Male Involvement in Women's Abortion Related Care: A Systematic Scoping Review

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Abstract

The ICPD recognised the significance of men in the attainment of universal SRHR. Recent evidence in abortion research has suggested the role men can play in women's abortion trajectories, but the extent of this involvement is unknown. This paper seeks to identify and synthesise the current evidence of male involvement in abortion. This systematic scoping is of peer-reviewed articles published between 01.01.2010-31.12.2018, in English, which relate to male involvement in women's abortion trajectories. 34 studies met the inclusion criteria. Almost all studies used women as their primary sample. 20 studies were based solely or partially in Africa. Evidence suggested that men as partners and parents played a consistently significant role, e.g. through control of resources, finances, information services, in women's abortion trajectories, particularly in women's ability to access safe abortion services. Few studies have explored male perspectives of their roles or used representative samples.

1. Introduction

Reducing maternal mortality and achieving universal access to sexual and reproductive health and rights (SRHR) are fundamental tenants of Sustainable Development Goal 3. Safe, legal and free access to abortions continues to remain unobtainable for many women and girls[1] around the world. Though the global annual rate of abortion for women and girls aged 15-44 has reduced, the number of abortions is estimated to have risen to 54 million globally and from 38 million to 49 million in low- and middle-income countries (LMICs) (Guttmacher 2018). Incidence remains difficult to estimate (Sedgh et al. 2016a), and gaps in knowledge remain (Singh et al. 2018)

Data on abortion are infrequently collected, and thus estimations have to be used, particularly in LMICs (Ganatra et al. 2017). This includes limited data availability on women and girl's socio-demographic characteristics (Chae et al. 2017). Increased data availability and accuracy in Middle Africa, Western Asia and Central America revealed higher rates of unsafe abortion estimates (Shah and Ahman 2010), emphasising how important accurate data are in understanding abortion. Chae et al. (2017) illustrate how studies on abortion in LMICs have tended to focus on smaller geographical areas, e.g. a city or region (Srivastava et al. 2019) or particular subgroups of women and girls, e.g. adolescents (Sully et al. 2018), unmarried women (Hameed 2018), women living with HIV (Chibango and Maharaj, 2018; Barbosa et al. 2012) etc.

45% of all abortions are either less safe or least safe and the majority of these occur in LMICs (Singh et al. 2018). Safe abortions are those in which WHO recommended methods are used, appropriate for the timing of the pregnancy, by a trained provider. Less safe abortions are those that use out-dated methods or where appropriate training / facilities are lacking, and least safe are those where the method is not from those medically advised (e.g. drinking a home-made concoction) (WHO 2018). However, increased access to medical abortions (misoprostol or misoprostol + mifepristone), when used correctly, can decrease the risks of abortions outside of facilities and in environments where access is restricted, e.g. where abortion is illegal (Sedgh et al. 2016b). This highlights the changing nature of abortions and the shifting boundaries of safety definitions.

Despite the increased availability of medical abortions, the health consequences of less safe abortions can be significant. Abortion remains a leading contributor to maternal mortality rates, particularly in LMICs (Neal et al. 2016). There are a number of factors that influence a woman or girl's abortion trajectory. These were categorised into three domains in the framework developed by Coast et al (2018): abortion-specific experiences; individual context; (inter) national / subnational

[1] Though no studies in this scoping review referenced or explicitly included non-cisgendered folx, the researcher recognises that abortion experiences include the experiences of non-binary, trans* and other LGBTQ+ individuals.

context. The involvement of third parties pervades in various ways across these three factors, emphasising the significant role that other people can have on a woman's decision-making process and ability to access a method of abortion.

The involvement of men and boys in interventions to achieve universal SRHR was highlighted by the ICPD (Basu 1996). This relates not only to men and boy's own SRHR, but the role that they have on the SRHR of others. Men and boys have been found to have positive impacts on women's access to SRHR (Hook et al. 2018), but also control over contraceptive decision-making (DeRose and Ezeh 2010) and health seeking behaviours of women and girls (John et al. 2015). Where decision-making in SRHR is inherently gendered (Malhotra and Schuler 2005), men and boys are able to exert significant influence over women and girl's SRHR (Chikovore et al. 2002). The increased recognition of men's involvement in, influence over and needs for SRHR, including abortion, remains under-explored.

Previously, systematic reviews have focused on post-abortion care costs (Shearer et al. 2010), post-abortion family planning counselling for women in low-income countries (Tripney et al. 2013), and access to contraception and SRH information post-abortion (Rogers and Dantas 2017). The most recent systematic review to explicitly focus on male involvement and abortion, *Male Partner's Involvement in Abortion Care: A Mixed-Methods Systematic Review*, was limited to noncoercive situations, without geographical or date restrictions (Altshuler et al. 2016).

Thus, in aiming to understand male involvement in women and girl's abortion trajectories, this scoping review is unique. It seeks to collate knowledge on male involvement in studies published after 2010, to reflect the evolving nature of abortion trajectories and care, in low- and middle-income countries.

