

“If I am ready”: an exploration of the constructions of masculinities and reproduction among men in Accra, Ghana

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Introduction

Sexual and reproductive health and rights (SRHR) rests on the imperative of bodily autonomy, freedom of choice, and access to care. Feminist activism and advocacy has pushed for universal SRHR to be incorporated within global health, development, and human rights goals. Acknowledging the interpersonal aspects of sex and reproduction, the 1994 International Conference on Population and Development called for greater interrogation and engagement with “male involvement” (Shand and Marcell 2021). However, limited progress has been made in interrogating the mechanisms that drive men’s SRHR attitudes and behaviours and to meaningfully engage with how these shape the environment, norms, and conditions of sex and reproduction (Basu 1996, Dudgeon and Inhorn 2009).

The majority of programmes and policies that have responded to the need to include men in SRHR have done so through the lens of men “as partners” (Wentzell and Inhorn 2014, Shand and Marcell 2021). This continued to focus fertility and reproduction on the bodies of cis-gendered women (Greene and Biddlecom 2000, Almeling and Waggoner 2013, Wentzell and Inhorn 2014). Crucially, it places the responsibility and burden of SRHR behaviours and health outcomes on these women, while reinforcing historic assumptions that men are neither interested in SRHR, nor of interest to SRHR policymakers, researchers, and health programmers (Watkins 1993, Greene and Biddlecom 2000, Dudgeon and Inhorn 2009, Marsiglio, Lohan et al. 2013).

Yet, men are able to operationalise gendered power dynamics to influence and involve themselves in the SRHR of others. Studies have emphasised the role and influence men have in sexual and reproductive health decisions and outcomes (Hindin 2000, Chikovore, Lindmark et al. 2002, Varga 2003, Malhotra and Schuler 2005, Izugbara, Otsola et al. 2009). Evidence indicates that men exert influence over sexual partners, including in contraceptive use/non-use and fertility decision-making within a sexual partnerships (DeRose and Ezeh 2010, John, Babalola et al. 2015). Men are able to shape the ability for people to access the healthcare they desire – for women and pregnant people seeking abortions, studies emphasise that their sexual partners are crucial in providing the physical and emotional support, information, and resources (e.g., finances) to access care at the facility level (Hindin 2000, Varga 2003, Freeman, Coast et al. 2017, Hook, Miller et al. 2018).

Sex and reproduction occur within social and cultural power structures, which are dominated by men. Rather than fixed, these power structures are fluid and (re)shaped in response to changing pressures and discourses. Frequently, however, these shifts reflect an adaptation, rather than a dismantling, of patriarchy (Connell and Messerschmidt 2005). Studies that report on broader groups of men illustrate that men have an impact on shaping

the normative environment, which determines the acceptability of certain sexual and reproductive behaviours and healthcare (Bird 1996, Lohan, Cruise et al. 2011, Almeling and Waggoner 2013, Lohan 2015).

These interactions and structures define the conditions under which sex and reproduction occur and are therefore critical in shaping the 'supportability' of a pregnancy. The concept of supportability aims to destabilise binary notions of pregnancy intendedness, rather situating pregnancies upon a supportability spectrum within which there might be ongoing shifts towards supportable or unsupported (Macleod 2019). The framework situates pregnancies within their individual, interpersonal, and contextual realities. In order to understand the factors that contribute to pregnancy supportability, it is therefore essential to understand interpersonal and contextual effects, and, importantly, the mechanisms that drive these.

Men, masculinities, and reproduction

This paper utilises the concept masculinities to interrogate the mechanisms that drive men's sexual and reproductive health attitudes and behaviours (Lohan 2007, Marsiglio, Lohan et al. 2013, Lohan 2015, Law 2019). Masculinities are the constructions, expressions, and interactions associated with men within their social context; they are the attributes that contribute to the 'performance' of gender (Butler 1988). Masculine performances are shaped in relation to feminine characteristics and constructed through interactions not just across genders, but also within genders (Connell 2005).

First conceptualised by Connell, masculinities are defined by the hegemonic ideal, which entails "the maintenance of practices that institutionalize men's dominance over women...constructed in relation to women and to subordinate masculinities" (Connell 1987 pp. 185-186). The hegemonic masculine ideal of a context is that which is most embedded in systems and structures of power, i.e., that the person who holds the characteristics and attributes that are most closely aligned to the hegemony has the greatest dividend from the patriarchy (Connell 2005, Law 2019).

However, the hegemony is frequently unobtainable – it might comprise of ideal characteristics that are impossible to hold in reality (Connell and Messerschmidt 2005). Thus, what emerges is a 'dominant' form of masculinity, both proximal to the hegemony and rooted in contextual realities. Masculine ideals are created and gain dominance through the expectations of a social context. These are shaped by the community (Ampofo and Boateng 2011, Ratele 2017) but also through historical and present-day factors; the cultural impact of colonialism, religion, and migration, for example, (re)shape the dominant masculine ideal and associated characteristics (Hanh 2009, Ampofo and Boateng 2011, Tamale 2011, Bhana 2016, Van Klinken 2016, Ratele 2017). This paper seeks to examine this construction of a dominant form of masculinity, and its relationship with sexual and reproductive health.

This article aims to understand how masculinities act as a mechanism for shaping the interpersonal and contextual environments under which a pregnancy occurs and continues. Drawing from an exploratory research project in a study site in Accra, Ghana, we seek to

understand and interrogate how men construct a dominant masculine ideal, whether and how this interlinks with sexual and reproductive health, and the impact that this has on pregnancy supportability.

Study context

Ghana produced its first national population policy in 1969, after gaining independence from British colonial rule (Kwankye and Cofie 2015). Though this policy had little influence on the subject of family planning, it set a precedent within Ghanaian politics for high level population policies (Robinson 2007). These legal changes and family planning policies were linked to concepts of nation building and 'development', as opposed to reproductive rights or gender equality. As such, within the policies there remained assumptions of the centrality of men in reproductive decision-making by positioning them as household heads, and focusing on formal unions (e.g., marriage) (Ashford 2020).

