

Thanks to all of my colleagues, peers and supervisors for their support.

For more information on the research team, please visit the project site.

In this presentation today, I'm going to talk about the rationale and process of designing and implementing a quantitative survey that draws explicitly on feminist, queer and decolonial theories. I'm going to compare the existing Demographic and Health Survey with the method we used in our project, with the aim of highlight that not only is it possible for categorical data to be destabilised, but that it is **essential**. I'm going to be unpacking the solidity and fixed nature of quantitative data and end with some reflections on how the theoretical framework we used to design our survey opens future possibilities.

Now, there is an elephant in the room I want to address, because I'm sure that a lot of you are puzzling over the fact a research project about emergency contraception and abortion is being conducted by a team of men, talking only to men.

So, let me start with the project rationale. This quote from Leung et al. really captures what we as researchers strive towards, and I took this to heart in my construction of the quantitative methods. It reminds us of equity, collaboration, acknowledging power through reflexivity, and the importance of doing open and relevant research.

A quick note to say that I cite some people in the slides and refer to others. All the citations mentioned will be available in a document that will be sent around later, so that you are able to take them away with you. In addition, the slides and the recording will be uploaded onto our project website, alongside the transcript.

There were a number of reasons why this project is not just timely, but essential. Brilliant work has been done and continues to be done with emergency contraception and abortion care seekers themselves, including studies by Dr Rishita Nandagiri, Prof Ernestina Coast, Dr Tiziana Leone, Dr Malvern Chiweshe, Dr Jubulile Mavuso, Dr Emily Freeman so so many Ipas, Guttmacher, MSI Choices. These studies and the evidence given by respondents frequently reminds us that women and pregnant people's pathways to SRHR services and care are shaped by the contexts and the power systems and structures that they have to navigate.

These studies compel us to push against the individualisation of healthcare seeking that we see occurring. Individualisation means that the burden and responsibility of care is placed solely on the person in question. This removes the role of context and often results in policies that assume a direct line between healthcare seeker and provider. It is deeply rooted in stigma and is weaponised against people seeking care – we see this when abortion seekers are blamed, chastised, and judged when they decide not to seek care in a way that the state has sanctioned, ignoring the contexts and systems that meant that, for example, self-managing an abortion at home was safer and more positive than accessing hospital-based care. Shout out to forthcoming commentary by Rishita Nandagiri and Lucia Berro Pizzarossa

This project aims to explicitly interrogate the power systems and structures that dominate these care pathways, in a way that hasn't been done before. To understand these, it is essential that we map out the ways in which masculinities are constructed and operationalised. My qualitative background and the use of feminist, queer, and decolonial studies, as well as my positionality within this field, meant that sampling with men was an appropriate way to take up space without taking away space in our field. Acknowledging the assumptions and positionality I have, I hired and collaborated with my research team, in order to work reflexively in the context of our study: a community in Accra, Ghana.

Together, we brought together our experiences, backgrounds, assumptions, language and positionalities to carry out a project that aims to explore the relationships between men, masculinities, emergency contraception and abortion related care.

It uses a multi-methods research design: a quantitative study and in-depth interviews.

Much of this was adapted, you can find out more in the protocol I published which is open access.

Originally, it was intended to be a household survey with men in the James Town community. To accommodate the need for physical distancing and good health practice, we changed this to mobile phone methods using respondent driven sampling.

I will be focusing on the quantitative component of this project in this presentation. In paying attention to masculinities and power, I aimed to create a survey that could capture these complexities and, in doing so, reflect on the strengths and limitations of existing data.

Below are three critical datasets used for understanding sexual and reproductive health in Ghana. Of these, only the Demographic and Health Survey asks men questions as part of their survey, and so this is the survey that I intend to focus on for the rest of this presentation, when comparing our research design.

All surveys are underpinned by implicit assumptions and theories, whether it acknowledges these or not. Let's take the concept household, building on the work led by Prof Sara Randall, Prof Ernestina Coast, Dr Tiziana Leone and others. In their work, they analysed whether the standardised definition of the "household" in quantitative data reflects contextual realities – asking the key question "what is a household". Many of us might have found ourselves asking the exact same question when faced with household based COVID-19 policies from the UK government.