2. Methods

A scoping review was chosen as an appropriate approach to frame the literature and gather evidence as widely as possible (Grant and Booth 2009; The Joanna Briggs Institute 2015**;** Coast et al. 2019). A scoping review allowed for a focus on the current status of knowledge and does not, in comparison to a systematic review, necessitate an analysis of the quality of studies (The Joanna Briggs Institute 2015). A systematic approach was taken, in order for the scoping to be replicable and updated. This was based on the PRISMA guidelines and the updated evidence-based checklist proposed by Cooper et al. 2019. However, these guidelines were adapted to account for the sole authorship of this review.

Articles were included if they met all of the inclusion criteria: published between 01.01.2010-31.12.2018, research on humans, English language, peer-reviewed, based in LMICs (at least one country in case of multi-country studies), focused on abortion, include men as the sample or evidence

on men. LMICs were defined as per the World Bank classifications (https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups).

The social science databases EMBASE, PsychINFO, MEDLINE (Ovid), CAB Direct, CINAHL were all searched using the search terms in Table 1. These search terms were designed to reflect the focus on men's involvement in women's abortion trajectories. The dates, language and peer-review were constrained in all journal searches. For EMBASE, PsychINFO and MEDLINE (Ovid), constraints to ensure only studies involving humans were used.

1. Abortion / pregnancy search terms	2. Gender / men search terms	3. Pathways and trajectories search terms	4. Involvement search terms
Abortion*	Man	Pathw*	Influen*
Termination*	Men	Passage*	Involv*
(Menstru* and regulat*)	Male	Rout*	Support*
Antenatal	Masculin*	Course*	Participat*
	Adolescen*	Traject*	
	Boy*	Direction*	

Table 1 Search terms for EMBASE, PsychINFO, MEDLINE (Ovid), CAB Direct, CINAHL

The * indicates truncated search terms.

((Abortion* or termination* or (menstru* and regulat*) or antenatal) and (man or men or male or masculin* or adolescen* or boy or boys) and (pathw* or passage* or rout* or course* or traject* or direction* or influen* or involv* or support* or participat*))

The author removed all duplicates before screening the titles and abstracts (TIAB) of the articles, excluding any that did not indicate meeting the full set of inclusion criteria. A full text screening of all the included articles was then conducted. After a combined result of 6,947 articles, 1,671 were excluded as duplicates, 5,225 were excluded based on TIAB and 48 were included for full screening. Of these, 7 were excluded based on context of study, 2 based on language, 1 was a systematic review and 4 texts were not found (see Figure 1). 34 studies met the full inclusion criteria. The scoping review was conducting on Endnote X9. Data on the study context, sample and key results regarding men and abortion were then extracted (see Appendix 1).

