

# ORIGINAL ARTICLE

## Iranian men's Perception toward Preconception Care: A Qualitative Content Analysis

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Received: 28 February 2025    Revised: 04 October 2025    Accepted: 08 October 2025

Online Published: 15 October 2025

### ABSTRACT

**Background:** Preconception care for men is a relatively new and neglected concept. Preconception care has focused on women, even though there is evidence of the value of preconception care for men. This study aimed to explore men's perceptions of preconception care.

**Methods:** This content analysis included 12 married men aged 20-50 years who were selected purposefully to maximize variation. Data were collected through semi-structured, in-depth interviews conducted face-to-face or by telephone from September to December 2022 in Ahvaz, Iran. Data were analyzed using the thematic approach described by Braun and Clarke with MAXQDA 2020.

**Results:** Data analysis revealed 10 subthemes and 4 themes, including 1) lack of knowledge in preconception care, 2) neglected dimension of men's reproductive health, 3) prerequisites for men's preconception care, and 4) men's willingness to integrate male and female's preconception care. Finally, the main theme emerged was "preconception care for men, an unfelt and unmet need".

**Conclusion:** Preconception care for men was a new and interesting concept for the participants. Men experienced multidimensional challenges and needs in preconception care. The results suggest that preconception care for men should be provided to address their specific health needs.

**Keywords:** Men's health, Preconception care, Qualitative research

**Please cite this article as:** Yeganeh Z, Javadnoori M, Moridi A. Iranian men's Perception toward Preconception Care: A Qualitative Content Analysis. IJCBNM. 2026;14(1):43-54. doi: 10.30476/ijcbnm.2025.105398.2701.

## INTRODUCTION

Preconception care includes a variety of social, behavioral, and health interventions targeted at both women and men before they attempt to conceive. Its main goal is to improve awareness, attitudes, and behaviors related to pre-pregnancy health while reducing potential risks.<sup>1</sup> This care encompasses health assessments, nutrition counseling, lifestyle modifications, prevention of infectious diseases, genetic counseling, reproductive health services, and immunization.<sup>2</sup> Notably, men's health is considered just as crucial as women's health in preconception care.<sup>3</sup> A recent review study highlighted two key components of preconception care for men: promoting personal responsibility throughout the lifespan and conducting comprehensive risk assessments.<sup>4</sup>

Previous studies have shown that poor male health prior to conception can adversely affect fertility by reducing both the quality and quantity of the semen.<sup>5, 6</sup> Increasing men's awareness of preconception care and encouraging them to prioritize their health improves pregnancy outcomes and enables men to actively engage in their reproductive health.<sup>7</sup> By managing the factors that impact sperm DNA, improved male preconception health contributes significantly to better pregnancy outcomes.<sup>1, 3</sup> Furthermore, preconception care helps men gain a deeper understanding of their role in supporting their partners throughout preconception and pregnancy.<sup>2</sup>

Although evidence shows the importance of preconception care for men,<sup>8</sup> this aspect of reproductive health, including the role of men in preconception health, is often overlooked by the healthcare system.<sup>9, 10</sup> Cultural norms can also hinder men's willingness to seek help or access reproductive health services.<sup>11</sup> In most cases, men's reproductive health plans primarily focus on treating infertility rather than offering preventive care.<sup>4</sup> On the other hand, numerous studies consistently demonstrate that men have limited knowledge and awareness of preconception health and

are generally unfamiliar with its concept.<sup>12-14</sup>

Studies in Iran also report that men's knowledge of reproductive health and contraceptive methods is limited, and their access to quality healthcare services is also low.<sup>11</sup> Cultural barriers and gender norms reduce men's use of contraceptive methods.<sup>15</sup> Men's participation in preconception care and the perinatal period is low<sup>16</sup> despite their important role in improving reproductive outcomes. Both women and healthcare providers emphasize the importance of involving men in preconception care,<sup>17, 18</sup> and the absence of specific programs for men's preconception care in the health system of Iran is recognized as a significant gap.<sup>4</sup> Furthermore, most men have risk factors associated with negative pregnancy or fertility outcomes, highlighting the urgent need to focus on men's health before pregnancy.<sup>19</sup> Overall, these findings confirm the immediate necessity of involving men in preconception care to improve reproductive health in Iran.

