

## REVIEW ARTICLE

# Men matter too: Examining the role of male partners in family planning in South Korea and Ethiopia

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## Abstract

Male involvement in family planning (FP) is a critical but often underemphasized aspect of reproductive health. This scoping review examines male participation in FP in Ethiopia and South Korea, with a focus on how cultural, economic, and policy factors shape engagement. Following PRISMA-ScR guidelines, a systematic search of PubMed, Scopus, Web of Science, and Google Scholar identified 18 eligible studies published between 2004 and 2024, incorporating both qualitative and quantitative designs. In Ethiopia, male participation remains limited due to entrenched gender norms, low awareness, and health systems and policies that have historically prioritized women. In South Korea, evolving gender norms and significant policy shifts from aggressive anti-natalist campaigns in the 1960s–70s to pro-natalist policies in the 2000s have fostered gradual improvements in male engagement, particularly among younger urban populations. Across both countries, barriers include gender stereotypes, lack of male-centered health services, and weak spousal communication, while facilitators include culturally sensitive education programs and supportive policy reforms. Strengthening open partner communication and embedding male engagement strategies directly into national reproductive health policies are essential for improving contraceptive uptake and achieving more equitable reproductive outcomes. This review highlights the need for context-specific, policy-driven approaches to promote sustained male participation in FP. (*Afr J Reprod Health* 2025; 29 [6]: 167-173).

**Keywords:** Male Involvement; Family Planning Policy; Ethiopia; South Korea; Reproductive Health

## Résumé

L'implication des hommes dans la planification familiale (PF) est un aspect essentiel, mais souvent sous-estimé, de la santé reproductive. Cette revue exploratoire examine la participation des hommes à la PF en Éthiopie et en Corée du Sud, en se concentrant sur la manière dont les facteurs culturels, économiques et politiques influencent leur engagement. Conformément aux directives PRISMA-ScR, une recherche systématique dans PubMed, Scopus, Web of Science et Google Scholar a identifié 18 études éligibles publiées entre 2004 et 2024, intégrant des méthodologies qualitatives et quantitatives. En Éthiopie, la participation des hommes reste limitée en raison de normes de genre profondément ancrées, d'une faible sensibilisation et de systèmes et politiques de santé qui ont historiquement donné la priorité aux femmes. En Corée du Sud, l'évolution des normes de genre et les importants changements politiques, passant des campagnes antinatalistes agressives des années 1960-1970 aux politiques pronatalistes des années 2000, ont favorisé une amélioration progressive de l'engagement des hommes, en particulier parmi les jeunes populations urbaines. Dans les deux pays, les obstacles incluent les stéréotypes de genre, le manque de services de santé centrés sur les hommes et une communication faible entre les conjoints. Des programmes d'éducation culturellement adaptés et des réformes politiques favorables constituent des facilitateurs. Renforcer une communication ouverte avec les partenaires et intégrer les stratégies d'engagement des hommes dans les politiques nationales de santé reproductive sont essentiels pour améliorer l'utilisation de la contraception et obtenir des résultats plus équitables en matière de reproduction. Cette revue souligne la nécessité d'approches adaptées au contexte et axées sur les politiques afin de promouvoir une participation durable des hommes à la PF. (*Afr J Reprod Health* 2025; 29 [6]: 167-173).

**Mots-clés:** Implication des hommes; Politique de planification familiale; Éthiopie, Corée du Sud; Santé reproductive

## Introduction

Family planning (FP) is a crucial component of reproductive health, empowering individuals and couples to make informed decisions about childbearing, improving maternal and child health,

and promoting gender equality.<sup>1</sup> Traditionally, FP programs have focused primarily on women, often overlooking the significant role male partners play in influencing reproductive choices and outcomes. However, increasing evidence suggests that male involvement in FP enhances contraceptive uptake,

fosters better communication between partners, and contributes to more sustainable reproductive health outcomes.<sup>2,3</sup>

The role of men in FP varies across different cultural, economic, and policy contexts. Ethiopia and South Korea offer contrasting yet instructive examples. Ethiopia, a low-income country with a high total fertility rate (TFR) of approximately 4.2 births per woman and a population of over 126 million, faces persistent challenges in expanding FP access due to entrenched gender roles, limited male awareness, and weak health infrastructure.<sup>4,5</sup> Nearly 50% of the Ethiopian population is under 19 years of age, and women of reproductive age (15–49 years) constitute a significant portion of the population.<sup>6</sup> These demographic trends underscore the urgency of involving men in FP efforts.