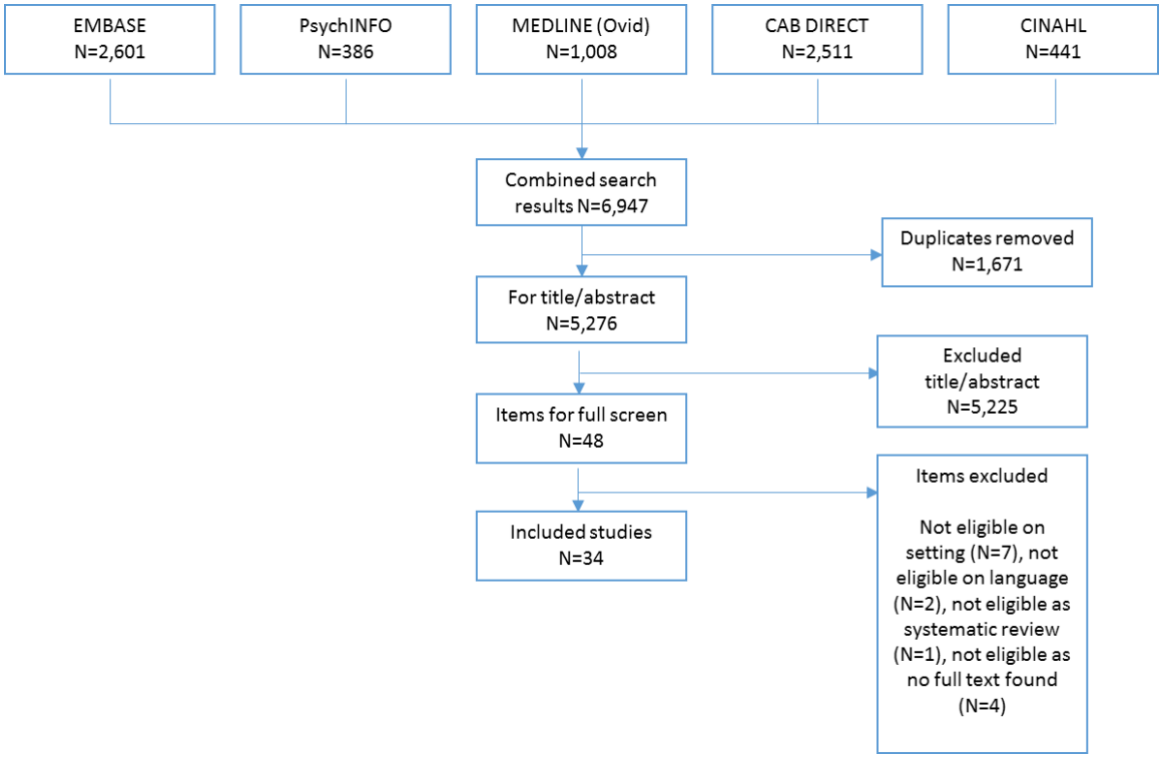

Figure 1 Search and screening results for EMBASE, PsychINFO, MEDLINE (Ovid), CAB Direct, CINAHL

3. Results

The majority of studies (20/34) were qualitative, with the remainder quantitative (9/34) or mixed-method (5/34). Study contexts were predominantly in sub-Saharan Africa (20/34) followed by South America (4/34) (see Table 2). In-depth interviews (19/34) and focus group discussions (13/34) formed the main methods used across studies.

The largest sample size of the studies used Demographic and Health Survey data, which surveyed 3,848 women in Kyrgyzstan (Shekhar et al. 2010) and was the only nationally representative sample used. The sample sizes for qualitative research ranged from 19 unmarried women seeking abortions (Olsson and Wijewardena 2010) to 156 adolescents in Uganda (Atuyambe et al. 2015). Only two studies (Hirz et al. 2017; Macleod and Hansjee, 2013) used male-only samples. The remainder were either mixed or all female. 6 studies recruited adolescents or university students (Aziato et al. 2016; Badahdah 2016; Appiah-Agyekum 2015; Atuyambe et al. 2015; Mitchell et al. 2014; Olaitan 2011), the remainder incorporated broader age categories. 16 / 34 studies recruited at least in part through healthcare facilities that offered abortion services or post-abortion care (PAC) (Challa et al. 2018; Che et al. 2017; Freeman et al. 2017; Rominski et al. 2017; Aziato et al. 2016; Coast and Murray 2016; Challa et al. 2015; Petitet et al. 2014; Esber et al 2014; Nonnenmacher et al. 2014; Schwandt et al. 2013; Hodoglugil et al. 2012; Kalyanwala et al. 2012; Shellenberg et al. 2011; Chatchawet et al. 2010; Olsson and Wijewardena 2010).

Results are categorised based on the major themes that emerged in the literature. The theoretical framework developed by Coast et al. (2018), beginning with male involvement in abortion-specific experiences, followed by individual context and then (inter) national / sub-national context, has been adapted for the results. These are all areas which have a direct, intersecting impact on a woman's abortion trajectory.

		No.
Methods	Qualitative	20
	Quantitative	9
	Mixed	5
Region (some studies are multi-country)	Sub-Saharan Africa	20
	South America	4
	South East Asia	3
	South Asia	3
	Middle East and North Africa	2
	North America	2
	Central Asia	2
	East Asia	1

Table 2 Geographic and method details of included studies (N=34)

3.1. Non-/Disclosure

Studies highlighted the significant role that men could have in a woman or girl's ability / desire to disclose her pregnancy. 19 of 34 studies emphasised women and girl's perceptions of their partners or parents led to them keeping their pregnancy secret. In their study of 548 unmarried young women in India, Kalyanwala et al (2012) found that the fear of disclosure occurred across socio-demographic characteristics. Fear of men and boy's interference in abortion trajectories was found to be a key reason for not disclosing pregnancy intentions by women in Zambia. A participant described the potential reaction of her father: "My father is really—I can say harsh. And sometimes when he is talking, I feel like he can go after me and then he can just disown me" (Freeman et al. 2017). This fear of reaction was a key determinate in the respondent's decision-making process.

A study of young men in the Philippines highlighted that men themselves were aware that women were afraid of the physical and social consequences of pregnancy, including the involvement of male partners (Hirz et al. 2017). Challa et al. (2018) found in a study of 63 women and girls aged 15-24 that fear of being disowned / abused by parents and family members drove fears of disclosure. However, fear of disclosing to parents amongst studies involving adolescents was also counterbalanced by the support that parents were reported to provide post disclosure (Aziato et al. 2016; Dahlback et al. 2010). Significantly, fear of disclosure was associated with seeking clandestine and/or less-safe abortions amongst young women in Zambia (Coast and Murray, 2016).

3.2. Social / emotional support for/against abortion (and / or pregnancy)

Social and emotional support for / against abortion from men was found in numerous studies. In-depth interviews with 12 women who had abortions in Thailand emphasised the positive impact that emotional support from a male partner had in partially alleviating negative abortion experiences. One female respondent explained: "Did I want him to come? Yes, but I was worried about him because this place is scary at night. Then I phoned him and just said that I hurt. He said, 'calm down, you are going to be alright.' It was O.K. just to hear his voice. I felt that he wasn't abandoning me" (Chatchawet et al. 2010).

