

*Gender in Reproductive Decision-making: Issues of **Intersectionality** and **Kyriarchy**?*

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Abstract

Though many scholars acknowledge that gender interacts with multiple factors in the reproductive decision-making process traditional perspectives of gender in reproductive decision-making have overlooked the framework of intersectionality. Less acknowledged is the theory of kyriarchy which describes the power structures developed by intersectionality. Using a Critical Interpretive Synthesis of 24 peer-reviewed articles on women's or men's reproductive decision-making and behaviour within dyads, key constructs are developed that represent perspectives on gender in reproductive decision-making. The synthesis reveals that gender intersects with multiple social axes of identity to determine reproductive decision and behaviour amidst unequal power structures. The influence of gender in reproductive decision-making within dyads thus fits into a framework of intersectionality and is adequately depicted by systems of kyriarchy.

Introduction

That gender factors into reproductive decision-making within dyads is irrefutable. Studies abound that attempt to explain or explore this relationship (Bankole & Singh, 1998; Blanc & Wolff, 2001; Caldwell & Caldwell, 1987; Crissman, Adanu, & Harlow, 2012; DeRose & Ezeh, 2005; Dodoo & Frost, 2008; Dodoo, 1998; Rahman, Mostofa, & Hoque, 2014; Saleem & Pasha, 2008; Upadhyay et al., 2014) but the relationship between gender and reproductive decision-making seems complexly tangled in psychological, social, cultural, legal, economic and political dispensations of life. Reproductive decision-making and behaviour seem to be outcomes of overlapping axes of experiences and identities of an individual. This interrelationship can be adequately explained by a non-direct non-binary framework.

It has been two decades since the 1994 International Conference on Population and Development in Cairo which contributed a discursive shift to sexual and reproductive rights and the integration of individual men's and women's needs into the development agenda. In its Programme of Action, it specifically calls for the promotion of men's contraceptive use, the involvement of men in women's sexual and reproductive decisions, and the encouragement of men's responsible sexual and reproductive practices to prevent and control STIs (Dudgeon & Inhorn, 2004). The aim is to ensure safety and satisfaction in individual's sexual and reproductive lives. Poor reproductive health behaviours have dire consequences for national development.

Undergirding poor reproductive health outcomes are established gender inequalities that determine, to a large extent, reproductive decision-making roles in dyads. However, it is necessary to not overlook the fact that power inequalities move beyond gender. Dudgeon & Inhorn (2004), like Dodoo & Frost (2008), assert that though the relationship between men's power and women's reproductive health is clear there is a dearth of perspectives to help us understand this relationship. That there exist power inequalities in relationships requires a

deeper explanation of power structures than just gender identity. Kyriarchy as a theory explains the interaction of multiple forms of unequal power structures (Osborne, 2015).

Dodoo & Frost (2008), for instance, argue that mainstream fertility theories have not optimally explained Sub-Saharan African fertility behaviour because they do not adequately conceptualise the influence of gender on fertility. The various perspectives to understanding the relationship between gender and reproductive decision-making seem to address different aspects of it, in a rather complementary than contradictory manner as will be established by this literature review. These various perspectives can be wholly absorbed in a framework of intersectionality.

Also, there is a paucity of reviews on gender and reproductive health that consider both heterosexual and same-sex partnerships. By including work on unequal power relation within homosexual dyads, the idea of kyriarchy is better established as it moves beyond the common conceptualisation of gender. Thus, for novelty and to deepen the discourse, the selected literature extends beyond research on marital heterosexual dyads to include research on non-marital relationships as well as lesbian couples.

This survey of the literature is driven by the following critical question to further clarify the discourse on the gender – reproductive decision-making nexus.

1. How has gender been conceptualised with respect to its role in reproductive decision-making?

This question seeks to explore how various perspectives have conceptualised the influence of gender on reproductive decision-making.

