**REVIEW ARTICLE**

# Men's perspectives on termination of pregnancy in South Africa: A narrative review

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## Abstract

This narrative review synthesises evidence on South African men's perspectives, experiences, and involvement in termination of pregnancy (TOP), an area that remains underexplored in sexual and reproductive health and rights (SRHR) research and policy. A systematic search from PubMed, EBSCOHost, Web of Science, Sabinet, Scopus, and Google Scholar identified ten English-language studies published between 2013 and 2025. Data were analysed using thematic synthesis resulting in emergence of four themes: attitudes, beliefs, and knowledge regarding TOP; relational and socioeconomic contexts shaping men's experiences; emotional and psychological responses; and roles in decision-making and support. Limited reproductive health knowledge, socio-economic pressures, dominant norms of masculinity, and marginalisation within healthcare settings constrained men's ability to provide effective support. The review highlights a critical gap in African SRHR practice and underscores the need for gender-sensitive approaches that recognise men as emotional stakeholders while safeguarding women's reproductive autonomy. *(Afr J Reprod Health 2026; 30 [16]: 132-146).*

**Keywords:** Termination of pregnancy, abortion, men's perspectives, reproductive health, male involvement, South Africa

## Résumé

Cette revue narrative synthétise les données probantes concernant les points de vue, les expériences et l'implication des hommes sud-africains dans l'interruption de grossesse (IG), un domaine encore peu exploré par la recherche et les politiques en matière de santé et de droits sexuels et reproductifs (SDSR). Une recherche systématique effectuée sur PubMed, EBSCOHost, Web of Science, Sabinet, Scopus et Google Scholar a permis d'identifier dix études en langue anglaise publiées entre 2013 et 2025. Les données ont été analysées selon une approche de synthèse thématique, faisant émerger quatre thèmes : les attitudes, croyances et connaissances relatives à l'IG ; les contextes relationnels et socio-économiques façonnant l'expérience des hommes ; les réactions émotionnelles et psychologiques ; ainsi que les rôles joués dans la prise de décision et le soutien. Des connaissances limitées en matière de santé reproductive, des pressions socio-économiques, des normes de masculinité dominantes et une marginalisation au sein des services de santé ont entravé la capacité des hommes à apporter un soutien efficace. Cette revue met en lumière une lacune majeure dans les pratiques de SDSR en Afrique et souligne la nécessité d'adopter des approches sensibles au genre, qui reconnaissent les hommes comme des acteurs émotionnellement impliqués tout en préservant l'autonomie reproductive des femmes. *(Afr J Reprod Health 2026; 30 [16]: 132-146).*

**Mots-clés:** Interruption de grossesse, avortement, points de vue des hommes, santé reproductive, implication des hommes, Afrique du Sud

## Introduction

Termination of pregnancy (TOP) is a critical public health and human rights issue globally, situated within the broader sexual and reproductive health and rights (SRHR) frameworks that emphasise bodily autonomy, gender equality, and equitable access to health care.[1-3] Although global SRHR discourse has appropriately prioritised women's autonomy and rights in relation to abortion, there is growing acknowledgement that decisions about TOP are often made within social and relational contexts where male partners can exert influence.[4-6] Men's participation may take supportive, ambivalent, or obstructive forms, and their beliefs, emotions, and actions can affect women's access to TOP services, emotional well-being, and relationship dynamics.[6,7] Despite this,

men's own experiences and perspectives regarding TOP remain insufficiently explored in SRHR research.

Termination of pregnancy involves the deliberate ending of a pregnancy using medical or surgical methods.[8] Globally, unsafe abortion continues to contribute substantially to maternal morbidity and mortality, particularly in low- and middle-income countries (LMICs), despite the availability of safe and effective abortion services at healthcare facilities.[9,10] Consequently, international policy frameworks increasingly position access to safe abortion as both a public health priority and a fundamental human rights issue.[5] At the same time, these frameworks recognise that abortion experiences are shaped not solely by legal access, but also by interpersonal relationships, prevailing social norms, and gendered power dynamics that influence decision-making and emotional responses.[3,11]

Across sub-Saharan Africa, TOP remains highly contested, shaped by restrictive legal frameworks, deeply rooted religious and cultural norms, and entrenched patriarchal gender relations.[10] Evidence indicates that men's attitudes toward abortion influence women's access to services, experiences of stigma, and psychological well-being.[7,12,13] However, men are frequently excluded from formal SRHR education and services, resulting in limited knowledge of abortion legislation, care pathways, and potential supportive roles.[14,15] This exclusion perpetuates misinformation and uncertainty regarding men's responsibilities in TOP-related decision-making.

