



Review Article

The male-focused marital relationship enrichment and sexual well-being interventions: A scoping review

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Abstract

Background: There is an increasing need for sexual well-being and health promotion strategies that effectively engage men. Researchers have evaluated the efficacy of sexual and reproductive health-related and marital enhancement interventions in male-dominated societies. However, few have focused on culturally appropriate and gender-specific program effects.

Objective: This review aims to evaluate evidence of existing interventions aimed at enriching marital relationships and sexual well-being in adult men.

Materials and Methods: This scoping review was conducted by searching various databases (CINAHL, PsycINFO, EMBASE, Google Scholar, PubMed, Scopus, SID, and Noormags), and other available resources in both English and Persian languages. We located all publications up to January 2023 with no time restriction. Inclusion criteria were studies targeting men in the enrichment of marital and sexual relationships, which focus on marital/sexual enrichment, sexual and reproductive health (SRH) program, passionate relationship, or sexual satisfaction as the main outcomes. PRISMA guidelines were utilized in this review.

Results: Of records 34,405 retrieved by searching, after removing duplicate articles, 8 articles were included based on the inclusion criteria. SRH program was the main focus of 6 articles. Marital and sexual enhancement were common areas of focus in 2 studies. Research methods included 2 semi-experimental, 3 clinical trials, 1 systematic review, 1 content analysis, and a mixed method. According to the assessment result, 4 articles were moderate and 4 were of high quality.

Conclusion: Our findings reveal that a small number of interventions specifically offering SRH or marital and sexual enhancement programs to men should be conducted. As the majority were heterosexual couples, we recommend male-focused programs recognizing men's sexuality.

Key words: Sexual health, Men, Marriage, Health promotion.

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1. Introduction

“Education is not just the learning of facts, but the training of the mind to think and react”. Sexuality education is NO exception (Albert Einstein).

Men have limited access to sexual and reproductive health (SRH) services, or they are not motivated to use the existing programs offered by the communities, workplace, and social networks (1-5). No question that available male-centered programs throughout the settings are various. Culture and the context which a couple lives through, and the meanings attached to sexuality and reproduction make the variety. This verity also explains the couples’ range of marital satisfaction (6, 7). The outcomes of good marital quality result in mental health, which means strength (e.g., sexual assertiveness, positive {Adakpa, 2022 #4} expression), marital satisfaction, physical health, positive self-evaluation, fewer depression and mental illness symptoms, flexibility (e.g., positive sexual attitude, supporting the partner, mutual intimate relations), and self-efficacy (8, 9). The efficacy of SRH-related programs has been investigated in male-dominated societies (10, 11) but not focused on the gender-specificity of the program (12-14). Culturally sensitive gender-focused sexuality education can be more efficient when integrated into marital enhancement training programs advocated by professionals, governments, and SRH services (15-21). However, there is a profound gap in the body of knowledge that needs to be filled with more work. In a systematic review of studies examining interventions to improve SRH in men, 21 studies were identified investigating the effectiveness of sexual education and counseling on SRH-related outcomes (22, 23). In a recent

comprehensive review of studies, life satisfaction, positive and negative emotions, and psychological well-being were pointed out as the domains of subjective well-being for men (24). The World Health Organization highlighted the impact of gender norms on men’s behaviors so that it emphasizes gender-sensitive programs for men as the targets who need specific training programs to enhance their intimate partnership (25).

Considering the importance of SRH in men, we aimed to conduct this scoping review to get answers to our questions of interest: “what does the literature say about male partners’ participation in the SRH programs in order to improve their marital and sexual relationships”?

2. Materials and Methods

We conducted this scoping review to identify the span and depth of our topic of study, summarize the evidence, and find gaps in existing literature (11, 16, 26, 27). We did an extensive search using electronic databases and other published resources in English and Persian with no time limitation. We developed a search strategy for MEDLINE, including Medical Subject Headings (MeSH), CINAHL, PsycINFO, EMBASE, Google Scholar, PubMed, Scopus, SID, and Noormags.

2.1. Article selection

We included the publications that evaluated the interventions targeting men. These interventions could be aimed either at improving men’s sexual well-being or enhancing their marital relationships. 2 independent reviewers (EMK, SAZ) screened articles for inclusion and exclusion criteria using the customized extraction spreadsheets (Excel, Google Sheets). We employed PRISMA to

ease transparent and inclusive reporting of this scoping review (Table I). We used the population, intervention, comparison/control and outcome framework to select interventions that directly relate to the marital and sexual matters of adult men. Our focus is on exploring the effectiveness of marital enhancement and sexuality education programs, and how these programs can improve men's sexual well-being and overall marital satisfaction.

