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UNDERSTANDING MALE CONTRACEPTIVE AWARENESS, PERCEPTIONS AND PRACTICES IN MIZORAM

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ABSTRACT

This paper is an attempt to understand men regarding the knowledge, perceptions and use of contraceptive methods in Mizoram, highlighting the often-overlooked perspective of men in the realm of family planning. The research employs univariate analysis to examine the evolving trends in Mizoram, comparing data from NFHS-3 (2005-06) to NFHS-5 (2019-21) to track the changes over time. The results indicate that there is a range of awareness, perceptions and utilization of contraceptive methods. Although knowledge of contraceptive methods is almost universal, this does not necessarily translate into their practical use. The data shows a preference for modern contraceptive methods over traditional ones. The knowledge of modern contraceptive methods has decreased slightly from 99.5% in NFHS-3 to 98.9% in NFHS-5. The percentage of men aged 15-49 who believe that contraception is solely the responsibility of women has fluctuated over the years. The percentage of men using any form of contraception was 37.6% in NFHS-3, 19.2% in NFHS-4, and 14.4% in NFHS-5, indicating a downward trend. The results highlight the importance of implementing educational initiatives to correct misunderstandings, enhance the availability of contraceptive services, and encourage well-informed choices related to family planning among men in Mizoram.

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INTRODUCTION

Encouraging sufficient intervals between pregnancies, ensuring a minimum of three years between each child, was an essential aspect of the family planning initiative (MOHFW, 1997). The primary goal was to lower the birth rate sufficiently to stabilize the population in alignment with the needs of the national economy (Lalmalsawmzauva, 2011). Across the globe, the responsibility for fertility regulation has not been shared equally between men and women (Ringheim, 1993). Contraception has often been viewed as a women's responsibility, but men have been involved in decision-making for centuries (Edwards, 1994). Even when taking into account women's personal fertility preferences, the desires of men can serve as both a perceived and real obstacle to the adoption of family planning methods (Speizer, 1999). Despite the growing body of research on contraceptive practices among women in different regions, the knowledge of how to involve men as clients in family planning services is still lacking in current programs (Hardee, 2016 and Greene, 2000). 'Indeed, men are rarely interviewed in fertility surveys of any kind' (Mason, 1987). Until the late 1980s, there was lack of information regarding men's fertility and family planning. As a result, researchers frequently relied on existing data from women to examine couples' fertility preferences and their use of family planning methods (Speizer, 1999).

This lack of focus on men's experiences and attitudes can perpetuate the cycle of limited male involvement in reproductive health discussions. Men's perspectives on parenting responsibilities significantly influenced their contraceptive behavior (Major, 1992; Tuloro, 2006 and Nte, 2009). Although men generally have a positive outlook on family planning, some studies indicate that they feel men should have authority over the decision of when and whether a couple uses contraceptives (Mbizvo, 1991). Neglecting to include men in family planning programs can lead to significant consequences. Even if women are informed and urged to use contraception, they may refrain from doing so due to resistance from their husbands (Bankole and Singh, 1998). Regrettably, views on male involvement are frequently based on negative assumptions (Karra et al., 1997) and even in dominant-submissive relationships, women did not enjoy the decision-making role (Gerrard et al., 1990). Incorporating men into family planning programs is crucial for achieving goals related to reproductive health and gender equality (Mondal et al., 2024). The introduction of reproductive and child health (RCH) in 1998 enhanced access to effective contraceptive services (Pautunthang, ?). Reproductive health programs are expected to be more successful for women when men participate actively (Drennan, 1998). In the context of India, Mizoram stands out as a region where family planning and contraceptive use are actively promoted among women and thus it is essential to also consider through the perceptions of men in this discourse. This focus on women's health and reproductive rights is commendable; however, it also raises important questions about male

involvement in these processes. While many researchers support involving men in family planning, data on their knowledge and use of contraception is still limited (Hulton, 1996). By addressing the gap in research focused on men's views and experiences, a more inclusive dialogue around fertility regulation can be found. This shift in focus can help to identify barriers to male involvement, promote shared responsibility in family planning, and ultimately lead to improved reproductive health outcomes for both men and women. Engaging men in conversations about contraception and family planning is not only beneficial for individual couples but also for society as a whole, as it paves the way for healthier families and communities.

