

Article History

Received: 18 December 2023

Revised: 14 February 2024

Accepted: 27 February 2024

Abstract

Male Involvement in Sexual and Reproductive Health and Rights

¹Parshuram Lamsal ²Vijay Aryal ³Anup Adhikari ⁴Youraj Roka

Sexual and reproductive health and rights focus on advocating, supporting, and participating in various aspects of male involvement in sexual and reproductive health and rights. Family planning, safe abortion, HIV and RTIS/STI prevention and treatment, and maternal health care pursue male involvement. The article employs a review of relevant contemporary literature from various resources. Men have three specific sexual roles as clients, supportive partners, and agents of change to their spouses as well as societies. More specifically, men's involvement accelerates the effectiveness of family planning programmes, promotes mitigating gender-based violence, promotes women empowerment, enhances adolescent reproductive health, maternity care, and knowledge and behavior change on HIV/AIDS, STIs, and RTIs. However, there are more significant challenges to male involvement in sexual and reproductive health and rights. Despite the need for men's involvement in SRHR, there are barriers in various forms, such as social stigma, cultural determinants, and financial restrictions. Government policies can address the barriers to providing equitable services to needy people.

SEXUAL AND REPRODUCTIVE health and rights (SRHR) are crucial in promoting gender equality and ensuring comprehensive access to essential services. It encompasses the active engagement of men in advocating for, supporting, and participating in various aspects of Male involvement in SRHR, including family planning, safe abor-

Keywords

Male involvement
Sexual health
Reproductive
health
Equity
Policies

1. Central Department of Population Studies, Tribhuvan University, Kathmandu.

Email: lamsalparshuram@gmail.com

2. Lecturer, Department of Population Studies, Prithvi Narayan Campus, Tribhuvan University, Pokhara. Email: vijayaryal@pncampus.edu.np

3. Central Department of Population Studies, Tribhuvan University, Kathmandu. Email: ecoanup@gmail.com

4. Central Department of Population Studies, Tribhuvan University, Kathmandu. Email : yourajroka@gmail.com

tion, HIV and RTIS/STI prevention and treatment, and maternal health care. By actively involving men in these efforts, we can foster an environment where both men and women share joint responsibility for their sexual and reproductive health (Hempel, 1994).

Male involvement takes on various forms, including encouraging partners to seek medical care, advocating for policy changes that enhance access to SRHR services, and taking responsibility for their own sexual and reproductive well-being. By becoming equal partners in public and private life, men can improve health outcomes for women and children and ensure everyone has the necessary information and services to make informed decisions about their reproductive health (Chandra-Mouli et al., 2019).

Khan and Patel (1997) studied the behavioral (knowledge, attitudes) patterns of males in Uttar Pradesh, India, on their wives' sexual and reproductive health. The results revealed that males are partners in sexuality and reproduction. Men have a crucial role in bringing about gender equity since, in most societies, where men exercise predominant power. In such societies, men are the primary decision-makers in the family for reproduction, family size, and contraceptive use (Khan & Patel, 1997).

The Cairo International Conference on Population and Development (ICPD) Programme of Action (1994) urged the need for special efforts to emphasize men's shared responsibility and promote their active involvement in responsible parenthood, sexual and reproductive behavior, including family planning, prenatal, maternal child health; prevention of sexually transmitted diseases, including HIV; prevention of unwanted and high-risk pregnancies; shared control and contribution to family income, children's education, health and nutrition; recognition and promotion of the equal value of children of both sexes. Children's education from the earliest ages must include male responsibilities in family life (United Nations, 1994). Men have domination over women in physical, social, and sexual relationships, and women may create the risk of unwanted sexual encounters, pregnancy, and infection (Raju & Leonard, 2000). Such risks imply a particular emphasis on the behavioral and social relationships that may affect women's ability to exercise choice and receive positive outcomes in terms of sexual and reproductive health.