Modern contraceptives are increasingly used in Ghana, which has precipitated a decrease in fertility rates over time, with total fertility rate reducing from 6.4 in 1988 to 4.2 in 2014 (Ghana Statistical Service, Ghana Health Service et al. 2015). Men had a key role in contraceptive use and fertility decline, with studies indicating that men's faster decline in fertility preferences influenced women, where women's did not influence men's (DeRose and Ezeh 2005) and that women report being unable to control their fertility to the extent they desire (DeRose, Dodoo et al. 2002). Similarly, evidence indicates that while men are able to influence women's contraceptive attitudes, the reverse is not true, suggesting the significant power of men within relationships (Ezeh 1993).

Emergency contraception has been available for over two decades, though it is not covered by family planning policies (Finlay and Fox 2013, Jones 2015). Provision of contraception and family planning is dependent on donor funding, with limited budget allocated by the Ministry of Health (Ministry of Health 2015). The volatility of global sexual and reproductive health funding, including the periodic implementation of the Mexico City Policy, impacts the consistency of access (Lebetkin, Orr et al. 2014).

Within the context of reforming reproductive healthcare policies, abortions were decriminalised in 1985 under three exemptions: foetal abnormality; maternal health; rape / incest. The National Reproductive Health Service Policy and Standards was updated in 2003 to include a section on 'Prevention and management of unsafe abortion and post abortion care' (Aniteye and Mayhew 2019). In spite of lobbying from SRHR organisations leading to the development of the 'Standards and Protocols for the Prevention and Management of Unsafe Abortion' in 2006, Ghana Health Service coverage of abortion-related care remains weak (Aniteye and Mayhew 2019). The result is that the financial barriers for abortion, of which there is minimal evidence of costs being regulated (Schwandt, Creanga et al. 2013), are not mitigated by the National Health Insurance Scheme.

Despite abortion being legal in limited circumstances, knowledge of the law remains low: 11% of women knew abortions were legally permitted in the nationally representative 2017 Ghana Maternal Health Service (Ghana Statistical Service, Ghana Health Service et al. 2018). Many pregnant people self-manage their abortions outside of the formal health system,

making estimations of abortion incidence more complex: most recent estimates using five different methodologies for estimations suggest an abortion incidence of 30-61 abortions per 1000 women aged 15-49 years (Keogh, Otupiri et al. 2020). Moreover, the use of pharmaceuticals, toxins, or herbal medicines to self-manage are associated with high health complication and mortality rates (Geelhoed, Nayembil et al. 2002, Aziato, Hindin et al. 2016, Rominski, Lori et al. 2017, Bain, Zweekhorst et al. 2019).

Research has highlighted the important of gender across Ghanaian contexts. Studies emphasise that masculinities are driven not only by men's roles as 'providers', but also by their age and seniority within a community, and their ability to have sex and father children. Colonialism had a significant impact on the construction of masculinities, enforcing the 'provider' model, strengthening a binary between men and women despite cultural pluralities, and ignoring the potential importance of age beyond the transition from child to adult. While studies have explored the relationship between masculinities and sex, this article intends to develop with a novel focus on the role of masculinities in shaping SRHR with a focus on the conditions under which women and pregnant people navigate their reproduction.

Methodology

In order to generate data that could provide both depth and breadth, a multi-method, concurrent research project was designed, utilising a respondent driven sample survey and nested in-depth interviews. Details of the research design and methodologies were outlined in the project protocol (Strong 2021).

Study site and recruitment

Participants were originally intended to be recruited specifically from James Town, an urban area of Accra (for study site selection, see (Strong 2021)). However, the method change from a household survey to a mobile phone survey, in response to COVID-19, meant that maintaining strict geographic boundaries was no feasible. Men's social networks frequently extended to neighbourhoods within the broader Ga Mashie area within which James Town is located, and the multi-sited nature of men's living and working arrangements further undermined the use of distinct geographic boundaries. Therefore, men were included in the study if they had a connection to James Town via social networks or work or lived within the Ga Mashie area.

Data collection

Three researchers (NLL, NKO, NKQ) recruited 'seeds' from men they knew in the community, using the assigned age and ethnicity matrix (see (Strong 2021)). Despite a desired sample size of 789, which used a design effect of 10 to account for the RDS model (Johnston, Chen et al. 2013, Lattof 2018), the final sample size was only able to capture 306 responses, within which 10 were too incomplete to be used. This smaller sample size reduces the ability for the sample to account for the RDS design, and the flexible geographic boundaries further destabilise the original sample size calculations, based on Ghana Statistical Service enumeration area data.

Qualitative interviews were conducted with a nested, purposively sampled group of respondents who had taken part in the survey. Men were selected to gather a range in age, ethnicity, and sexual and reproductive health experienced, as indicated in their survey responses. Men aged over 40 were oversampled, as they were harder to reach due to the survey method changes.

A total of 37 men were interviewed by NKQ and NLL in a language of the respondent's choosing. Interview recordings were translated and transcribed by an external service, with transcriptions in English returned to the team. These were then double checked by NKQ to ensure the translations captured full meanings and, where they didn't, the original language was kept, and a longer translation explanation was written in parentheses.

Outcomes of interest

The quantitative analysis focused on two outcomes of interest: acceptability of pregnancy and acceptability of abortion. Acceptability of pregnancy was measured through the question "Would you be happy if [insert relationship] becomes pregnant now?". Responses were coded as binary for currently acceptable or currently unacceptable. The question was asked in relation to men who reported currently having a partner (n=174) and repeated in relation to each partner for those with multiple partners (n=225). Happiness is taken as a proxy for acceptability, though the two might have different connotations. The decision to use the word 'happiness' was to ensure that it was comprehensive across the languages and produced consistent understanding – tested through cognitive interviews prior to the survey commencing.

Men were asked whether they would hypothetically support a number of different women obtain abortions using a survey matrix (see <https://www.masculinitiesproject.org/> for the survey instrument). These 11 relations were decided through workshops to cover a likely exhaustive list of relationships – familial, intimate, platonic – a man might have (see Table 2). Respondents answers were categorised as "yes", "no", "it depends", "don't know" by the research team (or "did not answer"). A sum score was create to indicate the acceptability of abortion. A response of "don't know", "no", or not answering scored zero. "It depends", which was taken to indicate that men felt an abortion was acceptable under certain conditions, scored "one", whilst "yes", taken as acceptable without conditions, scored two. This allows for the abortion acceptability indicator to be more sensitive to the degrees of acceptability – where the maximum (score = 22) could be seen as unconditionally supportive of abortions while the minimum (score = 0) as consistently anti-abortion.