Objectives

- To understand the knowledge of contraceptives among men in Mizoram.
- To analyse the use of contraceptives among men in Mizoram.
- To understand the perceptions of male regarding contraceptives in Mizoram.

METHODOLOGY

This paper utilizes data from the National Family Health Survey for understanding the knowledge, perceptions and use of contraceptives for males in Mizoram. The third National Family Health Survey (NFHS-3) was conducted in 2005-06, the fourth in 2015-16 and the fifth in 2019-21. The study utilized univariate analysis, focusing on men aged 15-49 in Mizoram. The background characteristics in certain studies include age, education level, residence, religion, type of sexual partner and marital status. Apart from this, the use of traditional or modern methods are given importance among the variables. The data is utilized for comparison about the changes that took place for a period of more than 15 years.

RESULTS

Table 1. Percentage of knowledge of contraceptive methods among currently married men aged 15-49, Mizoram

Method	Currently Married Men		
	2005-2006 (NFHS-3)	2015-2016 (NFHS-4)	2019-2021 (NFHS-5)
Any method	99.5	99.5	98.9
Any modern method	99.5	99.3	98.9
Female sterilization	96.3	88.7	79.6
Male sterilization	54.2	45.2	50.4
Pill	85.4	84.6	89.7
IUD or PPIUD	69.4	72.6	66.8
Injectables	30.7	22.3	31.7
Condom/Nirodh	96.4	98.7	97.9
Female condom	26.7	27	34.3
Emergency contraception	27.7	36.1	35.5
Other modern method	0.3	0	0
Pill, IUD, and condom ¹	64.6	66.8	62.9
Lactational amenorrhoea method (LAM)	NA	3.5	8.3
Diaphragm	NA	NA	12.5
Foam or jelly	NA	NA	11.8
Standard days method	NA	NA	13.1
Any traditional method	80.2	62.9	87
Rhythm	63.2	23	18.2
Withdrawal	72.5	60.3	85.5
Folk method	0.3	1.7	0
Mean number of methods known by respondents age 15-49	6.2	5.6	6.4

¹IUD = Intrauterine device; PPIUD = Postpartum intrauterine¹ All three methods
Source : National Family Health Survey

The data reflects the percentage of knowledge of various contraceptive methods among currently married men aged 15-49 in Mizoram across three different rounds. The knowledge of any

contraceptive method remains relatively high, with 99.5% in both NFHS-3 and NFHS-4, slightly decreasing to 98.9% in NFHS-5. This consistency indicates a strong awareness of contraceptive methods among the demographic. Knowledge of modern contraceptive methods shows a slight decline. The percentage of men aware of any modern method dropped from 99.5% in NFHS-3 to 98.9% in NFHS-5. Likewise, female sterilization knowledge decreased significantly from 96.3% to 79.6% during the same period. This decline raises concerns about the perception and acceptance of female sterilization as a reliable method. Knowledge of male sterilization is low, with 54.2% in NFHS-3 and declined to 50.4% in NFHS-5. In contrast, knowledge of the pill increased from 85.4% to 89.7%. The knowledge of IUD has decreased and awareness of injectables saw a slight rebound, from 30.7% in NFHS-3, 22.3% in NFHS-4 and increase to 31.7% in NFHS-5. The knowledge of condoms remained fairly stable, with a slight decrease from 98.7% in NFHS-4 to 97.9% in NFHS-5. The increase in awareness of female condoms and emergency contraception is encouraging, increasing from 26.7% in NFHS-3 to 34.3% in NFHS-5, suggesting a growing recognition of diverse contraceptive options. The knowledge of emergency contraception has also increased from 27.7% in NFHS-3 to 35.5% in NFHS-5. In terms of the traditional method, the awareness dropped from 80.2% in NFHS-3 to 62.9% in NFHS-4, which increased considerably to 87% in NFHS-5. This highlights a potential shift towards more traditional practices among men, which could be influenced by various socio-cultural factors. Knowledge of the rhythm method decreased significantly from 63.2% in NFHS-3 to 18.2% in NFHS-5. Knowledge of the withdrawal method fluctuated, with a slight decrease from 72.5% in NFHS-3 to 60.3% in NFHS-4, followed by an increase to 85.5% in NFHS-5. Knowledge of folk methods remained relatively low throughout the years, with a slight increase from 0.3% in NFHS-3 to 1.7% in NFHS-4, and then dropping to 0% in NFHS-5. Interestingly, the mean number of contraceptive methods known by respondents fluctuated slightly, from 6.2 in NFHS-3, dropping to 5.6 in NFHS-4, and then increasing again to 6.4 in NFHS-5. While awareness of contraceptive methods among married men in Mizoram remains high, there are notable fluctuations in knowledge regarding specific methods (Figure 1).

