



# “Even when you write with a pencil there is an eraser to clean it”: Examining men’s conceptualisations of and involvement in emergency contraceptive use in Accra, Ghana

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## ABSTRACT

Emergency contraceptive pills are an essential and unique post-coital method to avoid a pregnancy, with evidence showing the significant role men can have in procurement and decisions to use. Global Health recommendations specify that emergency contraceptive pills be used sparingly and under specific conditions. This increasingly misaligns with the myriad conceptualisations and rationales among the public for why they choose to use emergency contraceptive pills. There has been a paucity of research aiming to understanding men’s involvement and how they shape women’s access, choice, and autonomy.

This study interrogates how emergency contraceptive pills are conceptualised by men in James Town, Ghana, and how this intersects with their motivations to be involved in its use. Mixed method data from a survey ( $n = 270$ ) and in-depth interviews ( $n = 37$ ) were collected between July 2020 and January 2021. The analysis examines men’s framings of emergency contraceptive pills and how these shape their involvement in its use.

Men’s knowledge of post-coital contraceptives was high, while knowledge of the specific term ‘emergency contraception’ was lower. While some men understood the pills in ways that aligned to Global Health framings, many more men saw emergency contraceptive pills as another means of pregnancy prevention in line with other contraceptives. This included its conceptualisation as a contraceptive that facilitates pleasurable (condomless) and spontaneous sex. Gendered perceptions of women who use emergency contraceptive pills were bound in sexual stigma, and men indicated that emergency contraceptive pills were a directly observable form of contraception that they could pressure their partner into using. Understanding plural conceptualisations away from ‘emergency’ are necessary to create policies and programmes that account for men’s involvement. This includes understanding how emergency contraceptive pills are located within people’s sexual and reproductive lives and gendered power dynamics, to reflect the public’s own rationales for and experiences using post-coital contraceptives.

## 1. Introduction

Emergency contraceptive pills (ECPs) – most commonly medication that can be taken up to 72 h post coitus – is the only post-coital form of contraception that individuals can self-administer (Palermo et al., 2014). Understanding how men’s involvement influences women’s ability, choice, and autonomy to use ECPs provides evidence to inform global and national level ECP policy and provision and ultimately progress towards universal sexual and reproductive health and rights (SRHR) (Starrs et al., 2018). This conceptualisation of SRHR includes the recognition of not only disease in ‘health’ but also notions of relationships, trust, communication, wellbeing, and autonomous and free

informed choice around sex, sexuality, relationships, and related care (including contraceptives). Men’s conceptualisations of and involvement in purchasing emergency contraceptive pills intersects across these components of universal SRHR. However, there is a dearth of critical research on men’s involvement in ECP use.

The term “emergency contraception” was developed after research suggested that the phrases ‘post-coital contraception’ and ‘morning-after pill’ were resulting in provider and user confusion (Reader, 1991). This evidence, gathered in the early 1990s, explicitly framed ECPs as a mechanism to reduce the number of abortions (Burton and Savage, 1990). “Emergency contraception” (EC) became adopted into international and national health policies and guidelines. The justification for

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this language was outlined in the WHO's 1998 *Emergency Contraception: A Guide for Service Delivery*, which argued that "[alternative] terms do not convey the important message that emergency contraceptive pills should not be used regularly because they are intended for "emergency" use only" (World Health Organization, 1998, p. 19). Within this Global Health frame, EC is recommended as only for use under specific, unplanned for circumstances, which constitute how an "emergency" is defined: contraceptive non-use, contraceptive failure, and sexual assault where contraception was not used (World Health Organization, 1998, Hobstetter et al., 2015). Thus, what distinguishes ECPs from other contraceptives – the 'emergency' – can be understood as an unplanned incident of at least one of three specific circumstances that revolve around contraceptive failure or non-use.

Recent studies of ECPs with women have suggested the Global Health framing of ECPs is not necessarily aligned to behaviours, with an increasing number of women having used ECPs and incorporating it into their regular contraceptive mix (Engle et al., 2011; Abiodun, 2016, Black et al., 2016; Han et al., 2016; Barbosa et al., 2021; Milkowski et al., 2021). Women report preferring ECPs because of more acceptable side effects than those experienced using other contraceptives (Engle et al., 2011), and the ability to hide taking it from a partner (Rokicki and Merten, 2018). A study of the features of contraception most important to women in the US found that ECPs were notable for their ease of use, accessibility, and effectiveness, compared with some other non-emergency contraceptives (Lessard et al., 2012). Evidence highlights how other terminology has remained salient among the public, for example 'morning-after pill' or 'Plan B' in the United States (Johnson et al., 2010).

The evidence highlights a disconnect between how Global Health frames acceptable ECP use and women's own preferences and behaviours. Discussions around how best to align Global Health rhetoric with public behaviour have occurred with regards to other components of sexual and reproductive health and rights. For example, there is debate over whether 'family planning' or 'contraception' is a better term for capturing the realities of contraceptive decision-making (Rodríguez et al., 2014a, b; Trinitapoli et al., 2014). The Global Health framing of when and why to use medical abortions – linked to notions of abortions needing to be 'rare' (Weitz, 2010) – misalign with women's own rationales for when and why to use medical abortion (Alam et al., 2020). There is increased awareness of the importance of recognising the relational nature of sexual and reproductive health (e.g., the role of partners, friends, parents) (Strong et al., 2022), and the need for Global Health discourse and framing to reflect this reality (Trinitapoli et al., 2014).