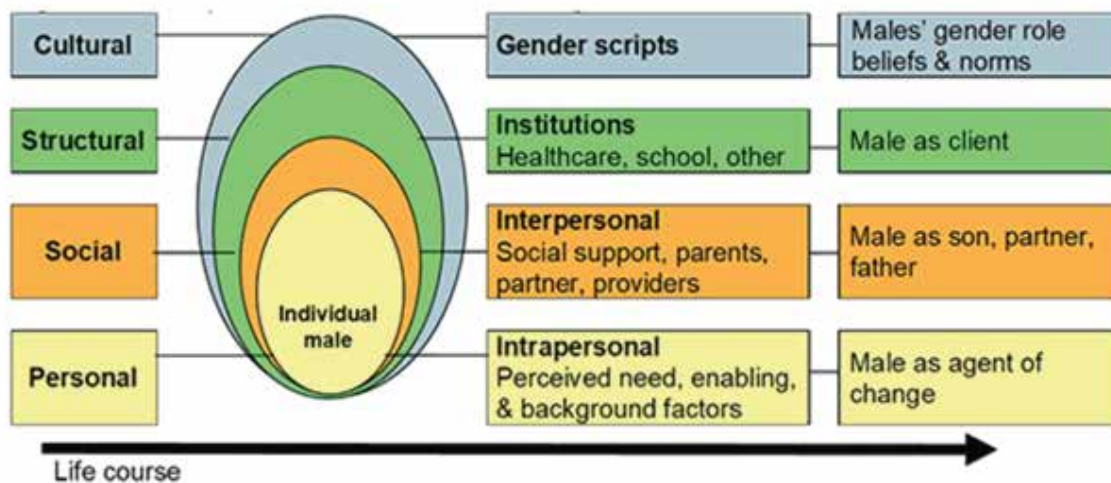
Men's involvement in sexual and reproductive health has proven to bring numerous benefits to maternal and child health outcomes. Despite the recognition of the importance of involving men in reproductive, maternal, and child health programs globally, there are significant challenges in engaging fathers, including socio-cultural norms, limited involvement before the first pregnancy, and the attitudes and workload of traditional gender roles often limit men's involvement in reproductive health (Davis et al., 2016). By increasing access to services and interventions for women and children, men's active participation can have a positive impact.

Male involvement in reproductive health is crucial in different activities like reproductive health problems, programs, reproductive rights, and reproductive behavior. The need for gender equity in relation, responsible sexual behavior, and active involvement of men in reproductive and women can fulfill their reproductive health requirements. Men's involvement in reproductive health decisions to achieve small family norms, observation of same-sex, contraceptive use, provide support to women in the period of antenatal and postnatal period, legally manage abortion,

prevent STD/AIDS, Gynecological and other reproductive health-related complications (Davis et al., 2016). The central role of men in sharing responsibilities, promoting responsible parenthood, and generating an equitable family environment helps develop and promote equilibrium of sexual and reproductive health rights by gender dimensions as well.

Figure 1

Ecological Model of Male Involvement in Sexual Reproductive Health and Rights (Greene et al., 2006)



"Involving Men in Reproductive Health" goes beyond individual-level interventions and addresses the importance of engaging men at the community and societal levels. It explores strategies for partnership-building among healthcare providers, policymakers, and grassroots organizations to create supportive environments that encourage male involvement. The authors emphasize the need for culturally sensitive approaches that recognize and address power dynamics, social norms, and gender inequalities (Greene et al., 2006). However, there are some barriers to men's participation in reproductive health care, such as social norms, dominant culture, social stigma, lack of services in low-income countries, and financial restrictions, among others (Roudsari et al., 2023).

Men as clients: Men in SRHR are to encourage the use of the services for themselves and to recognize that they, too, have sexual and reproductive health issues and needs. For example, in terms of family, some programs focus on getting men to take an active involvement through getting vasectomy, while in terms of HIV, the focus may be on getting tested for HIV and use of condoms (Greene et al., 2006). Similarly, couples discussing family planning are likelier to make plans about the family in time (Sharan & Valente, 2002).

Men as supportive partners: Men are not involved in decision-making processes, the supportive aspects of SRHR, or family planning issues. As supportive partners, men see the positive influence they can have on women's SRHR. Men can play a significant role in making decisions, planning, and allocating resources needed for women's health issues (Greene et al., 2006) and advocating for women's access to reproductive health services (Hook et al., 2021). Programs using this approach target men to influence them to become supportive partners in a variety of areas, including mater

nal health, family planning, neonatal care, and HIV.

Men as Agents of Change: The emphasis needs to address the norms that place women and men at risk (e.g., norms around multiple sexual partners, non-use of contraception, abuse of alcohol, and violence). An implicit assumption about these programs is that more progressive norms around masculinity and gender will improve SRHR outcomes (Greene et al., 2006). Men should always be done in consultation with women and ideally in conjunction with programming with women.