In contrast, South Korea, a high-income country, has one of the world's lowest fertility rates, with a TFR of just 0.72 in 2023.<sup>7</sup> The country's population is aging rapidly, with a growing proportion of older adults and a shrinking working-age population.<sup>8</sup> Historically, South Korea implemented aggressive FP campaigns in the 1960s and 1970s to reduce its birth rate.<sup>9</sup> However, in the 2000s, the government reversed its stance, introducing pro-natalist policies to counteract population decline and economic stagnation.<sup>10</sup> This shift has included efforts to engage men in reproductive decision-making, particularly among younger, urban populations influenced by evolving gender norms and increased gender equity.

Given these distinct national contexts, this scoping review compares male involvement in FP in Ethiopia and South Korea, identifying cultural, economic, and policy-driven facilitators and barriers. By mapping existing evidence from both countries, this review aims to inform policymakers, program designers, and health practitioners about how to effectively engage men in FP and promote more inclusive reproductive health strategies.

## Methods

### Study design

This scoping review was conducted to systematically map the available literature on male involvement in family planning (FP) in Ethiopia and South Korea. The review followed the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping

Reviews) guidelines to ensure methodological transparency and rigor.<sup>10</sup> This approach was selected to capture the breadth and depth of research on this under explored topic across different types of evidence and study designs.

The review was guided by the following questions: What is the role of male partners in family planning practices in Ethiopia and South Korea?

What factors influence male involvement in FP in both countries?

What are the barriers and facilitators to male participation in family planning?

### Eligibility criteria

The review included studies published between **2004 and 2024**. Eligible sources were:

Peer-reviewed articles, including qualitative, quantitative, mixed-methods studies, Systematic reviews, government reports, and NGO publications  
Studies that focused on male involvement in FP

Studies were excluded if they:

Did not focus on Ethiopia or South Korea.

Lacked methodological detail.

### Data sources and search strategy

A comprehensive search was conducted using the databases from **PubMed, Scopus and Web of Science and Google Scholar**. Search terms included combinations of keywords as Male Participation, Family Planning Services, Republic of Korea, Ethiopia, Decision Making and Reproductive Health. Boolean operators and MeSH terms were used where applicable to refine results.

### Study selection process

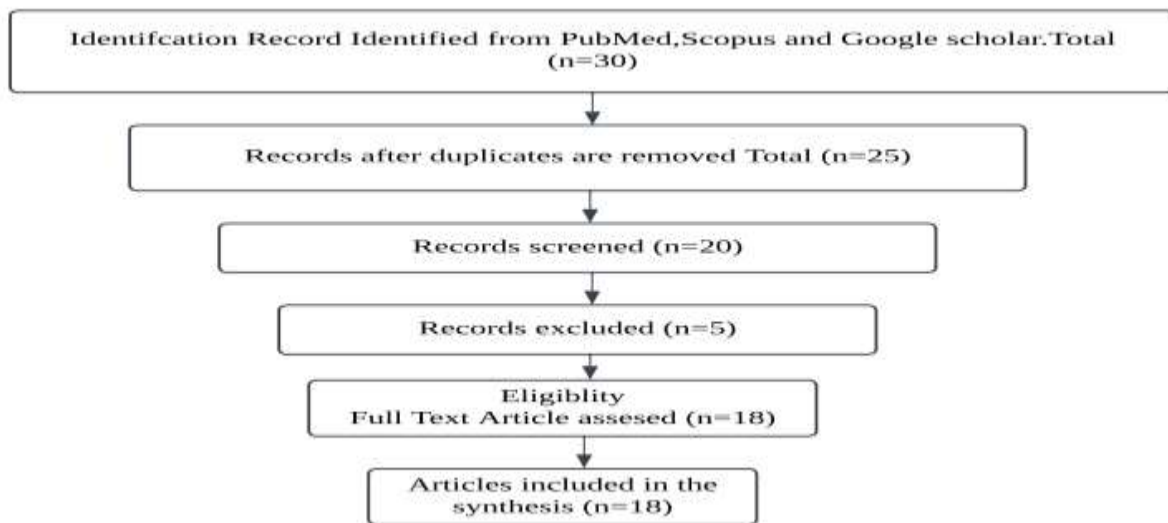
The selection was carried as follows:

1. Title and Abstract Screening—30 studies were initially identified and screened for relevance to the research questions.

