

Mapping Husbands' Social Perceptions on Women's Reproductive Health: A Systematic Review

Dewi Puspitaningrum^{1*}, Mohammad Irsam^{2,3}, Endah Sulistyowati¹

¹Department of Midwifery, Faculty of Nursing and Health Sciences, Universitas Muhammadiyah Semarang, Indonesia

²Department of Medical, Faculty of Medicine, Universitas Muhammadiyah Semarang, Indonesia

³Department of Gynecology, Adhiyatma Hospital, Indonesia

*Correspondence to: dewipuspita@unimus.ac.id

Abstract: Background: Husbands' perceptions significantly influence women's reproductive health, affecting healthcare-seeking behavior, contraceptive use, antenatal care participation, and maternal outcomes. However, comprehensive mapping of these social perceptions remains limited. **Objective:** To systematically map and synthesize evidence on husbands' social perceptions toward women's reproductive health across diverse cultural settings. **Methods:** A systematic review was conducted following PRISMA guidelines. Literature was searched from Scopus, PubMed, Web of Science, and ScienceDirect databases for articles published between 2021–2025. Keywords used included “husband perception,” “social perception,” “women's reproductive health,” and “men involvement.” Studies included were qualitative, quantitative, and mixed-method research focusing on husbands' perceptions regarding women's reproductive health in low- and middle-income countries (LMICs) and high-income countries (HICs). Data were extracted and thematically synthesized. **Results:** From 312 identified articles, 6 studies met the inclusion criteria. Three primary themes emerged: (1) Husbands' knowledge and misconceptions about reproductive health (contraception, maternal care, menstrual health), (2) Cultural and religious beliefs shaping perceptions toward women's reproductive health, and (3) Husbands' perceived roles and decision-making power in women's reproductive healthcare-seeking behaviors. Studies in LMICs reported that patriarchal norms and low health literacy among husbands contribute to delayed reproductive healthcare access. In contrast, studies from HICs highlighted shared decision-making and supportive roles, yet gaps in specific reproductive health knowledge persisted. **Conclusion:** Husbands' social perceptions significantly impact women's reproductive health outcomes. Addressing misconceptions, promoting health literacy, and engaging husbands in reproductive health programs are crucial to improving maternal and reproductive health outcomes globally. Future interventions should integrate culturally sensitive strategies to enhance husbands' positive involvement in women's reproductive health.

Keywords: husbands' perception; men involvement; social perception; systematic review; women's reproductive health

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Introduction

Reproductive health remains a critical public health concern globally, and male involvement is increasingly recognized as a key determinant in improving maternal and reproductive health outcomes (Roudsari & Goudarzi, 2023). Husbands often hold influential roles in decision-making processes regarding reproductive health, especially in patriarchal societies, affecting access to antenatal care, family planning, and safe childbirth practices (Abbasi et al., 2025).

Despite growing literature on male involvement, there is limited synthesis mapping husbands' social perceptions toward women's reproductive health comprehensively (Sylvest et al., 2025). Understanding these perceptions is crucial to designing interventions that enhance men's constructive participation in reproductive health, reduce barriers to care, and improve maternal health outcomes (Ali et al., 2025).

This systematic review aims to map and synthesize current evidence on husbands' social perceptions of women's reproductive health across different sociocultural contexts.

Method

Study design is a systematic review was conducted following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines (Peters et al., 2020). Databases searched included Scopus, PubMed, Web of Science and Science Direct for articles published between 2021-2025. Search terms included:

- “husband perception” OR “men perception” OR “male involvement”
- “women’s reproductive health” OR “maternal health” OR “family planning”
- “social perception” OR “cultural perception”

Boolean operators “AND” and “OR” were used for combination.

Inclusion and Exclusion Criteria

- Inclusion: Studies in English, focusing on husbands’ perceptions of women’s reproductive health, including antenatal care, contraceptive use, menstrual health, or related domains.
- Exclusion: Commentaries, editorials, conference abstracts, and studies not focusing on perceptions.

Data Extraction and Analysis

Two reviewers independently extracted data on authors, year, country, study design, sample, key findings on perceptions, and cultural context. Disagreements were resolved by discussion with a third reviewer.