Evolution of Male Involvement in Sexual and Reproductive Health and Rights

Traditionally, reproductive health is predominantly viewed as a women's issue. However, in recent years, there has been a significant shift in recognizing the importance of male involvement in sexual and reproductive health. This evolution can be attributed to various factors, including changes in societal norms, increased access to information, and a growing body of research highlighting the role of men in reproductive health and rights (Hempel, 1994). The International Conference on Population and Development (ICPD) Program of Action and the Beijing Declaration and Platform for Action adopted at the Fourth World Conference on Women have played pivotal roles in emphasizing the significance of male involvement in SRHR (Beijing Declaration, 1995). Additionally, conferences such as the USAID Conference on Men and Sexual and Reproductive Health Initiative (Beijing Declaration, 1995), Expert Meeting on Involving Men and Boys in Achieving Gender Equality (Peacock & Barker, 2014), and Global Symposium on Engaging Men and Boys in Gender Equality (Peacock & Barker, 2014) have further propelled the discourse on male involvement in SRHR.

These declarations and advocacy efforts have had several profound effects. First, there has been an increased recognition of sexual and reproductive rights for women and girls, providing a clear mandate for addressing men's SRH within a human rights framework. Secondly, novel strategies and evidence have emerged, demonstrating practical ways to engage men and boys in advancing SRHR. Lastly, these efforts have shed light on the issue of gender-based violence, with studies indicating that 10-20 percent of women worldwide report their first sexual experience as non-consensual (WHO, 2022).

The evolution of male involvement in SRHR signifies a significant step towards achieving comprehensive and equitable SRHR outcomes. By recognizing the importance of engaging men, we can work towards dismantling gender inequalities and creating a supportive environment where both men and women have equal access to sexual and reproductive health services and rights.

The International Conference on Population and Development (ICPD) in 1994 successfully raised concerns about sexual and reproductive health (SRH) as an essential aspect of development, policy-making, and academic discussions. The ICPD emphasized the need for accessible and friendly health services for adolescents due to the inadequacy of existing services in addressing their reproductive health needs (WHO, 2022). As a co-signatory to the ICPD's Plan of Action in 1994, Nepal committed to enhancing its population's reproductive health status across the country. The ICPD recognized that adolescents and youth have specific health requirements that

differ significantly from those of adults. Therefore, their SRHR is one of the most important as it plays a crucial role in shaping our demographic future in Nepal; male involvement in SRHR has been recognized as a priority area (Pathak & Pokharel, 2012).

Material and Methods

The article discusses male involvement in SRHR based on the secondary information obtained from the existing body of literature. The authors employed a literature search, utilizing keywords relevant to the topic, such as 'Sexual and Reproductive Health and Rights.' The authors searched prominent search engines such as Google Scholar, Science Direct, and PubMed to find the relevant literature. The collected information incorporates inclusion and exclusion criteria from reputable scientific websites and databases and secondary data from authentic sources. The articles are then reviewed and discussed in the appropriate sections as per the structure of the paper.

Results

Male Involvement in Sexual and Reproductive Health and Rights: National Scenario

Male involvement in SRHR has been recognized as a priority area in Nepal. The government has taken several steps to engage men in reproductive health, including developing policies and programs focused on male involvement and expanding access to healthcare services for men (NDHS, 2016). However, many challenges necessitate overcoming for effective results. Limited access to healthcare services in rural areas and cultural norms that discourage men from being involved in reproductive health pose barriers to progress. There is a need for more outstanding education and awareness-raising campaigns to encourage men to take an active role in the reproductive health sector (NDHS, 2016). Some critical issues related to men's involvement in SRHR for equitable and gender-sensitive outcomes are discussed as follows.

Family Planning

The prevalence rate of modern contraceptive use in Nepal is 43 percent, with female sterilization being the most common method (14.6%), followed by male sterilization (1.8%) (NDHS, 2016). Male condom use remains relatively low at 4.8 percent compared to other methods, such as implants and injectables (NDHS, 2016). The unmet need for family planning stands at 21 percent, and unwanted births account for seven percent of pregnancies (NDHS, 2016). While 57 percent of married women use any method of family planning, there is still room for improvement in promoting modern methods and addressing traditional practices (NDHS, 2022). The present clinic-based system is ineffective for providing family planning services in urban areas of Nepal.