Previous studies on preconception care in Iran have primarily focused on women, largely neglecting the roles, perceptions, and needs of men. Notably, there is limited qualitative research exploring Iranian men's perspectives on preconception care. Gaining a deeper understanding of these perspectives, as well as the sociocultural and systemic challenges men encounter, can help to design culturally sensitive and gender-appropriate interventions. Therefore, the aim of this study was to examine Iranian men's perceptions of preconception care through qualitative research.

## MATERIALS AND METHODS

In this study, qualitative content analysis was employed to explore men's perspectives on preconception care. The research was conducted in urban community health centers affiliated with Ahvaz Jundishapur University of Medical Sciences in Iran, from September 2022 to December 2022. Qualitative content analysis is particularly effective when the objective is

to provide a comprehensive description of a phenomenon. This approach generates themes or categories that elucidate the phenomenon under investigation, offering a holistic perspective.<sup>20</sup>

Participants in this study were purposefully selected to provide relevant information. They were men referred to urban community health centers for preconception care and reproductive health services, and they were usually accompanied by their wives. Most participants were interviewed individually and face-to-face. The interviews took place in private rooms within the urban community health centers, ensuring the privacy, comfort, and convenience of the participants. Only one interview was conducted by telephone at the participant's request, as he indicated that this alternative arrangement would be more convenient for him due to his personal schedule.

Inclusion criteria were Persian-speaking married men aged 20-50 who were free of any known health conditions, those whose wives were also healthy, and men whose wives were not pregnant at the time of the study. Both men with and without children were included in the study to capture the perspectives of both groups. Participants who were unwilling to continue cooperating at any point during the interview were excluded. To capture a diverse range of perspectives, maximum variation sampling was employed to select men of varying ages, educational backgrounds, occupations, and number of children.

The first author, a doctoral student in midwifery at the time of the study, conducted the interviews. She received academic training

in interview techniques and principles of preconception care. The researchers and participants were not acquainted prior to the study. The average duration of the interviews was 40 minutes. Each interview began with general questions and then progressed to specific and probing inquiries, as detailed in Table 1.

Data collection and analysis were conducted simultaneously, continuing until data saturation was reached during the 12th interview, at which point no new themes or insights emerged. The interviews were transcribed promptly after each session. The first author thoroughly reviewed the audio recordings and interview transcripts. She coded the data and subsequently shared the findings with two co-authors. The research team collaboratively discussed any discrepancies until a consensus was reached. Data management and coding were supported by MAXQDA 2020 software to develop emergent themes. Interviews were analyzed using the thematic approach described by Braun and Clarke.<sup>21</sup> This study employed thematic analysis due to its versatility and depth, allowing researchers to identify, analyze, and interpret patterns or themes. It provides a rich understanding of participants' experiences and sociocultural contexts.<sup>22</sup> The thematic analysis process consists of six steps. In the first step, the first author transcribed the interviews and familiarized herself with the data. In the second step, the researcher identified the key terms and designated them as keywords. The third step involved coding segments of the data that captured the themes.

**Table 1:** Interview guide questions

Category	Questions
Ice Breaker Questions	-Have you ever thought about preparing for fatherhood before? -What do you know or have you heard about preconception care?
Interview Questions	- What does the phrase "men's preconception care" mean to you? -Can you share your experiences about discussing preconception care for yourself? - What do you think are the most important factors for men to consider when planning for a child? -What steps have you taken or considered to improve your health in preparation for a healthy pregnancy?
Probing Questions	- Can you tell me more about that...? - Could you explain why you think ... is important? - What exactly do you mean by ...?