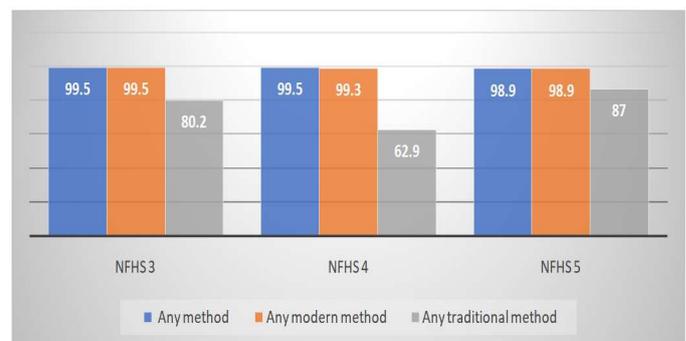


Figure 1. Knowledge of contraceptive methods among currently married men aged 15-49, Mizoram

Type of Sexual Partner

An analysis of contraceptive use based on the type of sexual partner reveals intriguing trends. For currently married men, there has been a significant decrease in contraceptive utilization over time. The percentage of currently married men using contraceptives dropped from 38.3% in NFHS-3 to 20.1% in NFHS-4, further declining to 14.3% in NFHS-5. Similarly, the proportion of men using contraceptives with their wives decreased from 38.5% in NFHS-3 to 24.7% in NFHS-4 and 16.8% in NFHS-5, indicating a downward trajectory in contraceptive prevalence within this demographic. Conversely, the use of contraceptives with other partners saw a slight increase from 5.0% in NFHS-4 to 9.1% in NFHS-5, suggesting a growing acceptance or awareness of contraceptive practices outside of marriage. Among those not currently married, contraceptive use declined from 32.3% in NFHS-3 to 9.1% in NFHS-4, highlighting shifting patterns in contraceptive use behaviour.

Table 2. Percent distribution of contraceptive use by men at last sexual intercourse among currently married men and sexually active unmarried men age 15-49 by selected background characteristics, Mizoram

Background characteristic	2005-2006 (NFHS-3)	2015-2016 (NFHS-4)	2019-2021 (NFHS-5)
Type of sexual partner			
Currently married	38.3	20.1	14.3
Wife	38.5	24.7	16.8
Other	*	5.0	9.1
Not currently married	32.3	9.1	*
Residence			
Urban	38.5	20.6	14.1
Rural	36.5	17.0	14.7
Education			
No education	*	22.6	0.0
<5 years complete	36.8	8.4	26.0
5-9 years complete	30.3	22.3	18.8
10-11 years complete	51.7	18.0	9.3
12 or more years complete	NA	16.1	11.3
Age			
15-19	*	*	*
20-24	29.6	6.8	15.9
25-29	27.8	14.3	4.7
30-34	45.8	16.2	18.6
35-39	31.9	27.8	12.9
40-44	43.9	20.9	20.6
45-49	49.6	18.9	14.1
Marital status			
Never married	37.3	8.6	*
Currently married	38.3	20.1	*
Religion			
Christian	39.4	19.0	15.6
Buddhist/Neo-Buddhist	*	26.8	6.1

Source : National Family Health Survey

Table-2 presents a comprehensive view of the percent distribution of contraceptive use by men at their last sexual intercourse, categorized by selected background characteristics in Mizoram.

Residence: Urban vs. Rural: When analyzing contraceptive use based on residence, urban areas consistently displayed higher contraceptive utilization rates compared to rural regions. In NFHS-3, urban men reported a contraceptive use rate of 38.5%, which decreased to 20.6% in NFHS-4 and 14.1% in NFHS-5. Similarly, rural men exhibited a decline in contraceptive use from 36.5% in NFHS-3 to 17.0% in NFHS-4, again with a slight decrease to 14.7% in NFHS-5. This indicates that both urban and rural areas have experienced similar trends in contraceptive use.