Methods

This review is a critical interpretive synthesis à la Dixon-Woods et al. (2006). Drawing to a large extent on meta-ethnography, Dixon-Woods et al. originally developed the Critical

Interpretive Synthesis (CIS) to synthesise research evidence on access to health care by vulnerable groups. Since then, the method has been variously replicated to synthesise literature mainly in health research (Annandale et al, 2007; Entwistle et al, 2012; Flemming, 2010; Kazimierczak et al., 2013; Moat et al., 2013; Talseth & Gilje, 2011). The method has proven useful for integrating literature from both qualitative and quantitative research (Flemming, 2010; Kazimierczak et al., 2013). It has also been specifically used to synthesise literature on gender and access to healthcare (Annandale et al., 2007).

Primarily, CIS is aimed at theory generation from all available evidence whether quantitative, qualitative or theoretical. Also, a major difference between CIS and traditional systematic review methodology is that it involves an iterative and recursive procedure rather than a predefined 'stage' approach (Annandale et al., 2007; Dixon-Woods et al., 2006). The method of review, though qualitative in nature, does not privilege literature on the basis of methodology or theory. Instead of the traditional a priori review question which serves as a bound for review, CIS relies on a grounded approach to theory generation.

CIS involves the identification and development of key themes from the basic evidence referred to by Dixon-Woods et al. as synthetic constructs and from which a synthesising argument is developed. Synthetic constructs are generated from the interpretation and unification of a range of evidence even if they have several disparate aspects (Dixon-Woods et al., 2006). This is similar to the approach used in primary qualitative research where recurring themes are identified. Each synthetic construct generated from the analysis represents a perspective on gender in reproductive decision-making.

This review synthesises findings of both qualitative and quantitative studies examining the relationship between gender and reproductive decision-making. Though the synthesis originally began with a research question a major objective was to let the nature of the relationship emerge from the analysis of the literature. The main aim is to unify the different

perspectives into one theoretical framework that explains the role of gender in reproductive decision-making.

Literature Search and Selection

Relevant literature was initially sought through online search engines using individual or combined forms of the following keywords: gender, reproduction and reproductive decision-making. The search was iterative with further refinements and also included reference chaining. The search was limited to journal articles published from 1995 to 2014 that were freely accessible online or had been subscribed to by the University of Ghana. This did not, in any way, compromise the quality of the review process.

The corpus of literature that was included in the interpretive synthesis was purposively sampled and selected from the extremely large number of search results. In addition to a later quality appraisal test, a selected paper had to fulfil at least one of the following criteria. The paper had to be about:

1. reproductive decision-making in a dyad
2. women's or men's reproductive decision-making and behaviour

In order to limit the scope of review, abstracts were further screened to include only studies that examined childbearing, family planning or contraception and abortion decision-making. Those that focused on sexually transmitted infections (STIs) and maternal, infant and child health were excluded from the analysis. The quality of the selected papers was assessed on the basis of “appraisal prompts for informing judgement about quality of papers” used by Dixon-Woods et al. (2006), (Appendix 1).

Data abstraction

To abstract relevant data for the synthesis, each paper was summarised based on a devised proforma which included the aim of the paper, epistemological basis, context (place and year), participants and key findings. The summaries of the finally included papers are presented in Appendix 2.

Findings and Discussion

Multidimensionality of reproductive decision-making

Reproductive decision-making is usually a complex process with personal, dyadic, family community and various other external influences in different demographic, economic and sociocultural *spimes* (space and times). Reproductive decision-making itself is a spectrum of dilemmas (Raine et al., 2010) precipitated by personal, interpersonal, social and even spontaneous other factors not predetermined by individuals (Bankole & Singh, 1998; Gipson & Hindin, 2007; Maternowska et al., 2010). Nonetheless, disparate preferences exist among couples for fertility and contraceptive use among other reproductive behaviours. According to Gipson & Hindin (2007), fertility motivations differed between husbands and their wives and it was evident from partners' disagreement about number and sex composition of children as well as contraceptive behaviour.