Interrogating the evidence of the relational nature of ECPs highlights the sometimes significant level of involvement from men, through the sharing of information and knowledge, decision-making, and procurement that shapes the choices that women are able to make (Nguyen and Zaller, 2009; Abiodun, 2016). In Nigeria, women reported that male partners were a more common source of information about ECPs than providers (Abiodun, 2016). Research in Saudi Arabia and the USA indicates how men's motivations to be involved in EC is shaped by their own fertility and parenting desires (Harper et al., 2003; Karim et al., 2021). Men's involvement in women's ECP use is embedded in gendered power relations, which affords men the ability to dominate contraceptive decision-making (Dudgeon and Inhorn 2009a,b; Fennell, 2011). Women frequently report that the reasons for using ECPs are due to their partner's sexual preferences (e.g., sex without a condom) and the unequal power that women have in choosing when to have sex and what, if any, contraceptives are used (Engle et al., 2011; Marcell et al., 2012; Rokicki and Merten, 2018).

This study interrogates how emergency contraception is conceptualised within the sexual and reproductive lives of men, and how this intersects with their attitudes, behaviours, and motivations to be involved in its use. Using a case study based in Accra, Ghana, men's conceptualisations of ECPs are examined, alongside their motivations

for and experiences of involvement in its use. This case study aims to analyse the extent to which current Global Health terminology around ECPs is aligned to individual and community-based realities.

## 2. Case study: Accra, Ghana

In Accra, emergency contraceptive pills are an extremely important and wanted component of people's contraceptive mixes (Engle et al., 2011; Henry et al., 2021). ECPs have been included in Ghana's health policy since 1996 (Steiner et al., 2000) and they can be bought over the counter without a prescription, obtained from family planning clinics, or through informal providers and marketplaces (Baiden et al., 2002; Henry et al., 2021). While provision is unrestricted and specifically includes all individuals (regardless of gender), the language around ECPs within the Ghana Reproductive Health Service Policy and Standards (2014) explicitly utilises the Global Health framing. It states that "Emergency contraception shall not be promoted as a regular family planning method" (p.11) and emphasises that ECPs are to be used only under specific circumstances (Ghana Health Service, 2014).

The separation of ECPs from other forms contraceptives was compounded in the National Health Insurance Scheme (NHIS) adopted in January 2022, which included permanent contraceptives, IUDs, implants, and injectables, but not ECPs (MSI Choices, 2021). This fails to address financial barriers that women report when accessing contraceptives (Dassah et al., 2022), thereby potentially limiting the contraceptive choices available and the ability for people the right to make sexual and reproductive health decisions that meet their desires.

Despite Ghanaian national policy alignment to the rhetoric of ECPs as distinct from other contraceptives, ECPs are an important and preferred contraceptive among the general population. In particular, evidence from Accra, where this study is also located, highlights that ECPs were a critical component of women's contraceptive mix (Engle et al., 2011; Chin-Quee et al., 2012; Henry et al., 2021; Kalamar et al., 2022). Furthermore, current evidence illustrates the significant misalignment between Ghanaian policy, which draws on the Global Health framing, and people's own motivations to use ECPs (Engle et al., 2011; Chin-Quee et al., 2012; Henry et al., 2021; Kalamar et al., 2022). This included women's negative perceptions of condoms, ECP use in response to unwanted sexual encounters, and preference of ECPs over other contraceptive methods (Engle et al., 2011; Rokicki and Merten, 2018).

Studies highlight the significant role that men can play in the procurement of ECPs alongside reports by women of men's influence in their decision-making (Engle et al., 2011; Chin-Quee et al., 2012). Women who work as head porters in Accra are enrolled for free onto the NHIS; where their partner refuses to wear condoms, women report desiring ECPs but being financially unable to cover the costs (not covered by the NHIS), an issue exacerbated by their simultaneous reliance on the same men for finances to procure ECPs (Dassah et al., 2022). This highlights how the exceptionalism of ECPs in Ghanaian health policy, aligned to the Global Health framing, can exacerbate barriers to access as well as abilities for women to navigate gendered power dynamics in contraceptive procurement and use. Further evidence with men in Accra highlights that men systematically planned for ECP use in advance of sex, not necessarily only in cases of an 'emergency' (Teixeira et al., 2012). In addition, evidence among university students found that 55 % of men would use condoms less frequently if ECPs were more available (Baiden et al., 2002).

The existing evidence in Accra highlights that men can be significantly involved in ECP use, that men and women have a variety of reasons for using ECPs, and that these reasons are not always congruous with Ghanaian policy and provision, which aligns to the Global Health framing of ECPs. This disconnect has the potential to mean that policies around the regulation and provision of ECPs are not meeting the people's needs. Moreover, a dearth of information on men limits the capacity to meaningfully engage with the ways in which men can influence

and shape women's decision-making. Taken together, these can significantly curtail progress towards universal sexual and reproductive health and rights, which necessitate the right to make "free and responsible decisions and choices" with "unhindered" access (Starrs et al., 2018, p. 2644).

Currently, there is no research that centres men in the sampling frame and looks at the general population outside of a university/higher education setting. There is a need for a greater understanding of how men's knowledge and conceptualisation of ECPs ties to their motivations to both purchase it and influence their partner's decision-making around use. These motivations are embedded in gendered constructions by men of their sexual and reproductive roles and relationships to women. Greater understanding of their knowledge, conceptions, and motivations to use ECPs is fundamental for effective policies and programming to promote women's sexual and reproductive rights.