Within this regional context, South Africa presents a distinctive socio-legal environment for TOP. Since the enactment of the Choice on Termination of Pregnancy (CTOP) Act (Act No. 92 of 1996), abortion has been legally available on request during the first trimester and under specified conditions up to 20 weeks of gestation.[16] The Act is considered one of the most progressive abortion laws in Africa and has contributed to significant reductions in abortion-related morbidity and mortality.[9,17] Nevertheless, legal permissibility has not eliminated social stigma, moral contestation, or gendered power relations surrounding abortion.[18] As a result, abortion continues to be framed predominantly as a women's issue, with limited recognition of men's emotional experiences, perspectives, and participation in healthcare and public discourse.[19,20]

At both interpersonal and community levels, men's experiences of TOP in South Africa are influenced by socioeconomic challenges, unemployment, culturally constructed ideals of masculinity, and societal expectations regarding fatherhood.[21,22] Research indicates that men may experience a range of complex and sometimes conflicting emotions following a partner's TOP, including guilt, grief, anxiety, relief, and helplessness.[23-25] Dominant norms of masculinity that emphasise emotional restraint and self-reliance frequently discourage men from expressing vulnerability or seeking support, contributing to emotional isolation and limited discussion of their experiences.[22,26] In addition, gaps in knowledge about TOP legislation and exclusionary practices within health services can exacerbate relational tension, psychological distress, and disengagement from supportive roles.[27] South African legislation, including the CTOP Act and Section 27 of the Constitution, explicitly prioritises women's SRHR and bodily autonomy, an approach that is ethically and legally necessary.[16] However, these frameworks largely overlook men's emotional, relational, and psychosocial experiences in the context of TOP. While men do not hold legal authority in abortion decisions, their marginalisation in policy, research, and service delivery may limit opportunities for meaningful involvement and contribute to unresolved emotional distress.[19,20] Although male involvement in SRHR more broadly has received increasing scholarly attention,[28,29] research focusing directly on men's perspectives regarding TOP in South Africa remains limited, fragmented, and often indirect, with studies frequently prioritising women's experiences or health-system perspectives.[6]

Given the relational nature of reproductive decision-making and the ongoing influence of gender norms on TOP experiences, synthesising evidence on men's perspectives in the South African socio-legal context is necessary. This review aims to consolidate the available literature on men's perspectives regarding TOP in South Africa, identify dominant themes and contextual

influences, and highlight gaps relevant to gender-sensitive SRHR policy, practice, and future research, while maintaining a clear commitment to safeguarding women's reproductive autonomy.

# Methods

This review employed a descriptive narrative approach to explore and synthesise research on men's views and experiences of TOP in South Africa. This approach was considered appropriate given the heterogeneous nature of the literature, which includes qualitative, quantitative, and mixed-methods studies across multiple disciplines. Unlike systematic reviews, which prioritise strict aggregation of homogenous evidence, a narrative review enables comprehensive, critical, and interpretive synthesis, allowing for broader interdisciplinary integration, conceptual insight, and the accommodation of diverse methodologies, contexts, and research questions.[30,31] This approach enabled a comprehensive, interdisciplinary understanding of men's emotional, attitudinal, relational, and sociocultural experiences related to TOP.

## *Search strategy*

To achieve the objective of this review, a comprehensive literature search was conducted across PubMed, EBSCOhost, Web of Science, Sabinet, and Scopus. The databases were selected for their complementary coverage of public health, psychological, and interdisciplinary literature relevant to men's experiences of TOP. The search employed structured combinations of population-, concept-, and context-related terms using Boolean operators, tailored to each database. The query string was initially developed for PubMed and then adapted for the other databases (see Table 1). We also used Google Advanced Search to identify articles with titles including men's perspectives on abortion, ensuring that at least one word in the article addressed attitudes, experiences, beliefs, decision-making, or support. The reference lists of relevant publications were screened to identify additional sources. Grey literature, including policy documents, reports, theses, and conference papers, was also searched to include views often overlooked in peer-reviewed journals.

## *Inclusion and exclusion criteria*

The eligibility criteria were developed in accordance with the Joanna Briggs Institute Population, Concept, and Context (PCC) framework,[32] ensuring that the review focused on men as the population of interest, men's perspectives on TOP as the core concept, and the South African context within which these perspectives are situated (see Table 2).

## *Quality assessment*

The methodological quality of all the included studies was independently assessed by the authors using the Critical Appraisal Skills Programme (CASP) checklist.[33] The CASP tool was used to evaluate study quality across core domains, including the research objectives, suitability of the methodology, recruitment processes, data collection methods, reflexivity, data analysis, and overall contribution of the research. Each study was classified as low, moderate, or high quality according to how comprehensively it met the criteria. To enhance consistency and minimise bias, disagreements in quality ratings were addressed through discussion and consensus. Only studies assessed as moderate to high quality were included in the synthesis to strengthen the credibility of the findings and minimise potential bias.