In the fourth step, the codes were organized into meaningful groups to provide insight into the research question and develop overarching themes. During the conceptualization phase (step five), a diagram was used to understand the relationships between concepts. In the final step, all findings derived from the data were summarized and presented.

This study used Lincoln and Guba's four criteria for ensuring trustworthiness.<sup>23</sup> To ensure credibility, the researchers engaged in data analysis over an extended period. Member checks were conducted, during which two participants reviewed and verified the accuracy of the interview transcripts and the initial coding. To ensure dependability, the research process and data reduction were meticulously documented, allowing other researchers to audit the work. The confirmability of the findings was evaluated by an experienced qualitative researcher who served as an external reviewer. To enhance transferability, a comprehensive description of the participants, data collection methods, and analysis procedures was provided. Furthermore, to present the participants' perspectives, relevant quotes were extracted from the raw data.

This research was approved by the Ethics Committee of Ahvaz Jundishapur University of Medical Sciences under the approval code IR.AJUMS.REC.1402.031. All participants provided written informed consent prior to the commencement of the interviews. The purpose of the study was clearly explained, and participation was

entirely voluntary. Participants were assured that they could withdraw from the study at any time. Interviews were audio-recorded with the participants' consent. Additionally, participants were guaranteed that their privacy and the confidentiality of the information collected would be maintained at all times.

## RESULTS

In this study, twelve married men were interviewed. Table 2 presents the demographic information of the participants.

The main theme of this study was revealed as "preconception care for men, unfelt and unmet need". Also, the four themes and ten subthemes were derived from men's perspectives on preconception care, as illustrated in Table 3.

### *Preconception Care for Men, Unfelt and Unmet Need*

The main theme of this study encompasses four themes that highlighted men's perspectives on preconception care for men: lack of knowledge in preconception care, neglected dimension of men's reproductive health, prerequisites for men's preconception care, and men's willingness to integrate male and female preconception care.

#### *1. Lack of Knowledge in Preconception Care*

Thematic analysis based on men's perspectives revealed that their knowledge and awareness of preconception care were limited.

**Table 2:** Demographic characteristics of the men (n=12)

No	Age (year)	Level of Education	Occupation	Number of Children
1	37	Diploma	Employee	2
2	41	Diploma	Self-employed	2
3	28	Bachelor's degree	Employee	1
4	36	Master's degree	Employee	2
5	31	Bachelor's degree	Self-employed	1
6	48	Secondary school	Self-employed	3
7	40	Bachelor degree	Self-employed	0
8	35	Diploma	Self-employed	3
9	37	Bachelor's degree	Employee	0
10	44	Bachelor's degree	Self-employed	2
11	43	Bachelor's degree	Employee	3
12	34	Bachelor's degree	Employee	0



**Table 3:** Themes and subthemes extracted from data analysis

Subthemes	Themes	Main theme
Limited understanding of the importance of preconception care Limited understanding of men's role in preconception care Lack of access to reliable information resources	Lack of knowledge in preconception care	Preconception care for men, an unfelt and unmet need
Women-focused reproductive healthcare system Lack of routine preconception care for men Lack of responsible primary healthcare provider for men's preconception care	Neglected dimension of men's reproductive health	
Men's preconception health support Social and cultural acceptance of men's preconception care	Prerequisites for men's preconception care	
Men's willingness to participate in reproductive care Men's preference for couple-based preconception care	Men's willingness to integrate male and female preconception care	

This lack of understanding is not confined to men; it is also prevalent in societal views. Most men reported being unaware of the impact of their preconception of health on fertility and pregnancy outcomes. This first theme is supported by three sub-themes: limited understanding of the importance of preconception care, limited understanding of the men's role in preconception care, and lack of access to reliable information resources.