### 2.1. Analytic framework

This paper approaches emergency contraceptive pills through the lens of Critical Global Health and Critical Demography, which seek to trouble existing assumptions and frequently positivist and medicalised biases in these interlinked fields (Greenhalgh, 1996; Williams, 2010; Barot et al., 2015; Storeng and Béhague, 2017). It utilises the lens of pleasure, often minimised within Global Health, to understand ECPs within the contexts of choice, access, desire, and community (Higgins and Hirsch, 2008, Mitchell et al., 2021; Philpott et al., 2021). These lenses help deconstruct positivist, medicalised approaches to the sexual and reproductive health and rights, which is necessary for an interrogation of emergency contraceptive pills that moves towards the holistic, universal understanding of SRHR as more than just the absence of disease (Starrs et al., 2018).

Approaching emergency contraceptive pills through these lenses requires an analytic framework grounded in social constructivism that captures the complexities, nuances, and plural meanings of sex, sexuality, and relationships. To maximise on the analytic potential of researching with men, the foundational components of a feminist-grounded Critical Studies of Men and Masculinities (CSM) were used as a framework. This approach understands men as gendered, with socially constructed masculinities and gender norms ordered through hegemonic masculinities, which are rooted in cultural contexts and articulated in respondents' own words (Lohan, 2015). The framework has particular salience for feminist-informed masculinities research in Ghana, where it has been used to respond to a dearth of studies that critically examine the constructed and relational nature of masculinities (Dery, 2019). The analytic approach in this study provides a tool to situate ECPs within men's gendered sexual and reproductive lives and interrogate the ways in which they construct meanings around ECPs.

## 3. Methods

### 3.1. Mixed method study

This paper draws specifically on the qualitative component of a larger, mixed method study. Data in this paper come from a mobile phone-based study in 2020–2021 with men aged 18 and over. It explored the relationships between men, masculinities, and sexual and reproductive healthcare in Accra, Ghana (see [www.masculinitiesproject.org](http://www.masculinitiesproject.org)). The survey collected both quantitative and qualitative data through categorical and open text questions, using Respondent Driven Sampling (RDS). A nested sample of men who completed surveys were purposively invited for in-depth interviews. Selection of interview respondents was designed to ensure a range of SRH experiences and demographics were represented to cover the themes of the larger research project (Strong, 2021). In-depth interview questions were centred around masculinity, emergency contraception, and abortion (see interview guides on project website). Research was conducted in the

respondent's choice of English, Twi, or Ga, the latter two bring national languages in Ghana. This reflects the broad languages spoken in the community (Strong, 2021).

Mobile phones were used for the interviews to ensure full adherence to COVID-19 safety protocols. Respondents were asked survey questions by a member of the interview team who recorded their responses on laptops and saved them to a secure cloud-based software. Interviews were recorded on mobile phones and saved to the same software for translation and transcription. Details of the rationale, strengths, and limitations of mobile-phone methods in this study are described elsewhere (Strong, 2021).

A total of 306 men were successfully recruited for surveys. Of these, 26 were removed from the analysis for being RDS seeds (Wejnert et al., 2012; Yauck et al., 2021), and 10 were removed for incompleteness, leaving a final survey sample of 270. In-depth interviews were conducted with 37 men.

Ethical approval was obtained from the Ghana Health Service Ethics Review Committee (ref. 008/11/19) and LSE-REC (ref. 000802c). Approval was sought and obtained from the Ghana Health Services Regional Director for Greater Accra, and community stakeholders. Following recommended practice and included in both UK and Ghana IRB submissions, ethical considerations covered the importance of ensuring confidentiality and anonymity of all respondents, as well as their informed consent prior to surveys or interviews (Sanjari et al., 2014). Respondent choice of time of survey or interview was prioritised, and their use of mobile phones meant that they were able to conduct the interview in a location they felt secure and private, as per prompting from the research team.

Respondents were informed of how their data would be used during informed consent. Data were analysed by the author and findings were discussed with the research team to ensure that relevant nuances were captured and the data represented respondent's own words.

### 3.2. Data analysis

Qualitative data were analysed by the author using a combination of inductive and deductive techniques, to generate, review, and iterate themes (Braun and Clarke, 2006, Bryman et al., 2021). The deductive component of this process drew on existing literature on the reasons that men use contraception, including to prevent pregnancies, to facilitate pleasure, and to navigate risks of STI. The inductive approach drew on elements of the qualitative data that were novel, such as men's involvement and their perceptions of women's sexuality (Timmermans and Tavori, 2012). Alongside creating codes from the existing literature, transcripts and qualitative survey data were read and re-read in order to search for meaning, patterns, and key areas of interest within the data in an immersive and active way (Braun and Clarke, 2006). These were then used to iterate the existing codebook, based on existing empirical and theoretical work, to create relevant, data-driven codes for the final codebook.

These codes were grouped into themes that were constructed by JS. The key themes were: conceptualisations of emergency contraceptive pills in line with Global Health framings; from 'emergency' to pregnancy prevention; emergency contraceptive pills and sex, sexuality, and pleasure; men's involvement, perceptions of secrecy, and stigma. Analysis was conducted on Dedoose Version 9.0.46 (Dedoose Version 7.0.23, 2016).

Quantitative survey data were used to produce descriptive statistics using RStudio Version 1.4.1717. These relate to men's knowledge of emergency contraception and whether they have ever bought (see Table 1) and are used to complement the qualitative analysis through providing sample wide ECP-related data.