However, four studies identified partner denial / rejection of a pregnancy and the associated social and emotional impact on a woman to be critical in shaping an individual's abortion trajectory (Freeman et al. 2017; Aziato et al. 2016; Schwandt et al. 2013; Dahlback et al. 2010). Denial of pregnancy has a strong indirect impact on women and girl's decision-making, as denial of pregnancy is accompanied by the denial of financial / emotional assistance, as well as forcing women and girls to navigate social norms that might not be supportive of young / single / unmarried mothers. Denial of pregnancies by men and boys can also influence the transition of a pregnancy from acceptable to unacceptable, indicated in a study of young women in Zambia (Freeman et al. 2017).

3.3. Material/physical resources

14 of 34 studies explicitly referenced the importance of material / physical resources in women and girl's abortion trajectories, particularly the provision of finances. Financial support most frequently came from partners: boyfriends, husbands, sexual partners, transactional partners etc (Hirz et al. 2017; Coast and Murray, 2016; Moore et al. 2011; Chatchawet et al. 2010; Dahlback et al. 2010). The nature, impact and amount of financial support are difficult to uncover. It is clear that the roles of parents and partners vary enormously, not only with regards to the impact they have on women and girl's abortion decision-making processes and outcomes, but also regarding the man's relationship with the women or girl. A study of men and women in Uganda revealed that men would express support for women's abortion decisions by providing financial support, where cost estimates for safer abortions ranged from 1.5USD to 110USD (Moore et al. 2011).

Conversely, men are able to withhold financial support as a mechanism to exert control over abortion trajectories, with over 32% of men in a study in Zambia reporting denying financial resources to a woman / girl post disclosing pregnancy (Dahlback, 2010). The socio-economic status of women had an effect on the nature and impact of material and financial resources. In their qualitative study in Peru, Palomino et al. (2011) found that economically dependent women were more susceptible to third-party influence.

3.4. Access to abortion provider / method

Fewer studies indicated the role of men and boys in women and girl's access to an abortion provider / method. Rominski et al. (2017) reported in their qualitative study of young women in Ghana that drugs for abortions were provided by boyfriends without women necessary knowing what they were. Aziato et al. (2016) similarly found that women were concerned over the safety of the methods their partners provided them. Access could also include the provision of transportation (Freeman et al. 2017), which impacts a woman's choice by defining which facilities / methods are geographically accessible. Partners and parents could play a significant indirect role in a woman's ability to access a provider / method. A study of young women and men in China reported that young unmarried women were more likely to access abortions at private hospitals to avoid parental repercussions (Che et al. 2017). Such concerns over responses could result in the seeking of methods that are more clandestine / self-managing. Indirect behaviours and actions can create barriers for women to seek particular methods over others, thereby reducing their choice of abortion.

3.5. Ability to seek accurate information about abortion

Lack of information of abortion-related services, including the legality of abortion in a particular context, impact an individual's decision-making process in whether and how to abort. This scoping review found that provision of information was mixed. In Ghana, a woman's knowledge of the law increased her odds of seeking male partner involvement in her decision-making, over the involvement of friends, siblings or other family members (Kumi-Kyereme et al. 2014). Men were reported as being crucial sources of information for women seeking abortions (Freeman et al. 2017). In a study of women aged 15 and over in Zambia, the advice and information of trusted others was important in shaping a women or girls abortion trajectory, in particular the facility type that a woman or girl felt she could access. As one respondent described: "He [boyfriend's brother] said "No, there is actually a right way if you explain yourself and have a valid reason it can actually be done at [hospital]" ... what made me decide" (Coast and Murray 2016).

In their qualitative study in Cambodia, men revealed knowledge of abortion types, included medical abortion and surgical abortion (Petitet et al. 2014). This was cited as coming from successful campaigns by local NGOs through newspaper and radio adverts on SRH services in the country. Alternatively, respondents of a school and clinic-based study in Ghana cited their female peers as key sources of information (Challa et al. 2018). Underlying this were references to partner control and coercion, as well as fear of parents' responses to a pregnancy. Father's interviewed in a study in Nigeria considered mother's a more appropriate source to communicate information regarding unintended pregnancies, due in part to mother's increased presence at home (Obiyan and Agunbiade 2014).

3.6. Partner / family / community context

23 of the 34 studies made explicit reference to the impact of a woman's individual context on her abortion trajectories, for example her relationship with her family, her relationship status or the community context in which she resides. The acceptability of a pregnancy was indicated in a variety of studies to be contingent on the relationship a woman has with her partner (e.g. married, long-term) (Che et al. 2017; Olsson and Wijewardena 2010) or her family (e.g. living at home, being an adolescent) (Aziato et al. 2016; Coast and Murray, 2016; Obiyan and Agunbiade, 2014). This emphasises the ability for male involvement to either directly or indirectly influence whether a woman decides to seek an abortion.