2.2. Inclusion and exclusion criteria

We selected the studies based on the following criteria: (a) samples: healthy, adult married men; (b) aim of intervention: improving men's marital and sexual relationship and sexual well-being; (c) setting: any countries; (d) outcomes: marital OR sexual commitment, couple's intimacy, passionate relationship, or sexual satisfaction; and (e) study design: according to the goal of this review, all studies regardless of study design the marital relation enhancement and sexual well-being for adult men. We included studies if they introduced any program or intervention to enhance men's marital/sexual relations as well as men's overall sexual well-being. We excluded interventions, offered only to women or couples. We also excluded articles if 1) we could not find a full version of the article to review, and 2) articles in which no English or Persian version was available.

2.3. Data extraction and quality assessment

The characteristics of publication, study design, participants, and study concepts and outcomes, were extracted into Excel. The quality of selected articles was assessed independently by SAZ and

EMK using the Joanna Briggs Institute (JBI) (28), a tool for assessing the quality of the selected studies, text, and expert opinion before inclusion in the review. We used JBI to reach a consensus decision on selecting the articles. According to the JBI assessment result, 4 articles were moderate (29-32) and 4 were high quality (33-36). In this review, we did not use meta-analysis due to the heterogeneity of the studies.

3. Results

Of 34,405 citations screened, we assessed 5298 articles, and 144 met our inclusion criteria. Consistent with our goal to scope the existing literature to demonstrate the state of interventions in marital and sexual enrichment for men, the study team selected 8 articles for data extraction and summarization (Figure 1).

Findings from the included studies indicated that a variety of strategies were offered within the majority of the articles. SRH program/information, intimate partner violence prevention, human immunodeficiency virus/sexually transmitted infections (HIV/STI)-related topics, gender norms, menopausal health, and prevention programs were the main focus of 6 articles. Marital and sexual enhancements were areas of focus in 2 studies, including marital satisfaction, sexual satisfaction, and marriage enrichment, which show promise for promoting men's sexual health, happiness, and quality of life (Table I). Research methods included 2 semi-experimental studies, 3 clinical trials, 1 systematic review, 1 content analysis, 1 mixed method. Programs included targets from different ethnic/cultural backgrounds. Almost half of the programs were conducted in developed countries 50% and 50% in undeveloped ones. Most often 62.5% of programs focused only on

men from American societies and 37.5% from Asian societies.

Among these interventions 37.5% focused on clinical trials. The risk of bias using the Cochrane Collaboration tool: bias due to lack of blinding of study personnel, conflict of

interest, and selective reporting of exposures was low. Bias due to exposure misclassification, incomplete exposure data in the selection of participants in the study, and differences in numerator and denominator were medium (Table II).

Table I. Studies included in the scoping review

Author, Year (Ref)	Study design	Participant (N#)	Intervention, durations, mean-concept	Outcome measures	Main findings
Delkhosh et al., 2017 (29)	A systematic review	Male refugees age > 15	Intervention primary/secondary humanitarian settings IPV prevention. Exploring the effectiveness of existing IPV-related interventions	Primary or secondary IPV	-IPV management policy and associated planning -Decreasing violence against women among refugees, internally displaced persons, and conflict-affected population -Guideline for researchers, policymakers, and strategy developers
Yoshany et al., 2017 (30)	RCT with a control group follow-up after 2 months	100 Men Age: 45-55 Intervention group #50 Control group#50	Intervention: Education regarding menopausal health 3 sessions (60-min) sessions Conducted using speech	Men's knowledge of menopausal health Women's marital satisfaction Menopause knowledge and ENRICH marital satisfaction questionnaire	The knowledge of menopausal health and women's marital satisfaction scores were \uparrow in the intervention group. Significantly ($p < 0.001$) 2 months after the intervention
Bay et al., 2013 (31)	A quasi-experimental Non equivalent control group	80 Married men Age: 20-55	Intervention: Combination of psycho-physiological therapy (Stretching therapy combined + with breathing exercises) 90-120 min 3 days a week 20 sessions conducted in a clinic at the hospital	Sexual satisfaction The ENRICH questionnaire	-The intervention group post-test scores \uparrow -Follow-up test scores were \uparrow for the intervention group -But no significant statistical difference was observed
Pulerwitz et al., 2006 (32)	A quasi-experimental 6 month follow up	780 Men Age: 14-25	Intervention: Horizons and Institute Promundo Intervention 1: Interactive group education sessions Intervention 2: Community-wide "lifestyle" social marketing campaign to promote the usage of condom Intervention 3: Morro dos Macacos, a delayed intervention that followed the control period 6 group education sessions 2 supervisors held weekly Conducted by the group education sessions	-Key HIV/STI-related topics -Gender norms attitudes -The gender-equitable men scale	-A variety of key HIV/STI-related outcomes improved -Reduced HIV/STI risk was associated with \uparrow agreement with more equitable gender norms -Couple communication about HIV/AIDS remained approximately high -Reported STI symptoms \downarrow