## 4. Considerations and Reflexivity

Men in this study were only asked about the emergency

**Table 1**  
Survey sample description.

	Included survey sample description (n = 270)	
		N (%)
Age	18–19	42 (15.6)
	20–24	101 (37.4)
	25–29	62 (23.0)
	30–39	31 (11.5)
	40+	34 (12.6)
At least one current partner/relationship	Yes	181 (67.0)
	No	88 (32.6)
	Did not answer	1 (0.4)
Knowledge of EC	Knew without prompt	96 (35.6)
	Knew with prompt	120 (44.4)
	Did not know	54 (20.0)
Ever bought EC	Yes	56 (20.7)
	No	214 (79.3)
Working	Yes	150 (55.6)
	No	120 (44.4)
Wealth Index	Lower	76 (28.1)
	Middle	130 (48.1)
	Higher	64 (23.7)

contraceptive pill, which meant that potential alternative post-coital methods that men knew or had used were not consistently captured. A small proportion of men discussed alternative methods, such as women drinking brandy after sex. During interviews, no men discussed the IUD as a method of emergency contraception, which informs the specific focus of this article on ECPs. The exploratory nature of the study and the sampling methods are designed to allow for theory-based generalisability by situating the case study in the broader Global Health literature and policy (Cornish, 2020). Moreover, the study specifically asks men about their perceptions and behaviours and ties these to their relationships to others – partners, friends, community. However, the relationality of gender in this study can only be understood from men’s perspectives as other genders were not included (Bottorff et al., 2011).

The principal investigator in this project is not Ghanaian and was raised and educated in the UK, which is also where the funding for this project was based. A critically reflexive approach was taken to grapple with and challenge my assumptions and biases, with processes to facilitate this embedded throughout the research process (van Heugten, 2004; Zempi, 2016). This included centring the voices of community members, expert stakeholders, and project partners in the design, particularly piloting and interviews with space for respondent feedback and iteration of the research questions and tools. Partnering with Act for Change also meant that assumptions and biases of the author were confronted by collaborative conversations that enabled iteration and adaptation of the research to the context in a more meaningful way. By designing the research instruments in Ga language with subsequent translation into English and Twi, questions, topics, language, and assumptions that made sense in English were challenged and troubled, including how to ask about “emergency contraception” discussed in the results. This critically reflexive process does not remove assumptions and biases. However, it ensures consistent challenges to the author and mechanisms to ensure that the voices of respondents can be centred to produce relevant and contextually grounded research.

COVID meant that JS travelled back to the UK and data were collected exclusively by the research team from the community using COVID safe methods. It is important to consider how quotes might have been impacted by the nature of talking to researchers from the same community. The use of mobile phones, however, and researcher reports after each survey and interview indicated that a degree of anonymity could have a mitigating effect. Surveys were translated and transcribed and then the research team worked together to double check each survey, and Twi and Ga phrases were retained where meaning was considered by the team to be lost in the process of translation. Throughout the process of the research, results were discussed among

local partners approached for project approval, and the findings in this paper were discussed to ensure they were reflective of the discussions and original translations of interviews and relevant to the research context.

## 5. Results

The sample description highlights the youthful age structure of the sample, with most men in partnerships (Table 1). This reflects broader socio-demographic structures in the region (Ghana Statistical Service, Ghana Health Service and International 2015), and further information on the full sample can be found at (Strong et al., 2022).

The results centre the voices of respondents through quotes, and are used to critically examine the relationships, nuances, and incongruities between men’s conceptualisations and Global Health framings of EC. All quotes are from interviews and are from the respondents, in cases where the interviewer’s question is also included, “I” used to represent an interviewer and “R” respondent.

The results below are presented thematically based on the qualitative analysis, focusing first on ECP knowledge, then considering the different attitudes and conceptualisations men had of ECPs, and finally on behaviours and men’s involvement. Knowledge, attitudes, and conceptualisations are linked but distinct, with men’s knowledge of the terminology of emergency contraceptive pills and medical-recommended uses not necessarily tied to their conceptualisations and perceptions. This is reflected in the presentation of the results, in which knowledge is presented separately.

### 5.1. Knowledge of ‘emergency contraception’

There is no transliteration into Ga or Twi of the phrase “emergency contraception”. The survey first asked the question “have you heard of emergency contraception”, retaining the English term. A follow up prompt then described EC in either English, Twi, or Ga (or a combination) depending on respondent preference (Table 2). Responses in the survey as well as interview responses indicated that men were exclusively discussing ECPs and not the IUD, which is reflected in the focus of the results.

Men’s knowledge suggests some disconnect between the language used among the public and the language used in Global Health. Most men were not familiar with the specific phrase “emergency contraception” (Table 1). More men expressed knowing about ECPs when provided a specific description of their use and function. When combining both response rates, the sample in this study had higher overall knowledge of ECPs (80 %) than the overall average among men estimated in the DHS (63.1 %) (Ghana Statistical Service, Ghana Health Service and International 2015).

Men’s varied knowledge of ECPs, compared to their relatively consistent knowledge of EC brands and where to buy them, suggests that the phrase has little resonance with them:

**Table 2**  
Survey questions on emergency contraception in each language.

	Question	Follow up (if respondent answered “no” to first question)
Ga	Ani onu emergency contraceptive he dan?	Emergency contraception ji tsfofa ni akoo gmeletswaa 72 ye bolenamo see, koni aka no ho?
Twi	Wati emergency contraceptive da?	Emergency contraception eye nda ekwir aduru bia ye fa ewo 72 h senea eba yea, yen nyinseŋ?
English	Have you heard of emergency contraception?	Emergency contraception is commonly used within 72 h of having sexual intercourse, in order to avoid pregnancy. Have you heard of that?