2. Full-text Review—After removing duplicates and screening abstracts ultimately, **18 studies** met the inclusion criteria and were included in the final synthesis. The PRISMA flow diagram (Figure 1) illustrates the study selection process.

### Quality assessment

The methodological quality of the selected studies was assessed using established tools CASP (Critical Appraisal Skills Programme) checklist for qualitative studies.<sup>11</sup>



**Figure 1:** PRISMA Flow diagram of selection process of studies.

**Data synthesis**

Findings were synthesized thematically rather than statistically, given the diversity of study designs. A narrative synthesis was conducted to compare male involvement in family planning across the two countries, highlighting common themes, differences, and policy implications.

**Results**

A total of 18 studies met the inclusion criteria for this review, published between 2004 and 2024. Of these, 10 focused on Ethiopia and 8 on South Korea. The studies represented a range of designs, including cross-sectional surveys, qualitative case studies, systematic reviews, historical analyses, and policy reports. This diversity reflects the multifaceted nature of male involvement in family planning (FP) across different cultural and economic contexts. Table 1 depicts the Summary of Studies Included in the Scoping Review.

In the Ethiopian context, male involvement in FP was consistently reported to be low, particularly in rural areas. Multiple studies identified entrenched traditional gender roles, which assign FP responsibilities almost exclusively to women, as a major barrier to male participation.<sup>3,5,6,13</sup> Men were often excluded from FP counseling and decision-making, and health systems typically targeted women as the primary beneficiaries of FP services. Other recurring obstacles included limited

awareness of contraceptive options, weak communication between spouses, and the influence of religious and cultural norms.<sup>5,15,16</sup> Despite these challenges, some studies reported that when men were actively engaged in FP through couple-based counseling or educational interventions positive outcomes followed. For example, Berhane et al. (2015) found that male support for FP was significantly associated with higher contraceptive uptake, particularly of long-acting reversible contraceptives (LARCs), although male preferences often shaped the types of methods used.<sup>13</sup>

In South Korea, male involvement in FP has gradually increased in response to demographic and socio-economic transformations. Historical reviews and quantitative studies showed that the country's earlier FP programs in the 1960s and 1970s were largely targeted toward women<sup>2,7</sup>, but shifts in gender roles and labor force dynamics have since encouraged more inclusive approaches. However, despite growing awareness and changing norms, many South Korean men particularly older or rural individuals continue to see FP as a woman's issue.<sup>8,9</sup> Cultural expectations around masculinity and a general lack of reproductive health education for men contribute to their limited engagement in decision-making processes. Still, younger, urban, and more educated men are increasingly taking part in contraceptive discussions and supporting shared responsibility.<sup>8,9</sup>

**Table 1:** Summary of studies included in the scoping review on male involvement in family planning in Ethiopia and South Korea (2004–2024).

Country	Author(s) & Year	Study Design	Main Findings
Ethiopia	Tilahun <i>et al.</i> , 2013	Cross-Sectional Study	Male involvement limited due to low awareness, traditional roles, and poor partner communication.
Ethiopia	CSA & ICF, 2016	National Survey Report	Low male knowledge of contraceptives; sociocultural norms inhibit involvement.
Ethiopia	Gebresilassie & Tsadik, 2019	Review	Barriers include gender norms, low awareness, and limited spousal communication.
Ethiopia	Alemayehu & Haile, 2021	Systematic Review	Cultural attitudes and limited knowledge reduce men’s active role in FP.
Ethiopia	Bekele <i>et al.</i> , 2024	Systematic Review & Meta-Analysis	Male involvement improves FP uptake, but cultural and educational barriers persist.
Ethiopia	Alemayehu & Gebremedhin, 2022	Systematic Review Protocol	Aims to explore socio-cultural and economic determinants of male involvement.
Ethiopia	Berhane <i>et al.</i> , 2015	Cross-Sectional Study	Male involvement positively affects support for contraceptive use, but preferences vary.
Ethiopia	Gebremariam <i>et al.</i> , 2020	Community-Based Study	Limited involvement; key barriers include gender norms and lack of education.
Ethiopia	Tsegaye <i>et al.</i> , 2016	Qualitative Case Study	Cultural/religious norms and health system gaps limit male FP engagement.
Ethiopia	WHO, 2020	Global Report	Stresses the importance of involving men in FP to improve outcomes.
South Korea	DiMoia, 2013	Historical Analysis	Military influence shaped male roles in FP from 1964–1980s.
South Korea	Cho & Lee, 1999	Historical Review	FP was historically female-focused; societal changes have increased male awareness.
South Korea	Anderson & Kohler, 2015	Quantitative Study	Rising gender equity increases male FP involvement; traditional norms still present.
South Korea	Kim & Park, 2017	Qualitative Study	Younger men show increased engagement; older generations remain passive.
South Korea	Hwang, 2023	Quantitative Study	Despite low fertility, male FP involvement is increasing slowly, especially in urban areas.
South Korea	Kim <i>et al.</i> , 2017	Qualitative Study	More men involved in FP discussions, but societal expectations remain a barrier.
South Korea	WHO, 2020	Global Report	Emphasizes men’s critical role in reproductive health decision-making.