## *Data analysis and synthesis*

Data were analysed using a narrative synthesis approach.[34] An iterative process of close reading, coding, and cross-study comparison was used to identify recurring patterns, divergences, and contextual influences. Themes were derived inductively, considering sociocultural norms, gender expectations, legal frameworks, and health system factors that shape men's experiences and roles in TOP. The synthesis emphasised interpretive integration over quantitative aggregation, enabling the inclusion of evidence from multiple study designs. Convergent and contradictory findings were critically examined to identify dominant narratives, underrepresented perspectives, and gaps in the literature. Although a formal quality assessment was conducted using the CASP checklist, study rigor, sample characteristics, and

limitations were further considered to support credible interpretation. This method provided a holistic understanding of men's experiences of TOP in South Africa, informing implications for research, policy, and gender-sensitive reproductive health practice.

# Results

## *Description of included studies*

An initial literature search across electronic databases and other sources yielded 489 records. All records were exported to the Zotero reference management software, where 230 duplicate records were identified and removed. This process resulted in 259 unique records for title and abstract screening. Titles and abstracts were independently screened by the authors using the predefined inclusion and exclusion criteria based on the PCC framework. During this stage, 122 records were excluded due to irrelevant titles, abstracts, or keywords. The remaining 137 reports were retrieved and assessed in full text for eligibility.
The authors independently reviewed full-text articles. At this stage, 127 studies were excluded for the following reasons: a primary focus on women's experiences of TOP, studies conducted outside the South African context, review articles, and studies that did not address men's perspectives, attitudes, emotions, or experiences related to TOP. Any disagreements during screening and eligibility assessment were resolved through discussion and consensus. Following this process, ten studies met the inclusion criteria and were included in the final synthesis. The study selection process is illustrated in the flow diagram (Figure 1).

Table 3 summarises the included studies, detailing the author(s) and publication year, study location, study design, sample characteristics, and key findings. The included studies comprised qualitative, quantitative, and mixed methods designs conducted across multiple South African provinces, involving participants ranging from adolescents to adult men.

## *Thematic findings*

Drawing on these studies, four themes that capture men's perspectives on TOP within the South African context were identified through thematic synthesis: (1) attitudes, beliefs, and knowledge regarding TOP; (2) relational and socioeconomic contexts shaping men's experiences; (3) emotional and psychological responses; and (4) roles in decision-making and support. These themes were interrelated and reflected the influence of individual values, gender norms, relational dynamics, and structural conditions.

## *Attitudes, beliefs, and knowledge about the termination of pregnancy*

Men's attitudes towards TOP in South Africa reflect a broad spectrum of beliefs shaped by religious, moral, socio-cultural, and generational influences, alongside varying levels of knowledge about reproductive health legislation and services.[19,20,27,35-37] Across studies, men's views ranged from strong support for women's reproductive autonomy to firm opposition grounded in moral reasoning, religious doctrine, or traditional belief systems. [22,38-40]

Religiosity consistently emerged as a central influence on attitudes towards abortion. Strong religious affiliation, particularly within Christian belief systems, was associated with moral opposition to TOP and the framing of abortion as unacceptable.[35,36] These positions were frequently embedded within broader normative frameworks related to sexuality, gender roles, and family formation, indicating that abortion attitudes were rarely expressed as isolated ethical judgments. Variation in attitude was evident across age and educational context. Younger men and those exposed to higher education environments were more likely to articulate conditional or supportive views toward TOP, often emphasising women's right to choose while simultaneously articulating personal moral unease or ambivalence.[27,37-39] Ronco[39] highlights how male university students negotiate competing discourses of rights, responsibility, morality, and relational obligation, resulting in complex and sometimes contradictory views.

Qualitative evidence further highlighted how men navigate tensions between acknowledging women's legal rights and managing their own moral or emotional responses. For instance, Macleod and

**Table 1:** Search strategy

| Database | Query string |
|---|---|
| PubMed | (men[MeSH Terms] OR male*[Title/Abstract] OR men[Title/Abstract] OR fathers[Title/Abstract] OR partners[Title/Abstract] OR "male involvement"[Title/Abstract]) AND (abortion[MeSH Terms] OR "termination of pregnancy"[Title/Abstract] OR abortion[Title/Abstract] OR TOP[Title/Abstract]) AND (perspective*[Title/Abstract] OR attitude*[Title/Abstract] OR belief*[Title/Abstract] OR experience*[Title/Abstract] OR emotion*[Title/Abstract] OR perception*[Title/Abstract] OR decision-making[Title/Abstract] OR support[Title/Abstract]) AND ("South Africa"[MeSH Terms] OR "South Africa"[Title/Abstract]) |
| Web of Science | ((men OR male* OR father* OR partner* OR "male involvement") AND (abortion OR "termination of pregnancy" OR TOP) AND (perspective* OR attitude* OR belief* OR experience* OR emotion* OR perception* OR "decision-making" OR support) AND ("South Africa")) |
| EBSCOhost | (men OR male OR father OR partner OR "male involvement") AND (abortion OR "termination of pregnancy" OR TOP) AND (perspective OR attitude OR belief OR experience OR emotion OR perception OR "decision-making" OR support) AND ("South Africa") |
| Sabinet | (men OR male* OR father* OR partner* OR "male involvement") AND (abortion OR "termination of pregnancy" OR TOP) AND (perspective* OR attitude* OR belief* OR experience* OR emotion* OR perception* OR "decision-making" OR support) AND ("South Africa")<br>[Abstract] [Languages: English] [Publication Date: (01/01/2013 TO 12/31/2025)] AND [Full access] |
| Scopus | ((men OR male* OR father* OR partner* OR "male involvement") AND (abortion OR "termination of pregnancy" OR TOP) AND (perspective* OR attitude* OR belief* OR experience* OR emotion* OR perception* OR "decision making" OR support) AND ("South Africa"))<br>Limit-to-: English; Publication Date: (01/01/2013 TO 31/12/2025) AND Full access articles. |