Gender-Based Violence and Gender Norms

Gender norms and gender-based violence pose challenges to male involvement in SRHR. Men are often socialized to be self-reliant and not seek help, including healthcare services, in times of need. However, socialization also reinforces the use of violence as a means to display masculinity, perpetuating gender-based violence against women and men (NDHS, 2016). Looking

at the global scenario, 30-50 percent of women report experiencing some form of gender-based violence, and 10-20 percent of women state that their first sexual experience was coerced (WHO, 2022). Meanwhile, attitudes towards wife beating also persist, with 19 percent of women and 17 percent of men believing it is justified in certain circumstances (NDHS, 2022).

Women Empowerment

Women's participation in decision-making regarding their health remains limited, with 28 percent of women not being involved in such decisions (NDHS, 2016). However, research shows that women's participation in decision-making is positively associated with reproductive health-seeking behavior related to antenatal and postnatal care (NDHS, 2016). Gender-based violence is also prevalent, with 22 percent of women in Nepal experiencing physical violence since age 15 and six percent reporting spousal violence (NDHS, 2016).

Adolescent Reproductive Health

Adolescent reproductive health is another essential aspect to consider in male involvement. In Nepal, women marry at a younger age (17.9 years) compared to men (21.7 years), leading to higher rates of teenage pregnancy (14%) (NDHS, 2016). This situation has been attributed to limited access to adolescent-friendly healthcare services, further hampering young people's ability to access necessary reproductive health services.

Maternity Care

Maternal health indicators show progress in Nepal, with 81 percent of women having at least four antenatal care visits and 80 percent delivering with skilled birth attendants (NDHS, 2016). However, postnatal care has room for improvement, as only 70 percent of women receive a postnatal check within two days after delivery (NDHS, 2016).

HIV/AIDS/RTI/STI-Related Knowledge and Behavior

Nepal Demographic and Health Survey, 2016 revealed that comprehensive knowledge about HIV is insufficient among both women (20%) and men (28%) in Nepal. Knowledge about the prevention of mother-to-child transmission of HIV is also relatively low, with 47 per cent of women and 51 per cent of men aware of the transmission risks during pregnancy, delivery, and breastfeeding (NDHS, 2016). Testing for HIV remains relatively low, with only 34 per cent of women and 58 per cent of men reporting knowledge of HIV testing and a smaller percentage having been tested (NDHS, 2016). Moreover, 15 per cent of women and two per cent of men who had sexual intercourse reported having had a sexually transmitted infection (STI) or STI symptoms in the past year (NDHS, 2016).

In Nepal, young people face a significant lack of comprehensive and accurate knowledge about HIV/AIDS. This comprehensive knowledge is crucial for the successful implementation of HIV/AIDS prevention programs and the promotion of healthy sexual behavior. The (NDHS, 2016) data shows that only 26 percent of females and 34 percent of males (15-24) have detailed knowl-

edge, knowledge of the mode of transmission, ways of prevention, and appropriate attitudes toward HIV/AIDS-infected persons (Pathak & Pokharel, 2012).

Global Situation

Globally, male involvement in SRHR has seen significant improvements in recent years. Many countries have recognized the importance of engaging men in reproductive health and have implemented research and programs focused on male involvement (WHO, 2022). However, challenges remain, including cultural and social norms that discourage male involvement, limited access to healthcare services and education in certain regions, and criminalization of same-sex sexual activities in some countries (WHO, 2022).

Male involvement in SRHR is critical to achieving comprehensive and equitable SRHR outcomes. In Nepal, while there are various efforts to engage men in reproductive health, there are still challenges to overcome, such as limited access to healthcare services, cultural norms, and gender-based violence. Addressing these challenges requires a comprehensive approach, including education and awareness campaigns, policy changes, and promoting gender equality. By actively involving men in SRHR, we can strive towards a society where both men and women have equal access to and responsibility for their sexual and reproductive health. In the United States, the National Violence Against Women Survey estimated that one out of five (22.1%) women are physically assaulted in their lifetime, and one in 13 (7.7%) by an intimate partner (Russo & Pirlott, 2006).

Components of male involvement in sexual reproduction health and rights

Social sectors

Male involvement in SRHR can encompass various social components. Men can actively participate in societal awareness campaigns (Greene et al., 2006). Likewise, they can actively participate in educational programs to promote sexual and reproductive health and the rights of both men and women. The activities may include disseminating information about contraception, family planning, safe sexual practices, and the prevention of sexually transmitted infections (STIs) (Meena et al., 2015; Shand & Marcell, 2021). Men can engage in workshops, community outreach initiatives, and media campaigns to raise awareness.