Table I. Continued

Author, Year (Ref)	Study design	Participant (N#)	Intervention, durations, mean-concept	Outcome measures	Main findings
Miller et al., 2020 (33)	Cluster RCT With a control group Follow up: 3-month 9-month	866 Boys Age: 13-19	Intervention Manhood 2.0 a gender-transformative program and job-readiness training program for the control group 6 sessions of 3 hr Once or twice a week Conducted by youth-serving organizations and community	Primary outcome: ARA or SV perpetration exploratory outcome: sexual/physical intimate violence for a partner, non-partner SV, any SV, sexual harassment, dating or cyber-sexual abuse, and incapacitated sex. Secondary outcomes: attitudes about gender equality, ARA recognition, intention to intervene with peers, condom negotiation self-efficacy. A scale to measure participants' views on gender norms/A scale to measure the ability of participants to understand harmful actions committed against a partner as abusive/A scale to measure the probability that a participant would intervene when witnessing damaging behaviors in male peers. A scale for assessing participants' confidence in negotiating condom use with a partner. A scale for assessing participants' views on the use of condoms and contraceptives	-Gender-based violence was ↓ -The difference in reduction was not significant. -There was a primary outcome change in SV participant-level perpetration or adolescent. -Relationship abuse at T3 (ARA)
Manlove et al., 2022 (34)	A mixed-methods study with a control group Follow up: Only a post-intervention follow-up group	110 Men Age: 15-18 IG#56 CG#54	Intervention: 2.0-an SRH program (group-based+ after-school) targeting young Black and Latino men. (Evaluating the feasibility, quality, and preliminary efficacy) 6 sessions monthly Conducted by: youth center researchers/transcribed recordings (450 min)	Self-efficacy contraception knowledge; SRH information; positive attitudes for supporting partners in the prevention of pregnancy. Gender norms (GEM scale) social competence scale	-The manhood 2.0 program is feasible for delivering unintended pregnancy prevention programming to young men. -SRH information; contraception knowledge; positive attitudes for supporting partners in pregnancy prevention; self-efficacy in partner communication about sex; discussing program content with friends and family; and social competence and support ↑
Miller et al., 2012 (35)	Cluster RCT with a control group Follow up 3 months	2600 Boys Age: < 18	Intervention: Exploring the effectiveness of a prevention program (dating violence perpetration) among young male athletes and coaches. 60-min training for coaches 11 "Training Cards" (10-15 min) weekly Conducted by a trained violence prevention advocate to introduce the coaches Kit	Primary outcomes: gender-equitable attitudes and intentions to intervene, abusive behaviors recognition. Secondary outcomes: abuse perpetration and explored bystander behaviors, values for intentions to intervene, gender-equitable attitudes, and scales of negative bystander intervention	-Improved intentions to intervene, abusive behaviors recognition, and positive bystander intervention. DV perpetration and abuse perpetration were reduced. -No notable changes in gender-equitable attitudes + identification of abusive behaviors + DV perpetration were observed

Table I. Continued

Author, Year (Ref)	Study design	Participant (N#)	Intervention, durations, mean-concept	Outcome measures	Main findings
Hurt et al., 2012 (36)	A mixed method study 2 focus groups NO CG	12 Men Age: 26-50	Intervention: The ProSAAM a 5-yr study 3 programs + 2 wk of skills practice (between each session) conducted by 2 African American male facilitators At a church	Participants' enthusiasm for taking part in the marriage-strengthening program (ProSAAM)	Hearing the voices of a sample of the recruited population and searching for feedback about participating in a similar marriage enrichment program helped promote potential participants' enthusiasm for this marriage-strengthening program