In their study of post-abortion patients in Ghana, Schwandt et al (2013) found that women who were unmarried felt compelled to seek abortions in case of partner abandonment than become unmarried, single mothers. Similarly, unmarried women in Sri Lanka faced socially-sanctioned repercussions if they sought an abortion (Olsson and Wijewardena 2010). Respondents in a study in Brazil highlighted the varying impact of partners and families; they were more afraid of telling a male partner of induced abortion, but of telling family members of a spontaneous abortion (Nonnenmacher et al. 2014).

3.7. Norms and (in)equalities

Frequently, men and boy's attitudes align (publicly) with the prevailing socio-cultural norms of the context (Moore et al. 2011). Men have reported fear of losing control over pregnancy related decisions (Hirz et al. 2017; Macleod et al. 2013; Moore et al. 2011) and expressed negativity towards what they perceive as the 'secrecy' of women and girl's abortion-relate decision-making (Obiyan and Agunbiade, 2014). A study of young Filipino men found that men were condemnatory of induced-abortion in focus group discussions with their peers, but more reflective of different circumstances during in-depth interviews. Despite men in focus groups speaking negatively of abortion and describing it as a sin, in-depth interviews revealed further nuance around aspects of control, as one respondent explained: "It is abortion... I will really keep her from doing so but if she is already decided how can you restrain her since she's the one controlling her body? It depends on her" (Hirz et al. 2017). There is evidence that male partners can have a negative impact (e.g.: restricting resources abandoning pregnant women / girl, etc.) on women's decision-making, and that this is tied to both contextual norms but also the perception that men have of their place in their partner's decision-making.

4. Discussion

The evidence highlights the significant role that men and boys can have in women and girl's abortion trajectories across low- and middle-income settings. Male influence exists across the three individual- and macro-context domains identified by Coast et al. (2018). The scoping review reveals

that men can have a critical role in a woman or girl's decision to abort as well as the abortion trajectory itself.

In particular, sexual partners of any variety (boyfriends, husbands, transactional partners, etc.) and fathers are the men who are most often involved in a woman or girl's decision-making. The studies reveal the importance of male involvement, similarly to studies in other areas of sexual and reproductive health and maternal health (Yargawa and Leonardi-Bee 2015; Kalmuss and Tatum 2007; Chikovore et al. 2002)

Men and boy's involvement in women and girl's abortion trajectories are varied; it can be consensual or non-consensual, supportive or non-supportive, direct or indirect. Across studies, there remains the fundamental issue of women's ability to make her abortion decision autonomously, with third party input only when sought. Studies indicate that women seek support due to adverse circumstances that necessitate the involvement of others, which requires sensitivity to avoid the potential for engagement with men to be devoid of context and bolster their power (Ratcliffe et al. 2001).

Material and physical resources were some of the main methods through which men and boys could directly influence a woman or girl's abortion trajectory. Studies indicated that women and girls often relied on partners of fathers for financial resources to access certain abortion methods. Given the inconsistent and often unattainable costs of abortions (Parmar et al 2017; Sundaram 2012), particularly in countries where services are less regulated or where the context is restrictive, availability of resources is crucial (Leone et al. 2016). Where resources cannot be sought, women were more vulnerable to seeking less safe abortion methods and, therefore, were more likely to be exposed to adverse abortion outcomes.

Fear of reactions from parents and partners was cited across studies and led to negative experiences of abortions. Moreover, reactions themselves had both indirect and direct outcomes; abandonment of a pregnancy partner could lead to a pregnancy becoming unacceptable and a woman or girl seeking an abortion. Such indirect impacts emphasise the vulnerability of pregnant women and the intricate role that norms around pregnancy can have on a woman or girl's view of her pregnancy as acceptable. Men are also more likely to reflect and uphold prevailing societal norms around reproduction and abortion, which are predominantly gendered in favour of men (John et al. 2015). Whether or not these indirect impacts are intended by men and boys remains unclear, and reflects the lack of current studies that focus on masculinities and abortion.

Currently there is a paucity of studies that explore the male involvement in women's abortion trajectories. Recent studies are focused in particular geographical areas, are largely qualitative and, therefore, only able to focus on smaller populations. This scoping review indicates that increased quantitative data relating to abortion and to partner and parent involvement would be desirable, in

order to create generalisations of experiences. Despite studies indicating the role that men can have, there have been few studies to date that make men the sole / primary sample. This creates a dearth of data on why and in what ways men consider becoming involved, and what outcomes they intend during a woman or girl's abortion trajectory.

5. Conclusion

Women and girls in LMICs continue to have their abortion trajectories defined by others. Men and boys, particularly male partners, can have a decisive influence on an abortion trajectory, from the decision to abort to the methods chosen, the safety of these methods and the experience of the abortion itself. Studies continue to focus predominantly on women and girls in order to better understand their experiences. The influence that men and boys are able to exert can directly and indirectly endanger women and girls, placing them at risk of self-managing in an unsafe way or accessing abortion services and methods that put them at greater risk of adverse outcomes, including death. Future sexual and reproductive health research should explore further the mechanisms, causes and intentions behind male involvement.