Explanatory variables

Age groups were created to allow for a reasonable size within each, whilst also reflecting context specific social age groups. As such, 18- and 19-year-olds were made a single group, as the differences between an 18 and a person in their early twenties is likely to be greater than, for example, the differences between men in their thirties.

Men were asked to describe their intimate / sexual relationships in their own words in an open ended question. Responses were then categorised into five variables – married / marriage equivalent; second wife / ‘baby mama’ / committed partnership; intimate / sexual relationship; girlfriend; single / unpartnered. A dummy variable was made to indicate whether men had multiple relationships or not.

Ethnicity was recorded based on contextually relevant ethnic groups (discussed within the research team) and then these were combined where the number of respondents was low – Akan and Asante were combined and remaining ethnicities reported were categorised as ‘Other’. Current educational attainment was recorded based on the Ghanaian education system (Primary, Middle / Junior, Secondary / Technical, Higher Education). Men were asked if they were religious, what religion they belonged to, and if they were currently practicing. Stepwise analysis indicated that the variable “religious” (yes/no) had the greatest explanatory power and thus was chosen for the final models.

A wealth index was created through a Principal Components Analysis, in line with DHS and PSI (Fry K. 2014) recommendations and suggested by Filmer and Pritchett (2001). The variables that formed the wealth index and the PCA results are found in the supplementary materials. Housing materials and water source were recoded to be binary higher quality materials / sources and lower quality materials / sources based on contextual knowledge of the area.

Analysis

Quantitative data were analysed using RStudio Version 1.4.1717. Volz-Heckathorn weights (“RDS-II”) were applied, which used the inverse probability of a respondent being chosen based on their personal network size (Volz and Heckathorn 2008, Selvaraj, Boopathi et al. 2016, Yauck, Moodie et al. 2021). A forward stepwise approach was conducted to determine explanatory variables of interest. Clustering at the recruiter level was accounted for (Yauck, Moodie et al. 2021) and all seeds (n=26) were excluded from analysis as required for RDS (Wejnert, Pham et al. 2012).

Quantitative

Binomial regressions were run for acceptability of pregnancy. This question was only asked to men who reported being in a relationship. The Model 1 only includes men’s ‘primary’ partner (n=174) – the relationship they reported first as their main relationship. Model 2 duplicates rows for men who reported multiple partnership, so as to include the unique attitudes for each relationship. This led to 224 ‘respondents’. Poisson regressions were run for abortion acceptability, with a full sample (excluding seeds) of 270.

Qualitative

Qualitative data were then analysed using an abductive approach on the software Dedoose. (Timmermans and Tavory 2012, Earl Rinehart 2020). Transcripts were read and re-read, and a codebook was created based on these initial readings and informed by the abortion trajectories framework (Coast, Norris et al. 2018) and on emergent themes within the

datasets themselves (Timmermans and Tavory 2012). The codebook and initial coding were also conducted in conjunction with initial quantitative analysis, to explore the ways in which the two sets of data inform one another.

Limitations

The use of mobile-phone technology is, ultimately, exclusionary of any people without access to technology, including men with least resources, or for whom the use of a phone is infeasible, such as d/Deaf or hard of hearing respondents. This was a necessary trade-off in order to ensure that the study was COVID-19 compliant. It has implications for how the research might (re)produce dominant narratives of masculinities by not including the voices and experiences of men who might be marginalised.

It is also not possible to determine the impact that the data collection technologies had on men's responses. The studies rely on self-reporting and, therefore, must acknowledge the impact of social desirability, sensitivity, and bias in men's answers. However, mobile phone methods and the lack of spatial and temporal limitations on the data collection tools (respondents could stop and restart easily or hang up without cause for concern about leaving the interview space), allowed for greater respondent control of the data collection process. Men's answers were detailed and the provision of sensitive information around sex, sexualities, and reproduction suggests that men were largely comfortable talking on the phone.

Reflexivity

This study was conceptualised, funded, and led by a researcher in the Global North, situated in an institution in London. It was important to acknowledge the positionality of JS with regards to conducting a research project in Ghana. The decision to take time on a scoping trip (Strong 2021), in which key stakeholders at sexual and reproductive health institutions and members of the potential study community were engaged, to create a project that would be beneficial to programmers and community members. In addition, the project was conducted in partnership with the local community organisation Act for Change, which led to the creation of the research team with NKQ, NLL and NKO. During the creation of the research instruments, space was made to make these as contextually relevant as possible. Whilst it is difficult to account for the potential power dynamics within the team, this was done collaboratively and where all team members were encouraged to voice their opinion.

It was important to the lead researcher (JS) to confront his own assumptions based on his conditioning growing up and working in the Global North. This meant questioning whether survey and interview questions were relevant, necessary, or potentially culturally problematic and working with the team to address this. Cognitive interviewing with members of nearby community was also done to help iterate and design a more appropriate survey. Due to changes in the research as a result of the pandemic, JS was not able to conduct any primary data collection from the UK. Therefore, the respondents were talking to a research team from their own area. This could result in the potential for 'insider' influence on the responses. However, strict confidentiality, and the use of mobile phones, allowed for more separation between the respondent and the researcher. Moreover, our

interest in normative environments and the construction and presentations of masculinities means that even if respondents provided socially desirable answers, these were useful for our analysis of the expectations and the perceptions of critical concepts.

Results

The majority of the sample were below 30 years old, with 151 respondents aged under 24 (see Table 1). This might reflect the sampling method – using mobile phone technology and relying on personal networks, that might privilege young respondents – however, the age structure in Accra skews younger (Ghana Statistical Service 2014). Most respondents were in at least one relationship and roughly a third (38.5%) were parenting – either their own children or had dependents. Of those in at least one relationship, almost half described having their primary partner as a girlfriend, while a quarter described themselves as married or equivalent. Just over half of respondents were not currently working, though this might be due to definitional understandings of ‘working’, as it most men in the area obtain some form of income or payment in kind from informal or sporadic work.

The majority of the in-depth interview respondents were Ga (27/37), reporting being religious (34/37) and had some form of education. The age range was 18-58, though skewed towards younger ages, similarly to the survey sample. 23 respondents reported some form of work. 31/37 respondents reported being in at least one form of relationship. Just over half (19/37) reported being a parent or carer. Men were asked whether had any children or cared for anyone like a parent, in order to allow men flexibility in defining their position as a parent / guardian / carer. Respondents reported their own children as well as children or younger siblings they cared for.