Socio-cultural context of reproductive decision-making

The sociocultural and legal contexts within which reproductive decision-making takes place determine how reproductive behaviour can be influenced by gender. Sociocultural *spimes*, as a synthetic construct, refer to the structural contexts within which reproductive decisions are made. These may include norms and values which depict or influence what individuals'

preferences and behaviours should be like, as the following pieces of evidence from the synthesis point out.

Cultural taboos on the discussion of sex made discussion about family planning or contraception difficult for some couples, especially young couples at early stages of marriage (Gipson & Hindin, 2007). Similarly, from the study by Varga (2003) among young adolescents in South Africa, it is evident that cultural expectations of women to adopt passive positions to sex makes it difficult for them to negotiate safe sex and contraceptive use. These corroborate findings by Gage (1998) and others that, culturally defined sexuality and gender roles interacts with other personal factors to greatly influence adolescents' reproductive decision-making. DeRose & Ezeh (2005) suggest that where women's fertility desires are supported by social structures and systems, women assume greater power in achieving them irrespective of their husband's characteristics or intentions.

In fact, cultural norms exert so much influence on reproductive decision-making which may not be mitigated by education or other policy structures. Dodoo et al. (2014) found that the reproductive obligations imposed on women by bridewealth payment may not be mitigated by their educational status. This study was conducted in a rural setting where traditional values and structures are rife; thus their recommendation that in the future, similar research be conducted in more highly educated settings. Dodoo & Tempenis (2002) clearly demonstrate that male role is more profound in reproductive decision-making in more traditional rural settings than in modernised urban societies.

Also, normative cultural perceptions of childbirth as biological relatedness significantly influence non-birth lesbian parents' decision to seek a child of their own (Butterfield & Padavic, 2014). The lack of parental rights to the non-birth partner as dictated by law pitches some lesbian couples against their societies (Almack, 2006; Butterfield & Padavic, 2014). Nordqvist (2012) similarly identified that pressure to conform to conventional family norms

and types was linked to lesbian couples' negotiations for family connections in donor conceptions.

The examples above demonstrate the dynamism of power structures determined by the positionality of individuals within their cultural settings.

Dyadic factors in reproductive decision-making

The characteristics of a relationship are key in determining reproductive decisions made by males and females regarding contraception or sex negotiation.

In their study of young men aged between 19 and 26 in low income neighbourhoods in the San Francisco Bay area, Raine et al. (2010) identify that young men desired to avoid pregnancy in casual relationships with women they had no intentions of having a stable relationship with. They similarly identified that these young men were wary of their casual partners who might want to stabilise the relationships with a pregnancy. The primary motivation for condom use in such relationships was for men to prevent STIs. This shows that disparate reproductive preferences may stem from incongruent relationship values and goals for men and women. In another study involving women and men in Accra, Osei et al. (2014) identify that women in more stable and supportive relationships have a greater likelihood to use modern contraceptives than their counterparts in less supportive relationships.

Time, referring to the duration or stage of marriage, is critical to status and reproductive decision-making. For example, Gipson & Hindin (2007) who try to explore decision-making regarding fertility and family size among rural Bangladeshi men and women suggest that newly married women, in patrilocal residential systems, place themselves at the service of the husbands and their kin. With the effluxion of time and as they bear more children these women acquire higher status in their marital homes and the services they render gradually reduces.

Their reproductive decision-making becomes more independent with time, as they move up the cultural hierarchy of power.

Osei et al. (2014) outline how different stages of a relationship are linked with contraceptive use. Particularly, unprotected sex is common at sexual debut and at first sex with a new partner. Stable relationships are characterised by traditional contraceptive methods while after a child/children couples opt for modern contraceptives but soon women discontinue due to side effects. Maternowska et al. (2010) similarly identify that the marriage stage influenced reproductive decision-making roles of men and women immigrants.