Thematic synthesis was conducted to identify recurring themes across included studies. Databases searched included Scopus, PubMed, Web of Science and Science Direct for articles published between 2021-2025 as follows :

Table 1. Thematic Synthesis

Search Number	Search Terms	Results
Scopus, PubMed, Web of Science and Science Direct		
1	“husband perception” OR “men perception” OR “male involvement”	220
2	“women’s reproductive health” OR “maternal health” OR “family planning”	52
3	“social perception” OR “cultural perception”	40
4	1 OR 2	30
5	3 AND determine	12
6	Limiters-Full text, data published update	6

Ethical consideration

This study has received ethical approval from the Health Research Ethics Committee of Adhyatma Hospital, Central Java Province, under number B/3229/010/V/2023.

The ethical principles implemented were: (1) explanation of the purpose, benefits, and data confidentiality to participants; (2) completion of informed consent prior to the interview; (3) participants could withdraw at any time without consequence; and (4) confidentiality of participant identities was maintained using codes during transcription and analysis (Sugiyono, 2022).

Results and Discussion

Search strategies on national and international online data that are potentially relevant for research are as follows:

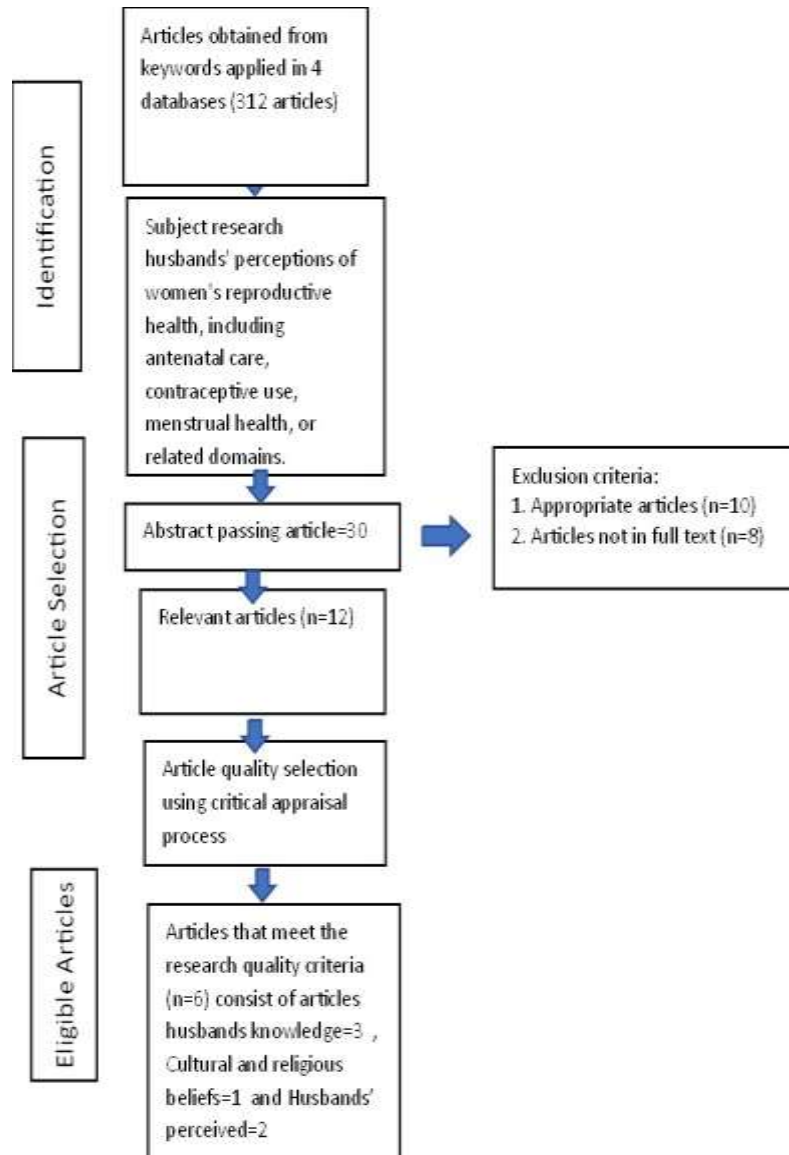


Figure 1. Selection Process

The search strategy on national online data resulted in six studies that were potentially relevant for research. Examining the abstract, five study reviews were selected and a study review was carried out as follows:

Table 2. Study Selection

Title	Author, Year	The place	Respondent	Method	Results
As long as (I think) my husband agrees...: role of perceived partner approval in contraceptive use among couples living in military camps in Kinshasa, DRC	Julie H. Hernandez, Saleh Babazadeh, Philip A. Anglewicz, and Pierre Z. Akilimali, 2022(Hernandez et al., 2022)	Military Camps In Kinshasa	25 Couples in military camps in Kinshasa	Survey with quantitative approaches	Woman incorrectly perceives her partner's opinion (36.2% of our sample), (2) woman perceives approval Regardless of her partner's opinion (26.6% of our sample), and (3) woman incorrectly perceives disapproval on her partner's part (false negative= 24.9% of our sample).
Factors influencing men's involvement in maternal and child health: men's experiences and religious leader's support in Central Java, Indonesia	Zahroh Shaluhayah, Antono Suryoputro And Ratih Indraswari, 2023(Shaluhayah et al., 2023)	Rural Central Java	400 men in rural Central Java	Explanatory research	About half of the men had sufficient knowledge, positive attitudes, and high involvement in MCH, specifically during childbirth compared to pregnancy and the postpartum period. Having experienced their wives being pregnant two or more times and having support from religious leaders, health personnel, and family were the significant factors that influenced a higher level of men's involvement in MCH
Impact of Online Husband Class on Pregnancy Care Behavior	Christin Hiyana Tungga Dewi, M. Zen Rahfiluddin, Ayun Sriatmi dan Farid Agushyana, 2024(Dewi et al., 2024)	Magelang City, Central Java	170 husbands in Magelang City, Central Java	A Quasy-experimental study	The intervention group exhibited higher values than the control group in three measurements. The online husband class intervention was found to enhance their knowledge by 4.269 points, their belief by 1.940 points, the attitude by 5.442 points, their intention by 3.492 points, and lead to practice by 12.00 points compared to the control group.
What are the associated factors of low husbands/partners independent decisionmaker in women's contraceptive use decisionmaking process in Ethiopia? Multilevel analysis	Melaku Hunie Asratie, Daniel Gashaneh Belay, Adugnaw Zeleke Alem, Dagmawi Chilot, Nuhamin Tesfa Tsega, Anteneh Ayelign Kibret, Mehari Woldemariam Merid and Fantu Mamo Aragaw, 2024(Asratie et al., 2024)	In Ethopia	3669 Husbands in Ethopia	Databased in Ethopia	Husbands'/partners' independent decision-making in women's contraceptive use was found to be 5.41% [4.72-6.19%]. Significant factors associated with this included: Husbands/partners aged 31–59 years (Adjusted Odds, Ratio (AOR) = 1.3; Confidence Interval (CI) 2.3–5.4) and over 59 years (AOR = 2.3; CI 1.2–4.3), Educational level of husbands/partners: primary education (AOR = 3.2; CI 2.9–4.3), secondary education (AOR = 3.9; CI 2.7–4.4), and higher education (AOR = 4.3; CI 2.8–5.0), Media exposure (AOR = 4.5; CI 2.2–5.4), History of pregnancy termination (AOR = 3.3; CI 2.6–4.1), Perception that distance to health facilities is not a significant problem (AOR = 3.0; CI 1.7–4.7) and Urban residency (AOR = 3.5; CI 1.6–4.2).
Husbands' knowledge and involvement in	Mekdes Mengesh Jemberie,	in Bahir Dar City,	391	Community-based cross-	50.6% (198/391) of the husbands had good knowledge