Education: The data highlights significant trends related to education and contraceptive practices. In NFHS-4, men with no education reported a contraceptive use rate of 22.6%, but this dropped to 0.0% in NFHS-5, indicating a potential shift in sexual behaviour or reporting. For those with less than 5 years of education, contraceptive use decreased from 36.8% in NFHS-3 to 8.4% in NFHS-4, then slightly increased to 26% by NFHS-5. Men with 5-9 years of education also saw a decline from 30.3% to 22.3% and further to 18.8% over the same periods. Notably, those with 10-11 years of education experienced a significant drop from 51.7% in NFHS-3 to 9.3% in NFHS-5, suggesting a concerning trend in contraceptive use among this group. For men with 12 or more years of education, usage was reported at 16.1% in NFHS-4 and decreased to 11.3% in NFHS-5.

Age: The data indicates varying trends in contraceptive use across different age brackets. For instance, contraceptive use among men aged 20-24 experienced a substantial decrease from 29.6% in NFHS-3 to 6.8% in NFHS-4, with a slight increase to 15.9% in NFHS-5. Among the age group of 25-29, use of contraceptives dropped significantly from 27.8% in NFHS-3, which declined to 14.3% in NFHS-4, and again declined to 4.7% in NFHS-5, indicating a significant drop over time. Similarly, the 30-34 age cohort exhibited

fluctuations in contraceptive utilization, peaking at 45.8% in NFHS-3, decreasing to 16.2% in NFHS-4, and slightly to 18.6% in NFHS-5. The 35-39 age group also experienced a decline, dropping from 31.9% in NFHS-3 to 12.9% in NFHS-5. In contrast, the 40-44 age group witnessed a decrease from 43.9% to 20.6% during the same period. The 45-49 age group, which initially had the highest usage rate at 49.6% in NFHS-3, saw a significant decline to 18.9% in NFHS-4 and further decreased to 14.1% in NFHS-5. However, the data suggests that older age groups historically had higher usage rates compared to younger age groups, particularly in earlier survey periods.

Marital Status: The utilization of contraceptives among never-married men witnessed a substantial decline over the years, from 37.3% in NFHS-3 to 8.6% in NFHS-4, although data for NFHS-5 is unavailable. In contrast, currently married men also experienced a decrease in contraceptive usage, dropping from 38.3% in NFHS-3 to 20.1% in NFHS-4, with no information accessible for NFHS-5. These trends highlight shifting patterns in contraceptive practices based on marital status over the survey periods.

Religion: The data reveals contrasting trends in contraceptive use among men of different religious affiliations. Christian men experienced a notable decline in contraceptive utilization, decreasing from 39.4% in NFHS-3 to 19.0% in NFHS-4, and further dropping to 15.6% in NFHS-5. In contrast, Buddhist/Neo-Buddhist men exhibited fluctuating patterns, with 26.8% in NFHS-4, followed by a decline to 6.1% in NFHS-5. Overall, the data indicates a concerning trend of declining contraceptive use among men in Mizoram across various demographic factors over the years.

Table 3. Men's contraception related perceptions

Background characteristic	Percentage of men who agree that contraception is a women's business and a man should not have to worry about it		
	2005-2006 (NFHS-3)	2015-2016 (NFHS-4)	2019-2021 (NFHS-5)
Age			
15-19	18.2	10.6	6.4
20-24	10.5	23.3	7.9
25-29	15.6	19.8	10.0
30-34	*	11.6	10.0
35-39	*	21.3	10.0
40-44	*	24.7	7.4
45-49	*	23.0	10.5
Residence			
Urban	14.4	18.3	9.1
Rural	16.8	19.3	8.8
Schooling			
No schooling	44.1	38.1	6.8
<5 years complete	21.9	24.1	14.2
5-9 years complete	13.7	18.5	10.3
10-11 years complete	*	15.2	10.3
12 or more years complete	*	18.2	5.8
Religion			
Christian	12.4	18.1	9.0
Buddhist/Neo-Buddhist	*	20.2	9.5

Source : National Family Health Survey

Table-3 presents data on men's perceptions regarding contraception, specifically the belief that contraception is primarily a woman's responsibility and that men should not be concerned about it.