Spousal age difference is however not associated with contraceptive decision-making (Ibisomi, 2014).

Agency/self-efficacy in reproductive decision-making

It is very important to note the role of agency and self-efficacy in reproductive decision-making. Individuals are not passively adherent to social norms. They actively participate in the perpetuation of these practices or behavioural change. Blanc & Wolff (2001) intimate that a sense of control over fertility outcomes engenders a favourable atmosphere for negotiation of condom use for both partners. Ibisomi (2014) identifies how some Nigerian women resorted to use contraceptives to suit their personal fertility intentions in spite of the incongruence with that of their partners.

Do & Fu (2011) recognise the importance of their self-efficacy in women's ability to negotiate sexual activity and condom use. They also note however that women's self-efficacy could be dependent on the fulfilment of some fertility-related sociocultural expectations such as son preference. Similarly, self-efficacy is context specific and is just a component of intricate relationship dynamics.

The discussion above hinges around the complexity of the reproductive decision-making process as it is situated in socio-cultural contexts. It shows how multiple factors interact with gender at multiple levels to influence decision-making in a dyad. The socio-cultural context is a key to understanding the relationship between gender and reproductive decision-making.

Construction of gender

Gender shapes individuals' identities and self-concepts through socially engineered ideologies of masculinity and femininity. Their identity and self-concept is critical to their roles in reproductive decision-making.

The critique of the construction of gender in the literature concerning its role in reproductive health is based on the inconsistency of its construction in research. This points to the fact that gender itself is a contested multidimensional concept in that there is no one definition for it.

Gender is often constructed within the strictures of power dynamics in dyads. Stephenson et al. (2012), for instance, focus on balance of power and equitable attitudes within relationships. Dodoo et al. (2014) also note that bridewealth payment subordinates women to men as it reduces their reproductive autonomy. DeRose & Ezeh (2005) weigh the relative influence of partner's characteristics on reproductive intentions. In much of the literature, reference has been made to patriarchal social structures where women are subordinates to their male partners (Ampofo, 2001; Do & Kurimoto, 2012; Dodoo & Landewijk; Frost & Dodoo, 2010; Jejeebhoy & Sathar, 2001). This makes them subalterns in dyads with little or no control over their reproductive lives. Also, there is the construct of gender that links it with vulnerability. For instance, Gipson & Hindin (2007) note that the vulnerability of young women living with their in-laws drove them to have children in order to consolidate their positions. However, Varga (2003) and Walcott et al. (2014) demonstrate how in their attempt to fit their societies' definition of masculinity young men expose themselves to STIs as well as irresponsible

fatherhood. Thus though they may not necessarily be subordinates to their female partners men may be predisposed to reproductive health risks.

It must be noted however that gender is dynamic irrespective of how it is constructed. The non-static nature of gender roles is depicted in the study by Maternowska et al. (2010) among Mexican immigrants into the United States who experienced shifting gender roles as they got assimilated into their host communities.

The critique on the construction of gender in making reproductive decisions is that the literature has focused on women's lack of power, men's roles and spousal communication in decision-making. The feminist paradigm has been concerned with critiquing existing patriarchal structures within societies which deprive women of power within relationships and communities, thus affecting their reproductive health (Ampofo, 2001; Blanc & Wolff, 2001; Blanc, 2001; Jejeebhoy, 1998; Verma & Collumbien, 2003). Does this mean then that men have control over their own reproductive health?

Contrary to claims by Caldwell & Caldwell (1987) that male dominance over reproductive decision-making contributed to a delay in the fertility transition, DeRose & Ezeh (2005) found that the onset and rapid progress of Ghana's fertility was largely determined by men's characteristics. Similarly, Avogo & Agadjanian (2008) found that encouragement received from men's social networks to use contraception significantly influenced their partners' contraception adoption, though through spousal communication. Though the facts may seem contradictory, their unification points to the male role theory of reproductive decision-making and behaviour.