I heard it through friends, through our conversation they would tell you so many, they will tell you about Lydia, Postinor 2,<sup>1</sup> they said some G tablets or so, there are more of them.

36, one girlfriend, 1 child, previously bought a partner ECPs

The largest proportion of men heard of ECPs through friends, predominantly - though not exclusively - male friends. The quote indicates that in the process of learning about ECPs was an exchange of practical information – brand names, for example – rather than specific terminology of ECPs. Men also reported knowing that ECPs were available from pharmacists and all men who reported having ever bought ECPs did so at a pharmacist/chemist.

## 5.2. Conceptualisations of emergency contraceptive pills aligned to Global Health framing

Within surveys and interviews, some men utilised language and conceptualised ECPs in ways that reflected and were aligned to the framing of ECPs in Global Health. It suggests that current Global Health framings are reflective of how ECPs are viewed among the public, though this linking was not explicit nor mentioned among respondents. This included a small number of men who discussed the importance of its use in the context of contraceptive non-use or failure:

I remember my senior brother had sex with his girlfriend and the condom burst and he asked me to go with him to the pharmacy, but the lady had one in her bag.

29, fiancée, 1 child, previously bought ECPs for fiancée and for an ex-partner

IN: So what do you think of women who use emergency contraceptives?

R: I don't have any negative thought about them, I feel they are being responsible because life gives second chances and if you commit an error .... Even when you write with a pencil there is an eraser to clean it

40, two intimate partners, no children, never bought ECPs

Respondents did not explicitly label these incidences as an 'emergency'. However, these respondents frame emergency contraceptive pills in the case of contraceptive failure or where an accident or mistake had occurred, which aligns to the notion of an "emergency" outlined in WHO documents on ECPs (World Health Organization, 1998). This framing was pertinent for both men, irrespective of whether they had ever bought ECPs, suggesting ECPs were known as a 'back up' method. The first respondent also highlights that his brother's sexual partner had already bought ECP in anticipation. ECPs were taken due to contraceptive failure, which would be categorised as an 'emergency' as understood through a Global Health frame. Nuancing this is the preparedness of the brother's partner. This suggests the importance of advanced provision of ECPs, not waiting until the 'emergency' has occurred to seek the pills.

Men's rationale for using ECPs sparingly or not at all included their preferences for other contraceptives, specifically condoms:

Now I will use condom because STIs are high amongst the girls

27, not in a relationship, no children, bought ECPs for an ex-girlfriend

While this respondent prefers using condoms as an unpartnered man having sex with multiple people, his history of purchasing ECPs for an ex-girlfriend indicates the links between relationship status, sexual

<sup>1</sup> Lydia and Postinor 2 are the names of two common brands of emergency contraceptive pills in Ghana.

partner, perception of STI risk, and contraceptive preference. This highlights the situational role that ECPs can have, in particular how decisions over whether to rely on ECPs or to use other methods among men (exclusively focused on male condoms among respondents) are embedded in their perceptions both of STI prevalence in the community and among the women that they are having sex with.

## 5.3. From 'emergency' to pregnancy prevention

Many men conceptualised the positive role ECPs have in preventing pregnancies, which linked to notions of readiness for parenthood, for both men and women. ECPs were presented as allowing both men and women to wait until they are ready for parenthood, and was linked to positive attitudes towards ECPs among some men:

IN: Okay. So if I may ask in your opinion is this drug [ECP] a good drug?

R: It is good [...] because the person is protecting herself from pregnancy because she is not ready to have a child

19, has a girlfriend, no children, never bought ECPs

If I'm not ready I will be happy [to buy it] but I won't if I am looking to have a child.

23, no relationship, no children, never bought ECPs

In both these instances, men conceptualised ECPs in relation to men's and women's 'readiness' for parenthood, connecting ECP use to broader planning around when to have children. This contrasts Global Health framings of ECPs as to be used only in cases of unplanned emergencies. The first respondent had not heard of ECPs until the survey, where it was explained to him. His response that it was a "good" thing mirrored the responses men who knew of ECPs gave when asked what they thought when they first heard about it. These men recalled being "happy" and "relieved" when they first heard about ECPs, which points to an overall positive attitude towards an addition method of pregnancy prevention. For some men, ECPs were a means of family planning, specifically in order to ensure space between births:

You are making sure that what you are doing ... you have not made up your mind to give birth with this lady or I have not made up my mind to give birth now or the two kids I have I need to maintain them for a while until I get a better job.

31, one co-habiting partner and one occasional partner, 2 children, bought ECPs for the occasional partner and also for ex-partners

IN: Okay. So if I may ask, what are your opinions about these drugs?

R: It is very good, it is very good because you must be able to protect yourself so that you can take good care of the children, you must protect yourself so that you don't have another child or it is not so?

57, two wives, 5 children, never bought ECPs

In each of these examples, from men who are fathers, ECPs were a method to achieve birth spacing or preventing future births. Readiness was linked to gendered expectations that men had of both their own and women's responsibilities. Respondents discussed the role of employment and finances, as well as the capacity to care for their children, as critical determinants for whether they were ready for another pregnancy and, therefore, their perception of the positive value of ECPs. The link between ECPs and responsibility was made explicit when men discussed their views of women who used ECPs:

R: It is good, I think it can help us with this kind of responsible and irresponsible issue going on ... this mother is irresponsible and stuff ... I think this is going to help us with this kind of high cost of living and unwanted pregnancy and stuff so I think it is cool.