**Table 2:** Eligibility criteria based on PCC Framework

| PCC element | Inclusion criteria | Exclusion criteria |
|---|---|---|
| Population | Studies involving adult men or adolescent males expressing views, attitudes, emotions, or experiences related to TOP. | Studies focusing exclusively on women's experiences of TOP. |
| **Concept** | Studies exploring men's attitudinal, emotional, relational, social, cultural, ethical, or decision-making experiences related to TOP. | Studies not addressing men's perspectives on TOP or focusing solely on clinical or legal aspects without consideration of men's views. |
| **Context** | Studies conducted within South Africa, reflecting the country's socio-legal and cultural context of TOP. | Studies conducted outside South Africa. |
| **Publication characteristics** | English, peer-reviewed studies and relevant grey literature published from January 2013 to December 2025. Qualitative, quantitative, and mixed-methods studies. | Non-English publications; grey literature lacking relevance to men's perspectives on TOP. Review studies. Studies published before 2013. |

Hansjee[19] report that men frequently acknowledged women's legal right to abortion while simultaneously articulating moral discomfort or positioning themselves as supportive yet emotionally detached. Similarly, Stal[20] highlights that men expressed reproductive interests, including emotional attachment to the pregnancy and concerns about fatherhood, that shaped their attitudes toward TOP, yet these interests remain inconsistently recognised within reproductive health and legal frameworks.

Across studies, persistent knowledge gaps were evident. Limited awareness of the legal status of abortion, gestational limits, and the availability of safe TOP services contributed to misinformation, fear, and uncertainty among men, constraining their ability to engage constructively in decision-making or to provide informed support.[27,37] Some evidence

