to accompany their wives to the family planning clinic during postnatal care.
- The hospitals/maternity centers should allow men to be with their wives during labour for moral and psychological support.
- More products should be researched into, those that will be exclusively meant for men in family planning to complement or replace the use of condom that most men reluctantly adopt.
- Religious bodies should be co-opted in family planning programme as a way to demystify some religious believes.
- Women should be encouraged during antenatal clinic to involve their men to take care of the home during the first few weeks of delivery with paternity leave of minimum of two weeks approval by employers.
- Reproductive health communication should be increased between partners through marriage counseling.
- Male contraceptive method should be encouraged to reduce some of the burdens of contraception that is currently placed on women.

References

Adongo, P.B., Tapsoba, P., Philips, J.F., Tabong, P.T., Stone, A., Kuffour, E., Esantsi, S.F. and Akweonga (2013).The role of Community-based Health Planning and services Strategy involving males in the Provision of Family Planning Services: *a qualitative Study of Southern Ghana. 10.36.*

Ali, M., Rizwan, H.& Ushijima, H (2009). Men and Reproductive health in Rural Pakistan: the case of increased male participation. *The European Journal of Contraception and Reproductive Health Care. 9.4.260-266.*

Arousell, J. &Caribom, A (2016). Culture and Religious beliefs in Relation to Reproductive Health.Journal of Best practice and Research Clinical Obstetrics and Gynaecology. 32. 77-87.

Audet, C.M., Blevins, M. Chire, Y.M., Aliyu, M.H., Vaz, L.M.E., Antonio, E., Alvim, F., Bechtel,R., Wester, W & Vermund, S.H (2016). Engagement of Men in antenatal care services: Increased HIV testing and treatment uptake in a Community participatory action Program in Mozambique. AIDS and Behaviour. 2: 9. 2090-2100.

Awasum, D. (1999). *Men and family planning in African* Washington: Population preferences bureau.

Bisikat,T. (2008). Cultural Factors that Affect Sexual and Reproductive Health in Malawi. Journal of Family Planning, Reproductive health Care. 32. 2: 79-80

Byamugisha, R., Tumwine,J.K., Semiyaga, N & Tyllesker, T. (2010).Determinants of male involvement in the prevention of Mother-to-child transmission of HIV Programme in Eastern Uganda: a cross-sectional survey. Biomed Reproductive Health Journal.12.

Charles, A. (2014). Socio-Cultural Factors that Hinder Men's use of Contraceptive Methods: A case Study of Micheweni District-North Pemba. Journal of Culture, Society and Development. 4.

Danforth, N. (1999). *Beyond Cairo Men Family Planning and Reproductive Health*. Presented at the annual general meeting of the American Public Health Association. Washington DC.

Davis, J., Vyankandondera, J., Luchters, S.,Simon,D., & Holmes,W. (2016).Male involvement in Reproductive,Maternal and Child Health: a qualitative study of Policymaker and Practitioner Perspectives in the Pacific. Biomed Reproductive HealthJournal. 13: 81. 1-8.

Dudgeon, M.R & Inhorn,M.C (2004).Men'sInfluences on Women's Reproductive Health: medical anthropological perspectives. Social Science and Medicine. 59. 7: 1379-1395.

Dyer, S.J., Abraham, Mokoena,&Van der Spuy Z.M (2003). ''You are a Man because you have Children'':

experiences, Reproductive Health Knowledge and Treatment-Seeking behavior among men suffering from couple infertility in South Africa. Oxford Journal of Medicine, Health and human reproduction. 19: 4. 960-967.

Ezeh, A. C., Seroussi, M. Raggers H. (1996). *Men's fertility contraceptive use and reproductive preferences DHS, comparative studies*. 18 Calverton, MDI, Macro International, Inc. I.

Eze, K. (2003). Busoga Dioceses Family life Education Programme, Reaching Men in Uganda. A case study of the Busoga Dioceses family life education programme, New York, A.U.S.C. International.

