1.1. Background

Sexual and reproductive health and rights (SRHR) are intertwined with gendered practices that can impact the capacity of a person to exercise their rights to use and not use contraception [1, 2]. They can also impact decisions that affect their health and wellbeing. Understanding the manifestation of these practices is increasingly recognised as critical for universal SRHR.

Demographic research has highlighted the important role of interactions between men and women on decisions around fertility and contraceptive non-/use [3, 4]. These studies have highlighted that within couple units, interpersonal – and personal – decisions are consistently more impacted by men than by women. This includes not only decisions around whether to use contraception, but also normative expectations that the outcomes of these decisions will be realised by women, creating unequal, gendered burdens of responsibility for pregnancy prevention [5].

Much research has centred on dyadic couple units, reflecting the focus of harmonised and standardised quantitative survey data. However, gendered practices are also shaped by community and contextual gendered norms around sexual and reproductive health, which influence a person's behaviour and freedoms. In this paper, we interrogate the ways in which gendered practices manifest in decisions around contraceptive use and reproduction, using a rich qualitative data set from four sub-Saharan African countries. We focus on uncovering the ways in which gendered practices shape the conditions that people navigate in their sexual and reproductive lives and are implicated in their sexual and reproductive health, rights, and freedoms.

1.2. Analytic framework

To interrogate the role of gender in shaping the sexual and reproductive lives of people we link two complementary analytic lenses: Reproductive Justice and hegemonic masculinities. Reproductive Justice – conceptualised by Black feminist scholars and activists in the US – locates reproduction within conditions of injustice that shape the rights to: have children; not have children; and parent in safe and sustainable environments [6]. As an analytic tool, it requires locating and examining intersecting pillars of inequality, injustice, and oppression.

Facilitating our analysis of the role of gender as a key pillar of reproductive injustice, we utilise Connell's theory of hegemonic masculinities, which explicates how gendered configurations of practice – e.g., masculinities and femininities – are hierarchically ordered in relation to one another [7]. We use this theory to understand how gendered practices are constructed, centring the importance of both interpersonal interactions as well as those between people and the economic, social, and political institutions, systems, and structures within which they live their gendered lives.

Operationalising these two lenses allows for an interrogation of how and in what ways gendered practices are configured between and among different populations, to understand the impact this has on creating conditions and environments that enable or limit a person's sexual and reproductive rights and freedoms. This provides needed insight on the role of gender within sex and reproduction.

2.1. Methods

This is a secondary analysis of qualitative data from the "Re-examining Traditional Method Use" project (TEAM-UP Study). The study sought to better measure the prevalence of 'traditional' methods of contraception and understand women's and men's motivations for using these. Mixed-method (quantitative and qualitative) data were collected in four phases from 2021-2023 in urban and rural sites in four sub-Saharan African countries: Demographic Republic of Congo (DRC), Ghana, Kenya, and Nigeria.

Data collection was conducted by the African Institute for Development Policy (AFIDEP), with partners in the three other countries, who led the research in their respective locations were the University of Kinshasa (UNIKIN) and the Population and Health Research Institute (PHERI) in DRC; the Regional Institute for Population Studies (RIPS) at the University of Ghana; Akena Associates and the College of Medicine at the University of Ibadan in Nigeria

2.2. Data and Analysis

This paper analyses qualitative exploratory pilot and study data generated from two phases of the TEAM-UP data collection. The pilot data, comprising focus group discussions (FDGs) and key-informant interviews (KIIs), complement the in-depth interviews (IDIs) conducted during the main data collection period (see sample sizes in Table 1). Interviews were conducted in English and languages specific to each site (French, Lingala, Swahili, Kikongo, and Tshiluba in DRC; Ga, Twi, and Ewe in Ghana; Swahili and Kamba in Kenya; and Hausa, and Yoruba in Nigeria).

Table 1: TEAM-UP qualitative data sample sizes, by country.