In considering these definitional and constructed limitations, I applied an intersecting set of theories as the framework from which to build my survey methodology.

In my theoretical framework, I applied three intersecting lens of feminist, queer and decolonial theories. Across all of these theories, what becomes clear are the ways our knowledge of the world around us, and of ourselves, is constructed. These theories intersect in their grappling with deconstructing these notions and these categories, such as the categories of sex, gender and sexuality. Intersectional feminism reminds us of the ways that hierarchies of oppression render specific populations invisible and on the margins. Queer theory compels us to destabilise categories and notions of gender, sex and sexuality, which decolonising theories make clear the mechanisms through which colonisation continue to dominate the assumptions and constructions that researchers make in the world, asking us to question what we mean by heterosexuality, monogamy, household, outside of the Euro-American context. And it is when we question the stability of the construct household, we see that it doesn't hold in a clear, comparable ways. It changes across contexts, and the theoretical framework I use invites us to consider whose household

has assumed the normative position, and whose realities have been rendered invisible.

We can broaden out the implications of these effects using concepts of power, masculinities and reproductive governance. When we think about power, we are reminded of the structures and systems that dominate the world around us, political, legal, health systems. But we are also reminded to think about way in which power operates. As Foucault theorises, power is produced and reproduced through discourse and knowledge. The forms of knowledge and discourses that are prioritised in a context gain authority and power over other forms of knowledge and other discourses. In other words, if we decide that a certain construct is important, and gear our data up to only collect data on that “construct”, such as the household, we give it power at the expense of other ways of creating and producing knowledge.

Now turning to masculinities. Masculinities are sets of behaviours, attitudes, presentations, that have contextual meaning in the context of expressing a gendered idea of manhood. Prof Raewyn Connell theorised that these are driven by notions of hegemonic masculinities. Hegemonic masculinities are the most idealised form, and the closer a man can be in achieving these idealised sets of characteristics, the more he benefits from the patriarchy. This is because masculinities are inherently linked to power structures and systems. Hegemonic masculinities are highly political. If we think in the UK, it is a white, heterosexual, middle class, able-bodied “bread winner” who might get closest to a form that is idealised by power structures. In return, they obtain the benefits from legal systems that protect them, economic systems that employ them, and political systems that benefit them. Other masculinities are either constructed in opposition or made marginal in these systems. Masculinities also connects to reproduction, and therefore is an essentially important way in which systems and structures dominate the context for women and people who can become pregnant.

And we can link these together, masculinities at the contextual level and power across structural levels, through our understanding of reproductive governance and bio-power. Here I draw on Dr Rishita Nandagiri’s forthcoming work on reproductive governance – and the ways in which different systems and structures create controls that “reproduce, monitor and discipline reproductive behaviours”. I contend that our data collection and research processes are not devoid of that, and when we think of constructs like the household, monogamy or heterosexuality, we are seeing the reproduction

masculine ideals. These data and the knowledge we generate inform policy and define systems and structures. Thus, when we champion a particular idea of household, we see it used in ways that govern policies around fertility, marriage. Who can forget that the government initially did not have a policy for children whose parents lived in separate homes.

Given the enormous role of masculinities and power in reproduction, there are significant questions over why neither concepts are addressed in most major datasets. If we are not producing any knowledge or evidence on these concepts, we render it invisible, instead focusing on the individual that we do have knowledge on. In doing so, we exacerbate and continue patriarchal systems and structures in the process of making certain realities invisible.

This presentation looks at the implications of the way that men have been on the margins, as Caroline Law writes, in SRHR research, and reflects on what happens when we destabilise existing assumptions and make masculinities and power visible.

Taking from Leung's quote of feminist quantitative research, collaboration was key. As a team, we worked extensively through the different aspects of the survey. I gathered existing evidence on gender and sexualities within the context and working with my team, who are all from the study area, to build relevant lists of individuals when considering the question "would you support the following obtain an abortion". As you can see, this was fraught, and we invariably ended up with categories and assumptions.

