

Power Logics of Consumers' Gendered (In)justices: Reading Reproductive Health Interventions through the Transformative Gender Justice Framework

Abstract

Global gender asymmetries in marketing and consumer behavior were recently exemplified by the Transformative Gender Justice Framework (TGJF). The TGJF, however, lacks an explicit reference to power—an aspect that becomes apparent when it is used to assess a consumer phenomenology. In this article we augment the TGJF by building out the power logics and by empirically testing it through an assessment of the reproductive market in Uganda. We capture macro-, meso-, and micro-level power asymmetries, and explore how bio-power and control over resources melds with local gender relations and agentic practices that i) leave social marketing efforts misaligned with embodied realities, and ii) result in dichotomies and tensions in the reproductive health market as the North-South strive to define the modern-traditional, medical-pleasurable, and women-men nature of contraceptives.

The study was supported by the DFID-ESRC (Economic and Social Research Council) under Grant (ref: ES/I034145/1).

Keywords: gender injustices; social marketing; power; reproductive health; Africa

Introduction

Gender injustices can be perpetuated or alleviated by structures and actors operating within the market. Social marketing has become a standard response of how corporate actors and policy makers might work together to challenge and change injustices. Yet while the literature may address how localized marketing tactics (e.g. targeted campaigns) might be adjusted to improve impact, frequently in connection with public policy, the critical connection to consumer voices, resistance, realities, and multiple intersecting flows of power, remains underdeveloped. We seek to address this gap, exploring how the macro- and meso-level institutions and actors that determine social marketing, and that shape the marketplace interact with the micro-level gender relations and the embodied consumer experience.

To do so, we use Hein et al.'s (2016) multi-paradigmatic Transformative Gender Justice Framework (TGJF), which allows scholars to systematically study injustices that result from gender relations. We understand gender relations as per the tri-categorization

proposed in feminist literature, consisting of: i) gender organization, capturing structural gender aspects; ii) gender symbolism, relating to culturally embedded gender differences; and iii) gender identity, highlighting the individual experiences of gender (McCall 1992).

The TGJF's analytical model disentangles the complexities and interactions of gender relations and market forces, including structural issues (assessed through a social and distributive justice lens), normative, cultural and symbolic aspects (revealed through a recognition theory perspective), and individual actions (explored through the lens of the capabilities approach). Although originally oriented more towards policy implications, the TGJF could be applied to understand the various forces that surround consumers and their lived realities. What remains undeveloped in Hein et al's (2016) rendering of the TGJF, however, is a clear explication of what lies behind these forces: the power dynamics. When empirically viewed from consumers who are experiencing, accepting, or resisting injustices or the policies and market-meditations aimed at "empowering" them—this becomes readily apparent. The first contribution of this paper is to add necessary theoretical depth to the TGJF by making power—both the oppressive and empowering aspects—explicit. To do so, in our literature review we combine the theories of power related to the three perspectives of justice proposed by Hein et al. (2016): social and distributive justice, recognition theory, and capabilities approach. We propose that this framework can reinvigorate the structure versus agency debate by offering a systematic method to investigate both in a dialogical manner rather than being mutually exclusive. Our second contribution is thus to extend the theoretical and pragmatic strength of the TGJF, re-centering it around power and the consumer and, in so doing, extend our understanding of power interactions and interrelations with gender.

Our third contribution is to illuminate an under-researched area, both topically and geographically. In applying our model, we use the market of contraceptives in Uganda. Marketing researchers are situated to contribute unique knowledge about the market forces

related to reproductive health and contraceptive consumption, as corporate-led medical research and reproductive technologies, coupled with consumer demand, drive a growing global industry. It is estimated that 62% of all couples use birth control, including 59% in low-income countries (DKT 2017). Some areas still lack access or demonstrate lower rates of contraceptive use, indicating unmet demands in the market—more than 200 million women globally want either to delay their next pregnancy or stop having children, but are not using modern contraceptive methods (UNFPA 2009).

While a few scholars have explored the consumers' experiences with products and services in Western markets, often revolving around reproductive *choices* (contraceptives, for example, are positioned as birth *control*) or fertility options (e.g., Fischer et al. 2007), there is limited consumer behavior scholarship that explores how they are developing in other parts of the world, such as Africa. In these regions, social marketing efforts position contraceptives as *family planning* and as key to advancing economic development through women's empowerment (World Health Organization 2016). Yet Uganda is a case in point where social marketing has had limited success in part, we argue, because the geopolitical discourses from which it stems misalign with the agenda of meso-level actors and neglect a deeper understanding of the consumer's reality.