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Appendix 1
Table of included studies (abridged)

Author	Year	Country	Method	Sample	Selected results
Alsulaiman et al.	2014	Saudi Arabia	Quantitative	70 parents	Attitudes towards abortion on the grounds of prenatal diagnosis were similar between men and women interviewed, with both genders considering abortions in the case of deafness.
Appiah-Agyekum	2015	Ghana	Qualitative	142 university students (male and female)	Key determinants of decision making among students were education, religious beliefs, health reasons, financial/economic factors, and family. Less influential were partner's views, societal pressure/stigma, work /career, and peer influence
Atuyambe et al.	2015	Uganda	Qualitative	156 adolescents	The most important SRH problems expressed were HIV/STIs, unwanted pregnancies, and unwanted sexual harassment from men. Both female and male FGDs reported the need for better post abortion care services and those in school in particular reported knowing of people who had unsafe abortions.
Aziato et al.	2016	Ghana	Qualitative	92 adolescents	In response to pregnancy, girls reported that the character in the vignette would feel sad, alarmed, uncomfortable, not happy and that she might want to terminate the pregnancy. They mentioned that pregnancy and school were not seen as compatible. In terms of partner reaction, it was shock, surprise, confusion, denial of pregnancy. If the partner was a student or unemployed, they might suggest termination. Some worried about the safety of the 'medicine' a partner would suggest for termination. Some said that he would deny the pregnancy and disgrace the girl Fear of parents reaction was there. Suggestion that parents might facilitate an abortion. Mainly seems to be focused on whether you tell your mother, but others include both parents in fear / concern over their reaction (e.g. calling the boy to deal with it). Some suggest parents would provide contraceptives to avoid it happening again.

Badahda	2016	Yemen	Quantitative	613 undergraduate students	61.% of participants believed that women who had HIV should be required to have an abortion.
Challa et al.	2015	Ghana	Qualitative	63 women	Four major levels of influence concerning abortion: Individual: knowledge and attitudes regarding sex, contraception and abortion Interpersonal: partner, peer and parental influence Community: perceived norms regarding acceptability (or lack thereof) Macrosocial: roles of religion, SRH education and communication, health care access
Challa et al.	2018	Ghana	Qualitative	63 women	Interpersonal influences were described as coming from peers, partners and parents. Female peers were frequently used for information on abortion related care. These sources were not always supportive. Many reported keeping pregnancy or abortion a secret from parents – "to avoid being disowned, abused verbally or physically), or ejected from the home by family". Intimate partners were described as a "predominant interpersonal influence". Partner coercion was a tactic used against some participants regarding contraception. Some of the participants hinted at the linkages between these and gender roles / norms around childbearing. Community level factors were largely percieved normas and lay attitudes, mostly negative, regarding sociocultural acceptance of adolescent sexual activity. The effect of these could be indirect. Some pointed to the fact that abortion (and other SRHR activities) could result in you being considered a "bad girl"
Chatchawet et al.	2010	Thailand	Qualitative	23 women and men	Men demonstrated accepting some responsibility for the pregnancy termination. Support was demonstrated by searching for information about pregnancy termination; accompanying women to appointments; staying with them during termination. Most men said desire to assist was about ensuring their partners had an efficient and safe terminations. Support could also take the form of providing financial assistance needed (see below about heads of household stuff) The men believed they showed support of their partners by not leaving when they

					terminated their pregnancies. This support was manifested via the men: 1) being physically close to their partners; 2) waiting nearby, e.g., in front of the room, during the termination of the pregnancies; and, 3) telephoning their partners Male partners providing love and care was seen as lessening the negative experience of abortion (particularly the emotional side)
Che et al.	2017	China	Qualitative	29 women	Four main themes were identified: 1) influences of the changing social environment on sexual behaviour and contraceptive use 2) fears about and experiences of negative health impacts of contraceptive methods influence contraceptive decisions 3) gendered power and communication in relationships influence contraceptive use and PAFP 4) limited and directive counselling were common experiences of PAFP Premarital abortion also still carries a social stigma in current Chinese society. Young women in Hubei reported that they would not want parents to know about their premarital sexual behaviour and both women and men agreed that parents and society would generally be more lenient with sons rather than daughters. Hence some unmarried women tended to use private hospitals to access abortion services.
Coast and Murray	2016	Zambia	Qualitative	112 women and girls	Different sources of advice were sought based on different age groups - e.g. adolescents went to peer groups from fear of parental disapproval. Among married women who feared their partner's reaction, it was harder to seek informed advice. In accounts of decision-making, women reflected in weighing up the risks, such as the risk of physical harm versus desperation to remove the pregnancy Delays in care seeking were linked to non-disclosure, fear, or ignorance (in younger adolescents this was more common). Financial costs played a role in the timing and complexity of trajectories of abortion - women without independent means faced particular dilemmas