Age Group: There is a significant decline in agreement in the age group of 15-19 from 18.2% in 2005-2006 to 6.4% in 2019-2021. In the age group of 20-24, the fluctuation in agreement has changed from 10.5% in 2005-06, 23.3% in 2015-2016, followed by a decrease to 7.9% in 2019-2021 which indicates changing attitudes, possibly influenced by increased awareness or education. Agreement increased from 15.6% in 2005-2006 to 19.8% in 2015-2016 but then decreased to 10.0% in 2019-2021, reflecting a similar trend of changing perceptions in the age group of 24-29. All the other age groups of 30-34, 35-39, 40-44 and 45-49 are also familiar with the decline in this

agreement, with the idea remaining the highest among the age group of 40-44 in 2015-16 with 24.7%.

Residence: The percentage of urban men agreeing with the statement increased from 14.4% in 2005-2006 to 18.3% in 2015-2016, but then dropped to 9.1% in 2019-2021, suggesting a return to a more equitable perspective. Rural men showed a similar trend, with agreement increasing from 16.8% to 19.3% and then decreasing to 8.8% during the same period. This indicates that both urban and rural men are moving towards a more balanced view.

Education/Schooling: There has been a significant drop in agreement among uneducated men, falling from 44.1% in NFHS-3 to just 6.8% in NFHS-5. For those with less than 5 years of education, agreement rose slightly from 21.9% in NFHS-3 to 24.1% in NFHS-4, but then declined to 14.2% in NFHS-5. In the group with 5-9 years of schooling, agreement increased from 13.7% to 18.5%, only to decrease again to 10.3%, reflecting inconsistent attitudes. For men with 10-11 years of education, agreement fell from 15.2% in NFHS-4 to 10.3% in NFHS-5. Among those with 12 or more years of education, agreement decreased significantly from 18.2% in NFHS-4 to 5.8% in NFHS-5. Overall, agreement among men declined despite yearly fluctuations.

Religion: Among Christian men, agreement rose from 12.4% in 2005-2006 to 18.1% in 2015-2016, but then fell to 9.0% by 2019-2021, suggesting a shift in their perceptions. For Buddhist/Neo-Buddhist individuals, agreement was recorded at 20.2% in 2015-2016, which subsequently declined to 9.5% in 2019-2021. The overall percentage of men aged 15-49 who agree that contraception is a woman's business decreased, which suggests a positive trend towards recognizing shared responsibility in contraceptive use and family planning.

Table 4. Percentage of men who agree that women who use contraception may become promiscuous

Background characteristic	2005-2006 (NFHS-3)	2015-2016 (NFHS-4)	2019-2021 (NFHS-5)
Age			
15-19	41.1	8.4	9.3
20-24	25.5	11.3	8.6
25-29	24.7	11.1	8.1
30-34	*	8.5	6.6
35-39	*	10.6	13.2
40-44	*	8	11.6
45-49	*	11.0	9.3
Residence			
Urban	26.1	7.8	6.8
Rural	31.4	13	12.7
Schooling			
No schooling	39	19.9	4.5
<5 years complete	30.2	13.8	7.8
5-9 years complete	28.8	10.3	9.4
10-11 years complete	*	6.9	13.7
12 or more years complete	*	8.8	7.6
Religion			
Christian	27.2	10.1	9.9
Buddhist/Neo-Buddhist	*	2.8	3.9

Source : National Family Health Survey

The data presented in Table-4 illustrates a notable shift in attitudes towards women's contraceptive use and the perception of promiscuity among men over the years.

Age Group: In the age group of 15-19, there was a substantial decrease in the percentage of men who believed that women using contraception may become promiscuous, dropping from 41.1% in 2005-2006 to 9.3% in 2019-2021. The age group of 20-24 also experienced a decline from 25.5% to 8.6% during the same period. Similarly, across major age groups, there was a consistent decline in this belief, indicating a positive trend towards dispelling the association between contraceptive use and promiscuity. However, the age group of 35-39 and 40-44 experienced a slight increase from

10.6% in NFHS-4 to 13.2% in NFHS-5 and 8% to 11.6% during the same period.