Uganda, a sub-Saharan country, maintains one of the highest fertility rates in the world with 5.89 children on average born to women in their childbearing years (Statista 2015) despite more than two decades of contraceptive intervention initiatives. It thus presents a context that allows us to demonstrate through the TGJF what we view as the power logics of global reproductive markets; that is, we explore the ways in which power is reflected in the complexities of micro-level gender asymmetries and consumer actions, the meso- and macro-level contentions that value the North-modern over the South-traditional, and in the messages of sexual liberation and pleasure versus controlled population and medicalization.

These elements shape the contraceptive market, consumer choices, and ultimately act to control or are used to empower bodies. These interacting forces and the failure of Uganda to achieve its goals of reduced populations, point to complexities of gender injustices that require us to move beyond an examination of the market from a single lens of injustice and power, and to consider the interplay of structural and agentic elements. We thus read our findings through the TGJF to provide a broader theorization of power that can help us understand the nuances of contested marketplaces, gender injustices that arise in the market, and the interaction of social marketing and consumer's lived realities.

We start by reviewing prior literature on the reproductive health market and social marketing of contraceptives in general and in sub-Saharan Africa to demonstrate the gaps in the marketing literature. Before turning to our Uganda case, we propose our theoretical adjustments to the TGJF by mapping out how various theories of power relate to the three TGJF lenses. We work through our findings with this adjusted framework, and dialogically explore how social marketing tactics interact with macro-, meso-, and micro-level factors and reflect various power asymmetries through which the consumer navigates.

Literature on reproductive health markets

Global gender asymmetries related to the reproductive health markets have received significant transdisciplinary attention. In these analyses, discussions often center on whether and to what degree contraceptives can empower women, and whether and to what degree we can even assume a right and freedom to consume them. Debates circle around arguments that note how the ability to control childbearing adds to freedom and choice of women, their bodies and their health (Petchesky 2003), and arguments that contend that women's bodies are scripted, targeted, and ultimately controlled by (development) policy, international trade, and medical and pharmaceutical markets, which seek to medicalize and normalize women's

bodies to ensure they function within (neoliberal) economies (Kissling 2013; Mamo and Fosket 2009; Petchesky 2003).

This wealth of transdisciplinary literature stands in stark contrast to the limited study of reproductive markets in consumer behavior literature. In 1968, in the *Journal of Marketing Research*, Simon noted that, “Increasing the amount of family planning in less-developed countries is crucial to their economic development and is basically a marketing job” (21). Yet nearly fifty years later, despite a long tradition of gender scholarship and the growing global industry centered around reproductive health, work on contraceptive consumption and the complexities of reproductive markets within consumer research is scarce, and as Jafer et al. (2012) acknowledge, consumer research on non-Western contexts remains limited.

Social marketing of contraceptives

In the case of non-Western contexts such as Uganda, in addition to the market expansion of reproductive technologies, social marketing plays an imperative role in shaping contraceptive markets. Defined as marketing that can influence behaviors that benefit individuals and communities for the greater good (Cheng, Kotler and Lee 2011), it includes the flexing of strategies related to product, price, place, and promotion. In non-Western countries (excluding China), more than a third of all couples who use contraceptives obtain them through social marketing (DKT 2017). Despite critiques (e.g., Gurrieri, Previte, and Brace-Govan 2013), social marketing continues to gain prominence as funds from large NGOs and governments support these tactics that can help to meet millennium development goals, such as reducing child mortality, improving maternal health, and promoting gender equality and women empowerment (UNFPA 2014).

Yet these concerns around women’s bodily health and procreation have resulted in social marketing tactics that prior scholarship outside of the marketing disciplines have called into question, namely, for how they: i) reinforce stereotypes, gender binaries, and gender

asymmetries regarding whose reproduction is truly liberated (Higgins and Hirsch 2008); ii) reflect a global effort to script women's bodies (as noted above); and iii) are at odds with the reality of who makes reproductive decisions. Social-medical and gender scholars, for example, observe that while advertisements for male condoms or erectile dysfunction medicines highlight sexual pleasure as main selling points, few erotic scripts of contraceptives used by women exist in mainstream culture (Medley-Rath and Simonds 2010). Women's sexuality is further devalued by state laws surrounding over-the-counter access to emergency contraception (Burkstrand-Reid 2013). The dominant gendered assumption is that women's sexuality should be defined along reproductive lines. Public health programs and policies reflect and perpetuate this assumption: female condom programs focus on reproductive health outcomes versus sexual rights (Peters, van Driel, and Jansen 2013); adolescent pregnancy prevention policies advance a discourse that young women should be sexually uninterested (Goicolea et al. 2010). Thus, while contraceptives certainly help people maximize women's health, their positioning can overlook women as full sexual agents and can limit people's willingness to use them (Gomez and Clark 2014).