Dahlback et al.	2010	Zambia	Mixed methods	87 women and girls	Parents had a dual impact - both fear and facilitation Girls were not aware of the abortion laws in Zambia. Those who had unsafe induced abortions held their abortion in secrecy The most common reason for clandestine abortion was a wish to continue schooling and not spoil their future aspirations. Other reasons were financial hardship, poverty and simply that they felt that they were too young for motherhood. Partner factors played a "decisive role" in the final decision-making process to have an abortion. Five partners abandoned their girlfriends and 11 denied paternity. They refused financial and emotional responsibility
Esber et al.	2014	Tanzania	Quantitative	193 women and girls	They found amongst PAC women, partner approval was associated with a 20-fold increase in the odds of intending to use contraception
Freeman et al.	2017	Zambia	Qualitative	112 women	Men's absence - more likely that women who received PAC did not say men knew or were knowingly involved in the abortion trajectory. Men who knew - majority women had safe abortions. The influence of men's absence reflected societal-level gender inequities being played out - reasons differed based on age. Men rejected paternity or the relationship - this was a common reason that women gave for men being absent Some women deliberately excluded men due to fear of men's interference with abortion decisions or fear of their reaction to the pregnancy Men's active involvement - most influential when acting as shared decision makers, sounding boards, facilitators to obtaining care by paying, arranging or accompanying a woman. Husbands and boyfriends were most frequently featured in respondents' narratives of men's participation in abortion decision making. Respondents who decided with their partner to abort the pregnancy typically reported that their partner continued to be involved when they obtained services. These men provided emotional support, facilitated abortion by seeking and providing information

					about where services could be obtained, and accompanied respondents to access care. Most frequently, men supplied the money for transportation and treatment.
Hirz et al.	2017	Philippines	Qualitative	58 men	Men looked down on abortion, and despite having engaged in premarital sex, usually without contraception, their views of women doing the same was incredibly negative. Occurrence of unintended pregnancies was attributed to God's will. Men stated they would feel morally and financially responsible in the event a pregnancy occurred. Participants in FDGs endorsed belief that induced abortions were a sin. Men were more nuanced in the responses in IDIs. They recognised that women have fear of disclosure, that there are physical and social consequences facing women and that a man's decisions would heavily influence abortion outcomes. Men expressed frustration at a perceived lack of control over situations regarding pregnancy and induced abortion, and fear that they did not want to commit or be complicit in a sin.
Hodoglugil et al.	2012	Ethiopia	Qualitative	162 women	There was a strong perception that safe abortion would be the solution for many such women to avoid the stigma of an "inappropriate pregnancy," which seemed to be worse than the stigma of getting an abortion. Men had different views on the need for preventing an unwanted pregnancy and on abortion
Kalyanwala et al.	2012	India	Mixed methods	548 unmarried young women	Lack of partner support was reported by only a few women and most had disclosed their pregnancy / abortion. Partners are more likely than any other to provide support. This support can be: deciding on abortion together, emotional support, accompanying to facility, arranging covering costs More women reported not disclosing to their family out of fear of reaction
Kumi-Kyereme et al.	2014	Ghana	Mixed methods	401 women	Overall, 32.67% (n = 131) of the respondents did not seek approval from anyone before receiving an abortion; 54.36% (n = 218) required their partner's approval; 8.23% (n = 33) consulted with their mother for the decision; and the remaining 4.74% (n = 19) made the abortion decision with role-players categorized as "Others", which includes friends, siblings, aunts/uncles, employers and mothers-in-law. Knowledge of the law, occupational status, number of children living and level of

					formal education increased odds of seeking consent of male partners over "others". Economic power is fundamental to men's influence on abortion trajectories.
Lamina	2014	Nigeria	Qualitative	Unclear	Abortion seekers were from all categories of women. Reasons for terminating pregnancy included disruption of education, old age, reproductive health risk to women. Other reasons included economic, e.g. affording children or for sex workers losing business. Some went sought abortions because their husbands prevented them from using family planning
Macleod and Hansjee	2013	South Africa	Mixed methods	20 (and written sources e.g. newspapers)	Men were shocked at the notion that a woman would terminate a pregnancy without their consent. The 'New Man' discourse of being supportive and attentive was used in discourses by some FGD men to explain how to persuade a woman out of an abortion. Rights based arguments were used by some men but they were also rights of the child more than rights of the woman
Mitchell et al.	2014	Brazil	Quantitative	378 adolescents	Students would use their peer groups to find out information on abortions. There were significant differences between genders regarding attitudes towards the legality of abortions. Boys were more reluctant to report / knew less specifics of abortion methods.
Moore et al.	2011	Uganda	Qualitative	82 women and men	When questioned generally, male respondents' status that men are not supportive of women having abortions. Reasons including not agreeing with the practice, belief that the child is a member of society, that the women could die, fear of being arrested, the woman is hiding an affair. Less frequent were costs of abortion and PAC. Men's responses largely reflect the prevailing socio-cultural norms and values. The perception held by men and women was that women frequently do not let their partners know about abortions. Due to secrecy, men talked about not knowing if their partners had abortion complications. Men stated that if a man finds out that the woman terminated a