Interview results are presented with ‘R’ denoting a respondent and ‘IN’ denoting an interviewer. Respondent’s age, relationship status, and number of people they identify as being a father, carer, or guardian to are provided [using the shorthand “children”], as the most relevant personal information for this paper.

Men, masculinities, and sexual and reproductive health

Throughout study interviews, men constructed the idealised (i.e., most desirable) form of masculinity with a significant emphasis on sex, relationships, and fatherhood. Sex was frequently mentioned by men across age groups as something that is not only part of the process of ‘becoming’ a man, but also an outcome of ‘being’ a man.

R: We always say that it is something you can't take away from a man, if you are a man you can't say you can never have sex

18-year-old, currently in a relationship, no children

R: If you are a man you must be able to impregnate someone

26-year-old, currently in a relationship, no children

Within this, reproduction was embedded in dominant masculine notions. Men framed the need to be reproductive – to be having sex and becoming fathers – as both an external (community) and internal (personal and interpersonal) expectation.

*R: That is what I am telling you that life like the problems in work like we know but I see it that if a man impregnates someone and he accepts it, that shows he is a man
58-year-old, currently in a relationship, 7 children*

These quotes illustrate that reproduction and masculinities are deeply interlinked – with sex and reproduction embedded in dominant ideals of masculinities. Moreover, men emphasise that these contribute to their ability to perform their masculinity, ‘showing’ the wider community that they are men.

Readiness

For many respondents, however, being sexually active or a father were not sufficient in achieving masculine ideals. Across different age groups, men were clear that there were ‘acceptable’ and ‘unacceptable’ ways of living. Underlying this was the concept of ‘readiness’. Men described the importance of being ‘ready’ for sex and fatherhood, both in qualitative interviews and in open ended discussions captured during the survey. This notion of readiness was founded on the fulfilment of conditions of manhood such as education, employment, and reaching ‘maturity’ in age, mentally, and physically.

Men most frequently discussed the role of resources in relation to being ready. For men, this was a combination of having work, a place to sleep, and/or the resources to provide for children – e.g., food and school fees. The majority of respondents linked this explicitly to access to finances.

*R: A man must have a good job and also have a place to sleep ... and if you are not working too it makes the child struggle, the child cannot get to the level he/she needs to get, so if the food supplements the child must get at birth cannot be bought
36-year-old, currently in a relationship, 1 child*

R: It is the man that works, the Bible does even teach that the woman shouldn't work, it does teach that man was born to suffer, you see, man was born to suffer and woman was made to feel the pain, you the man must suffer to take care of your wife, for the wife her pains is like getting pregnant, for the man he takes care of the family so he is the head of the family. He goes to work to bring money and then gives to the wife to take care of the children.

57-year-old, currently in a relationship, 5 children

These respondents elaborated on widely reported views across the interviewees. Most respondents focused on the real impact of resource acquisition and access to finances: food, clothing, etc. Some respondents situated this in their broader expectations of gender roles, specifically that women were expected to be ‘carers’ while men should act as ‘providers’. Underlying both of these discourses were how finances and readiness were mechanisms in making sex and reproduction ‘acceptable’, critical in fulfilling masculine expectations.

Men also discussed the importance of provision among their wider family networks. However, one respondent acknowledged that finding stable work was difficult, and thus that men should be able to provide in non-financial ways.

R: Okay. The little I know is that, when we say a man then, one, it is someone who takes responsibilities in his family and if there is a situation and there is no money he tries, or even if someone is not well he can help carry the person to the hospital, it is not only about money. Also, if the person is working and not even married and there is a family contribution too maybe fix the house he contributes, he does what we must do, he plays his part.

33-year-old, currently not in a relationship, 1 child

This quote reflects the instability of the economy in James Town, as well as men's ability to access work. In survey respondents, men also explicitly linked their attitude towards pregnancy with their financial and employment situations. Only 150/270 men reported having any work, indicating the difficulties in wage employment. This financial instability creates a volatile environment, as it undermines men's readiness for sex and fatherhood, which are critical components in their ability to perform their masculinity.

Intertwined with the need to be financial stable and able to access resources was the need for independence, particularly from parents. Men linked certain living conditions, particularly having a 'room' [living unit] of one's own, as a necessary requisite for fatherhood. In order to obtain a room, men need access to finances. However, in addition to this was how masculinity and fatherhood interact with men's wider family. This illustrates the importance of relations and interactions in shaping masculinities – that readiness and manhood are constructed in relation to men's broader social and personal networks.

R: The things he must get before having a child ... He must get cloths and things [Participant used the Ga term "ehew)) nibii" meaning "his personal things"] of sleep before enter into these things but there are some who don't even have a rag but are going to have a child to disturb his parents, he has not even ask for the price of a cloth before he is relying on his parents so he so he thinks he can do anything by following women and when he impregnate someone he brings it to the parents. You get it?

39-year-old, currently in a relationship, 5 children

R: ...but I feel that if you are a man especially and you are not self-reliant, you don't have a good job, you don't have a good place to rely on I think you should be able to control yourself, you should be able to hold on until you get that things

36-year-old, currently in a relationship, 1 child

The second quote in particular highlights the imperative of being ready; the respondent frames his sexuality in terms of control, that without the necessary components constituting 'readiness' a person should not engage in sex or relations. This is particularly interesting

given the essential nature of these latter behaviours in performing dominant masculine ideals.

Notions of being a bad son, one that is a burden to their parents as a result of their sexual encounters, constructs the narrative of the irresponsible man, tied to weak forms of masculinities, and linked to men's conceptions of unsupportable pregnancies. The respondents' negative attitudes towards these men are indicative of the need for independence as a fulfilment of acceptable, valued masculine ideals. Such independence relies on access to capital and resources, to buy "personal things" or rent a room and emphasises that access to resources are among the most critical component of readiness, as financial readiness is a proxy and facilitator for being independent and prepared for fatherhood.

Relationships

Alongside the interactions and relationship between men and their families, the type of intimate/sexual relationship was also an important factor of whether men were 'ready' for fatherhood. Respondents indicated that there were particular women who make acceptable sexual partners, and particular types of relationships.