#### *1.a. Limited Understanding of the Importance of Preconception Care*

Most men underestimated the importance of accessing and utilizing preconception care services. Many participants indicated that prenatal care was more important than preconception care. They frequently discussed prenatal care and appeared to undervalue the significance of care prior to pregnancy. The men in this study were not adequately aware of the importance of preconception care. In this regard, a participant said:

*"...I think preconception care is not always necessary, but I believe that a woman's health during pregnancy and prenatal care is crucial for ensuring a healthy baby..." (P5)*

#### *1.b. Limited Understanding of Men's Role in Preconception Care*

The men in this study did not perceive their role in the preconception period as being as significant as that of women. Most men believed that preconception care primarily

focused on women. They expressed that, in cases of infertility, preconception care should also be extended to men. One participant stated:

*"...I believe a man's responsibility and role in preconception and pregnancy care is to support and accompany his wife, so she can go through pregnancy smoothly and give birth to a healthy baby..." (P4)*

#### *1.c. Lack of Access to a Trusted Information Source*

The men in this study reported difficulty in finding reliable and trustworthy information about reproductive health and preconception care. The majority expressed significant uncertainty about identifying credible sources of guidance. Several respondents indicated that they obtained information about the preconception period from informal sources, including the Internet, friends, and family. A participant mentioned:

*"...In general, there are few reliable sources of information regarding preconception care for men. However, many traditional recommendations exist, such as the widespread use of herbal medicine. My knowledge on this topic is primarily based on what I have heard from family and friends..." (P4)*

Another participant said:

*"...If I want to find information, there's almost nothing available for men. Everything I come across is all about women. I tried looking online, but I couldn't find any good*

info for men. ...” (P3)

## *2. Neglected Dimension of Men's Reproductive Health*

Most participants noted a lack of preconception health programs specifically designed for men, which would include targeted care, screenings, and counseling. This theme included women-focused reproductive healthcare system, lack of routine preconception care for men, and lack of responsible primary healthcare provider for men's preconception care.

### *2.a. Women-focused Reproductive Healthcare System*

The men in this study perceived that the reproductive healthcare system primarily targets women. They reported that healthcare providers predominantly offered them advice and information related to women's health. Additionally, they noted that healthcare services and programs are often tailored for women. This gendered focus may cause men to feel excluded from discussions and resources related to reproductive health. On this matter, a participant commented:

*“...When we decided to have a child, the preconception care, including ultrasounds and laboratory tests, was primarily for my wife...” (P5)*

One man stated:

*“...When we went to the health centers, all the posters and information were only about women, not men. Feelings like ours just didn't exist in any of that pre-pregnancy stuff...” (P8)*

### *2.b. Lack of Routine Preconception Care for Men*

The men stated that preconception care services, including health screenings, counseling, and medical interventions, were not routinely available to them. They noted that women receive assessments and care before and during pregnancy, while men often lack the opportunity to have their reproductive health evaluated and optimized prior to

conception. In this regard, a participant mentioned:

*“...There was no preconception care program available for fathers, or I was simply unaware of it. Additionally, there were no regular check-ups for men. I did not receive any preconception health advice regarding issues such as male obesity, diseases, and their potential effects on the baby...” (P2)*

Other men said:

*“...I've never heard of any checkups for men before pregnancy. No one ever asked me to register a health record at the health center or to do any tests...” (P8)*

### *2.c. Lack of Responsible Primary Healthcare Provider for Men's Preconception Care*

Participants in the study expressed a lack of clarity concerning the responsibilities of healthcare providers in relation to preconception care for men. Many men felt that no specific healthcare professional was accountable for addressing their health needs prior to becoming fathers. Additionally, they reported that healthcare providers seldom offered counseling, screening, or interventions tailored to men. On this topic, a participant shared:

*“...There is no healthcare provider specifically responsible for delivering information about men's health...” (P4)*

A participant also stated:

*“...If I wanted to get my health checked before pregnancy, I wouldn't even know who to talk to at the health center...” (P11)*

## *3. Prerequisites for Men's Preconception Care*

Men stated that preconception health support is essential to prepare for healthy fatherhood. Furthermore, they believed that promoting preconception care was necessary to combat the stigma surrounding discussions of reproductive health issues and the traditional gender roles associated with reproductive responsibilities. This theme comprises two sub-themes that are perceived prerequisites for men's preconception care: men's preconception health support and

social and cultural acceptance of men's preconception care.