28, girlfriend, cares for 2 siblings, never bought ECPs

The respondent frames a woman – specifically a mother – as being irresponsible whilst also acknowledging that ECPs are ‘cool’ for helping women navigate complex and challenging economic structures. For the respondent, the “mother” is irresponsible as a parent, failing to meet gendered expectations, but that her ECP use was acceptable in the context of this ‘irresponsibility’.

#### 5.4. Emergency contraceptive pills and sex, sexuality, and pleasure

Throughout the survey and interviews, men framed reproduction as just one of many aspects of sex, bringing sexual pleasure, desire, and sexuality into their discussions on ECPs. Men highlighted how ECPs allowed them to navigate these perceived positive and negative components of sex. The role of ECPs as a contraceptive was framed by respondents as providing protection, in order that a person might fulfil their sexual desires without consequence to themselves or their futures:

R: They [women] are protecting their future [...] Maybe she has so much to do ... but, you know, she was also feeling for sex so she has to protect herself and continue what she wants to do

23, early stages of a relationship, no children, bought ECPs for a friend

You might get carried away along with this thing ... you are there, and you have forgotten to put on a condom or whatever, and then you are playing with your girlfriend then you guys ended up having sex. You know, definitely within that day and the next day you need to take an emergency contraceptive ... so that you can prevent ... unwanted pregnancy.

20, no relationship, no children, never bought ECPs

The respondents highlight that ECPs facilitate spontaneity and enjoyment, which for them are important elements of sex. Where access to condoms may be limited or a condom might not be immediately available or perceptions of condoms are tied to reducing pleasure, ECPs allow for respondents to have the sex they desire, when they desire. Both of these respondents are younger with no children and in either a very early stages of a relationship (described as “not serious but growing”) or not in a relationship. This may suggest age-based differences in the role of emergency contraceptive pills and how perceptions of the role and reason for sex might shift depending on age and relationship status. Perceptions of a generational and contextual shift in attitudes and conceptions of ECPs are emphasised by the following respondent:

My advice is that the ladies that use it say it is good for them, it allows them to do a lot of things and even if you ejaculate in them it doesn't allow them get pregnant and that is where I realized that, that is what majority of the youth have done, they are not afraid of having sex because they are also looking for a way to feed themselves, that is what is going on in some of the Ga communities especially the community we are in

42, no relationship, 1 child, never bought ECPs

This respondent perceives younger adolescents to be less concerned about sex resulting in a pregnancy and more with ‘feeding’ their pleasure, implicating generational shifts in attitudes that ECPs both facilitate and symbolise. Within discussions of pleasure, men were primarily focusing on pleasure as ejaculation. This gendered approach to pleasure was reflected in men’s labelling of women’s sexuality as unacceptable and inappropriate. For some respondents, ECPs were a mechanism through which to identify and mark sexual women:

R: They [women] use it because they roam a lot in a day, so it is something they must use.

IN: Okay. So in your opinion is it good or bad?

R: It is not good

42, wife and 3 girlfriends, 2 children, never bought ECPs

If she is an addict and has been having sex for a long time, she will know how to deal with unprotected sex herself but if not, the boy will have to go and buy them the pills [EC]

21, girlfriend, no children, bought ECPs for girlfriend

She starts using that thing without telling you ... you don't know but some other time you might see it in her bag ... that means she goes to have sex elsewhere.

39, one ‘baby mama’ [mother of his child] and one casual relationship, 5 children, never bought ECPs

Gendered constructions – and perceptions – of women’s behaviour shape men’s attitudes towards ECP use. The respondents above link use to specific women who have frequent sex with different partners (‘roam’), layering stigma through the notion of those women being ‘addicted’ to sex with multiple partners. In their responses, men are constructing the ‘responsible’ or ‘good’ woman as being monogamous or not engaging in frequent sex with multiple partners. For the second respondent, it is sexually active women who would know and be expected to buy ECPs for themselves, while men need to buy for those women that are not sexually active nor ‘addicted’ to sex. This conceptualisation of ECPs are linked to norms around purchase; male involvement in the purchase and use of EC is a positive reflection on women, but women who purchase ECPs for themselves are sex ‘addicts’ and viewed negatively.

Other respondents explicitly connect ECPs to the type of relationship they are in, framing the contraception as appropriate depending on their relationship rather than necessarily because of an ‘emergency’ situation:

R: It is not a good thing as I have said, it is not a good thing so to me I wish there were no emergency contraceptives ... it is not nice that someone will go and taste something [have sex with a woman] and leave it for someone else to go marry her. It is not nice; it is disgraceful and troubling.

45, has a wife, 2 children, never bought ECPs

R: The reason why I wouldn't buy it, is that it has in the past that I have a lot of girlfriends and that is why I say now I have stopped and I am only with my wife and that is why I said I won't buy.

28, girlfriend [used by respondent interchangeably with ‘wife’], no children, bought ECPs for girlfriend

These two respondents show the complex connection between emergency contraceptive pills and relationship type – particularly marriage – another expression of the relationality of contraception decision-making. The first considers it unacceptable for men to purchase ECPs for a woman without marrying them, embedding in his response implicit sexual stigma that it is inappropriate to have sexual relationships with women without intention to marry. The second respondent implies that he purchased ECPs specifically because it was acceptable to him for a non-marital partner to take ECPs, but that it was not appropriate to use once married.