Moreover, men can challenge gender norms and actively support women's empowerment. This support promotes women's education, economic opportunities, and decision-making power in sexual and reproductive health (Ehrhardt et al., 2009; Greene et al., 2006). Men can advocate for policies that support SRHR (Hook et al., 2021). They can join or support organizations working in this field, engage in advocacy campaigns, and participate in policy dialogues to drive positive change.

Family management

Men can take responsibility for contraception by using condoms or considering vasectomy. They can support their partners in accessing and utilizing effective contraceptive methods and engage in

discussions about family planning (Hardee et al., 2016). As part of responsible fatherhood (Miller, 2010), men can actively participate in caregiving and nurturing activities for their children (Li, 2020; Maříková, 2008). Such participation includes emotional support, sharing parental responsibilities, and providing financial support to ensure the well-being of their children (Saaka et al., 2023). Men can also support access to safe, legal, and affordable abortion services permitted by law to protect the health and rights of women and girls and reduce the risks associated with unsafe abortions (Crane & Hord Smith, 2006).

Maternal health care and preventing STIs

During antenatal and postnatal care, men can accompany their partners to check-ups, actively participate in childbirth preparations, and participate in decision-making activities for childbirth and postnatal care (Daniele, 2021). This involvement includes emotional support and shared decision-making. Men can engage in safe sexual practices, such as consistent condom use, and seek regular testing for STIs (Graham et al., 2005). If diagnosed, they can undergo appropriate treatment and promote awareness about STIs within their communities.

Maternal health care is another vital component of men's participation in SRHR. Men support adequate prenatal, childbirth, and postnatal care to ensure safe and healthy pregnancies (Kaye et al., 2014). The support includes encouraging skilled attendance during childbirth, access to emergency obstetric care (Atuahene et al., 2017), and postpartum care for mothers and infants (Starrs et al., 2018).

Existing Nepalese Government Policies of Male Involvement in Sexual and Reproductive Health and Rights

The newly promulgated constitution of Nepal in 2015 has provisioned the right to abortion as a fundamental right for every woman. Likewise, the Safe Motherhood and Reproductive Health Rights (SMRHR) Act 2018, as per the mandate of the constitution of Nepal 2015, has made necessary provisions for safe, quality, affordable, and accessible maternal and reproductive health services to every woman. The SMRHR act has prioritized the legal provision for the right to reproductive health, safe motherhood and newborn, safe abortion, and reproductive health morbidity as significant issues of safe motherhood and reproductive health rights. This act has also taken steps to promote male involvement in caregiving by providing parental leave. Male employees receive 15 days of leave, while female employees receive 90 days of maternal and child care. The Nepalese government acknowledges the significance of male involvement in SRHR and has implemented various policies to encourage their active participation. In 2019, the Nepalese government launched the National Health Policy 2019 to promote men's health and well-being by adopting healthy lifestyles and disease prevention. This policy recognizes the importance of men's involvement in SRHR and emphasizes providing male-friendly services (Ministry of Health and Population/Government of Nepal, 2019).

These policies reflect the Nepalese government's recognition of the significance of male involvement in SRHR. However, further targeted efforts and continuous evaluation of their implementation are necessary to ensure effective male engagement. By fostering an enabling

environment and strengthening male-friendly services, the government aims to encourage men's active participation in reproductive health and rights, ultimately contributing to improved SRHR outcomes for all individuals.

Discussion

Male involvement in SRHR has evolved, with increasing recognition of the importance of men's participation in SRHR. This overview provides a glimpse into the past and recent trends of male involvement in SRHR globally and specifically in Nepal. Male involvement in SRHR is a concept that has gained significance in recent years (Angusubalakshmi et al., 2023; Machinda, 2021; Rahayu et al., 2023). While measuring male involvement can be challenging, several standard measures are used.

Men play a crucial role in various aspects of SRHR, including family planning and contraceptive use, neonatal care, postnatal care, maternal health care, child health care, safe abortion, and addressing gender-based violence, HIV/AIDS, and STIs/RTIs (Aventin et al., 2023; Okafor et al., 2023). Men can act as clients, supportive partners (Rahayu et al., 2023), and agents of change within their families and communities. The benefits of male involvement are numerous, including promoting gender equality, improving health outcomes for women and children (Levy et al., 2020), enhancing the uptake of SRHR services, and improving the overall health of men themselves (Daniele, 2021).