Green, C. P. (1997). *Male Involvement in Reproductive Health Including Family Planning and Social Health*, Technical report. 28 New York United Nations, Population Funds.

Green, C. P. Cohen, D & Belhadi El. Ghouayeli (2002). Perception of and Attitudes Towards Male Infertility in Northern Botswana. Some Implications for family Planning and Aids Prevention Policies. *African journal of reproductive health 6 (3) 103 – 105.*

Holden, C.A., McLanh Lan & de Kretser, D.M (2005). Men in AustraliaTelephone Survey (MATES): a national Surveyof the Reproductive Health and Concerns of Middle-aged and older Australian Men. *The Lancet*. 366. 9481.218-224.

International Conference on Population and Development ICPD (1994). Report on Population and Reproductive Health, Cairo Egypt.

Kabagenyi, A.,Jennings,L.,Reid, A., Nalwadda,G., Ntozi, J & Atuyambe, L.(2014). Barriers to Male Involvement in Contraceptive Uptake and Reproductive Health Services: a qualitative Study of men and Women's Perception in two Rural districts in Uganda. *Reproductive Health Journal.* 11: 21.

Kassa,M., Abajobir, A.A & Gedefaw,M. (2014).Level of Male involvement and associated factors in Family Planning Services utilization among married men in Debremarkos town, Northern Ethopia. BMC International Health and Human Rights Journal. 14: 33.

Kululanga, L.I., Sundby, J., Malata, A., Chirma, E.(2011). Male Involvement in Maternity Health Care in Malawi. *African Journal of Reproductive Health*. 16.1 145-157.

Nary, S. Nel, T & Wegner, B (1996). Gender and HIV /AIDS. What do Men Have to do with it. Google network. Retrieved in Dec. 2004.

Ogunowo, (2004). New Men's participatory roles in reproductive health in Ijebu – Ode Local Government. A paper presented at postgraduate seminar in Olabisi Onbannjo University.

Okueso, S.A (2008). Influence of the new perspective on Men's Participatory roles in Reproductive Health Services in Ogun State, Nigeria. Journal of Medical and Pharmaceutical Sciences. (4) 2, 15 – 19.

Onyango, M.A., Owoko,S & Oguttu, M (2010). Factors that Influence Male Involcement in Sexual and Reproductive health in Western Kenya: A Qualitative Study. *African Journal of Reproductive Health. 14.4.*

Oyediran, K.A., Ishola, G.P., & Feyisetan, B.J. (2002). Factors Affecting ever-Married Men's Contrceptive Knowledge and Use in Nigeria. Journal of Biosocial Science. 34.4. 497-510.

Ringheim, K (1996). Wither Method for Men. Emerging Gender Issue in Contraception. Reproductive Health matter.

Shahjahan, M., Mumu, S.J., Afroz, A., Chowdhury, H.A.,Kabir,R., & Ahmed, K. (2013). Determinants of male Participation in Reproductive Health Care Services: a cross- Sectional Study. Biomed Reproductive Health Journal. 10: 27.

Sternberg, P & Hubley ,J. (2004). Evaluating Men's Involvement as a strategy in Sexual and Reproductive Health Promotion. Health Promotion International 19.3: 389-396.

Suryawanashi, D., Perter, S.K., Adhikary, R., Bharat, S. (2016). Does mass-media public communication campaign normalize Discussion, Attitude and Behaviiur about condom use among married men in India? Journal of AIDS and Clinical Research. 7: 599- 622.

UNFPA (2011). Socio-Cultural Factors that affect Reproductive health in Latin America: Emerging Opportunities, Challenges and Learning on Context, Concept and Practice. Final Report. Available on www.unfpa.org.

Valente, T. W., Saba, WP & Merit, A.P (1996). Reproductive Health is in Your Hands. Impact of the Bolivia National Reproductive Health Programme Campaign. IEC Field report No Baltimore: The John Hopkins Center for Communication Programmes.