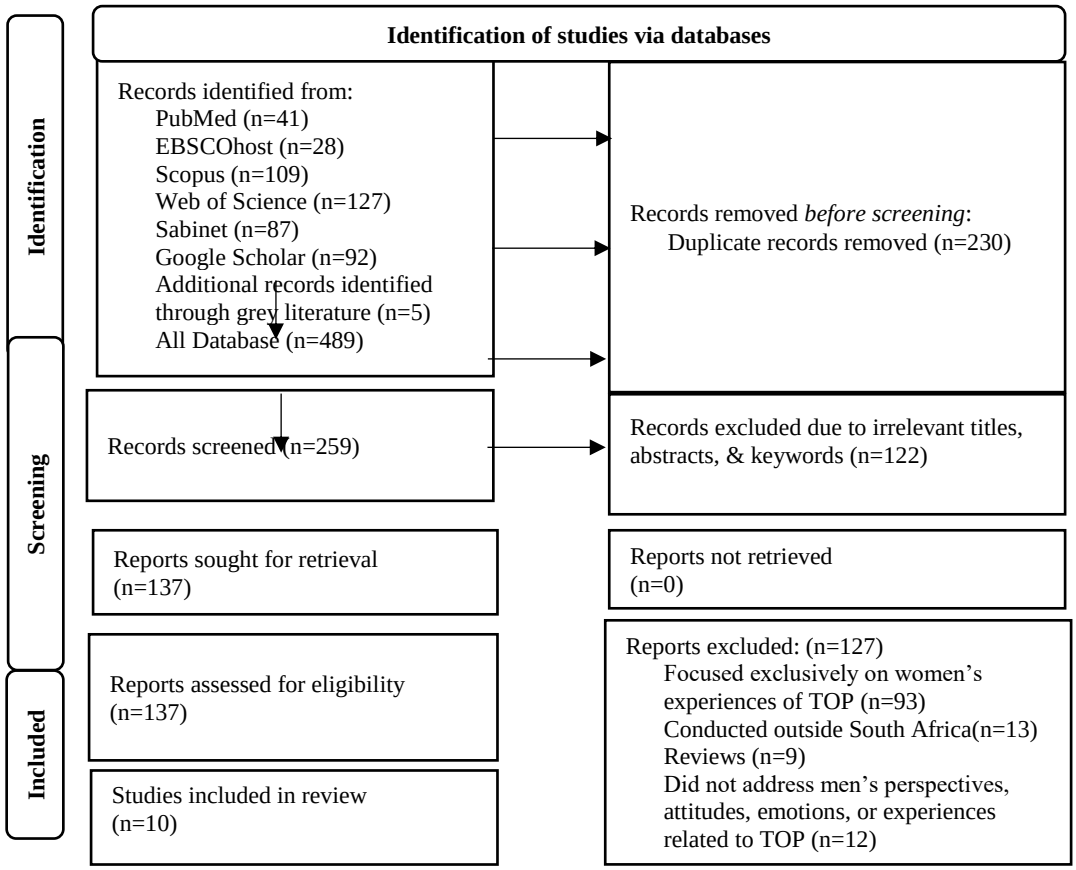


**Figure 1:** PRISMA Flow diagram of included studies

further suggests that men's attitudes toward TOP are shaped by personal value systems combined with restricted access to accurate reproductive health information, often resulting in ambivalence and moral conflict.[24]

### *Relational and socioeconomic contexts shaping men's experiences of TOP*

The reviewed literature indicates that men's experiences of TOP are strongly influenced by relationship dynamics and socio-economic conditions. In relationships characterised by effective communication and mutual trust, men were more likely to interpret TOP as a collective relational experience and to offer emotional or practical support, despite women retaining legal decision-making authority.[19,21,41] Conversely, men in strained or unstable partnerships frequently described exclusion from the decision-making process, which was associated with emotional distress, resentment, and, in some cases, relationship deterioration.[20,24,41]

Socio-economic hardships emerged as a key contextual factor shaping men's views on TOP. Unemployment, financial insecurity, and limited educational opportunities influenced men's acceptance of TOP, often positioning it as a practical response to constrained life circumstances.[21,22,38] Nonetheless, such pragmatic acceptance did not mitigate emotional impact, as men continued to report feelings of guilt, sadness, and perceived personal inadequacy linked to financial constraints.[24]

Prevailing constructions of masculinity further influenced men's relational experiences of TOP. Norms emphasising emotional stoicism and self-control constrained men's expression of

**Table 3:** Summary of included studies on South African men's perspectives on termination of pregnancy.

| Author(s), Year | Location | Study design | Sample | Key Findings |
|---|---|---|---|---|
| Macleod and Hansjee, 2013 [19] | Eastern Cape | Qualitative discourse analysis | 20 Men and 74 men's newspaper articles on abortion | Men employed discourses of 'equality,' 'support,' and 'rights' to frame abortion in ways that subtly undermine women's reproductive choice |
| Morolong, 2013 [22] | Gauteng | Qualitative | Young unmarried men whose partners underwent abortion | Men often felt helpless and excluded from abortion decisions, experienced anger, and attached meanings of loss, pain, and emasculation to their partner's abortion. |
| Myburgh, 2014 [24] | Gauteng | Qualitative | Biological fathers of women who had a TOP | Men experienced guilt, anxiety, and ambivalence; felt moral and relational responsibility; tensions between supporting partner and personal beliefs; limited reproductive health knowledge affected participation and support. |
| Mosley et al., 2017 [35] | Multi-province | Cross-sectional survey | Men and women | Abortion attitudes varied by sociodemographic factors; gender was not a significant predictor, with men and women expressing similar levels of abortion opposition after adjustment. |
| Mosley et al., 2020 [36] | Multi-province | Quantitative survey | South African adults (16+, n≈20,711) | Acceptability of abortion for poverty reasons increased; religiosity and conservative sexuality attitudes predicted more negative abortion views. |
| Tsematse, 2018 [37] | Western Cape | Qualitative study | Psychology Honours students | Students demonstrated limited knowledge of the CTOP Act, and perceptions of TOP were shaped by knowledge gaps, moral views, and misconceptions. |
| Bessenaar and Methazia, 2018 [38] | Limpopo, Gauteng, & Western Cape | Mixed methods | 75 men aged 18–24 | Young men's perceptions of and attitudes toward abortion were shaped by gendered social expectations. |
| Ronco, 2013 [39] | Gauteng | Qualitative | 11 university students (6 males, 5 females) | Men felt responsible for abortion decisions, balancing involvement with women's autonomy; norms, masculinity, religion, guilt, and limited reproductive health knowledge shaped their attitudes and support. |
| Selebalo-Bereng and Patel, 2019 [40] | KwaZulu-Natal | Cross-sectional survey | 327 secondary school males aged between 15 to 20 years | Religion and religiosity/spirituality were significantly associated with attitudes toward legal abortion: higher religiosity was linked with more negative attitudes across abortion scenarios; Muslim and Christian subgroups showed stronger disapproval compared to other groups. |
| Ramiyad and Patel, 2016 [27] | KwaZulu-Natal | Cross-sectional survey | 150 secondary school learners (aged 15-19 years); 61 male, 89 female | Most adolescents were aware that abortion is legal but showed limited specific knowledge of the CTOP Act; only ~20% found abortion acceptable. Sexually active learners showed more positive attitudes toward elective abortion. |

distress and reduced their likelihood of seeking support, thereby contributing to silence around their experiences.[26] In addition, reproductive health services were commonly viewed as female-oriented spaces, which discouraged male participation and reinforced men's marginal positioning within TOP-related care.[28,42]