IPV: Intimate partner violence, RCT: Randomized control trial, HIV: Human immunodeficiency virus, STI: Sexually transmitted infections, AIDS: Acquired immunodeficiency syndrome, ARA: Adolescent relationship abuse, SV: Sexual violence, IG: Intervention group, CG: Control group, SRH: Sexual and reproductive health, Gem: Gender-equitable men, DV: Dating violence, ProSAAM: Program for strong African American marriages

Table II. The risk of bias using the Cochrane Collaboration tool

1. Bias in the selection of participants into the study	Medium
2. Bias due to lack of blinding of study personnel	Low
3. Bias due to exposure misclassification	Medium
4. Bias due to incomplete exposure data	Medium
5. Bias due to selective reporting of exposures	Low
6. Bias due to conflict of interest	Low
7. Bias due to differences in numerator and denominator	Medium
8. Other bias	Non

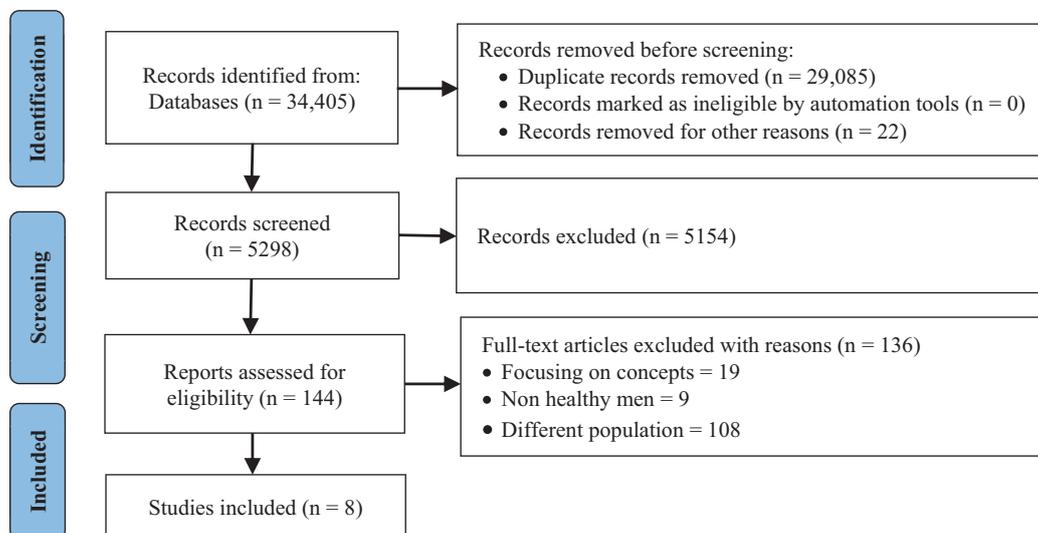


Figure 1. PRISMA flow diagram.

4. Discussion

In this scoping review, we visually presented the result of complex and limited studies in the field of male-focused marital and sexual well-being interventions. As reflected by the small fraction that was accessible during our review, our findings suggest a prevalent lack of transparency in the conduct and reporting of male-focused programs in enhancing men's marital and sexual relationships, in developing countries. Several explanations have been pointed out for this limitation, such as gender norms that are dismissed in many research contexts. Some reports support our findings. These findings have pointed out gender norm-related beliefs and attitudes as influencing factors on men's participation in research (37). For instance, many family planning programs focus on women's participation, while most contraceptive methods are directly utilized by men (e.g., male condoms, vasectomy, withdrawal) (38).

Others argue that the lack of men's participation is justified because women are considered contraceptive users or must learn more than men because they are the ones falling pregnant. It seems that lack of attention to gender norms in the programs related to SRH or marital satisfaction enrichment makes the intervention ineffective and demotivates men from active participation in the related research.