However, we also used a reflexive and additive approach to the research. Men were encouraged to discuss anyone they considered themselves to be in an intimate relationship with, sexual or non-sexual. We had additional space to record this information, and importantly we had additional space that when we asked questions about attitudes and behaviours, for example to pregnancy or contraceptive use, we repeated these for each relationship they described to us, using their language. This was an attempt at trying to ensure that we don't replicate conditions that render particular people, especially women, invisible due to their placement outside historically used categories. Perhaps to build on this in future, it could be useful to think of people outside of the parameter of relationship who are sexual partners in some way.

As a team, we also worked hard on translations. We first discussed the questions in detail together as a four, in English. Nii Kwaretlai Quartey then led

the translations of these into Ga and Twi, which was discussed as a group. Once we found a way to ask a question with the same meaning in each language, we back translated into the English, and discuss how the English language question could look. The aim to was to make sure there was consistency across meanings and that we avoiding transliteration that ignored linguistic complexities.

As a team, we also discussed ways to avoid stigmatising or presumptive language. The language used to ask men about their knowledge around abortion and emergency contraception was important, not least because the best, or most neutral, way to talk about abortion in Ga was to describe an abortion, rendering our questions asking men to expand on their knowledge obsolete. Aware of the fact that these questions could result in men simply repeating the definition back to us, we kept the words in English, reflecting the public health language used. However, we then followed up our initial question of whether men had heard of abortions with a working definition, and repeating if men had heard of that. This was to account for the multiplicities of definitions, as well as to ensure that we could sense where there might be fissures in health messaging and realities. ADD IN THAT IT WORKED

One of the major components of building this survey was creating literal space in the survey for feedback loops. The use of a Microsoft document, which was possible due to mobile phone methods and being hands free, meant that we could create space around the surveys for the research team to write comments, not just additional comments, but also feedback on things like tone and silence. To capture the three dimensionalities of responses.

We also moved beyond simple testing during piloting towards allowing for feedback and participation from respondents. The piloting was conducted in the immediate week prior to the announcement of the pandemic and was done face to face. We invited participants to talk to us about the questions we had and also about whether they would like to add any questions into the survey. This feedback loop remained through the entire survey, to maximise on participant participation and to reflect the need for flexibility in survey design.

We conducted the survey using mobile phones. More details of this experience can be found in our blog post. Essentially, respondents were given the power to decide when and where they would take a phone call from us, which allowed for a more even distribution of temporal and geographic power in the

respondent-researcher dynamic. The survey was administered verbally and then answers were recorded on a word document, that was saved with a designated codename on an encrypted harddrive and sent to me securely.

How did it go?

I'm going to zoom in on four aspects of the survey to illustrate some of the ways that the theoretical framework we used shaped and destabilised quantitative assumptions: relationships; attitudes and relationality, attitudes and abortion; feedback loops

When it came to the relationship questions, we decided to remove any pre-emptive category. We aimed instead to capture men's own descriptions of their relationships, with the understanding that in doing so, we can make visible far more people than existing data. Using the feedback loop, were able to uncover the multiple ways in which a man might construct an intimate relationship. As you can see here from the researcher's note, a man went to relative length to explain why he would describe the women he has a relationship with as a child's mother, a "baby mama" as opposed to a wife. We were also able to see the disconnect between historical, colonial constructions of the concept polygamy, and men talking about having various sexual or intimate partners. When we compare this to the DHS, for example, we see how the finite categories and lack of space for feedback not only fail to capture realities but can render many intimate partners invisible.

This was essential in helping us understand the relationality of these realities, and unpacking the mechanisms and constructions that drove attitudes towards things like pregnancy.

As evidenced these in these responses, men's responses were directly related to their relation of the person to them. For each man, the researcher asked as many times as was necessary, relating each time back to the person they indicated they were in a form of relationship with.