In addition to these positioning problems, social marketing suffers from its underlying assumption that consumers are rational agents who make informed choices (Askegaard et al. 2014). The emphasis is placed on knowledge as key to modifying beliefs, attitudes and behaviors of individuals. Yet this focus on the individual decision maker is at odds with anthropological studies, which identify how "reproduction never involves single individuals and rarely involves two people... reproduction often lies at the intersection of group interests, including families, households, kinship, ethnic and religious groups, states, and international organizations" (Dudgeon and Inhorn 2004, 1384). These gender and cultural nuances, particularly salient in health interactions, are under-researched in marketing as access and persuasive techniques take precedence. Moreover, we argue that critical

analyses of consumer phenomenological perspectives are largely neglected when they are integral to understanding the functioning of reproductive health markets and the consumption of contraceptives.

Within the contraceptive markets in sub-Saharan Africa, like other non-Western countries, a prominent consumer market exists: those with “unmet needs.” Khan et al. (2008, 1) define unmet need as instances where a woman “is not using a method of contraception and wants to wait to have more children.” As scholars in public health, social work, and other disciplines have noted, meeting those needs can result in reduced cases of maternal and infant mortality, economic benefits, lower poverty and hunger rates (Khan et al. 2008), allow women to realize their rights to education, economic opportunities, and full participation in society (Jacobstein and Stanley 2013). Yet as Bawah et al.’s (1999) study in Ghana demonstrates, failure to consider gender relations and cultural dynamics can lead to opposing, disempowering effects, such as marital problems, threats from extended family, and violence. As such, women, fearful of asking their husbands about contraception, may opt to use it in secret (between 6-20% in Sub-Saharan Africa by some accounts (Blanc 2001)). Moreover, in parts of sub-Saharan Africa, unsafe abortion is responsible for 30-40% of maternal deaths (UNFPA 2009). These results echo Dodoo et al.’s (2008) critique of mainstream research: neglecting men’s power over women in contraceptive decisions undermines effective solutions to fertility and reproductive health and women’s empowerment initiatives (e.g. education, microcredit). They urge scholars to address gender distributions of power.

These critiques holds true for Uganda. Prior to 1995, when Uganda developed its first-ever National Population Policy, contraceptives, framed as “family planning,” were limited to married, predominately affluent women with the permission of their husbands (Khan et al. 2008). Under the revised policy, the government extended contraceptives to all women with “unmet needs” (Ministry of Health Uganda 2014, 6). However, a substantial gap

remains between the median age when women are having sex (16), when they are getting married (19), and when they are first using contraception (22.7) (Kizza 2016). Moreover, although Uganda has reported a decrease in unmet needs amongst married women, from 38% in 2006 to 28% in 2016, these statistics obscure the division of whose needs are most unmet—rural, impoverished sexually active yet unmarried women where percentages climb to nearly 36% (UBOS 2017). Scholars have opined numerous reasons why Uganda still holds one of the highest fertility rates in the world despite decades of contraceptive interventions, ranging from a lack of government commitment, ineffective implementation, and the preclusion of men (Kaida et al. 2005, Joshi 2010).

In sum, past scholarly work on family planning and contraceptives in Uganda and other sub-Saharan African contexts have noted that for any intervention to succeed and for unintended consequences to be avoided, the complex web of traditions and customs regarding marriage, family, spousal relations, and gender dynamics behind the utilization of contraceptives, including related notions of sexuality and parental identities, need to be taken into account. We answer the call for a more complete perspective of power with regard to reproductive health and contraception (Blanc 2001), detailing the interaction of gender and power, yet we also extend this beyond the familial and cultural influences to note the marketplace dynamics that shape the reproductive health market in Uganda.

Power considered through the TGJF

The TGJF, proposed by Hein et al, (2016), offers a model to systematically explore structural and agentic elements of gender injustices in consumer markets, yet lacks an explicit connection to power. We develop this perspective, considering below how power relates to the TGJF's three lenses (social and distributive justice, recognition theory, and capabilities approach) before using it to analyze Uganda's contraceptive market.