Title	Author, Year	The place	Respondent	Method	Results
sexual and reproductive health rights of women in Bahir Dar City, Northwest Ethiopia: a community-based study	Meseret Zewdu and Bayew Kelkay Rad, 2024(Jemberie et al., 2024)	Northwest Ethiopia	Husbands in Bahir Dar City, Northwest Ethiopia	sectional study design	about their wives' SRHRs and 44.2% (173/391) (95% CI, 39.3–49.1%) of the husbands were involved when their wives practiced their SRHRs. Access training/ education about sexual health [AOR = 5.99; 95% CI (2.7–13.2)], husbands' advance educational level [AOR = 8.81; 95% CI (2.04–38)], good knowledge about SRHRs [AOR = 7.94; 95% CI (4.3–14.4)], low monthly income (<4,600 birr) [AOR = 9.25; 95% CI (4.2–20.5)], and had open discussion with family members and friends about SRHRs [AOR = 1.92; 95% CI (1.01–3.6)] were found to have significant association with husbands' involvement.
Women and husbands' experiences and expectations of shared decision-making during pregnancy and childbirth in Saudi Arabia: A qualitative study	Tahani Ali Alruwaili, Ensieh Fooladi dan Kimberley Crawford, 2025(Ali et al., 2025)	In Saudi Arabia	Data from 19 women and five husband in Saudi Arabia	A qualitative study	9 women and five husbands revealed three themes: (1) Team Talk: Communication and Relationship Building: effective communication built rapport but was hindered by discontinuity of care, time constraints, language barriers, emotional readiness, and gender preferences; (2) Option Talk: Information Exchange: participants valued receiving clear information though they often reported insufficient details or perceived biases from obstetricians; (3) Decision Talk- Autonomy and SDM: women' s autonomy varied, influenced by hierarchical healthcare structures, religious beliefs, and family involvement, with some mistaking consent forms for SDM. Several factors negatively impacted SDM experiences, highlighting opportunities to certify medical interpreters, enhance continuity of care, integrate midwifery-led care, and develop autonomy-respecting protocols.

From 312 articles and 6 met the inclusion criteria after screening and full-text review. Study Characteristics Geographical distribution: 6 studies from LMICs (e.g., Ethopia, Arab Saudi, Indonesia), study designs: 1 qualitative, 5 quantitative, and big data. Sample sizes: Ranged from 25 to 3669 participants. The results of thematic synthesis are as follows:

Theme 1: Knowledge and Misconceptions

Many husbands demonstrated limited understanding of contraception, antenatal care, and menstrual health. Misconceptions regarding family planning methods, menstrual taboos, and the need for professional care during pregnancy were prevalent in LMICs. Most studies indicate that husbands' knowledge of reproductive health remains limited and often accompanied by misconceptions. Only about 50–56% of husbands have good knowledge regarding their wives' SRHR and MCH. In fact, approximately 36.2% of women misperceive their partners' opinions, while 24.9% mistakenly assume their partners disapprove of their reproductive health decisions (false negatives), reflecting weak communication and shared understanding. Intervention studies show that significant improvements in knowledge

can be achieved through husband-centered educational approaches. An online class intervention for husbands increased knowledge scores by 4,269 points, followed by significant increases in attitudes, intentions, beliefs, and health practices compared to the control group. However, husbands' involvement tends to be higher during childbirth, compared to pregnancy and postpartum, suggesting a perception that husbands' roles are more crucial during the crisis phase than during prevention.

Theme 2: Cultural and Religious Influences

Cultural and religious norms shaped husbands' perceptions. In several LMIC contexts, reproductive health was seen as a women's issue, while men retained decision-making power, leading to delays in seeking care. Cultural and religious norms significantly shape husbands' perceptions of their role in reproductive health. In many LMICs, reproductive health is still viewed as a woman's responsibility, with men retaining control over decision-making. This is reinforced by the finding that independent contraceptive decision-making by husbands still occurs (5.41%), particularly among older age groups, those with higher education, and those living in urban areas.

Theme 3: Husbands' Roles in Decision-Making.

Husbands perceived themselves as financial providers and decision-makers in reproductive health matters. In HICs, shared decision-making was more common, although cultural expectations of masculinity still influenced engagement in reproductive health discussions. The husband's role as the primary decision-maker remains dominant, particularly regarding contraception and the use of health services. Factors such as age, education, media exposure, experience of repeated pregnancies, and access to health facilities significantly influence decision-making patterns. Husband's education shows a strong association with involvement, with the odds ratio increasing with educational level.