That men have an influence in the reproductive decision-making process of their partners as they get more involved or enlightened, as some evidence has indicated (Avogo & Agadjanian, 2008), is proof enough that they themselves may not have control over their own reproductive lives. Thus, focus on the weaknesses of women in relation to reproductive health may not be

effective given that men control resources and significantly influence reproductive decision-making (Walcott et al., 2014). Recommendations have been made for reproductive health programmes and policies to target and involve men (Avogo & Agadjanian, 2008; DeRose, Dodoo, Ezeh, & Owuor, 2004; DeRose & Ezeh, 2005; Dodoo, 1998; Dudgeon & Inhorn, 2004; Osei et al., 2014; Speizer, Whittle, & Carter, 2005; Walcott et al., 2014).

Evidence from research into lesbian relationships reveals that there is power imbalance therein. Legislation, through policies and family law, determine the construction of parenting and reproductive decisions among non-normative family forms (Almack, 2006). Also, by virtue of belonging to societies where ideas about motherhood and parenthood have traditionally been biologically determined non-birth parents are faced with the dilemma of being a partner to a mother but not a parent to a child (Almack, 2006; Butterfield & Padavic, 2014). The wider socio-legal context, which goes beyond just the partners in a dyad to the level of the state, may either directly or indirectly impact on reproductive decision-making of partners.

Emerging Theoretical Framework of Intersectionality

From the critical interpretive synthesis, a relationship can be established to depict the interactivity of factors at different levels to affect reproductive decision-making. Rather than the static right of one party, reproductive decision-making is an emergent function of a myriad of processes ranging from the proximal to distal influences, and could involve the same, different or both parties of a dyad at different times. The synthesising argument on gender in reproductive decision making is embedded in “socio-cultural being”. It is evident from the analysis that reproductive decision-making is largely determined by sociocultural norms and values. Similarly, gender roles and traits are defined by socio-cultural norms and values. An individual’s gender and their reproductive decision-making are functions of the societies in which they live. Thus, this relationship is centred on people’s belonging to specific societies in

specific spines. This has aided in the development of a theoretical framework for explaining the gender - reproductive decision-making nexus. The theoretical framework is presented in Appendix 3.

Conclusion

Different paradigms with variations in epistemology and ontology have arrived at different conclusions on the relationship (or the nature of it) between gender and reproductive decision-making. In effect, the role gender plays in reproductive decision making is contested though undisputable. Using a Critical Interpretive Synthesis à la Dixon-Woods et al., I develop a *synthesising argument* from relevant literature on the role of gender in reproductive decision-making. The reviewed literature consisted of both qualitative and quantitative research on heterosexual as well as same-sex dyads. It is based on the synthesis that reproductive decision-making appears to be multidimensional as well as multifactorial and gender is one key dynamic component of the process.

The role of gender in reproductive decision-making is dependent on the socio-cultural being. Societal norms and values shape behaviour. People are active, rather than passive, agents of behaviour and dyadic contexts either enable or stifle their reproductive decision-making. The conventional conceptualisation of gender in the context of power dynamics only within heterosexual relationships may conceal an important aspect of power relations among same-sex couples.

Thus a holistic approach towards the conceptualisation of gender and power dynamics is required to deepen the discourse regarding relative spousal power and reproductive decision-making. Attempts to improve individuals' attitudes and improve their reproductive decision-making that do not address underlying sociocultural structures of behaviour or decision-making may prove futile and probably be serving a majority while ignoring a disadvantaged minority.

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Appendix 1

Appraisal prompts for informing judgements about quality of papers

1. Are the aims and objectives of the research clearly stated?
2. Is the research design clearly specified and appropriate for the aims and objectives of the research?
3. Do the researchers provide a clear account of the process by which their findings were reproduced?
4. Do the researchers display enough data to support their interpretations and conclusions?
5. Is the method of analysis appropriate and adequately explicated?