Social or distributive justice, which positions justice as equal access to resources and rights, underlies the advances made in achieving equality through constitutional rights, legislation and redistributive policies. These include fundamental rights of equality, but can also extend to mechanisms such as financial aid, distribution of wealth by the state (such as redirecting taxes to supplement costs of contraceptives) or affirmative action (such as gender quotas). Distributive justice is linked to consumer rights, particularly in connection to access and fulfillment of basic needs, and in holding markets responsible for facilitating consumer choice. Implicit power dynamics in distributive justice take a top-down view, and recognize power embedded within resources, as resting on institutional control and (state) regulation, and considers the role of access and acquisition. It highlights who controls resources, decisions, and how that control is enforced (e.g., coercively, subtly), which Lukes (2005) describes as two faces of power. However, the assumption that actors and states will act rationally and benevolently and fairly redistribute resources, and the focus on outcomes of distribution and acts of authority, can obscure assessments of actors and states working to maintain or challenge those in power. Considerations of systemic power structures that shape distribution (e.g., wealth, income, decision-making) are limited, unless procedural justice is included. Lastly, it largely fails to address socio-cultural forces at the root of oppressions and neglects difficulties in shifting power bases or changing gender hierarchies or norms.

Recognition theory grounds justice in cultural, symbolic, and discursive issues that underlie acknowledgements of identities and identity politics. Its perspective of justice rests on a mutual, intersubjective process in which humans recognize and respect each other as beings. Injustices occur through misrecognition, that is the symbolic, discursive, and resulting physical violations that are reflected in misrepresenting, objectifying, or entirely abjecting “the other” (Fraser and Honneth 2003). Power is seen as systemic in recognition theory, in that it shapes our bodies and minds (Foucault 2010): it relates to the

subjectification of bodies, and the naturalization of ideologies (Butler 1993). Practices, performativity, and discourse (including language, images, representation/division of spaces) lead to (mis)recognition of people and the (de)valuation of bases of power (Bourdieu 1998). Although recognition theory offers a critical evaluation of power as an oppressive force, it disregards the agency of individuals and groups to challenge repressive systemic forces (e.g. discourse, norms, beliefs, practices) but also how people might feel empowered through affirming and aligning with systemic forces that shape their views of a better life.

The capabilities approach argues that justice is achieved when individuals have the ability to perform important functions and possess the freedom to live lives they value (Sen 2001; Nussbaum 1999). Although not all individuals require equal capabilities, and the need for enhancing some capabilities differs contextually (for example, a menstruating woman has different demands than a menopausal woman), each individual has a right to access the full spectrum of capabilities and is not reduced to one subset. Thus, embodied differences and differential access to information are fully embraced within the capabilities approach. By focusing on consumers' freedoms and tactics to access and make use of resources, it captures a bottom-up perspective of power. It identifies how individuals exercise agency through voice, control over their bodies, decision making, or destinies, or through leveraging resources to affect change either within one's life or within the community. However, this micro-level perspective can negate macro-level forces and ignore the potential for cultural imperialism (Khader 2011). It takes a simplistic view of ideologies and patriarchal structures of constraint (Folbre 1994), ignoring how gender norms influence what is valued or recognized as an honorable life, downplaying the importance of relationships, falling prey to naive presumptions that those in positions of power will be able to recognize their positions and be willing to embrace change that may come with others' development of capabilities.

Intersecting these three transformative lenses is not a straightforward task, as various components act recursively (causing one another), and remedies to address injustices can lead to unintended consequences and even counterbalance positive action. However, as Hein et al. (2016) argue, moving beyond the limits of a single lens by working dialogically back and forth between each lenses, can produce more meaningful analysis of gender injustices.

Methods

To capture micro-level power dynamics and embodied realities, we draw from fieldwork conducted in rural Uganda. The primary research, completed by the lead author and other members of a research team, forms part of a wider study on the impact of sanitary pads on girls' education (Montgomery et al. 2016). This study took place from 2012-2014 in the rural area surrounding the trading center of Kamuli, in the Eastern district of Uganda, and involved focus groups, interviews, debriefs, fieldnotes and observations that were amassed through three one-month long visits to the field site.