### 3.a. Men's Preconception of Health Support

Participants emphasized the significance of receiving preconception health support that enables them to effectively maintain their physical, mental, and emotional well-being prior to pregnancy. Many men expressed a need for tailored educational interventions. Additionally, participants highlighted the need for emotional support from their wives and healthcare providers. They also underscored the importance of having accessible preconception of healthcare services that are covered by insurance. One of the participants remarked on this:

*"...We also need advice and support. Doctors usually talk only to my wife. They should consider us as part of the process..." (P8)*

Other men expressed:

*"...Men won't go for preconception care if it costs them a lot. But if insurance covers it, I will definitely go for it ..." (P12)*

### 3.b. Social and Cultural Acceptance of Men's Preconception Care

According to the participants, there is a pressing need to change social norms, expectations, and awareness regarding men's involvement in pre-pregnancy care. They noted that many people currently believed it was solely the woman's responsibility to prepare for pregnancy. The participants emphasized the importance of informing society that both partners share responsibility for reproductive health. Additionally, they highlighted the necessity of making resources accessible and establishing community-based support systems to educate men and the public about the significance of preconception care. In this regard, a participant stated:

*"...In our culture, if a man talks about reproductive health, people might laugh at him or maybe even make fun of him. It's like men feel offended or embarrassed when this topic comes up. We need people and society*

*to understand that father should get ready for pregnancy too ..." (P7)*

### 4. Men's Willingness to Integrate Male and Female Preconception Care

Men stated that integrating men's care with women's care was essential for promoting preconception care. They emphasized that preconception care should be tailored to meet the needs of both parents. This theme encompassed two subthemes: men's willingness to participate in reproductive care and men's preference for couple-based preconception care.

#### 4.a. Men's Willingness to Participate in Reproductive Care

Although most men initially had limited knowledge and awareness of reproductive care, in some participants, willingness to participate and engage increased during the interview process as their awareness grew. Some of them indicated a desire for access to personalized information and support related to preconception health. About this, one participant said:

*"... I would like to receive preconception care, just like my wife. I want to understand what is beneficial and what is detrimental to having a healthy baby..." (P2)*

Also, a participant stated:

*"...I'm happy to do any tests and follow whatever instructions if it helps us have a healthy baby. I want to make sure I'm doing everything right..." (P12)*

#### 4.b. Men's Preference for Couple-based Preconception Care

Participants believed that including both women and men in preconception care offered numerous benefits. They preferred to discuss their concerns, expectations, and personal health histories with a healthcare provider as a couple. They noted that couple-based care fostered shared responsibility for reproductive health and encouraged partners to support one another. Concerning this, one participant said:

*"...If parents receive preconception*

*care together and simultaneously, it will be an effective program that benefits both partners...” (P10)*

One of the participants also remarked:

*“...It had been so much better if my wife and I had gone to sessions together and had gotten ready. It would have been easier, and we could have helped each other to be healthier...” (P3)*

## DISCUSSION

This study explored men's perspectives on preconception care for themselves. A main theme of this study was preconception care for men, an unfelt and unmet need. Many men reported being unaware of the significance of preconception health and its impact on pregnancy outcomes. They also expressed a lack of specialized educational resources and public health awareness programs that address men's preconception health needs. Additionally, participants noted that healthcare providers often lacked training in men's preconception health. Standardized preconception care protocols primarily focus on women, neglecting the roles and needs of men. As a result, men feel discouraged from seeking care due to this systemic bias. Furthermore, men often feel uncomfortable discussing reproductive health issues because of sociocultural norms and beliefs.