For instance, Kim *et al.* (2017) found that while many South Korean men were willing to support their partner’s contraceptive choices, their involvement remained passive and shaped by enduring patriarchal norms.<sup>9</sup>

Across both countries, the most common barriers to male involvement in FP included gender stereotypes, lack of male-friendly health services, and poor spousal communication.<sup>5,14,16</sup> Facilitators included culturally tailored education, increased exposure to FP messages, policy reforms promoting male engagement, and shifting societal expectations in urban areas.<sup>6,8,9,13</sup> These findings suggest that context-specific, gender-sensitive strategies are essential to improving male participation and achieving more equitable FP outcomes

## Discussion

### *Facilitators and barriers to male involvement in FP*

Male involvement in FP in Ethiopia remains limited, particularly in rural and low-income settings. A recurrent theme across studies is the strong influence of traditional gender roles and patriarchal norms, which designate reproductive matters as the domain of women. Quantitative data reveal that less than 20% of Ethiopian men have comprehensive knowledge of modern contraceptives<sup>4</sup>, and only around 28% reported discussing FP with their partners.<sup>3</sup> These numbers underscore the lack of

awareness and communication among couples a finding echoed across multiple studies.

Qualitative research further reveals that many Ethiopian men view FP as unnecessary or inappropriate for them to engage in, often citing religious or cultural justifications.<sup>16</sup> Health systems, as currently structured, also contribute to exclusion. Most FP programs and services are geared toward women, with limited efforts to create male-friendly spaces in health centers. As a result, even when men are willing to participate, they face logistical and social barriers that discourage involvement.<sup>15,16</sup> Systematic reviews suggest that male engagement is positively correlated with FP uptake, especially in the use of long-acting reversible contraceptives (LARCs)<sup>12,13</sup>. However, this involvement is often conditional; Berhane *et al.* found that while some men support contraceptive use, they prefer to choose or approve the method used, reinforcing power asymmetries in reproductive decision-making.<sup>14</sup>

Unlike Ethiopia, South Korea's FP landscape is shaped by low fertility rates and increased gender equality in urban areas. The country has experienced a demographic transition, and policy shifts have moved FP from a population control strategy to a broader reproductive health focus. As a result, there has been growing acknowledgment of the need for men's involvement in FP, especially among younger, more educated populations. Quantitative studies indicate that more than 40% of men aged 20–39 in urban settings are now actively involved in contraceptive decision-making.<sup>8</sup> This shift is driven by improved gender equity, better sexual health education, and changing expectations around family roles. Joint decision-making among younger couples has been linked to better relationship satisfaction and contraceptive adherence.<sup>9</sup>

However, challenges remain. Despite progress, many South Korean men still assume a passive role in reproductive decisions. Cultural norms, especially among older generations, continue to associate FP with femininity. Qualitative research shows that older men and those from rural areas are less likely to participate in FP conversations or attend reproductive health appointments with their partners.<sup>18</sup> Additionally, economic pressures, long working hours, and the high cost of childbearing have shifted the FP discourse in South Korea toward broader concerns about work-life balance and family sustainability. These structural issues while not

directly related to FP attitudes create an environment in which reproductive decision-making is deprioritized or delayed.<sup>7</sup>