Moreover, we ask the question of whether a man would support an abortion for the following person, using the categories I described earlier. We don't ask people to relate this specifically to their lived experiences, thereby allowing men who might not have a wife, girlfriend, daughter to still answer hypothetically, as means to understand the underlying expectations men have of the relationality. We see how important constructions of manhood are

around reproduction, and the notion of readiness being linked both by men's own situations and also their perception of the partnership they are in.

It makes clear the need to explode out of the categories yes and no. This binary masks essential realities. By adding in a simple "it depends" and "don't know", with small spaces to follow this up, we get far closer to understanding the mechanisms and operationalisation of power and masculinities.

This was explored further in our questions on the supportability and relationality of abortion. We ask men whether they would support their partner obtain an abortion. The majority of respondents said "no", but it wasn't simple, as you can see by the quotations below. Recording this was made possible by making the question open ended, and not creating pre assigned categories.

Moreover, immediately prior to this question, we ask men if they have ever supported a person obtain an abortion. Immediately after, we asked men if they would in future support a person obtain an abortion.

It cannot be underestimated the evidence that these are not consistently linked. Men's attitudes vary enormously and are totally informed by the context and their own positionality in the abortion trajectory.

When we think about the use of proxy questions, this raises a critical point: what proxy would we use to understand men's attitudes towards abortion? By accounting for different temporalities, past, present, future, the evidence highlights the messiness and complexities of attitudes. These are not static, and any presentation of data as static or as immutable truths only serves to remove the complex systems of power that abortion care seekers must navigate. It is a feminist imperative that we do not lose sight of complexities of the world.

When we compare this to attitudinal and justification questions in the DHS, it is striking how much data and realities would be lost. The restrictions to within marriage, the lack of flexibility or feedback, makes it very questionable to use such static and assumed data. We also can note just how many people, such as other intimate partners, whose realities and exposures to violence or power would be made invisible. This has critical implications for the policies that we create and the reproduction of marginalisation.

Finally, I want to reflect on the feedback loop. This was one of the major data captures, without us even realising. It was through the feedback loops that we have been able to interrogate the ways that men's constructions of their masculinities are reliant on their domination of reproduction and systems of biopower. Moreover, it was through the feedback loop that with participants that we added important aspects into the survey. During the piloting phase, one participant asked us why we don't ask anything about sexual performance in our survey. I was quite stunned, having been told in no uncertain terms in the literature and by various scholars that men don't talk. He told us that it was an important part of his life, in fact, it was the part of his life he felt had most of an impact on him. And so, in addition to the Washington Group Questions, we added this:

It broke down my assumptions and the assumptions of my team about what men would talk about, and was essential in the destabilising of our survey.

So where do we go from here?

I wanted to critically reflect on how making explicit the assumptions and theories behind our surveys is a deeply feminist approach. Whilst I don't want to undermine the utility of large datasets, I think it is essential that we centre a critical view of what the data we have don't tell us. These datasets are not neutral, they champion certain forms of knowledge and can reproduce marginalisation and make many people, especially women and the LGBTQ community, invisible. Including men and masculinities would make visible the complex systems of power that people navigate in seeking sexual and reproductive healthcare.

Destabilising categories and allowing for greater feedback and flexibility in the survey illustrates that messiness and complexities of our realities. But it also takes us a lot further in understanding critical concepts and still further in deconstructing the ways in which data have historically reproduced assumptions that have made many people, and their realities, invisible. Data that make attitudes and behaviours static, that seek to simplify them to a basic notion of yes or no, are not going to be able to give us an accurate picture of the complex pathways and the temporalities of attitudes. It is imperative that we approach quantitative data in a critical way and are reflexive that our use of these data is not neutral, and that we must acknowledge and account for the hierarchies we reproduce.

Perhaps we can think about a future in which co-production in surveys is centred, and that the trade-offs in designing surveys are less focused on the need for clean data. Feedback loops feel a very real and possible way to allow more participation across largescale quantitative data, both within the team and external. This requires space, and technologies are fast allowing us to use these.

In these critical reflections, I feel it is more important than ever to centre the fact that the primary function of data are to represent our realities and complexities. We are not here to fit the data.