R: If you are going in for a woman you have to look at the woman, where she comes from, the home she is from, her parents, are they neat people, do they have good behaviour, are they good people, is she well trained, is she educated, she is a good woman she knows how to humble herself for a man and things, then [he] can have sex with her.

27-year-old, currently in a relationship, one child

The respondent constructs the 'ideal' woman, one that complements his notion of the 'ideal' man. This process of identifying some women as 'acceptable' partners was a consideration in whether a man is ready to have sex, again creating boundaries and thresholds to be navigating in attempting to achieve masculine expectations. For other men interviewed, ensuring not only that the woman was right, but also that the relationship with that woman was acceptable, was important.

R: My friends see a good man as someone who is with a woman but would never have sex with her until he marries her, so when he sees him he can say this person is a good man and the other person is not, you understand

28-year-old, currently in a relationship, no children

R: So even though they know it goes on they frown on it and sometimes they advise that even if you want to do it you have to use some form of protection that is, if you are not married and you are not ready for children. But for the young they see it as a necessary evil, like you are not supposed to do it but you have to do it, our emotions call for it and if you have someone you should be doing it with that person so they do it.

40-year-old, currently in a relationship, no children

For men, an 'acceptable' partner, within an 'acceptable' relationship, was integral in being 'ready' for fatherhood. For both of these respondents, that form of relationship was marriage. Whilst the first respondent reiterates how readiness, as defined by relationship type, creates the boundaries of acceptable reproduction, the second respondent points to the complex social and sexual environments that he perceives young people navigate. It is an important example of the complex systems that men navigate, which are not clearly defined, nor fixed. The respondent describes sex as a "necessary evil", that it is part of the "emotions" of being a man. The respondent, therefore, frames sex and reproduction as carrying 'risk', but conceptualised in terms of the social risk for men.

Pregnancy acceptability

The results from the regression analysis of pregnancy acceptability affirms the findings from the interview data. In Model 2 (Table 3), which incorporated men's unique attitudes to each partner they reported, compared to married men, men who were in longterm partnerships or had girlfriends had a decreased log odds of finding an abortion acceptable of -2.39 and -1.90 respectively. Moreover, men who were working had an increased log odds (1.64) of finding a pregnancy acceptable than men who were not working.

While in Model 1 (Table 3), men who were in the low wealth quintile compared to the middle quintile had a lower log odds of finding a pregnancy acceptable, in Model 2 men in the high wealth quintile had a higher log odds than those in the middle quintile. The results might suggest that wealth index is more significant for men who are in the middle three quintiles, but for those men who are on either extreme – the lowest or highest – the impact of wealth on pregnancy acceptability compared to those in the middle was marginal.

Though only age 25-29 had a significant higher log odds than ages 18-19 of finding a pregnancy acceptable, the association was positive for men aged 20-24 and 30-39 compared to 18-19 and negative for men aged 40+. These results were true even when controlling for parenting, but might reflect that men over forty had become fathers if they desired, while some respondents in surveys indicated that their partners were similar ages and neither would want a newborn at their age.

Real and perceived consequences

The inability to fulfil masculine ideals was associated with real and perceived consequences on the way men were viewed by their broader community. Respondents discussed how being unable to fulfil the tenants of readiness not only meant that their desired masculinity was undermined, but that they could face shame, ostracism, and ridicule within their communities.

R: Let's assume that you have to play your part fending for your family and you need finances to do that, so if you can't fend for your family then you become less powerful, you will become a form of mockery to others siting that you are a lazy person and all those things

40-year-old, currently in a relationship, no children

R: Most of the time you only see a woman shouting on the streets of James Town the man cannot fulfil his responsibilities. Someone would give birth with a man and the person cannot pay the child's school fees....

20-year-old, currently not in a relationship, no children

R: What makes someone a good father is that, maybe he has a child with a woman and he is taking care of the child, the child is eating, is being bath and dressed and everything he wants he provides, so no one will say behind your back that look at how [respondents name] child is dirty

28-year-old, currently in a relationship, no children

These interactions between men and their communities were often centred around the notion of good and bad fatherhood. Good fatherhood – where men provided for their family, particularly their children – were posted against bad fathers – where men were unable to take care of their children, or whose children were poorly fed or in low quality clothing. Perceived implications of being a bad father – not having been ready to fulfil idealised notions of fatherhood – include mockery, shouting, and ridicule. On the other hand, men also navigate an environment wherein not having children can lead to accusations of being a 'kojo besia' – roughly translating as a gay/queer man – in an environment where LGBTQ+ people live under increased threat.

R: You see that when you are a man and you are 30 or 35 without a child a child there is a name they call you in Ga and this is it, when they see you they would say this person's kojo besia, this things forces them to do things that are not right,

44-year-old, currently in a relationship, 3 children

In an outlying conversation, one respondent discussed that his ability to provide, which was tied to the volatile fishing industry he worked in, would determine whether his wife reported him to the WAJU (Women and Juvenile Unit – the former name of the current Domestic Violence Victim Support Unit). Though the respondent is unusual for giving such a specific example, his concern over being reported for not providing is well situated in broader concerns of community norms.

R: my wife said she would take me to WAJU and stuff because I don't bring anything home and if I don't bring anything and the children have been sacked from school and I am not going to work and nothing is working for her, so that all of us are home and the kids and that is why she said that if I don't bring money home then she would report me to WAJU you get it?

39-year-old, currently in a relationship, 5 children

Achieving masculine ideals is fraught and complex, men need to be 'ready' for sex, for fatherhood. Unsurprisingly, however, and as part of the process of both 'becoming' and 'being' men, being sexually active was important, enjoyable, fulfilling of "emotions", even if a "necessary evil". Unacceptable pregnancies, the inability to fulfil the expectations of good fatherhood, lead to social derision. Thus, the imperative to make fulfil masculine ideals, particularly good fatherhood, which are contingent on being 'ready', have important

implications for the lives of men. These interpersonal and community-based pressures shape how men respond to reproduction, shaping the conditions under which women navigate their pregnancies. Pregnancy emerges as a potential risk to men's masculinities – an unacceptable pregnancy has the potential to undermine a man's social status and expose his failures at being 'ready' for sex, reproduction, and fatherhood.

Contraception and Emergency Contraception

Given the potential social risk that pregnancy represented to men, some respondents discussed the need to use contraception or emergency contraception. Men rationalised this using the same discourse of 'readiness'.