Although the study has various components, for the purpose of this paper we draw from research related to i) intra-household dynamics and ii) reasons girls drop out of school. The study on household dynamics featured three focus groups [female only (n=5); male only (n=4); and mixed gender group (n=6)] and 11 interviews (5 females; 6 males). It features evidence of gender asymmetries resulting from norms, myths, gender roles, distribution of resources, and restrictions or liberalizations placed on a person's agency. The research regarding schooling included three focus group with mothers (n=10, 11, 30), one focus group with female youth who dropped out of school (n=4), and selected analysis of 22 interviews with girls that dropped out of school. It captures gender norms and perceptions of appropriate versus inappropriate behavior for males and females, traditional practices related to marriage and pregnancy, and knowledge and usage of "family planning." To preserve anonymity, respondents are referred to based on rural areas where the interviews or focus groups

occurred. This is also because Uganda has large regional differences, although all respondents were either from Busoga or Baganda tribe. All interviews and focus groups were recorded and conducted in the local language through local researchers who provided translation and research assistance. Transcriptions of the recordings feature both the local language and English translations, resulting in over 1000 pages of text. In addition to the fieldwork, follow-up interviews were conducted with local research assistants to capture the traditional practices related to contraceptives. To supplement this emic perspective we draw from prior studies that relate to either the Ugandan region or the tribe (Buganda or Baganda).

Evidence of the meso- and macro-level discourse was gathered through publications produced by Uganda's Ministry of Health, such as the Domestic Health Surveys (2007 2012, 2017), the United Nations Population Fund (UNFPA), the World Health Organization (WHO), USAID, and joint policy briefs in conjunction with numerous international institutions. Data related to social marketing campaigns was gathered through studying the primary organization behind these efforts: the Uganda Health Marketing Group (UHMG).

In our data analysis, we followed a hermeneutic approach (Thompson 1997) examining our rich textual data set. We explored the narratives while considering the discourse stemming from publications produced by macro- and meso-level institutions and the UHMG affecting the use of contraceptives. While everyone in the research team read through all of the data in the first round of analysis, subsequently the team broke into groups to get a deep understanding of a subset of the data. We reflexively sought emergent themes in the data while iteratively going back to the literature in gender, power, contraceptives, reproduction and market interventions (i.e., dialectical tacking) (Strauss and Corbin 1998). Transcripts and publications were coded for emergent themes related to gender and power dynamics. Through several rounds of discussion between the research team, themes were refined to those most salient in the narratives when viewed through the lenses of the TGJF. In

the final round, data was culled for quotes related to these themes. Imperatively, although our lead researcher was fully immersed in the context, throughout the data analysis and refinement process, we made sure to consider our own cultural posture as researchers outside of the Ugandan context and to be cognizant of the role cultural orientation can play in the research process. We also systematically compared and contrasted our interpretations with previous research carried out by scholars in Uganda and beyond to ensure analytical distance.

The Ugandan context

The rural area under study reflects Uganda's strong patriarchal society in which traditional polygamous beliefs, a patrilineage kinship system, and the effects of the Christian colonization agenda continue to hold sway. In the early 1900s, the control that male African and British leaders held over the political and legal system gave them the ability to engrain gender asymmetries into laws and bills pertaining to marriage, divorce, property and inheritance (Kyomuhendo and McIntosh 2006). Women, as such, had—and still have—no protection if their polygamous relationship is dissolved, face unequal rights to property and inheritances, and, if widowed, can be inherited by male relatives of their deceased husband. Efforts to change these laws have been met with insurmountable resistance or weak implementation, especially in rural areas where distance means women are less likely to be made aware of legal changes, able to access law enforcers, or are susceptible to chiefs, judges, or the police—the majority being male—enforcing traditional practices (Kyomuhendo, Muhanguzi and Watson 2013, Ahikire and Mwiine 2015).

Practices, such as bride price, marrying minors, and violence, continue to perpetuate gender asymmetries. Bride price involves the father (or male head of household) receiving property, such as cattle, or cash, from another man in exchange for marriage to a daughter. It is a symbolic appreciation to the bride's parents for good rearing, and awards a bride the higher status of a "wife" instead of a house girl. However, this negotiation is done solely

between males, with mothers benefitting little. Moreover, the equation of bride price with continuing family lineages means a woman is expected to produce children, especially a son. Failure to do so can result in severe abuse and abandonment. Because a woman's body and production (labor or children) is viewed as the property of men, if she divorces, her children would stay with her husband, and her family may be forced to pay back the bride price (Hague and Thiara 2009). Although the latter practice was outlawed in 2015, it is still predominant in rural areas, causing many families to deny their daughter's return to their natal homes (Mwesigwa 2015). Bride price further encourages the unlawful marrying of minors, resulting in impregnation at a young age. It gives credence to men (often older) to dominate their wives and to use coercive measures to ensure subservience (Kyomuhendo, Muhanguzi and Watson 2013, Hague and Thiara 2009).