#### 5.5. Men’s involvement, perceptions of secrecy, and stigma

Men’s conceptualisations of ECPs directly linked to their subsequent motivations and involvement in its use. Most men in the sample considered the decision over whether to use ECPs to be their decision, or a joint decision led by men:

After discussing with the man, the woman can go and buy it

23, girlfriend, no children, never bought ECPs

This reveals the deeply gendered power dynamics that exist, particularly between sexual partners, which privilege men. By

embedding themselves in women's decision-making, men can influence use based on their own conceptualisations of when, why, and for whom ECPs are acceptable. Respondents revealed the limits of communication where it conflicted with men's desired outcomes of sex:

She told me she is fed up with EC, so I persuaded her by buying it for her to use because I told her I'm not ready for a pregnancy now

26, fiancée, no children, bought ECPs for fiancée

The respondent frames ECPs within the realms of pregnancy prevention as it connects to readiness for parenthood. His conceptualisation of ECPs motivated his involvement in its use, despite the implication that his partner did not wish to continue using. His comment suggests that ECPs were a component of their prior contraceptive use, and that the power dynamics within his relationship allowed him to ensure the continuation of its use.

While men centred themselves in ECP decision-making, purchase, and use, they described the barriers they perceived or experienced when going to purchase ECPs. Respondents held that the interaction with an ECP provider was complex and, often, likely to be negative. This view was held regardless of whether a respondent had ever bought ECPs. Men had shifting perceptions of whether these interactions would be more positive if it was a man or a woman buying ECPs, suggesting nuanced and gendered ideas of ECP access:

Sometimes some men gather the courage and goes to buy it for the ladies (girlfriends)

34, no relationship, no children, never bought ECPs

R: They [men] also think it is good but you know most of them feel shy to go to the pharmacy to say I want to buy this drug you know, that is the major problem most of my friends complain of that they can't go to the pharmacy to buy this kind of medicine so I think they are cool with it but how to get it is their problem.

28, girlfriend, cares for 2 siblings, never bought ECPs

Notions of 'shyness' among men imply perceptions that there will be some judgement for purchasing ECPs. The latter respondent highlights that this happens even when ECPs themselves are acceptable, revealing another level of power dynamics that are negotiated and navigated in the process of buying ECPs. The expectations of judgement highlight how ECPs remain mired by stigma at the provider level, and reveals a critical tension where its use is increasingly normalised as non-emergency among men.

Men's framing of ECPs meant it was a method through which they could exert control over contraceptive decision-making and women's sexual and reproductive choices. Simultaneously, the secrecy afforded by ECPs for women linked to men's gendered perceptions of women's behaviour:

Since they [men] are not ready and they [men] want it unprotected the ladies themselves get it without the men knowing

23, girlfriend, no children, never bought ECPs

If she wants a baby but you are not ready, she may not take the medicine or all two of you have to agree on. And you must be there to make sure she takes it

31, on and off relationship, no children, bought ECPs for girlfriend and for a female friend

Throughout interviews, the narrative of women's secrecy was constructed. Within these quotes, men develop on notions of women's secretiveness to describe why ECPs are used and their motivations to be involved. The first respondent highlights that ECPs provide women a mechanism to navigate men's condom non-use. This could directly link to men's own conceptualisations that ECPs provide a means to focus on pleasurable – i.e., condomless – sex. The implication is that women use

EC rather than navigate and negotiate with men on contraceptive use. The second respondent in the two above quotes describes how ECPs can act as a directly observable medication. Here, his underlying concerns that his partner cannot be trusted to avoid a pregnancy due to contrasting readiness for parenthood, means that he sees ECPs as a mechanism to ensure his reproductive desires are met.

## 6. Discussion

This study highlights the complex, interconnecting, and diverse conceptualisations that men hold of post-coital, 'emergency', contraception. These were much more nuanced and varied than Global Health framings and showed the non 'emergency' ways that men viewed ECPs. The results are critical in highlighting the current limitations in Global Health framing of ECPs, which significantly reduces the capacity to ensure that ECP policies and programmes are effectively meeting people's needs and desires in language and concepts that are salient.

The findings in this study resonate with evidence on male condom use, which highlights the roles of pleasure and norms to emphasise the importance of understanding how men's conceptualisations of ECPs shape their involvement in its procurement and use (Higgins and Hirsch, 2008; Shai et al., 2012; Fennell, 2014; Higgins and Wang, 2014). Interrogating the role of men in EC use and their motivations for use or non-use are critical in fully understanding the gendered power dynamics that shape women's reproductive decision-making or choices. This provides evidence as to how ECPs are used within the context of James Town, how men conceptualise its use and their involvement with insights into the potential impact this has on women.

Knowledge of the phrase "emergency contraception" was relatively low among the sample, while more men knew of what ECPs were based on a description of them. Combined, this provides a relatively high overall proportion of men who knew about ECPs in some way, with rates higher than those found in existing surveys Ghana (Ghana Statistical Service, Ghana Health Service and Icf 2018). Current data collection on contraceptive knowledge that informs policy – notably the Demographic and Health Survey – does not disaggregate between the term "emergency contraception" and the probe describing its use (Ghana Statistical Service, Ghana Health Service and International 2015). Further research and survey tools on emergency contraceptive pills might be able to better capture the nuances of understanding and knowledge through disaggregated knowledge questions with prompts. This can inform health messaging as well as provide key insights into the language of the public that provision and policy can then reflect.