Appendix 2

	Included paper	Aim	Epistemology	Participants	Key findings
1	Stephenson et al., 2012. Ethiopia & Kenya	To associate scores on male & female gender equity scales with contraceptive use	Survey	300 men and 520 women (Ethiopia) 310 men and 655 women in Kenya ages 18-45	<ol style="list-style-type: none"> 1. Except among Ethiopian women, those who scored high on scales tend to use contraceptives 2. GEM high men reported more contraceptive use and this was also associated with Kenyan women's use 3. Only top categories are associated with increased contraceptive use.
2	Raine et al., 2010. USA	to assess the impact social norms of sexual relationships on contraceptive use	Focus group discussions (8) Content analysis	64 young men aged 19-26 years	<ol style="list-style-type: none"> 1. Fluidity of relationships 2. Relationship types (commitment) affect contraceptive use 3. Relationship values and goals differ for men and women 4. Use of condom for disease prevention
3	Gipson & Hindin, 2007. Bangladesh	to explore communication and negotiation regarding contraception and childbearing	Multiple semi-structured interviews Life history approach	19 couples	<ol style="list-style-type: none"> 1. Younger women are vulnerable and have children to consolidate their status in the family 2. Negotiation of contraception and childbearing preferences 3. Non communication among young couples, as a result of normative values, cultural taboo on discussing sex and eventual communication by couples

					4. Multiple levels of influence affect reproductive decision making: relatives and friends
4	Bankole & Singh. 1998. Sub-Saharan Africa, North Africa, Asia & Latin America	to understand the role of husbands in reproductive decision-making	DHS between 1990 and 1996	13 countries in SSA 2 in N Africa 2 in Asia 1 in L. America	1. Gender differentials in fertility preferences, particularly decline occurs first among women 2. Joint fertility intentions determine method use
5	Dodoo et al., 2014. Ghana	to examine the efficacy of education in mitigating the effects of bridewealth payment on women's reproductive autonomy	Vignette experiment	276 women aged 18 and above	1. Bridewealth payment constrains women's reproductive autonomy 2. Education may do little to limit the effects of bridewealth payment on reproductive autonomy
6	Osei et al., 2014. Ghana	to explore how fertility and contraceptive decisions are made with changing sexual norms and in relationship	In-depth contraceptive life history interviews	80 sexually active men and women in Accra	1. Relationship stage and type influences the method used and reproductive stages 2. Multiple levels of influence affect reproductive decision making: networks
7	Blanc & Wolff, 2001	to critically examine the role of gender inequality in the domain of decision-making about fertility and sex in the discussion and use of condom	Mixed Methodology	1750 females in stable relationships 1356 male partners	1. Pervasive gendered norms prevent men and women from using condoms in stable relationships 2. Rather than women's empowerment a sense of personal control over fertility outcomes engenders a conducive environment for negotiation of condom use for both partners
8	Walcott et al., 2014.	to identify the association between	Survey	549 men aged 19-54	1. Masculinity and inequitable gender norms influence men's family planning practices