Most programs, in male-dominated societies in particular, are implemented based on the perspective that women must learn to serve their male partners (38, 39), women should learn how to gratify their husbands sexually (40), or women should learn to elevate the quality of their marital life because women are considered vulnerable

than men (41, 42). Other scholars highlighted the gender differences in marital construction (42). In this line, some emphasize gender norms and their powerful influence throughout marital life. In this study with couples, women's roles are significant in marital problem-solving, and somehow men are drawn out of the scene (43). In conservative and androcentric cultures, some connotations affect the societal mindsets and encourage the belief that the man is the breadwinner, and the woman is the counterpart who should learn to perform her duties as the housewife, mother, etc. (44). This paradigm can increase men's feelings of isolation resulting in limited participation of men in research (45). Findings identified that sociocultural and psychological norms are also influencing matters. The Nepali men are not active in implementing SRH programs (46).

The findings of this qualitative study highlighted the absence of education, myths, and domination of women as healthcare providers in most clinical settings as the determinants of the lack of men's involvement in SRH programs. Others explained the lack of men's involvement in SRH programs due to the impact of political, economic, and organizational factors. In a study conducted in Uganda, where men's involvement in SRH implementation is still low, the researcher found some barriers in applying policies driving men's participation in SRH programs such as 'gaps between practice and policy', 'skills and resources', 'inadequate key actor participation', and 'types of dissemination' (47). The health system, in terms of health providers' unfriendly service delivery and socioeconomic and cultural issues, are also highlighted as the influencing factors in the level of men's participation in mother-to-child transmission of HIV (48), as an

important part of SRH programs. In line with others, we also emphasized on having more studies and research-based investments in men as agents of change (49) or high impact on SRH promotion.

5. Conclusion

The profound novelty effect of this review is a combination of the existing data with new knowledge, which is needed to fill the knowledge gap, particularly in male-dominant societies. Ideas from different fields of research in SRH and marital satisfaction enrichment targeting men can lead to completely novel discoveries with potential applications of the relevant program implementation. Translational applications of sexology to psychology will raise enormous advances in the diagnosis and management of numerous problems among couples.

Most reports originate from developed societies, and fewer studies are conducted on men in developing countries. There are some explanations for the limited male-focused research-based pieces of evidence. Our findings reveal the necessity of gender-specific studies in the future and implementing interventions and programs focusing on men's participation in conservative and male-dominated societies.

Conflict of Interest

The authors do not mention any conflict of interest in this article.

References

[1] Martin CE, Parlier-Ahmad AB, Beck L, Jain V, Terplan M. A comparison of sex-specific reproductive and sexual

health needs between addiction medicine and primary care treatment settings. *Subst Use Misuse* 2022; 57: 1229–1236.

- [2] Klamon SL, Lorvick J, Jones HE. Provision of and barriers to integrating reproductive and sexual health services for reproductive-age women in opioid treatment programs. *J Addict Med* 2019; 13: 422–429.
- [3] Buzi RS, Smith PB. Access to sexual and reproductive health care services: Young men's perspectives. *J Sex Marital Ther* 2014; 40: 149–157.
- [4] World Health Organization. Medical eligibility criteria for contraceptive use. Switzerland: World Health Organization; 2010.
- [5] Sen G, Ostin P. Unequal, unfair, ineffective and inefficient gender inequity in health: Why it exists and how we can change it. Sweden: Karolinska Institute; 2007.
- [6] Newcomb ME. Romantic relationships and sexual minority health: A review and description of the Dyadic health model. *Clin Psychol Rev* 2020; 82: 101924.
- [7] Alqashan H. Enrichment training program and successful marriage in Kuwait: A field study on Kuwaiti couples. *Digest Middle East Stud* 2008; 17: 1–16.
- [8] Carvalho SA, Castilho P, Seabra D, Salvador C, Rijo D, Carona C. Critical issues in cognitive behavioural therapy (CBT) with gender and sexual minorities (GSMs). In: Thwaites R. *The cognitive behaviour therapist*. UK: Cambridge University Press; 2022.
- [9] Baker CE. Organizational levers for frontline health care employee well-being in long-term care. [Ph.D. Thesis]. USA: University of Southern California; 2022.
- [10] Schmader T. Gender inclusion and fit in STEM. *Annu Rev Psychol* 2022; 74: 219–243.
- [11] Seaton ChL, Bottorff JL, Jones-Bricker M, Oliffe JL, DeLeenheer D, Medhurst K. Men's mental health promotion interventions: A scoping review. *Am J Mens Health* 2017; 11: 1823–1837.
- [12] Sun Sh, Nardi W, Loucks EB, Operario D. Mindfulness-based interventions for sexual and gender minorities: A systematic review and evidence evaluation. *Mindfulness* 2021; 12: 2439–2459.
- [13] Doss BD, Roddy MK, Wiebe SA, Johnson SM. A review of the research during 2010-2019 on evidence-based treatments for couple relationship distress. *J Marital Fam Ther* 2022; 48: 283–306.
- [14] Kardan-Souraki M, Hamzehgardeshi Z, Asadpour I, Mohammadpour RA, Khani S. A review of marital intimacy-enhancing interventions among married individuals. *Glob J Health Sci* 2016; 8: 53109.