### ***Comparative reflections and methodological insights***

The contrast between Ethiopia and South Korea offers valuable insights into how male involvement in FP is mediated by context. In Ethiopia, limited education, deeply entrenched cultural norms, and under-resourced health systems form the primary barriers. In South Korea, the barriers are less about access and more about lingering cultural expectations, generational divides, and shifting socioeconomic structures. While the contexts differ, both countries demonstrate that increasing male involvement requires tailored strategies. In Ethiopia, community-based education, inclusion of men in counseling sessions, and the integration of male-focused FP services are essential. In South Korea, public awareness campaigns that challenge traditional gender roles, along with supportive workplace policies, may promote greater engagement.

The methodological diversity across studies included in this review strengthens its conclusions. Quantitative studies provided measurable indicators of knowledge levels, attitudes, and behavior, allowing for comparisons across age groups, urban-rural divides, and education levels.<sup>3,8,14</sup> For instance, Berhane *et al.* quantified male involvement in FP and linked it to variables such as spousal communication and educational attainment.<sup>14</sup> Qualitative studies, meanwhile, uncovered deeper sociocultural patterns, beliefs, and emotional responses that often go unnoticed in surveys. Historical analyses enriched the South Korean context by revealing how national FP policies, military ideologies, and masculinity constructs shaped the male role over decades.<sup>2,6</sup>

### ***Synthesis of common key themes***

Across both Ethiopia and South Korea, several common themes regarding male involvement in family planning emerged. First, open spousal communication consistently appeared as a critical predictor of male participation, whether in urban South Korean settings or rural Ethiopian communities.<sup>3,9</sup> Second, younger and more educated men in both countries demonstrated a higher

likelihood of engaging in family planning discussions and decision-making processes.<sup>8,9</sup> Despite these positive trends, persistent gender norms continue to pose significant barriers to male involvement, even amid socioeconomic progress in South Korea and targeted interventions in Ethiopia.<sup>5,18</sup> Lastly, the responsiveness of health care systems, particularly the availability of male-friendly services and inclusive family planning messaging, was found to play a crucial role in encouraging greater male participation.<sup>15,16</sup>

## Conclusion

This scoping review highlights the complex interplay of cultural, social, and structural factors shaping male involvement in family planning in Ethiopia and South Korea. While both countries acknowledge the importance of engaging men in reproductive health, traditional gender norms and systemic barriers continue to hinder full participation. In Ethiopia, male involvement remains low due to limited awareness, patriarchal expectations, and health systems that primarily target women. In contrast, South Korea has seen a gradual shift toward joint decision-making among younger generations, yet cultural expectations and economic pressures continue to challenge male engagement.

The most important finding of this review is the consistent link between open spousal communication and increased male involvement in family planning across both contexts. This suggests that interventions aiming to foster partner dialogue, combined with culturally sensitive education and male-friendly services, have the potential to significantly improve reproductive health outcomes. By identifying shared challenges and context-specific opportunities, this review provides a foundation for developing tailored, gender-inclusive strategies to enhance male participation in family planning.

Engaging men in family planning is essential for achieving sustainable reproductive health outcomes. This review highlights that male participation remains limited in Ethiopia due to traditional gender roles and low awareness, while in South Korea, evolving norms have led to gradual but uneven improvements. Policymakers should prioritize interventions that promote open communication between partners, integrate male-focused education into reproductive health

programs, and reform health services to be more inclusive of men. In Ethiopia, community-based education campaigns and male-friendly service delivery are critical. In South Korea, continued public messaging that challenges traditional gender norms and workplace policies that support shared family planning responsibilities are needed. Strengthening male engagement can enhance contraceptive uptake, improve gender equity, and contribute to healthier families and societies.

## Conflicts of interest

No existing or potential conflict of interest relevant to this article was reported.

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## Data availability

The data presented in this study are available upon reasonable request from the corresponding author.

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## Authors contribution

Both authors contributed significantly to the development and completion of this work. Dr. Melika Geleta Desalegn was responsible for conceptualizing the study, conducting the literature review, and drafting the initial manuscript. Professor EunWoo Nam was responsible for refining the study design, analyzing the data, and revising the manuscript for critical intellectual content. Both authors participated in regular discussions throughout the research process, approved the final version of the manuscript, and agree to be accountable for all aspects of the work.

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