	Jamaica	gender norms and family planning practices among men			2. Higher support for masculinity norms is associated with the desire for larger families and fathering children with multiple mothers
9	Speizer et al., 2005. Honduras	to characterize the social and household contexts of reproductive health decision making	Survey ENESF-2001 & ESNM-2001	5741 women 2134 men	1. Less educated men and women tend to support male-centred decision-making 2. Type of union is associated with decision-making among men but not women 3. Decision making attitudes are associated with family planning behaviours
10	Maternowska et al., 2010. USA	to understand the complexity of changing expectations among male and female immigrants and the resulting reproductive health practices	Semi-structured interviews Grounded theory	26 female 18 male Mexican migrants	1. Migrants initially reproduce societal and cultural norms and values 2. Overtime and gradually, with further assimilation, they adopt values of the destination area 3. Stage in marriage defines some reproductive behaviour
11	Dodoo & Tempenis, 2002. Kenya	to investigate the spatial difference in the role of gendered power in reproductive decisions	Kenya DHS 1989 & 1993	2358 couples	1. Reproductive decision making is governed by different processes in urban and rural settings 2. Gendered preferences affect contraceptive use in rural areas more than in urban areas
12	Varga, 2003. South Africa	to examine links between gender ideology or gender roles and the social impact of adolescent childbearing on rural and urban adolescents	triangulated research methodology (FGD, in-depth interviews, narrative role playing and discussions, and questionnaires	36 in-depth interviews 12 FGD 686 individual questionnaires	1. Sociosexual culture is governed by male and female respectability based on traditional standards 2. Safe sexual behaviour compromised by standards for adolescent males 3. Demonstration of masculinity by accepting paternity is particularly a rural phenomenon sharply diffused in urban settings

13	Ibisomi, 2014. Africa	to determine whether marital age difference is associated with the woman's ability to use contraceptive	2008 Nigeria Demographic and Health Survey	6,552 married couples Men (15-59) Women (15-49)	<ol style="list-style-type: none"> 1. Age difference has no significant relationship with contraceptive use 2. Women use contraceptives to match their fertility decisions incongruent to husband's intentions
14	Do & Fu, 2011. Vietnam.	to examine the relationship between self-efficacy in negotiating sexual activity and condom use,	2005 Vietnam Population and AIDS Indicator Survey	4632 married women	<ol style="list-style-type: none"> 1. Women's self-efficacy significantly influences their condom use 2. Fulfilling certain sociocultural expectations, especially fertility or son preference, accords women some efficacy to negotiate safe sex
15	Avogo & Agadjanian, 2007. Ghana	to assess the effects of encouragement to use family planning from men's personal network partners on their wives' adoption of modern contraception	Panel survey	1353 married women 1153 married men	<ol style="list-style-type: none"> 1. Encouragement from men's social networks significantly increases likelihood of partner's subsequent contraceptive use through spousal communication 2. Encouragement from women's social networks increased likelihood of their contraceptive use directly and through spousal communication
16	Butterfield & Padavic, 2014. USA	To unpack some structural and social-psychological forces that shape social change	In-depth interviews	27 women with children	<ol style="list-style-type: none"> 1. Structural heteronormative arrangements, including biological relatedness, obstruct egalitarianism in lesbian relations 2. Non-birth co-parents with limited legal rights may, as a strategy, opt to give birth to a child
17	Nordqvist, 2012. England & Wales	to explore the rationale that lesbian couples use to make their reproductive decisions	25 in-depth interviews	45 married lesbian women who had pursued or were pursuing parenthood through donor conception	<ol style="list-style-type: none"> 1. Lesbian co-parents are under pressure to 'fit in' 2. Social shift from freedom of tradition to identifying with traditional ways of doing intimacy 3. Lesbian co-parents strategically adopt normative discourses to protect children
18	Almack, 2006. UK	to examine how lesbian couples	60 interviews comprising a set of joint and	20 lesbian parent families where first	<ol style="list-style-type: none"> 1. Public and popular discourses have often presented lesbian parenthood in a largely negative light 2. Legislation limits lesbian parents' adoption rights

		react to socio-legal discourses around the legitimacy of the lesbian parent family created by donor insemination	separate interviews	child was conceived using donor sperm	3. Lesbians deemed 'unfit to parent', raising concerns about the potentially detrimental outcomes for children
19	DeRose & Ezeh, 2005. Ghana	to test the influence of husbands' characteristics on wives' fertility intentions during the first decade of rapid fertility decline	Ghana DHS 1988, 1993 & 1998	1,010 matched husband-wife pairs	1. Lower fertility seems to be associated more with men's declining fertility desires than with women's increasing reproductive autonomy

Appendix 3

Intersectionality of gender and reproductive decision-making