Violence, including sexual violence, is a prolific and culturally accepted practice: 30 percent of women reported sexual violence committed while in union (UBOS 2012) and 1 in 2 females over the age of 15 experienced intimate partner violence (UN Women 2016). Moreover, women have internalized the acceptance of violence. In Eastern Uganda, a survey found that 82.8% of women agree their husbands are justified in beating them for "at least one specific reason," including things like "goes out without telling him" (61.8%), or "refuses to have sexual intercourse with him" (33%) (UBOS 2007, 249). To deny a husband his marital rights is believed to be legitimate grounds for abuse because that—and not the violence—is objectionable behavior (Wandera et al. 2015; UBOS 2012). It is why sexual violence was omitted from the Domestic Violence Act in 2010. As male legislators successfully claimed: "How can a woman say she does not want to have sex with her husband?" (Ahikire and Mwiine 2015, 16). The dominant belief is that a woman cannot be raped by her husband, and that a man beats a woman as a sign of paternal, disciplinary "love" (Kyomuhendo, Muhanguzi and Watson 2013, 48).

These legal, traditional and coercive measures interact with religion and patriarchal gender roles, which award men “sex-rights” to women. Kyomuhendo and McIntosh (2006) describe Uganda’s gender identities based on a “domestic virtue” model in which a “good woman” marries, provides services for her husband including sex when demanded, bears children, cares for them, grows and cooks food for family consumption, and is submissive to her husband and deferential to other men. A successful man is expected to be a procreator and provider. He defines his status through achieving a respectable leadership position in society, or through owning resources, including women, children, and cattle as per polygamous practices. Polygamy thus amplifies men’s sex-rights to women: women are the way a man establishes his “manhood”—his virility—and symbolically represents his economic astuteness—the more wealth he has the more wives or sexual partners he can afford (Nyanzi, Nyazni-Wakholi and Kalina 2009, 73). Religions in Uganda reinforce a pre-colonial gender hierarchy, as Ugandans merge their religious affiliations, which affirm men as heads of households (84% identify as Christians and 13% identify as Muslims), with African tribal practices (Quinn 2010) such as polygamy, rituals with healers, and beliefs of magic and folk tales (e.g. strong women give birth unaided) (Kyomuhendo 2003).

It is against this context, which is very salient in our data, that we delve into how these forces interacted with local experiences to lead to the control over bodies and over knowledge that affect the consumption of contraceptives.

Findings

We read our findings through the TGJF to demonstrate how consumption of contraceptives shapes and is shaped by the recursive interaction of consumed and controlled bodies and knowledge that are grounded in gender and macro, meso, and micro asymmetries. We give evidence of their emergence in: i) unequal access to and control over resources, including economic and political resources, knowledge, bodies, and contraceptives (as per a

social/distributive justice analysis); ii) the reproduction and interaction of social scripts with social marketing campaigns that condition people's minds and behaviors, calling for females and males to adopt ideologies, myths, and gender roles (as highlighted by recognition theory); and iii) the agency afforded to men, women, boys and girls (as per capabilities approach) that allows certain practices to continue and interests to dominate. We summarize our findings here, but provide more quotes and detail in Table 1 to further illuminate themes, manifestations, and implications for consumption and markets of reproductive health.

Social and distributive justice

Control over resources and bodies

At a micro-level we see the patriarchal and patrilineal society highly impedes women's access to resources. First the division of labor depicts what Folbre (1994) describes as a structure of constraint and Bourdieu (1998) as masculine domination: in rural Uganda, men work outside the home, while women focus on domestic duties. Women work hard to feed their families (raise small livestock or crops), yet their economic and purchasing power is consequentially limited and dependent on a husband's altruism. The purchase of women's personal needs, including contraceptives, is often not prioritized. Conversely, men's control over economic resources allows them to trade women's bodies through practices of bride prices (polygamy) and transactional sex (sex with a partner to whom you are not married for money, gifts, services such as transportation).

This dependency upon men in terms of resources increases women's vulnerability to early marriages, coercive violence, and ultimately lack of control over their reproductive rights. The gendered asymmetry based on access to resources renders women's bodies as commodities, owned and controlled by men as the decision making authorities. Their ability to pay for women accords men sex-rights: men determine when to have sex, and whether condoms should or should not be used. Men's higher economic abilities in the household—

whether actually utilized or not—gives them the perceived power to decide when their daughters' bodies and fertility should be sold. Women, on the other hand, lack the means to pay for contraceptives for themselves or their daughters, the means to pay for and access transport to the centers where it is available, and imperatively, the ability to fund education to ensure their daughters have more control over their reproductive rights.