### *Emotional and psychological responses*

Men's emotional and psychological responses to their partner's TOP were consistently described as complex, layered, and often contradictory. Reported emotions include relief, guilt, sadness, anxiety, grief, and helplessness, reflecting the multifaceted impact of TOP on men.[21,22,25,37] Relief was frequently linked to concerns about financial insecurity, unstable relationships, or perceived unpreparedness for fatherhood, whereas guilt, sadness, and anxiety were associated with moral conflict, emotional attachment to the pregnancy, and a perceived failure to meet culturally constructed expectations of masculinity and fatherhood.[22,24]

A recurring theme across studies was that perceived exclusion from the abortion process intensified men's emotional distress. TOP was predominantly framed as a woman's responsibility in both societal discourse and healthcare settings, leaving men feeling marginalised, silenced, or discouraged from expressing their emotions.[19,20,24,41] Myburgh[24] reports that biological fathers often experience a sense of invisibility during and after TOP, with their emotional needs largely unaddressed by healthcare providers or social networks. As a result, men's psychological needs in the context of TOP remain largely unacknowledged, creating a gap between their lived experiences and the attention afforded to them in reproductive health services.

### *Roles in decision-making and support*

Evidence indicates that men's involvement in TOP-related decision-making and support is variable and often shaped by socio-cultural and structural factors.[19-21,24,28,41] Men's participation ranges from active engagement, including accompanying partners to clinics or providing practical support, to limited or indirect involvement shaped by relational tensions, lack of information, or fear of overstepping women's decisional authority.[20,24]

Men frequently reported emotional exclusion during TOP-related processes, feeling unable to influence decisions or express support without being perceived as intrusive.[21,24] Relationship dynamics, including communication, trust, and perceptions of responsibility, played a central role in shaping men's capacity to provide support.[21] Cultural expectations of masculinity and gendered divisions of reproductive labour further constrained men's participation. Men often positioned themselves as supportive yet emotionally detached, endorsing women's legal right to TOP while distancing themselves from decision-making or emotional engagement.[19,22,28] Socio-cultural norms that frame SRHR as a woman's domain reinforced men's marginalisation within healthcare settings and limited opportunities for meaningful engagement.[28]

Across studies, social stigma surrounding abortion continued to exert a significant influence at both relational and community levels. Concerns about familial, cultural, and religious judgment frequently resulted in secrecy, emotional isolation, and constrained communication for both partners.[18,36,40] Collectively, these results indicate that men's experiences of TOP are embedded within intersecting relational and structural contexts, underscoring the importance of gender-sensitive SRHR approaches that acknowledge men's emotional and socio-economic circumstances while preserving women's reproductive autonomy

## Discussion

This narrative review synthesised evidence on South African men's perspectives on TOP, highlighting how attitudes, emotional experiences, and involvement are shaped by intersecting moral frameworks, relational dynamics, socio-economic conditions, and gender norms. While South Africa's legal framework strongly protects women's SRHR autonomy, the findings demonstrate that men's experiences of TOP remain marginalised within policy, research, and service delivery, despite their ongoing relational and emotional involvement. The discussion situates

these findings within the broader African SRHR literature and draws out implications for gender-sensitive policy and practice.

### *Attitudes, beliefs and knowledge about TOP*

The reviewed literature indicates that men's attitudes toward TOP in South Africa are diverse and shaped by religious beliefs, socio-cultural norms, generational positioning, and varying levels of reproductive health knowledge. Consistent with evidence from other sub-Saharan African contexts, including Ghana and Nigeria, men often navigate moral ambivalence, balancing support for a partner's choice against personal, religious, or community-based moral expectations.[6,43,44] These findings suggest that men's attitudes toward abortion are not fixed positions but are produced through ongoing negotiation within relational and normative environments.

Persistent knowledge gaps regarding the legal status of abortion, gestational limits, and service availability were evident across South African studies, mirroring patterns reported in other LMICs.[14,15] Limited access to accurate information contributes to fear, stigma, and uncertainty, constraining men's ability to engage constructively or provide informed support. Comparatively, evidence from high-income countries, such as the United States, Europe, and Latin America, reinforces these patterns by showing that men's supportive involvement in abortion care is frequently accompanied by moral ambivalence and shaped by relational and socio-cultural dynamics rather than legal permissiveness alone.[45-47] Collectively, these findings highlight that men's attitudes toward TOP are shaped less by law alone than by the interaction of moral beliefs, gender norms, and informational constraints.