While several men in this study conceptualised ECPs in ways that reflected Global Health discourse of an emergency, which recommends its non-regular use following contraceptive non-use or failure, the notion of "emergency" did not resonate with many men's perceptions. Men frequently framed emergency contraceptive pills within the context of pregnancy prevention and family planning. This mirrors evidence from elsewhere in Accra, Ghana, that women also framed ECPs as part of their family planning and not as an "emergency" method (Henry et al., 2021). ECPs were a method that allowed for birth spacing among men who wanted to delay pregnancies, as well as a contraceptive. Far from an emergency, men framed ECPs as a regular method of pregnancy prevention. The acceptability and motivations to use ECPs were deeply gendered and rested on notions of 'readiness' for parenthood (Ouedraogo et al., 2020; Strong et al., 2022). Men embedded ECPs within social notions of reproduction, distinguishing between positive reasons for not being 'ready' (birth spacing, achieving future goals, improving financial standing) and negative reasons (perceptions of a woman being an irresponsible mother). These gendered notions of good and bad parenthood are embedded in judgement and stigma (Nandagiri, 2019), and layer hierarchies of un/acceptable ECP users onto men's perceptions of ECPs.

For respondents, sex was about pleasure, spontaneity, and interpersonal connections, as well as reproduction. Developing on the links

between pleasure, contraceptive choice, and gender norms (Marston and King, 2006; Higgins and Wang, 2014, John et al., 2015), men's conceptualisations were explicitly shaped by age, gender, and relationship-based norms. Compared to older respondents, younger men were perceived to be more focused on sexual pleasure, while women were often negatively labelled for their sexuality. While acknowledging ECPs fundamental role in avoiding the consequences of sex and reproduction, men simultaneously located ECPs in their ability to have spontaneous, "in the moment", condomless sex (Flood, 2003). ECPs allowed men to focus on the kind of sex that they wanted and to privilege spontaneity and pleasure, without "fear" of a pregnancy.

Men's conceptualisations of ECPs reflected their views of and relationships with women. Though many men discussed the importance of communication in decisions of whether to use ECPs and who should buy it, this was underpinned by men's opinions carrying greater importance. This intersected with men's perceptions of women's capacity for secrecy, and the potential risk that a sexual partner would desire a pregnancy regardless of what the man wanted. Views of women as secretive were embedded in understandings that ECPs are a method for women to navigate gendered power structures and their own sexual and reproductive health and desires, away from men's control or involvement (DeRose and Ezeh, 2010; Nandagiri, 2020). The Global Health framing of contraceptive non-use as an emergency fails to consider how decisions to not use other contraceptives can be part of a complex process of navigating men's desires for condomless sex and women's (and men's) simultaneous desires to avoid a pregnancy. This reflects the gendered power differences between sexual partners and where condom negotiation is rendered more problematic than taking ECPs after sex.

Woven throughout notions of un/acceptable ECP users was the navigation and enacting of sexual stigma. Men stratified users of ECPs: women protecting their future and men seeking to have enjoyable sex were framed positively, while negative framings judged women as too sexual, promiscuous, and secretive. Respondents made clear that provider stigma was a significant real and perceived reason for their shyness and discomfort in purchasing, and that decisions over who (a man or woman) should buy ECPs were rooted in mitigating these experiences. The implications for acceptability and gendered notions of procurement reflect similar findings of provider stigma shaping ECP use (Kisa et al., 2012; Marcell et al., 2012; Eastham et al., 2020). When describing their perceived barriers to accessing ECPs, men outlined how their involvement can be a mechanism through which to navigate stigma; by buying ECPs, men mitigated women's shyness and the potential of being labelled as promiscuous or having negative experiences with a provider. Yet men's own stigmatising views and their exercise of control and power serve to undermine women's own choices, desires, and autonomous decision-making around the contraceptives they use. Future research to understand the specific pathways and experiences among men who bought ECPs for their partners would allow for further interrogation of the nature of provider interactions.

## 7. Conclusion

Through interrogating the motivations for men's involvement in and experiences of purchasing ECPs, this study emphasises the complex, gendered environments that women navigate. Women's use of ECPs involves navigation of men's involvement, the reasons for men's involvement, the role of ECPs in shaping condom use decisions, men's desires to purchase on behalf of women, and men's own experiences of provider barriers in purchase. Taken together, these complexities impact women's abilities to exercise their free and autonomous sexual and reproductive rights. Further understanding of men's motivations are necessary for the creation of gender transformational public health programmes and policies (Zielke et al., 2022). These are necessary interventions that should aim to centre women's own motivations for use, their autonomous decision-making, and encourage men towards taking supportive roles in women's SRHR.

Current policy understandings of what constitutes an 'emergency' are devoid of understanding how structures and conditions are critical in shaping the reasons for and acceptability of EC. Men operationalise gendered power structures to exert influence, control and coercion over women's ECP decision-making and use. The term 'emergency contraception' was borne from a Global Health frame of needing consistent understanding of the method among providers and the general population and when it was recommended for use. This needs to be updated to reflect the realities of its use, in order to ensure that Global Health policies and programmes are sensitive to gender, power, pleasure, and human rationale. Referencing contraceptive non-use, failure, and sexual violence, without explicitly naming the gendered structures and unequal power dynamics in which these occur, makes invisible the causes of reproductive injustice and continues to limit sexual and reproductive choice, autonomy, and care.

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## CRedit authorship contribution statement

**Joe Strong:** Conceptualization, Data curation, Formal analysis, Funding acquisition, Investigation, Methodology, Project administration, Resources, Software, Supervision, Validation, Visualization, Writing – original draft, Writing – review & editing.

## Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

## Data availability

Data will be made available on request.

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