Country	Pilot Sample	Main study sample IDIs
DRC	12 FGD; 19 KII	73 women, 20 men
Ghana	14 FGD; 22 KII	110 women; 44 men
Kenya	16 FGD; 20 KII	77 women; 34 men
Nigeria	12 FGD; 20 KII	77 women; 34 men

We used framework analysis for all qualitative data. The framework was designed by JS and EC tested during an in-person workshop (EC, JS, ND, NA) and through subsequent virtual conversations with the entire authorship team. Transcripts were then split among the team, with JS, EC, JC, FO, and AN conducting the analysis. The framework was designed to capture gendered behaviours and norms, as well as the gendered interactions that men had with other men and women, and women had with other women and men.

2.3. Ethics

In each of the study countries, ethical approvals were sought from appropriate authorities, and granted as follows: In the DRC, the National Ethical Committee approved the research (decision No.259/CNES/BN/PMMF/2021 du 1 er /06/2021). In Ghana, the University of Ghana Ethics Committee for the Humanities approved the study (approval # ECH 131/ 20-21). In Kenya, the AMREF Ethics and Scientific Review Committee (Ref #: AMREF– ESRC P 1299-2022) and the National Commission for Science, Technology and Innovation (License #: NACOSTI/P/22/19360) both provided clearance, whilst in Nigeria, the National Health Research Ethics Committee of Nigeria provided ethical approval (Approval #: NHREC/01/01/2007-15/03/2021).

3.1. Results

Key themes have been constructed by the author team based on an initial analysis of a subset of the data, taken from each of the four countries and from men and women.

3.2. Impact of gendered care and parenting practices on sexual and reproductive freedoms

Meta-norms – those that occur across contexts – relating to gendered practices around parenting were structured such that women were expected to care for children and family members, while men provided economic support. These configurations of practice were deeply implicated in people's freedoms to use – or not use – contraception. For example, men across contexts described operationalising gendered privileges tied to their access to economic institutions to shape interpersonal decisions around contraception:

> *R: Based on obvious reasons final decision-making [for delaying or avoiding pregnancy] lies on the man.*
> *I: What reasons?*
> *R: Income.* – ***Man, Mombasa, Kenya***

Economic institutions both conferred privilege and power to men, but were also sites of tension, particularly given volatile labour markets and access to incomes. Being unable to meet gendered expectations of financial support curtailed men's own reproductive freedoms, and led them to influence or make decisions about their partner's contraceptive use:

> *R: But maybe, or your husband will consult you for instance he goes like, "Oh, sister because I don't have a job or I don't have money if we give birth to plenty children our children will suffer, we need to space our births so go for a family planning method to help us".* – ***Man, Greater Accra, Ghana***

3.3. Operationalisation of gendered 'responsibility'

For some men, economic privilege was the foundation from which they enacted control over their partner via contraceptive use or decisions:

> *R: It's me, because I'm the only one looking for money, so my wife doesn't have the right to calculate* [her safe days]*, it's my responsibility.* – ***Man, Kinshasa, DRC***

This response, including the 'right' of a man to calculate his wife's safe days using the calendar method of contraception, highlights the importance of locating gendered power dynamics within (mainly economic) systems

that privilege men over women. This includes men giving advice to other men that it was necessary to be aware of contraceptive methods, to navigate their responsibility to their family:

> *For a boy or a man in general, it's the same advice I'd give. We mustn't forget that it's the man who takes all the burden of the family. If you have lots of children, you add to the burden. You have to know how to plan family life. -* ***Man, Kinshasa, DRC***

For women, the 'responsibility' of contraceptive use was linked to navigating the conditions created by their partner. Unlike men, for whom responsibility was assumed in the context of control and domination, for women, responsibility was folded into gendered practices of care for children and managing perceived failure of a partner to meet their gendered role:

> *The reason is that your husband is not responsible enough to cater the needs of the family. So it's upon the woman that struggles and feed the children, or takes the children to school, so it hits her and she says these responsibilities are many, I need to do something I need to space my children, so that she can get to recover giving birth –* ***Woman, Mombasa, Kenya***

> *I'd advise women to protect themselves, protecting themselves is very important, especially so they don't get pregnant by an irresponsible partner who won't be a source of suffering for them -* ***Woman, Kinshasa, DRC***