R: it gets to a point people would start talking to you to do family planning because the economic situation does not allow for so many children, people would be saying what is wrong with you can't you protect yourself and all those kind of things and then if you are of age and you impregnate someone they see it like you know what you are about, at a point you need to father a child and you have done that so you have done well, people might even congratulate you and those kinds of things, so that is how it is seen in Ghana.

40-year-old, currently in a relationship, no children

R: Like if I am not ready to have a child with any woman when we have sex I will go and buy that drug [emergency contraception] for her but if I am ready I wouldn't buy that drug for her

20-year-old, currently in a relationship, no children

The first respondent links contraceptive use with the fulfilment of fatherhood and the need to maintain expectations. Whilst it was important to the respondent that men father children, through linking to financial and economic positions the respondent illustrates that fatherhood is both necessary but also complex, with the potential for men to diminish their status if they continue having children they can't support. The second respondent, a younger man, uses readiness to discuss whether he would use emergency contraception for his partner. In this quote, and common among respondents, there was little acknowledgement of the needs or wishes of the other person – readiness was an expectation men had of themselves.

Abortion

Compared to emergency contraception, far more men discussed the connections between unacceptable pregnancies and abortion. Whilst the project was not focused on contraceptives, emergency contraception and abortion were of equal focus and had their own specific sections within the interview guides. Emergency contraception was not only less known by men in surveys, but also less used, which could contribute to the weight that men placed on abortion during interviews. Readiness not only shaped the acceptability of a pregnancy – or abortion – but was operationalised by men to support or pressure a person into obtaining an abortion.

R: *If it is me that my wife is pregnant I wouldn't let her abort it but for someone if the wife is pregnant he would let her abort it because he is not ready, maybe he doesn't have anywhere for them to sleep so if it is not aborted it would be a burden, that is it.*

IN: *Okay. So what would make a man tell his wife that she should abort a particular pregnancy?*

R: *Maybe he is not ready*

IN: *Okay. In your opinion what makes a man ready to take care of a child?*

R: *Maybe he is having a good job, a job is the issue. If he is working and has money and the wife is pregnant he cannot say go and abort, you see?*

21-year-old, currently in a relationship, no children

IN: *I am saying abortion, what is your opinion on abortion?*

R: *It would depend on when I give birth what the child would eat, if I have money it would determine if I will abort it or not. If you don't work, you can't give birth*

20-year-old, currently in a relationship, no children

In the quote below, the respondent directly links his readiness to be a father with 'forcing' his partner to obtain an abortion.

R: *I am the one who force her to do it because I had made up my mind that.... She got pregnant and I wasn't ready to have a child.*

42-year-old, currently in a relationship, 2 children

For the following respondent, his anti-abortion beliefs meant that he felt he could not have sex, given he was not financially stable and "ready" to be a father. The quote exemplifies the link between readiness and abortion, whilst also highlighting the men consider abortions a mechanism to control reproduction in order to preserve their dominant masculine ideals. Alongside the previous quote, there is also the implication that men considered abortions to be within their decision-making powers – there is no acknowledgement of the desires of the pregnant person.

R: *I was saying that I am not financially stable so I cannot do it so that by mistake I impregnate someone and I can't say the lady should abort the baby, so I am not ready to have sex.*

18-year-old, currently in a relationship, no children

Men also emphasised how the type of relationship shaped their attitude towards abortion. Relations or sexual encounters that were less socially acceptable – where a possible pregnancy was considered unsupportable – were often described by men as a core underlying reason to support – and pressure – for a person to obtain an abortion.

R: *They see abortion as something to do when the man does not take responsibility, because when that happens the responsibility shifts to the woman and you would take care of the woman? So that causes that but if the man takes responsibility and want to take care of the pregnancy and also make the lady her wife there is no need for an abortion.*

42-year-old, currently not in a relationship, 1 child

R: There are days you feel for sex and desire to have sex and maybe the woman you desire is also not ready so when you meet some on the street you have to satisfy your desire first but if that happens and you impregnate the lady you must tell the lady to go and abort the child

55-year-old, currently in a relationship, 4 children

The first extract indicates how an abortion would not be considered necessary by the respondent if the man were to assume 'responsibility', which includes expectations of marriage as part of the process of responsibility. The second emphasises the importance of relationality by explicitly linking the necessity of an abortion to the nature of the sexual encounter. The emphatic language used is indicative of the attitude men had and of their belief in their right to involvement in pregnancy or abortion decisions. If the pregnancy is with someone either less known to a man, or who is not the person the man wishes to have a relationship with, it is unsupportable.

Of the survey respondents, most (229 / 270) of men who indicated that they would not support an abortion with their current partner (or hypothetical partner) (data not shown). Of those in multiple relationships (n= 37), 19 had a consistent view across different partner types, while 18 had different abortion attitudes depending on which partner they referred to. All men, regardless of relationship status, were then asked whether they would support a number of different relations of women obtain an abortion in the survey (see Table 2 for categories, decided in conjunction with team and local knowledge of common relationship types). 162 men reported that they would find an abortion unacceptable regardless of the type of relationship they were asked about, while 112 men answering that it depends, or that they would support an abortion for at least one relationship type. Only one man answered that he would support an abortion for any relation of person. Abortions were most overtly acceptable for second wives, girlfriends, and schoolgirls, while they were least overtly acceptable for other relatives (daughters, sister-in-law, wives) (see Table 2).

Some men provided further details to their responses, which were captured by the research team. These outlined the distinctions between why men would/n't support different people obtaining an abortion. For sisters and sister-in-laws, men responded that they felt that it was not their place to support, instead implying that it was the partner / husband who should be involved, while for schoolgirls and daughters, men considered the prospects of finishing school in their decision making. Men responded that sex workers should not be supported; in the survey, one man stated "this is her work and she should not get pregnant", while others reported that she used contraceptives, and that they felt the decision was complex if it was unclear who the father was.

A facet of masculinities that emerged during discussions of abortion was the role of men as protectors of women's health. Respondents discussed being concerned that abortions would impact a person's future fertility and used such rhetoric to justify preventing a person seeking an abortion.