### *Relational and socio-economic dimensions*

The findings of this study highlight that men's experiences of TOP in South Africa are strongly shaped by relational and socio-economic factors. Men in supportive, trusting relationships were more likely to frame TOP as a shared experience and provide emotional or practical support, while recognising women's legal decision-making authority.[7,12,19,21] In contrast, strained or unstable partnerships were associated with emotional withdrawal, distress, and feelings of exclusion from decision-making processes.[24,41]

Socio-economic insecurity, particularly unemployment and financial precarity, influenced men's engagement with TOP. Many men interpreted support for abortion as a practical response to economic constraints and challenges in fulfilling socially expected provider roles.[21,24] Similar patterns have been observed in other African and Global South contexts, including Nigeria and Brazil.[43,47]However, practical acceptance did not remove emotional distress; men often reported guilt, sadness, and perceived inadequacy linked to provider expectations and masculine norms.[23]

Norms of masculinity that emphasise emotional restraint further constrained men's capacity to express vulnerability or seek support, and reproductive health services were commonly perceived as female-oriented spaces, reinforcing men's peripheral role.[28,48,49]

### *Emotional experiences and masculinity in context*

The findings of this review highlight that men's emotional responses to TOP in South Africa are shaped not only by individual psychological reactions but also by broader structural and gendered norms. Abortion is predominantly framed in reproductive health discourse and service delivery as a woman's responsibility, which marginalises men and limits recognition of their emotional experiences.[20,36] Within this context, men's feelings of grief, loss, or ambivalence are often considered socially inappropriate, contributing to emotional suppression and silence. These socio-cultural and institutional factors constrain men's engagement with TOP-related processes and render their distress largely invisible in healthcare and social settings.

Evidence from other African contexts, including Ghana, Nigeria, and Côte d'Ivoire, similarly demonstrates that men's emotional responses and involvement in decision-making are strongly mediated by culturally specific ideals of masculinity, including readiness for fatherhood, financial provision, and social status.[6,44] Men's

engagement is therefore not absent but shaped by gendered expectations that limit open expression of vulnerability. International evidence from high-income countries reinforces these patterns. For instance, studies in the United States show that male partners may provide practical and emotional support during abortion care, yet many report private moral ambivalence and would not choose abortion unilaterally.[45,46] This demonstrates that supportive involvement does not automatically translate into emotional clarity or recognition within care settings, highlighting the universal influence of relational and social norms on men's emotional engagement.

Together, these findings suggest that men's emotional participation in TOP is characterised by silent negotiation rather than overt expression. In South Africa, this silence reflects not a lack of involvement but the failure of health services and social networks to acknowledge men's emotional legitimacy. From a policy and practice perspective, these insights indicate the need for gender-sensitive interventions that recognise men's emotional experiences, provide psychosocial support, and promote couple-centred communication while fully upholding women's reproductive autonomy.

### *Male involvement and support in TOP*

The findings of this study further indicate that men's involvement in TOP-related decision-making and support in South Africa is often partial and constrained by socio-cultural and structural factors.[19-21,24,28] While men frequently express a desire to participate, their contributions are often marginalised in healthcare interactions, reflecting prevailing gender norms that frame SRHR as primarily a woman's domain. Although women's decisional autonomy in TOP is legally and ethically protected, the exclusion of men from abortion discourse raises relational and ethical considerations. Emotional marginalisation, limited recognition of men's reproductive interests, and normative pressures to conform to masculine ideals result in ambivalent or hidden participation.[19]

Evidence from other African contexts, including Ghana and Nigeria, echoes these findings. Male participation in abortion decision-making and support is strongly shaped by cultural norms, moral positioning, and social expectations of fatherhood, with supportive, non-coercive involvement linked to safer abortion trajectories.[6,43,44] International studies reinforce that legal access alone does not ensure meaningful male involvement. In high-income countries, men often provide practical support yet experience internal conflict and ambivalence regarding the decision itself, while socio-cultural norms and relational expectations continue to mediate participation, producing partial engagement and emotional suppression.[45,46,50-52] Collectively, these findings highlight that men's involvement in TOP is relationally negotiated and context-dependent, shaped by cultural norms, ethical positioning, relational dynamics, and structural factors within healthcare systems.