Discussion

This review highlights the complexity of husbands' social perceptions of women's reproductive health and their impact on healthcare-seeking behavior (Sani & Ibrahim, 2024). While there is a growing trend toward shared decision-making in HICs, patriarchal norms remain dominant in many LMICs, hindering women's autonomy in reproductive health decisions (Khorasani & Iranifard, 2025). Health education targeting men, community-based interventions, and culturally sensitive counseling are needed to address misconceptions and promote positive involvement of husbands in reproductive health (Asratie et al., 2024).

These findings confirm that limited husband knowledge is a major barrier to men's involvement in reproductive health, particularly in LMICs (Simbar et al., 2024). Misconceptions about contraception, menstruation, and the need for professional care during pregnancy directly impact delayed decision-making and low support for wives (Abdullahzadeh et al., 2023). The mismatch in perceptions between husbands and wives as seen in more than a third of female respondents indicates not only a lack of knowledge but also a breakdown interpersonal communication (Khorasani & Iranifard, 2025).

The effectiveness of the husbands' class intervention demonstrates that knowledge is not a static factor (Jemberie et al., 2024). Structured education, including digital-based education, has been shown to change beliefs, attitudes, and practices. This aligns with findings that access to sexual health training/education increases husbands' engagement nearly sixfold, and that improved knowledge increases the likelihood of engagement nearly eightfold (Octavia et al., 2025). Therefore, strengthening men's health literacy is a key strategy in maternal health programs (Jamilah & Ariani, 2024).

Support from religious leaders is actually a protective factor that increases husbands' involvement in MCH (Yuda, 2024). Studies show that husbands who receive support from religious leaders, health workers, and family have higher levels of involvement, especially during childbirth (Salsabila et al., 2024). This suggests that religion is not always a barrier but can serve as an agent of change when appropriately involved in health promotion (Wisera, Mutmainah;Azzahra, Fatimah;S.Adnani, Q.Estiningsih;Susiarno, 2025).

In high-income countries (HICs), shared decision-making (SDM) practices are more frequently reported, but still face structural and cultural challenges (Yulianto et al., 2024). Qualitative findings reveal that SDM is often misunderstood as simply signing informed consent (Octavia et al., 2025). Women's autonomy is influenced by healthcare hierarchies, religious beliefs, family involvement, and communication barriers such as time, language, and continuity of care (Salsabila et al., 2024). The team talk, option talk, and decision talk approaches demonstrate that meaningful husband involvement can only be achieved when communication is effective, neutral information is

available, and women's autonomy is respected. This underscores the importance of midwife-based service models, continuity of care, and protocols that support autonomy and genuine SDM (Ali et al., 2023).

Conclusion

Husbands' social perceptions significantly influence women's reproductive health outcomes. Interventions aiming to enhance men's positive engagement in reproductive health should consider cultural and social norms, address misconceptions, and promote joint decision-making to improve women's reproductive health globally. For recommendations could integrate husbands in reproductive health education, health promotion programs should actively involve husbands in reproductive health education to address misconceptions and improve knowledge on contraception, antenatal care, and women's reproductive rights. Community-based approaches using male champions and peer education may be effective, particularly in settings with strong patriarchal norms.

Culturally sensitive interventions for interventions should be designed with consideration of cultural and religious contexts that shape husbands' perceptions, ensuring messages align with local values while promoting women's reproductive autonomy. promote shared decision-making for healthcare systems should encourage couples' counseling and shared decision-making to empower women and enhance husbands' supportive roles in reproductive health choices. engage policy stakeholders for policymakers should develop frameworks mandating male involvement in maternal and reproductive health initiatives, linking this with broader gender equality strategies to address barriers within families and communities. future research priorities, future studies should evaluate the effectiveness of interventions aimed at modifying husbands' perceptions and behaviors regarding reproductive health, research exploring husbands' perceptions in underrepresented regions and among different socioeconomic strata is needed to capture diverse perspectives, mixed-method studies combining quantitative measurement of perception changes and qualitative exploration of sociocultural dynamics will enrich evidence.

Authors' Contribution

All authors contributed equally to every aspect of this research, from the initial study design and data collection to the analysis, interpretation, manuscript preparation, and critical revisions. All authors have read and approved the final version for submission.

Conflict of Interests Statement

The authors declare no conflict of interest.

Data Availability

The dataset presented in the study is available on request from the corresponding author during submission or after publication.

Informed Consent

Written informed consent was obtained from the participants.

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