At the macro- and meso-levels, we observe power clashes and misaligned interests between the male-dominated government and the major funders and international bodies (see Table 1 for details). Although Uganda's government agreed to the international bodies' "Family Planning 2020" (FP2020) vision, government budgets and laws indicate low political commitment (Lipsky et al. 2016). Rather, there is a reliance on international funding. These interventions, geared around a myriad of public health concerns, confound the marketing of contraceptives and result in influencing consumer selection in the reproductive health market.

Control over knowledge

Control over resources and bodies results in control over knowledge. At the micro-level, we view this in a restricted flow of reliable information where cultural taboos and norms, often linked to recognition theory, converge with distributive justice to affect consumption. Mothers, for example, confide there is a limit regarding the type of information to be shared with daughters: the belief that contraceptives promotes promiscuity combined with a tolerance for violence means that "the moment the father gets to know about...the mother...giving condoms or family planning tips to prevent pregnancy [it] can lead to separation in the home, [or the father] abus[ing] the woman" (Kakaanu, focus group).

Strong influencers that control information can likewise enforce their beliefs. In our case, aunties, who believe it is better to "tell [a girl] to abstain," work against modern contraceptives, informing girls that contraceptives "burn the ovaries" and make the "child

become barren.” Additionally, cultural taboos and norms determine with whom knowledge can be shared. Evidence of mothers discussing sexual behaviors with sons was notably absent. Boys are taught by paternal uncles about manhood and familial responsibilities. Yet the messages that males adopt and enact (evident in espoused beliefs of masculinity, condom usage, and behavior towards women) indicate a low desire to curb male sexuality and virility.

At a macro- and meso-level, we see how multiple political agendas result in unstable, competing discourses and knowledge dissemination. Social marketing, pending prevailing politics, shifts from an emphasis on abstinence and fidelity to condom use (see Joshi 2010 for more details) and family planning (refer to Table 1). As such, contraceptive use and public health messages align with Uganda’s dominant gender norms yet misalign with the reality of women’s controlled bodies. For example, the information disseminated through the Uganda government strongly promotes abstinence outside of marriage, even though contrary to the FP2020 vision of promoting contraceptives for unmarried youth. A problem with “few skilled providers and inadequate commodities” (Ministry of Health 2014, 6) reinforces abstinence promotions and perpetuates gaps between access, knowledge, and consumption alternatives.

Macro, meso and micro thus interact, as women and men become reliant on government or (more often) NGO sponsored initiatives and approved methods, in part due to economic limitations and illiteracy, but also, particularly for women, mobility limitations to get to alternative health centers. Most women note the use of the USAID donated “injectaplan,” a hormonal contraceptive injected every three months, which dominates UHMG’s social marketing campaigns and the distributions centers (health clinics and drug shops). The information asymmetries mean that women are limited in choice regardless of potential side-effects, which cause them to dissuade, rather than promote usage among other females, including daughters.

Recognition theory: The reproduction and internalization of social scripts

The lens of recognition theory intersects with issues raised by distributive justice, contributing to the (re)production of social scripts. At a micro-level, control of bodies is not just limited to men's control over women's bodies, but also the ways patriarchal ideologies and *multiple* gendered social scripts are internalized and reproduced. Women and men, mothers and fathers, daughters and sons become subjects to these ideologies and scripts (Butler 1993) in order to be recognized in society and gain status, rather than face marginalization and stigmatization. When combined with meso- and macro-level scripts of social marketing, these forces influence who is responsible for and allowed contraceptives.

Social scripts of "Motherhood," "Subservient Wife," and "Sexual-Restrained Woman"

Motherhood defines the transition from "girl" to "woman" in Uganda. As mothers in Kyamatende relate, to be a woman "you are married, you have a child, and you are in your home." Between 18-20 years old is an appropriate age range for marriage as bodies are deemed suitable to "carry the baby." The need to achieve this motherhood status acts counterproductive to the usage of contraception for younger females, especially when combined with fears that methods can cause infertility.