R: It is when they are not ready that is when they abort. The abortion they see it like I was careless, and it happened so let me get rid of it, they don't see the side effect of abortion, health wise it weakens you the woman, it reduces your strength more than giving birth because the pain you go through to abort it's too much but they don't see it that way

45-year-old, currently in a relationship, 2 children

R: If you are even my child and you are not matured, I wouldn't tell you to abort it, I don't know how any children are in your womb so if you go and abort and you are not having a child anymore what will we do?

44-year-old, currently in a relationship, 2 children

These extracts do, however, link the men's roles as protectors with the importance of the relationship they have with a person. The quotes emphasise that the threat of damage to future fertility is as much about *who* the person is, in relation to a man, as much as broader concerns for a person's health. A number of respondents expressed concerns over the safety of abortion, or narrated abortion related morbidity or mortality of someone in the community, as reasons to not support abortions, regardless of their own personal experiences of support. The second respondent's fear specifically related to the future ability for him and his partner to parent. Abortions as a threat to future fertility link to the requirements of fatherhood in constructions of masculinity within the context and by respondents themselves.

Abortion acceptability

Model 3 (Table 3) reports the regression results for abortion acceptability. The results on relationships are significant – men who had multiple relationships had an associated increase of reporting positive abortion attitudes of 1.30 compared to men not in multiple relationships. Men who had longterm partners, girlfriends, or intimate/sexual partners had higher log odds of finding abortions acceptable than those who were married. These results are the inverse of Models 1 and 2 (Table 3), which suggests that men who find pregnancies less acceptable are more likely to support abortions. It emphasises the significance of relationship type and reproduction among men.

The results for age categories are illuminating of the role that increased age has with abortion attitudes. Compared to 18-19, all other age categories had an increased log odds of supporting abortions, though this was significant for 20-24 year olds and 40+. For the latter, the log odds increase was over double that of any other groups. This might reflect that older men have longer exposure to pregnancies and abortions – it corroborates that older men in qualitative interviews shared more personal abortion stories and included justification of why, throughout their reproductive lives, they did or didn't support abortions. By contrast, younger men's interviews were less routed in life experience and more in hypothetical and perceived circumstances.

R: That is what I have said that maybe the children I have is enough or maybe there is a problem at home and I would face problems so I would tell her to let us abort the baby.

43-year-old, currently in a relationship, 3 children

IN: So now when your girlfriend wants to have an abortion would you support her?

R: Yes, now I would support her

IN: But in the past you wouldn't have

R: If I grow a bit I wouldn't support her

18-year-old, currently in a relationship, no children

These two respondents exemplify the impacts of lived experiences among older respondents versus younger respondents. The first respondent draws on experience to discuss why abortions are sometimes acceptable, whilst the younger respondent indicates that while he might support an abortion now, he considered abortions unacceptable once he is older. It links to notions of readiness among young men and their expectations on what a future relationship should look like.

Less clear are the wealth-based results. Compared to men in the middle wealth quintile, men in all other wealth quintiles had a lower log odds of supporting abortions, with those in the lowest, low, and high quintiles being significant. There is less evidence to suggest why there would be these significant differences, while there was no significant difference between those who were working and those not working.

Discussion

By drawing on a broad sample of men, not limiting by sexual or reproductive experiences, this research is able to provide important insights into both the person and the idealised, publicly acceptable constructions of sex and reproduction. Their perceptions and expectations illustrate the normative environments that men construct, within which women and pregnant people must navigate their own sexual and reproductive lives.

Sex, reproduction, and fatherhood were essential components in the process of becoming men and achieving the attributes that formed the dominant ideal of masculinity. The importance of men's (hetero)sexuality in their ability to fulfil these ideal builds on existing evidence of men in Ghana, in which being sexually active and able to father was essential (Ampofo and Boateng 2011, Fiaveh 2020). However, this process was not linear, but nuanced and complex. Men expected themselves and other men to be sexually active, to avoid stigma or ostracism both from their peers and the community. However, the nature of these sexual interactions and the type of relationship with their sexual partner(s) was extremely important. Throughout interviews, men emphasised that especially when young, sex and reproduction were decoupled, and the risk of pregnancy was a considerable concern.

In highlighting the continued process of becoming a man respondents emphasised that manhood extended beyond markers such as puberty (Cole, Manuh et al. 2007), which challenges assumptions that 'adult' men can be understood as one homogenous group. This

study pushed into the mechanisms underlying this, suggesting that as well as the importance of seniority and elder status, older ages were associated with being 'ready' for fatherhood.

Pregnancy supportability among men was defined by the concept of 'readiness', which comprised of personal and interpersonal factors. Readiness was conditioned on the need for men to be mature, responsible, able to provide care or be seen to be striving to provide care, as well as in the context of a sanctioned form of partnering. Readiness was linked in particular to men's access to resources and capital, the need for which was driven by the value placed on men who could provide care for children and their family more generally.

Men indicated that these expectations of being a provider were not only constructed by and between men but also by partners and the broader community. Evidence indicates that these roles of men as providers and women as child carers are similarly constructed amongst women (Ganle, Dery et al. 2016). Constructing their masculinities against expectations of femininities, of women as caregivers, aligns to Connell's theorisation that masculinities are relational not only to other masculinities, but also to notions of femininities, and that these are often rendered oppositional (Connell 2005).

Among the sample, however, were the differences between idealised notions of masculinities and femininities and realities. This was exemplified by older men, fathers, and men who had previously supported abortions, who provided more nuance in their attitudes towards abortion, compared to younger men, who had stronger notions of their expectations of reproduction, once they were ready. This is particularly interesting, as it challenges assumptions that younger people have more 'progressive' views towards abortion. Similar evidence from Northern Ghana found that men were willing to support partners for their health and the health and wellbeing of existing children, while both young and old respondents had different reasons and varied in support depending on the relation of the person seeking an abortion (Marlow, Awal et al. 2019). This study could not uncover the full complexities and mechanisms that might explain these differences further, for example whether these are driven by cohort effects, gained through lived experience, or a combination.

Men's constructions of masculinities were deeply embedded in the colonial constructs that were enforced by the British and other European cultural systems. Corroborating findings in other areas in Ghana, men's constructions of masculinities were dependent on the fulfilment of their 'breadwinner' role (Ganle, Dery et al. 2016, Dery and Apusigah 2020). This is a particularly fraught ideal (Pasura and Christou 2017) – economic systems within James Town and Accra more broadly include and involve women (Atobrah and Ampofo 2016). Many men in the sample did not report a form of work, and thus their emphasis on finances as integral to their masculinities and being ready suggests a particular jeopardy when faced with economic realities. Their masculinities are rendered vulnerable by continued economic conditions that destabilise access to capital and resources, including global capitalist adjustment programmes (Pasura and Christou 2017).