Global and local data on sexual and reproductive health rights cases indicate that men have been involved actively in maternal health care (de Fouw et al., 2023; Rothstein et al., 2023), child health care services (Bataille & Hyland, 2023; Darroch et al., 2023; Li, 2020; Saaka et al., 2023), and other SRHR-related programs (Nowshin et al., 2022). Several factors influence male involvement, such as men's education, attitudes, knowledge, awareness, socio-cultural and psychological factors, and the health system policies. Understanding healthcare professionals' perspectives is crucial in promoting male involvement in SRHR (Gopal et al., 2020). Findings suggested that community-level counseling, awareness campaigns, and research programs are needed to address this issue. These activities help encourage men to prioritize their health practices, enhance individual capacities, and develop effective strategies in a positive environment are essential (Daniele, 2021; Kaye et al., 2014). Governments and related agencies need to frame sufficient policies and establish proper service delivery systems to promote male involvement in sexual and reproductive health and rights.

Conclusion

Male involvement in sexual and reproductive health services (SRHS) is essential for promoting family planning, contraceptive use, child health care, maternal health care, and addressing reproductive health-related issues. Men play multiple roles as clients, supportive partners, and agents of change in SRHS. In the context of Nepal, regulation of policies is necessary to support sexual and reproductive health and rights, especially for women who suffer from various sexual and reproductive health problems, including social and domestic violence, abuse, risks of unwanted pregnancies, infections, and sexually transmitted diseases.

To address these issues, the government needs to prioritize and create policies for male involvement in sexual and reproductive health and rights. Supportive partnerships can be fostered by promoting open communication, mutual respect, and shared decision-making regarding contraception, family planning, and sexual health. Advocacy for the provision of quality SRHR services, including safe abortion, prenatal and postnatal care, and comprehensive sexual healthcare, is necessary.

Men have to engage in joint decisions with their spouses in family management, promote safe and responsible sexual behavior, and actively participate in discussions on gender equality. Moreover, participation in parenting and caregiving responsibilities, addressing violence and coercion by challenging harmful attitudes, and promoting healthy and respectful relationships are essential. Advocacy and policy engagement is vital for men to advocate for SRHR, help engage in policy discussions, and support initiatives promoting gender equality and comprehensive SRHR services. By implementing these measures, male involvement in SRHS can improve, leading to improved sexual and reproductive health outcomes for both men and women.

References

- Angusubalakshmi, R., Boratne, A. V., & Venkataraman, S. (2023). Male involvement as a significant contributor for enhancing maternal and child healthcare services: A scoping review. *Indian Journal of Public Health*, *67*(3), 455-460.
https://doi.org/10.4103/ijph.ijph_1749_22
- Atuahene, M. D., Arde-Acquah, S., Atuahene, N. F., Adjuik, M., & Ganle, J. K. (2017). Inclusion of men in maternal and safe motherhood services in inner-city communities in Ghana: Evidence from a descriptive cross-sectional survey. *BMC Pregnancy Childbirth*, *17*(1), 419. <https://doi.org/10.1186/s12884-017-1590-3>
- Aventin, Á., Robinson, M., Hanratty, J., Keenan, C., Hamilton, J., McAteer, E. R., . . . Bonell, C. (2023). Involving men and boys in family planning: A systematic review of the effective components and characteristics of complex interventions in low and middle-income countries. *Campbell Systematic Reviews*, *19*(1), e1296.
<https://doi.org/10.1002%2Fcl2.1296>
- Bataille, C. D., & Hyland, E. (2023). Involved fathering: How new dads are redefining fatherhood. *Personnel Review*, *52*(4), 1010-1032. <http://dx.doi.org/10.1108/PR-06-2019-0295>