					pregnancy without his knowledge, he cannot support her no matter what health problems she experienced. There were conditions under which some men expressed support, e.g. being involved in the decision making, helping women make doctors' appointments, providing financial support / facilitating transport.
Moore et al.	2015	Nigeria and Zambia	Quantitative	652 women and men	Support was lower amongst HIV positive women than HIV positive men for women living with HIV to have a child. The attitudes and perceptions of HIV-positive men towards childbearing by HIV-positive women varied depending on whether they were living in Nigeria or Zambia, in urban or rural contexts, or their religion. 11% of Nigerian men supported abortion compared to 4% of Zambian men.
Nonnenmacher et al.	2014	Brazil	Quantitative	316 women	In the case of induced abortion women rarely told partners they were pregnant Men tended to have positive reactions to spontaneous and negative to induced Women who had induced abortions reported the partner being the person they didn't want to find out, whereas with spontaneous it was relatives.
Obiyan and Agunbiade	2014	Nigeria	Mixed methods	460 female students	Wanting to avoid the shame and stigma of being a single mother influenced mothers' attitudes toward unintended pregnancies. Some of the male participants believed that single mothers, described as those without a 'cap,' were more likely to consider abortion for their female adolescents as a way to avoid a repeat of their own past failures. The fathers also described the onus of shouldering responsibilities and shame avoidance concerning unintended pregnancy. A number of the male participants felt indifferent about the shame of unintended pregnancy. The mothers and their adolescents were described as the most affected. Some of the fathers argued that mothers and their female adolescents could be secretive when it came to disclosing the occurrence of an unintended pregnancy. Some participants in the FGD with mothers argued that some are less vigilant about or indifferent to their female adolescents. The responsibility for bringing up a girl is culturally perceived to be that of the mother. In the FGD with fathers, some of the discussants argued that mothers are closer to

					their daughters when it comes to sharing information about sexuality and unintended pregnancy. They attributed the variance and gaps in communication between fathers and their female adolescents to the need to fulfil their social responsibilities as breadwinners. This role makes fathers spend more time in the public domain than at home.
Olaitan	2011	Nigeria	Quantitative	900 students	Male students had a significantly lower level of support for abortion when compared to female students. However, two thirds of male and female students favoured abortion being legalised regardless of the circumstances.
Olsson and Wijewardena	2010	Sri Lanka	Qualitative	19 women	Women had various factors that they considered in the decision to seek pregnancy termination: family pressure; partner's qualities and attitude towards pregnancy; economic aspects; own feelings, values and future fertility Pregnancies and termination occurred in relatively long-lasting relationships - preceding planned marriage - as out of wedlock pregnancy is still not okay.
Palomino et al.	2011	Peru	Qualitative	52 women and men	Pregnancy-related decisions were not made by the woman alone. The partner was generally involved, as well as family members. Men and women differed on who had control, tending to swing from equal to male controlled decisions. Some women reported that the decision was theirs. Family influence remains significant, especially when a person is economically dependent. Participants in Peru who had experienced an abortion had a wide range of feelings about the decision. Some expressed guilt or remorse, but many women felt coerced into having an abortion by a partner or family member. Women who did not feel coerced expressed that the choice to have an abortion was the appropriate decision for them at that point in their lives.
Petitet et al.	2015	Cambodia	Qualitative	48 women and men	Men knew about different abortion services and learnt about them through newspapers and radios. Four men had accompanied their partners for medical abortion and expressed a desire to help their partners were possible. Three accompanied their partners for PAC
Rominski et al.	2017	Ghana	Qualitative	29 women + FGDs (sample not specified)	Women reported that they self-managed their abortion over fear of disclosure. Women learnt abortion methods through social networks. They expressed taking

					drugs provided by friends or boyfriends, despite not necessarily knowing what they were.
Schwandt et al.	2013	Ghana	Qualitative	50 post abortion patients	Men were the first decision makers post pregnancy discovery. Their acceptance or rejection was critical - acceptance was of paternity. Men's ability to deny responsibility was a major fear of respondents. This has an indirect impact on the abortion trajectory of a woman Women discussed fears disclosing and some did not disclose prior to abortion over fear of reaction.
Shekhar et al.	2010	Kyrgyzstan	Quantitative	3848 women	Women's attitude towards becoming pregnant and their husband's attitude towards abortion were significantly associated with the likelihood of an induced abortion
Shellenberg et al.	2011	Mexico, Nigeria, Pakistan, Peru and the US	Qualitative	96 interviews - FGD sample size not specified	Social consequences (including internalised psychosomatic ones) were cited across contexts by both male and female respondents Abortion was deemed socially unacceptable by a majority of participants across all the study sites, but many women made exceptions for themselves or for other women depending on their life situation. Nevertheless, women from all five countries acknowledged abortion as a necessary option in the event of an unwanted pregnancy and stated that people should ignore ‘gossip and chatter’ and do what is best for them.