The relationship between men and the people around them was essential in the constructions of their masculinities. Notions of acceptable sexual partnerships were deeply

intertwined in men's conception of pregnancy supportability. For men who had previously supported abortions, or decided not to, the relation of the person was an integral component of their shifting attitude towards the pregnancy and subsequent abortion. This has important implications for understanding the ways in which relationality impacts the abortion trajectory of a person, and, therefore, the importance of understanding the relational constructions of masculinities in a context. The mechanisms that impact men's involvement in abortions are not static or consistent, and it is essential that the notion of men 'as partners' be destabilised to account for the myriad relations between people that create different conditions under which a pregnancy or abortion can occur.

Men who were unable to fulfil norms of acceptable pregnancy and fatherhood were devalued in their community, considered less powerful, which emphasises the real outcomes of (non)fulfilment of dominant masculine ideals. The concept of readiness among men as impacting pregnancy and abortion supportability has been identified in research on abortion trajectories in Burkina Faso (Ouedraogo, Senderowicz et al. 2020) and postponement of pregnancy in Nigeria (Smith 2020). Interrogating the construction of readiness is important in understanding the mechanisms that drive men's support, or lack thereof, towards a pregnancy or abortion.

Conclusion

Masculinities are a critical mechanism underlying men's constructions of pregnancy supportability. Critically, this research illustrates the potentially significant impact that unsupported pregnancies can have on threatening constructions of readiness among men. This has critical implications for women and pregnant people, as their pregnancies and reproductive bodies can threaten to expose masculinities made vulnerable. In response to this, men sought to control reproduction, including non-/consensually involving themselves in abortion decision-making – both in support of obtaining care or attempting to deny it.

This research emphasises the urgent need to grapple with masculinities in sexual and reproductive healthcare. The lack of engagement and interrogation of masculinities serves to continue the replication of policies and programmes that individualises women and pregnant people but ignores the contextual gendered systems and structures that they must navigate. It renders the realities that women and pregnant people face when attempting to exercise free and autonomous reproductive decision-making. Men's desires to control and dominate reproduction contributes to our understanding of the context that shapes the decisions women and pregnant people make for if, when, and how they obtain abortion care.

The findings in this study are rooted in their contextual environment, but this research has broad implications for work on reproduction and abortion beyond the study site. More research on the mechanisms within which masculinities impact the sexual and reproductive healthcare of men but the broader population more generally, particularly people who can become pregnant, is essential. This includes involving men in the sampling frame beyond simply the husbands or sexual partners of women or pregnant people and acknowledging and accounting for the pluralities of relations that shape and define attitudes and behaviours, creating research tools that avoid assuming static sexual and reproductive lives.

Policy and programming must move beyond men as partners towards understanding that men have a critical impact on shaping the normative environments, which are hugely influential on access to care and exercising of rights.

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Tables and Models

Table 1

Characteristics of sample excluding surveys that weren't completed, including seeds (n=296)

Characteristic	N
Number of seeds	26
Smaller age groups	
18-19	43
20-24	108
25-29	69
30-39	33
40+	43
Education	
Primary	23
Middle	90
Senior	144
Higher	39
Working	
No	132
Yes	164
Relationship	
No	94
Yes	200
Don't know/DNA	2
Type	
Married /wife	56
Second wife / Longterm partner / Fiancé	28
Intimate / sexual partners	17
Girlfriend	98
DNA	1

Multiple relationships

No	252
Yes	42
DNA	2

Wealth index

Lowest	42
Low	69
Middle	84
Higher	76
Highest	25

Religious

Yes	273
No	22
DNA	1

Parenting

Yes	114
No	182

Table 2

Survey responses to whether the respondent would support the following obtain an abortion

	Yes	No	It Depends	Don't know	DNA
Wife	9	230	30	0	1
Second wife	29	209	28	3	1
Girlfriend	26	213	25	24	2
Sister	10	225	32	2	1
Sister-in-Law	9	239	19	2	1
Daughter	9	231	28	1	1
Other Relative	6	241	22	0	1
Friend	14	231	21	2	2
School Girl	27	218	23	1	1
Sex Worker	14	243	7	5	1
Colleague	13	239	15	1	2

Table 3

Regression results for pregnancy acceptability and abortion acceptability

Variable	Pregnancy Acceptability				Abortion Acceptability	
	Binomial Primary Partner		All Partners		Poisson	
	Coef	Sig	Coef	Sig	Coef	Sig
Intercept	-0.14		-0.43		-0.54	
Age						
18-19	REF		REF		REF	
20-24	1.38		1.25		0.95	*
25-29	2.07	*	1.78	*	0.74	
30-39	2.03		1.08		0.73	
40+	-1.66		-2.22		1.97	***
Ethnicity						
Ga	REF		REF		REF	
Akan	-0.08		-0.42		-0.39	
Ewe	-0.74		-1.05		-0.37	
Fante	-1.59		-1.88	*	0.00	
Other	1.37		0.80		-0.53	
Religious						
No	REF		REF		REF	
Yes	0.55		-0.17		-0.72	
Parenting						
No	REF		REF		REF	
Yes	0.06		0.62		0.05	
Multiple Relationships						
No	REF		REF		REF	
Yes	1.21		--		1.30	***
Relationship Type						
Married	REF		REF		REF	
Second wife / Longterm partner / Fiancé	-2.09	*	-2.39	**	1.63	**

Intimate / Sexual Partners	-0.13		-0.79		1.37	*
Girlfriend	-1.57		-1.90	**	1.01	*
Single	--		--		0.30	
Wealth index						
Lowest	-0.05		0.06		-1.46	**
Low	-1.99	*	-0.99		-0.86	**
Middle	REF		REF		REF	
High	0.17		1.40	*	-0.87	*
Highest	-1.18		-0.78		-0.37	
Working						
No	REF		REF		REF	
Yes	1.32	*	1.64	**	0.57	
Education						
Primary	0.22		0.67		-0.04	
Middle	REF		REF		REF	
Secondary	-0.43		0.34		0.21	
Higher	-3.63	**	-2.61	*	0.64	

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