Residence: The data indicates a notable decline in men's beliefs about women who use contraception being promiscuous, observed in both urban and rural areas. In urban settings, the percentage of men holding this view fell sharply, from 26.1% in 2005-2006 (NFHS-3), to 7.8% in NFHS-4 and decreased slightly again to 6.8% in 2019-2021 (NFHS-5). Similarly, in rural areas, it decreased from 31.4% in NFHS-3, to 13% in NFHS-4, and slightly decreased again to 12.7% in NFHS-5. These trends reflect a growing recognition of women's autonomy in reproductive choices and a shift towards more progressive attitudes regarding contraception among men.

Education/Schooling: The data on men's perceptions of women who use contraception and the association with promiscuity demonstrates a significant shift across different educational backgrounds. Among men with no formal education, the agreement dropped from 39% in NFHS-3 to 4.5% in NFHS-5, indicating a significant change in attitudes. Similarly, men with varying levels of education also showed a decline in agreement, with those having less than five years of schooling decreasing from 30.2% to 7.8% and those with 5-9 years of education dropping from 28.8% to 9.4% during the same period. Interestingly, men with 10-11 years of schooling exhibited an increase in agreement from 6.9% to 13.7% between NFHS-4 and NFHS-5, suggesting a nuanced trend that may require further exploration. Conversely, men with 12 or more years of education reported a slight decrease from 8.8% to 7.6% during the same period. Overall, the data indicates a positive shift towards more progressive views on contraception among men, particularly among those with lower educational backgrounds.

Religion: Among Christians, men's agreement on the issue dropped from 27.2% in 2005-2006 (NFHS-3) to 9.9% in 2019-2021 (NFHS-5), reflecting a shift towards more progressive views on women's reproductive choices. In contrast, data for Buddhist/Neo-Buddhist men is limited, showing a slight increase from 2.8% in 2015-2016 (NFHS-4) to 3.9% in 2019-2021 (NFHS-5). Overall, the trends suggest a growing acceptance of contraception and a diminishing association with promiscuity among men of different religious backgrounds.

DISCUSSION

The data analysis reveals that while there is a general awareness of contraceptive methods among the population, there have been slight fluctuations in the understanding of these methods over the years. However, there has been a consistent decline in the utilization of contraceptives among men over the past 15 years. Particularly in Mizoram, there is a significant disparity between the knowledge of contraceptive methods and the actual usage among currently married men. To bridge this gap, it is imperative to implement targeted educational programs that actively involve men in discussions around family planning. These initiatives should aim to foster a sense of shared responsibility for contraceptive use and challenge societal norms that hinder male engagement in reproductive health matters. Notably, there has been a noticeable shift in men's attitudes towards contraception, with a growing recognition that the contraceptive decision-making should not solely fall on women. This shift is particularly evident among younger men and those with limited formal education. Efforts to promote awareness and education on contraception are crucial in fostering more equitable attitudes towards family planning. Despite the widespread knowledge of modern contraceptive methods such as pills, IUDs, sterilization, and condoms, the actual usage among currently married men remains low at 14.4% for any method and 14.1% for modern methods. It is essential to delve deeper into the matter to enable both men to make informed decisions about their reproductive health without facing judgment or stigma. Continued efforts in education, awareness campaigns, and community engagement are vital in promoting a more balanced and inclusive approach to contraceptive use among all individuals.

CONCLUSION

The study highlights a significant discrepancy in the utilization of contraceptive methods between married men and women, despite both genders having a comprehensive understanding of these methods. While women exhibit a higher rate of contraceptive usage compared to men, the disparity may be attributed to cultural norms and stigmas surrounding male involvement in family planning. Women tend to be more knowledgeable about modern contraceptive options, whereas men are more familiar with traditional methods. However, there is a noticeable shift in attitudes among men, indicating a growing acknowledgment of their role in family planning decisions. To bridge this gap, targeted educational campaigns are essential to engage men in conversations about contraception and dismantle cultural barriers that hinder their participation. Continuous efforts in education and awareness are crucial to promote gender equality in reproductive health decision-making, empower women to exercise autonomy over their reproductive choices, and create a supportive environment where both men and women can make informed decisions without fear of judgment or stigma. By fostering a more inclusive and informed approach to contraception, we can work towards a society where individuals of all genders have equal access to reproductive healthcare and the ability to make choices that align with their needs and preferences.

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