The first theme extracted from the qualitative data analysis in this study was the lack of knowledge about preconception care among men. This study found that many men were not aware of how their health could affect pregnancy. A common observation in studies is that men generally have less awareness of their reproductive health, including their health, lifestyle choices, and genetic factors.<sup>24</sup> A recent qualitative focus group study highlights men's limited understanding of their role in promoting positive preconception health.<sup>14</sup> Men view preconception care as primarily a women's concern and consider healthcare mainly in the context of illness.<sup>9, 24</sup> As a result, they often seek medical help only in emergencies,

missing opportunities for early intervention and prevention.<sup>8</sup> This lack of awareness contributes to unplanned pregnancies, preventable birth defects, maternal and infant deaths, and other adverse outcomes linked to inadequate preconception care.<sup>1</sup>

The results identified a limited understanding of the importance of preconception care among men. This was closely related to a limited understanding of men's specific role in preconception care. Many participants overlooked men's important role in conception, viewing preconception care primarily as a woman's responsibility. This perception is reinforced by prevailing cultural norms, traditional gender roles, and societal expectations that frame reproductive health as primarily a woman's domain.<sup>14, 25</sup> Consequently, men often consider fertility and preconception care as “female-led” issues, which frequently results in their exclusion from discussions and decision-making processes related to reproductive health.<sup>15, 26</sup> Furthermore, a lack of access to reliable information resources exacerbates this gap in knowledge. Studies consistently show that men's awareness and engagement in reproductive health vary significantly based on factors such as education and access to trusted information.<sup>9</sup>

Preconception care as a neglected dimension of men's reproductive health emerged as one of the themes in this study. In many cultures, reproductive health is traditionally regarded as the responsibility of women, with men often perceived as playing a secondary role.<sup>27</sup> Research shows that men tend to hesitate in seeking reproductive health services until complications arise.<sup>11, 12</sup> Another finding was a women-focused reproductive healthcare system. Healthcare systems predominantly focus on preconception care for women due to its critical influence on fetal development.<sup>2, 28</sup> However, men's health and behaviors also play a crucial role in fertility, pregnancy outcomes, and the well-being of their children.<sup>3, 8, 29</sup> According to the results, the focus on women's health contributes to the



lack of routine preconception care for men and the absence of a dedicated primary healthcare provider for men's preconception care. A significant gap in specialized preconception care for men exists due to limited funding, research, and targeted interventions. In many healthcare systems, only a few preconception care initiatives actively involve men.<sup>3, 15</sup> Healthcare providers often do not routinely offer preconception counseling to men, partly because of insufficient training and resources. This gap between recognizing the importance of men's preconception care and its implementation in healthcare exacerbates existing knowledge deficits. Evidence highlights the need for provider training, emphasizing that preconception care acceptability depends on the provider's experience, empathy, and communication skills.<sup>12, 13</sup> A qualitative study conducted in Saudi Arabia revealed that a gap in the patient-physician relationship constituted a major barrier to accessing preconception care.<sup>30</sup> Participants reported that a lack of trust in the competence of primary care physicians, feelings of being dismissed or ignored, and limited consultation time in government health centers hindered access to preconception services.<sup>30</sup>

Another theme of this study was the prerequisites for men's preconception care as perceived by men. Participants in the study underscored the essential requirement for preconception health support targeted specifically at men. Consistent with prior research, they identified emotional support from both their spouses and healthcare providers as a pivotal factor influencing men's active involvement in preconception care.<sup>31</sup> Moreover, the participants emphasized the critical importance of ensuring that preconception healthcare services are accessible and financially attainable, preferably through insurance coverage. These findings align with previous studies, indicating that tailored educational programs and comprehensive support systems are vital to overcoming barriers such as cost