- [15] Davis AC, Arnocky S. An evolutionary perspective on appearance enhancement behavior. *Arch Sex Behav* 2020; 51: 3–37.
- [16] Sinković M, Towler L. Sexual aging: A systematic review of qualitative research on the sexuality and sexual health of older adults. *Qual Health Res* 2019; 29: 1239–1254.
- [17] Yakubu I, Garmaroudi Gh, Sadeghi R, Tol A, Yekaninejad MS, Yidana A. Assessing the impact of an educational intervention program on sexual abstinence based on the health belief model amongst adolescent girls in Northern Ghana, a cluster randomised control trial. *Reprod Health* 2019; 16: 124.
- [18] Rezabeigi Davarani E, Khanjani N, Iranpour A, Mohseni M, Najar Mansoori S. [Educational needs of couples attending in pre-marriage counseling classes in health center of Kerman]. *Health Based Res* 2016; 2: 69–80. (in Persian)
- [19] Rakhshae Z, Maasoumi R, Nedjat S, Khakbazan Z. Sexual health literacy, a strategy for the challenges of sexual life of infertile women: A qualitative study. *Galen Med J* 2020; 9: e1862.
- [20] Haberland N, Rogow D. Sexuality education: Emerging trends in evidence and practice. *J Adolesc Health* 2015; 56: S15–S21.
- [21] Sell K, Oliver K, Meiksin R. Comprehensive sex education addressing gender and power: A systematic review to investigate implementation and mechanisms of impact. *Sex Res Soc Policy* 2023; 20: 58–74.
- [22] Kohansal F, Nourizadeh R, Attarzadeh Jahdi NS, Mehrabi E, Bafrani MA. The effect of educational interventions on sexual behavior and reproductive health of women: A systematic review. *Adv Nurs Midwifery* 2022; 31: 14–21.
- [23] Vasconcelos P, Paúl C, Serruya SJ, Ponce de León RG, Nobre P. A systematic review of sexual health and subjective well-being in older age groups. *Rev Panam Salud Publica* 2022; 46: e179.
- [24] Diener E. Guidelines for national indicators of subjective well-being and ill-being. *J Happiness Stud* 2006; 7: 397–404.
- [25] Narasimhan M, Logie CH, Moody K, Hopkins J, Montoya O, Hardon A. The role of self-care interventions on men's health-seeking behaviours to advance their sexual and reproductive health and rights. *Health Res Policy Syst* 2021; 19: 23.
- [26] Alimoradi Z, Simbar M. [Male involvement in reproductive and sexual health: A systematic review of Iranian literature]. *Hakim Health Syst Res* 2014; 17: 209–222. (in Persian)
- [27] Hosseini N, Lau PL, Baranovich D-L. Enhancing marital satisfaction through acceptance and commitment therapy: A review of marital satisfaction improvement of Iranian couples. *Int J Educ Psychol Counsel* 2019; 4: 53–60.
- [28] Munn Z, Aromataris E, Tufanaru C, Stern C, Porritt K, Farrow J, et al. The development of software to support multiple systematic review types: The Joanna Briggs Institute System for the Unified Management, Assessment and Review of Information (JBI SUMARI). *Int J Evid Based Healthc* 2019; 17: 36–43.
- [29] Delkhosh M, Ardalan A, Rahimiforoushani A, Keshtkar A, Farahani LA, Khoei EM. Interventions for prevention of intimate partner violence against women in humanitarian settings: A protocol for a systematic review. *PLoS Curr* 2017; 9: 1–11.
- [30] Yoshany N, Morowatisharifabad MA, Mihanpour H, Bahri N, Jadgal KM. The effect of husbands' education regarding menopausal health on marital satisfaction of their wives. *J Menopausal Med* 2017; 23: 15–24.
- [31] Bay R, Ismail SB, Zahiruddin WM, Arifin WN. Effect of combined psycho-physiological stretching and breathing therapy on sexual satisfaction. *BMC Urol* 2013; 13: 16.
- [32] Pulerwitz J, Barker G, Segundo M, Nascimento M. Promoting more gender-equitable norms and behaviors among young men as an HIV/AIDS prevention strategy. Washington: Population Council; 2006.
- [33] Miller E, Jones KA, Culyba AJ, Paglisotti T, Dwarakanath N, Massof M, et al. Effect of a community-based gender norms program on sexual violence perpetration by adolescent boys and young men: A cluster randomized clinical trial. *JAMA Netw Open* 2020; 3: e2028499-e.
- [34] Manlove J, Parekh J, Whitfield B, Griffith I, Garg A, Fasula AM. A mixed-methods pilot evaluation of Manhood 2.0, a program to reduce unintended pregnancy among young men. *Am J Mens Health* 2022; 16: 15579883221104895.
- [35] Miller E, Tancredi DJ, McCauley HL, Decker MR, Virata MCD, Anderson HA, et al. "Coaching boys into men": A cluster-randomized controlled trial of a dating violence prevention program. *J Adolesc Health* 2012; 51: 431–438.
- [36] Hurt TR, Beach SR, Stokes LA, Bush PL, Sheats KJ, Robinson SG. Engaging African American men in empirically based marriage enrichment programs: Lessons from two focus groups on the ProSAAM project. *Cultur Divers Ethnic Minor Psychol* 2012; 18: 312–315.
- [37] Onyango MA, Owoko S, Oguttu M. Factors that influence male involvement in sexual and reproductive health in western Kenya: A qualitative study. *Afr J Reprod Health* 2010; 14: 32–42.