### *Contributions to african literature*

This review contributes to African SRHR scholarship by synthesising fragmented evidence on South African men's perspectives on TOP, an area that has remained marginal within abortion research and policy discourse. While abortion in South Africa is appropriately framed within a rights-based approach that prioritises women's bodily autonomy, the findings indicate that men remain emotionally and relationally implicated in TOP in ways that are seldom acknowledged within health systems and policy frameworks. By highlighting men's emotional responses, limited knowledge of TOP legislation, and constrained participation, without challenging women's decisional authority, this review identifies a critical gap in policy and practice: the absence of gender-sensitive approaches that recognise men as emotional stakeholders in SRHR. In doing so, the review advances understanding of how gender norms, socio-economic vulnerability, and health system design shape men's engagement with TOP in the South African context.

### *Implications for reproductive health practice and policy*

The findings of this review underscore the importance of incorporating men into TOP education and counselling within a rights-based, gender-sensitive framework. Engaging men in this way can foster emotional support, mitigate

relational conflict, and encourage shared responsibility in reproductive decision-making. Evidence suggests that male-inclusive interventions are most effective when they address restrictive norms of masculinity, uphold women's autonomy, and recognise reproductive choices as inherently relational rather than solely individual. In the South African context, this entails moving beyond simplistic notions of inclusion versus exclusion toward service models that position men as supportive emotional participants without conferring decision-making authority. Such approaches have the potential to reduce stigma, enhance couple communication, and improve reproductive health outcomes for both partners.

Current SRHR policies predominantly focus on women's autonomy and frequently exclude men from counselling, education, and support services, limiting their participation as emotional stakeholders. Addressing this gap requires the adoption of male-inclusive, gender-sensitive strategies that incorporate men into pre- and post-abortion counselling, enhance provider capacity for engaging men and delivering psychosocial support, and raise public awareness of reproductive rights and available services. Policies should also account for socio-cultural contexts by promoting community-based interventions that challenge restrictive gender norms and encourage shared responsibility in reproductive decision-making. Furthermore, implementation strategies must ensure equitable access across urban, rural, and marginalised communities, delivering services that are culturally appropriate, contextually responsive, and sensitive to socio-economic disparities.

### *Future research*

Although there is increasing acknowledgment of men's influence in reproductive decision-making, research examining their experiences of TOP in South Africa remains limited and fragmented. Future studies should target diverse populations, including men in rural, peri-urban, and socio-economically marginalised settings, to capture context-specific experiences often overlooked by urban-focused research. Longitudinal and intervention-based studies are particularly needed to explore how men's emotional responses, involvement in decision-making, and relational dynamics change over time and in response to male-inclusive strategies. Employing mixed methods approaches that combine quantitative assessments of engagement and emotional outcomes with qualitative insights into lived experiences would provide a more comprehensive understanding of men's roles in TOP.

Research should also examine the influence of socio-cultural norms, constructions of masculinity, and health system practices on men's participation in SRHR, guiding the development of culturally sensitive and gender-transformative interventions. Furthermore, implementation research evaluating male-inclusive policies, counselling protocols, and educational initiatives is essential to identify effective strategies that support men while preserving women's autonomy. Addressing these evidence gaps will enable the design of contextually relevant, gender-sensitive reproductive health services that strengthen both individual well-being and relational outcomes in South Africa.

### *Limitations*

This narrative review was restricted to English-language articles published between 2013 and 2025, which may have led to the exclusion of relevant evidence from studies reported in other languages or published outside the specified time frame. The available South African literature on men's experiences of TOP remains limited and uneven. Many studies are small-scale, cross-sectional, and concentrated in urban settings, which restricts the transferability of findings to rural, peri-urban, and socio-economically marginalised contexts. In addition, men's perspectives are often reported indirectly through women or healthcare providers, potentially constraining the depth and authenticity of men's voices.

Heterogeneity in study designs, methodologies, and conceptual frameworks further complicated the synthesis, as men's involvement, emotional responses, and attitudes were defined and measured inconsistently across studies. Nevertheless, the principal strength of this narrative approach lies in its capacity to accommodate a broad and integrative examination of the literature, enabling the identification of novel insights that may not be

captured through more restrictive review methodologies.

## Conclusion

This review highlights that South African men's experiences of TOP are shaped by moral, socio-cultural, relational, and structural factors, resulting in partial, ambivalent, or hidden involvement. While women's legal and ethical autonomy remains central, men are relationally and emotionally implicated in TOP in ways that are rarely recognised in SRHR policy. By consolidating fragmented evidence, this review identifies a critical gap in African SRHR scholarship: the lack of gender-sensitive approaches that acknowledge men as emotional stakeholders without undermining women's rights. Findings underscore the need for male-inclusive counselling, SRHR education, and community interventions that address restrictive gender norms, support relational well-being, and enhance SRHR outcomes.

## Authors contribution

Conceptualisation of the study: T.C; Writing-original draft: T.C; Literature search, screening, and assessment of eligible studies: T.C and B.S; Thematic analysis was carried out collaboratively by T.A and B.S. The final draft of the manuscript was written and edited by all authors, who also critically evaluated it for completeness and accuracy before approving its submission.

## Conflict of interest

The authors declare that there are no competing interests.

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