and limited-service availability, thereby fostering men's engagement in reproductive health initiatives.<sup>9, 12, 19</sup> Research shows that addressing men's health needs is crucial for reproductive success,<sup>32</sup> yet gaps remain in healthcare systems' recognition and delivery of these services, reflecting a broader societal neglect of men's health. Qualitative studies from various settings such as Indonesia and Europe underscore the need for support and increased public awareness about male fertility and preconception health.<sup>14, 25, 33</sup> However, differences between developed and developing countries suggest that men's reproductive health needs vary by cultural and geographical context.<sup>34, 35</sup> Moreover, in some studies, even well-educated men lacked the awareness or motivation to act on preconception health, indicating that awareness alone may not suffice.<sup>14</sup> These findings highlight the importance of tailored approaches that consider societal context to improve men's engagement in preconception care. Social and cultural acceptance of preconception care is another critical prerequisite for men identified in this study. Research indicates that traditional gender roles, societal attitudes, and the sociocultural context often hinder men's participation in reproductive health.<sup>14</sup> Addressing these barriers involves promoting a cultural shift that encourages male involvement, fosters open discussions about preconception health, and empowers men to take an active role in reproductive care before pregnancy.<sup>11, 26, 36</sup> This shift aims to balance traditional gender roles and enhance men's participation in preconception health.

The final theme of this study was men's willingness to integrate male and female preconception care. Participants emphasized the need to integrate men's preconception care into routine health system practices. They expressed a willingness to participate in reproductive care, especially showing a preference for couple-based preconception care. Research shows that when men are informed and involved, they are generally

more willing to participate alongside their partners.<sup>37</sup> A well-designed preconception program should provide comprehensive counseling to all individuals of reproductive age to promote optimal health before conception. However, men's willingness to engage varies depending on cultural norms and personal beliefs. Traditional perspectives and cultural barriers may hinder collaborative efforts and create reluctance to share healthcare responsibilities.<sup>38</sup> In contrast, more equitable cultures tend to adopt integrated preconception care approaches, highlighting the influence of cultural context on men's attitudes toward joint health practices.<sup>26</sup> In societies with traditional gender roles, such as in Iran, men's involvement is often limited, with concerns about judgment or shame preventing active participation in reproductive care.

The results of this study may lead to improved, customized health interventions and outcomes for men's health. One limitation of this study is that many participants were university-educated, which may reflect the demographic characteristics of the accessible population in an urban setting. Additionally, men with higher education levels may have been more willing to participate in research. This limitation means that the perspectives of men with lower education levels may not be fully represented. Furthermore, contextual factors may have made some men reluctant to share experiences or emotions that they perceived as vulnerable. Additionally, the female gender of the interviewers may have caused the participants to censor their responses.

## CONCLUSION

The importance of men's preconception care is largely unrecognized and unmet within the Iranian healthcare system. Limited understanding, lack of resources, absence of routine preconception care, and lack of trained healthcare providers have resulted in insufficient knowledge and neglect of men's preconception health. Men's preconception needs and

willingness included specific educational programs, enhanced training for providers, the integration of male-focused care, and the social and cultural acceptance of these services. The results of this study can assist policymakers and healthcare regulators in recognizing the importance of preconception care for men and in formulating policies and programs to promote its implementation. This may include the insurance coverage for preconception services, establishment of national guidelines, and allocation of funding for research and development in this area.

## Acknowledgments

This article is extracted from a research project registered with the Student Research Committee, Ahvaz Jundishapur University of Medical Sciences with the code of 02S4. The authors would like to thank all those who participated in the interviews. The authors are also grateful to the Student Research Committee of Ahvaz Jundishapur University of Medical Sciences for financially supporting this study.

## Authors' Contribution

ZY, MJ and AM were responsible for the conceptualization and design of this study. The data collection were conducted by ZY. The data analysis and interpretation were carried out by ZY, MJ and AM. ZY, MJ and AM drafted the initial manuscript. All authors critically reviewed, revised the manuscript, and approved the final version for publication. All authors take responsibility for the integrity of the data and the accuracy of the data analysis. The corresponding author attests that all listed authors meet authorship criteria and that no others meeting the criteria have been omitted.

## Funding Source

This research was financially supported by Student Research Committee, Ahvaz Jundishapur University of Medical Sciences. (Project number: 02S4).

## Conflict of Interest

None declared.

## Declaration on the use of AI

The authors of this manuscript declare that no artificial intelligence (AI) was used during the writing process.

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