- [38] Hardee K, Croce-Galis M, Gay J. Are men well served by family planning programs? *Reprod Health* 2017; 14: 14.
- [39] Godwin LN, Stevens CE, Brenner NL. Forced to play by the rules? Theorizing how mixed-sex founding teams benefit women entrepreneurs in male-dominated contexts. *Entrepreneurship Theory Pract* 2006; 30: 623–642.
- [40] Merghati Khoei E, Whelan A, Cohen J. Sharing beliefs: What sexuality means to Muslim Iranian women living in Australia. *Cult Health Sex* 2008; 10: 237–248.
- [41] Levenson RW, Carstensen LL, Gottman JM. Long-term marriage: Age, gender, and satisfaction. *Psychology Aging* 1993; 8: 301–313.
- [42] Kiecolt-Glaser JK, Newton TL. Marriage and health: His and hers. *Psychol Bull* 2001; 127: 472–503.
- [43] Ball FL, Cowan P, Cowan CP. Who's got the power? Gender differences in partners' perceptions of influence during marital problem-solving discussions. *Fam Process* 1995; 34: 303–321.
- [44] Sternberg P, Hubley J. Evaluating men's involvement as a strategy in sexual and reproductive health promotion. *Health Promot Int* 2004; 19: 389–396.
- [45] Mirzaii Najmabadi K, Karimi L, Ebadi A. Exploring the barriers to sexual and reproductive health education for men in Iran: A qualitative study. *Iran J Nurs Midwifery Res* 2019; 24: 179–186.
- [46] Sharma S, Kc B, Khatri A. Factors influencing male participation in reproductive health: A qualitative study. *J Multidiscip Healthc* 2018; 11: 601–608.
- [47] Gopal P, Fisher D, Seruwagi G, Taddese HB. Male involvement in reproductive, maternal, newborn, and child health: Evaluating gaps between policy and practice in Uganda. *Reprod Health* 2020; 17: 114.
- [48] Byamugisha R, Tumwine JK, Semiyaga N, Tylleskär T. Determinants of male involvement in the prevention of mother-to-child transmission of HIV programme in Eastern Uganda: A cross-sectional survey. *Reprod Health* 2010; 7: 12.
- [49] Ghanotakis E, Hoke T, Wilcher R, Field S, Mercer S, Bobrow EA, et al. Evaluation of a male engagement intervention to transform gender norms and improve family planning and HIV service uptake in Kabale, Uganda. *Glob Public Healt* 2017; 12: 1297–1314.