- Crane, B. B., & Hord Smith, C. E. (2006). Access to safe abortion: An essential strategy for achieving the millennium development goals to improve maternal health, promote gender equality, and reduce poverty. *Background paper to the report. Public Choices, Private Decisions: Sexual Reproductive Health the Millennium Development Goals*. New York: Millennium Project.
- Daniele, M. A. S. (2021). Male partner participation in maternity care and social support for childbearing women: a discussion paper. *Philosophical Transactions of the Royal Society B*, 376(1827), 20200021. <https://doi.org/10.1098/rstb.2020.0021>
- Darroch, F. E., Oliffe, J. L., Gonzalez Montaner, G., & Webb, J. M. (2023). “I’m Trying to be There for my Kids”: A Needs Analysis of Fathers Who Experience Health Inequities in Vancouver, Canada. *Men and Masculinities*, 1097184X221149984. <https://dx.doi.org/10.1177/1097184X221149984>
- 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. *Reproductive Health*, 13(1), 81. <https://doi.org/10.1186/s12978-016-0184-2>
- de Fouw, M., Stroeken, Y., Niwagaba, B., Musheshe, M., Tusiime, J., Sadayo, I., . . . Beltman, J. J. (2023). Involving men in cervical cancer prevention; a qualitative inquiry into male perspectives on screening and HPV vaccination in Mid-Western Uganda. *PLoS One*, 18(1), e0280052. <https://doi.org/10.1371/journal.pone.0280052>
- Ehrhardt, A. A., Sawires, S., McGovern, T., Peacock, D., & Weston, M. (2009). Gender, empowerment, and health: what is it? How does it work? *Journal of Acquired Immune Deficiency Syndromes*, 51(Suppl 3), S96. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3296368/pdf/nihms311686.pdf>
- Gopal, P., Fisher, D., Seruwagi, G., & Taddese, H. B. (2020). Male involvement in reproductive, maternal, newborn, and child health: evaluating gaps between policy and practice in Uganda. *Reproductive Health*, 17, 1-9. <https://doi.org/10.1186/s12978-020-00961-4>
- Graham, C. A., Crosby, R., Sanders, S., & Yarber, W. (2005). Assessment of condom use in men and women. *Annual review of sex research*, 16(1), 20-52. <https://doi.org/10.1080/10532528.2005.10559827>
- Greene, M. E., Mehta, M., Pulerwitz, J., Wulf, D., Bankole, A., & Singh, S. (2006). *Involving Men in Reproductive Health: Contributions to Development*.

- Hardee, K., Croce-Galis, M., & Gay, J. (2016). Men as contraceptive users: Programs, outcomes and recommendations.
- Hempel, M. (1996). Reproductive health and rights: origins of and challenges to the ICPD agenda. *Health Transition Review*, 6(1), 73–85. <http://www.jstor.org/stable/40608702>
- Hook, C., Hardee, K., Shand, T., Jordan, S., & Greene, M. E. (2021). A long way to go: Engagement of men and boys in country family planning commitments and implementation plans. *Gates Open Res*, 5, 85. <https://doi.org/10.12688/gatesopenres.13230.2>
- Kaye, D. K., Kakaire, O., Nakimuli, A., Osinde, M. O., Mbalinda, S. N., & Kakande, N. (2014). Male involvement during pregnancy and childbirth: Men’s perceptions, practices and experiences during the care for women who developed childbirth complications in Mulago Hospital, Uganda. *BMC pregnancy and childbirth*, 14(1), 1-8. <https://doi.org/10.1186/1471-2393-14-54>
- Khan, M. E., & Patel, B. (1997). Male involvement in family planning: A KABP study of Agra District, Uttar Pradesh. *Reproductive Health*. <https://doi.org/10.31899/rh1997.1008>
- Levy, J. K., Darmstadt, G. L., Ashby, C., Quandt, M., Halsey, E., Nagar, A., & Greene, M. E. (2020). Characteristics of successful programmes targeting gender inequality and restrictive gender norms for the health and well-being of children, adolescents, and young adults: A systematic review. *The Lancet Global Health*, 8(2), e225-e236. [https://doi.org/10.1016/s2214-109x\(19\)30495-4](https://doi.org/10.1016/s2214-109x(19)30495-4)
- Li, X. (2020). Fathers’ involvement in Chinese societies: Increasing presence, uneven progress. *Child Development Perspectives*, 14(3), 150-156. <https://doi.org/10.1111/cdep.12375>
- Machinda, Z. (2021). *Determinants of male involvement in family planning services in Tarime District, Tanzania* [The Open University of Tanzania].
- Maříková, H. (2008). Caring fathers and gender (in) equality. *Polish Sociological Review*, 162(2), 135-152.
- Meena, J. K., Verma, A., Kishore, J., & Ingle, G. K. (2015). Sexual and reproductive health: Knowledge, attitude, and perceptions among young unmarried male residents of Delhi. *International journal of reproductive medicine*, 2015, 43160. <https://doi.org/10.1155/2015/431460>
- Miller, T. (2010). *Making sense of fatherhood: Gender, caring and work*. Cambridge University Press.