3.4. Navigating gendered sexualities

Decisions around contraception were predicated on navigating expectations of sex from their husband and the role of the institution of marriage:

> *Always when you are married, when your husband wants to have sex with you, you can't deny him saying that you are using safe days. So, sometime back before these other family methods came in, they were using condoms to avoid getting pregnant. But right now because there are various methods of family planning, they use injectables for three months and implants which last for a period of three years, they use such to delay or avoid getting pregnant, that is if you are married –* ***Woman, Mombasa, Kenya***

Necessary in this response is a consideration of the gendered configurations of sex and sexuality, the capacity to deny sex within marital (or other) relationships, and the role of contraception not simply as a means of preventing pregnancy, but also as a means of navigating gendered sexual behaviours and expectations. The framing of men as having a higher desire for sex than women was reflected across contexts and respondents:

> *A man, men […] some cannot really control themselves [with regards to sex], so I will advise him that his wife should go for a family planning -* ***Woman, Lagos, Nigeria***

3.5. Gendered practices and withdrawal as contraception

Across interviews, withdrawal was discussed in a multitude of ways that highlighted the intricate and nested role of gender within discussions and perceptions. In IDIs in Adamawa, Nigeria, for example, withdrawal was often framed as a compromise discussed between partners to facilitate avoidance of hormonal methods. In other interviews, withdrawal intersected with gendered notions of sex. This included issues around pleasure and men's decisions to not withdraw:

> *R: He can be stubborn and not release* [withdraw] *on time and that can result in pregnancy [...] the man can sometimes forget to withdraw.*
> *I: What kind of pleasure will allow a man forget to ejaculate?* (Laughter)
> *R: It usually happens* ***– Woman, Greater Accra, Ghana***

The above interaction between respondent (R) and interviewer (I) highlights the role of pleasure in shaping and potentially undermining decisions to use withdrawal as a method of contraception. Yet, men discussed that withdrawal was sometimes a source of conflict with partners:

> *…you can only do that* [withdrawal] *before she gets a grip of it... if you persist, the next time you try that she will clench tight on you before you withdraw. You would have opened the Pandora's box... possible family*

conflict… she will be rattled and will question your motives… you will be tagged with emasculating label – ***Man, Mombasa, Kenya***

The explicit connection above to the use of withdrawal with potential emasculation illustrates the complex gendered practices that manifest in decisions around contraception. Here, the emasculation occurs through being 'tagged' in public ways, highlighting the role of community interactions in shaping gendered practices.

3.6. Reformation and resistance of gendered practices

Respondents – particularly men – discussed the role of making decisions around reproduction jointly. In these instances, the rationale remained rooted in gendered expectations – that because men provide financially and women provide childcare, the decision should be joint. Women took resistance to gendered practices further. As well as using contraception as resistance, others were explicit in challenging men's dominance:

Yes, they should be open to setting their partners free and let them do as they wish and what suits them. Men do not understand what women go through, so he should be free with this partner and come to an understanding. He shouldn't be controlling and wanting to be the final decision maker just because he is the man… **– Woman, Mombasa, Kenya**

4.0. Conclusion and next steps

Our qualitative analysis demonstrates the manifestations and enactment of gendered configurations of practice among and between men and women, and the ways these shape their approaches to contraception and their sexual and reproductive lives and freedoms. Existing research highlights that men are able to influence their partners' contraceptive use and fertility. By using theoretically informed analyses of qualitative data that go beyond the interpersonal to include normative expectations and behaviours, this qualitative data also highlights the significant role of economic institutions and systems in facilitating gendered dominance within decision-making. It also uncovers the important – and often overlooked – role of sexuality, sex, and pleasure within reproductive decisions, and the ways in which particularly women's freedoms to use or not use contraceptives are constrained by their navigation of social gendered practices. Uncovering the gendered configurations of practice that shape the conditions of a person's contraceptive decision making is critical for making visible the injustices people experience, navigate and resist in their sexual and reproductive life.

The next stage of analysis will be to test these themes with the remaining data, including examination of cross-contextual and urban-rural differences, as well as interrogating how discussions of gender manifested across data collection types (FDGs, IDIs, KIIs) and respondent gender.

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