- Ministry of Health and Population/Government of Nepal. (2019). *National Health Policy-2019*. Kathmandu Retrieved from <https://mohp.gov.np/en>
- NDHS. (2016). *Nepal Demographic and Health Survey*.
<https://dhsprogram.com/pubs/pdf/SR243/SR243.pdf>
- NDHS. (2022). *Nepal Demographic and Health Survey 2022: Key Indicators Report*.
- Nowshin, N., Kapiriri, L., Davison, C. M., Harms, S., Kwagala, B., Mutabazi, M. G., & Niec, A. (2022). Sexual and reproductive health and rights of “last mile” adolescents. *Sexual and Reproductive Health Matters*, 30(1), 100-120.
<https://doi.org/10.1080/26410397.2022.2077283>
- Okafor, I. P., Kukoyi, F. O., Kanma-Okafor, O. J., & Izuka, M. O. (2023). Male involvement in female partners’ screening for breast and cervical cancers in Southwest Nigeria. *PLoS One*, 18(5), e0284141. <https://doi.org/10.1371/journal.pone.0284141>
- Pathak, R. S., & Pokharel, T. (2012). *Sexual and reproductive health status of adolescents and youth in Nepal*. 17(16).
- Peacock, D., & Barker, G. (2014). Working with men and boys to prevent gender-based violence: Principles, lessons learned, and ways forward. *Men and Masculinities*, 17(5), 578–599. <https://doi.org/10.1177/1097184X14558240>
- Rahayu, S., Romadlona, N. A., Utomo, B., Aryanty, R. I., Liyanto, E., Hidayat, M., & Magnani, R. (2023). Reassessing the level and implications of male involvement in family planning in Indonesia. *BMC Women's Health*, 23(1), 1-14.
<https://doi.org/10.1186/s12905-023-02354-8>
- Raju, S., & Leonard, A. (2000). Men as supportive partners in reproductive health: moving from rhetoric to reality. *Reproductive Health*. <https://doi.org/10.31899/rh2000.1040>
- Rothstein, J. D., Klemm, R. D., Kang, Y., Niyeha, D., Smith, E., & Nordhagen, S. (2023). Engaging men in maternal, infant and young child nutrition in rural Tanzania: Outcomes from a cluster randomized control trial and qualitative study. *Maternal Child Nutrition*, 19(2), e13460. <https://doi.org/10.1111/mcn.13460>
- Roudsari, R. L., sharifi, F., & Goudarzi, F. (2023). Barriers to the participation of men in reproductive health care: a systematic review and meta-synthesis. *BMC Public Health*, 23(1), 818. <https://doi.org/10.1186/s12889-023-15692-x>
- Russo, N. F., & Pirlott, A. (2006). Gender-based violence: Concepts, methods, and findings. *Annals of the New York Academy of Sciences*, 1087(1), 178–205.
<https://doi.org/10.1196/annals.1385.024>

- Saaka, M., Awini, S., Kizito, F., & Hoeschle-Zeledon, I. (2023). Fathers' level of involvement in childcare activities and its association with the diet quality of children in Northern Ghana. *Public Health Nutrition*, 26(4), 771-778. <https://doi.org/10.1017%2FS1368980022002142>
- Shand, T., & Marcell, A. V. (2021). Engaging men in sexual and reproductive health. In *Oxford Research Encyclopedia of Global Public Health*. <https://doi.org/10.1093/acrefore/9780190632366.013.215>
- Sharan, M., & Valente, T. W. (2002). Spousal communication and family planning adoption: Effects of a radio drama serial in Nepal. *International Family Planning Perspectives*, 28(1), 16-25. <https://doi.org/10.2307/3088271>
- Starrs, A. M., Ezeh, A. C., Barker, G., Basu, A., Bertrand, J. T., Blum, R., Coll-Seck, A. M., Grover, A., Laski, L., Roa, M., Sathar, Z. A., Say, L., Serour, G. I., Singh, S., Stenberg, K., Temmerman, M., Biddlecom, A., Popinchalk, A., Summers, C., & Ashford, L. S. (2018). Accelerate progress—sexual and reproductive health and rights for all: Report of the Guttmacher–Lancet Commission. *The Lancet*, 391(10140), 2642–2692. [https://doi.org/10.1016/S0140-6736\(18\)30293-9](https://doi.org/10.1016/S0140-6736(18)30293-9)
- United Nations. (1994). *Population and development: Programme of action adopted at the international conference on population and development, Cairo, 5-13 September 1994*. www.un.org
- WHO. (2022). *Sexual and reproductive health and research (SRH), including the human reproduction programme (HRP)*. [https://www.who.int/teams/sexual-and-reproductive-health-and-research-\(srh\)/overview](https://www.who.int/teams/sexual-and-reproductive-health-and-research-(srh)/overview)