Motherhood scripts also intersect with the script of the "subservient wife." Marital success is considered the woman's responsibility, and means she must comply with her husband and ensure his needs, including sexual demands, are met. Our data supports the demonstration of an internalization of subservience (lack of control over their bodies, acceptance of bride price decisions for them and their daughters, as well as violence from men), as our prior review of the literature corroborates. This script thus causes women to acquiesce and cede control over sex to men.

Many women, however, portray the role of subservient wife as an inevitable dissolution into abandonment, especially in non-Muslim polygamous relationships (under

Sharia laws Muslim men are to treat all wives equally), as men see them as “wasted” and seek out other, younger women. To counteract this loss of symbolic capital, women employ the “motherhood” script and reframe their identities as a “smart” woman who “cares about her home,” assuming practices (i.e., growing crops to feed her family) and consumption choices (i.e., educating children) that prioritize her family’s demands over her own. Thus, a woman’s need for “motherhood” to regain status and to ensure she has sufficient children to provide for her future can dissuade contraceptive use.

Women’s bodies and desire to consume contraceptives are also controlled through myths and rhetorical devices that promote the ideal of a “sexual-restrained woman.” For example, many women strongly condemned and stigmatized *other* women for beautifying themselves or using contraceptives in the belief that they did so to lure a man into transactional sex. They used libels such as “mukuuze” (detoothe), “nodgamukabina” (one who eats from her vagina), or “malaya” (prostitute). This stigmatization marks women’s sexual freedom as taboo. Consequently, contraceptives become limited to that which aligns with the social script of a good woman: framed as “family planning,” contraceptives are to be used within marriage by a subservient mother for the benefit of her family.

The reproduction of these social scripts is evident in how mothers and aunties (mis)recognize girls and their sexuality, and the types of behaviors encouraged or discouraged. Upon girls’ first menstruation, they are warned about engaging in behaviors that will cause them to “get pregnant,” such as “jumping around with boys at boreholes,” or “fetching water at late hours.” Not only does deviation from this advice lead to stigmatization, but girls subsequently bear the primary responsibility for sexual misconduct, and are disbelieved when they make claims of rape. Women in Kyamatende attest that girls engage in high risk practices, describing, “You can give her the condom and she throws it away.” Yet this ignores the scripts girls learn under the subservient model in which they are

taught to be the conduits for men's sexual pleasure, and how men view condoms as "pleasure" reducers (Joshi 2010, 526). It also disputes their need for contraceptives.

Social scripts of "Master" and "Manhood"

In contrast to women's subjugated stature stand men's more privileged position as "master" of the household. They reinforce this through paternalistic expressions of power such as being a benevolent provider or using coercive force. However, irrespective of whether informants label their relationships as "cooperative" or as "equals," both men and women agreed that men are the "final" decision makers on household consumption decisions in general. Women's inability to disagree reinforces tangibly and symbolically men's dominance over the household and over a woman and her body. Women accept this dominance, at times reducing men's expected role to his copulation demands (see Table 1).

These dynamics also signify the cultural division between a "man" and a "boy": in our data, a boy was said to become a man only when he could demonstrate decision-making skills and ability to provide for a family. As a Busoga axiom states: "A girl child is to bring bridewealth whereas a boy is the cornerstone" (Bantebya et al. 2014, 15)." Libels reflect this, with young man facing threats of being labeled as "mudankane," meaning uncultured or lacks understanding, in contrast to the epithet of "malaya" for girls.

To be "seen" by his parents, a young man needs to perform his masculinity, which translates into having multiple girlfriends and demonstrating heterosexual performativity. Fieldwork reveals a practice in which young men have multiple girlfriends for transactional sex, but have one main girlfriend whose sexuality is preserved as she is to be the future wife once bride price can be paid. As Joshi (2010, 253), whose research was conducted in the same area (Buwunda, Kamuli), explains: the "main girlfriend"... is expected to be loyal and yet to forgive infidelity "an unlimited amount of times." Moreover, men are not expected to

be tied down too young. Mothers recount that they bear the consequences of their son's sexual activities (i.e. children out of wedlock), as "fathers say that is your [mother's] issue."

Social scripts of men are thus ones that naturalize and encourage men's sexual activity, while acceptable social scripts of women attempt to control their sexuality and ensure their bodies have value for bride price. Moreover, the gender roles and identities create division between who has control and freedom to reproduce (men) versus who is responsible for reproduction (women), naturalizing men's roles as procreators, while holding women tightly to their identities as mothers and subservient bodies to be owned.

The consumption and reproduction of the meso and macro scripts of contraceptives

The misrecognition of women's sexuality continues through the meso- and macro-level discourses, as demonstrated through the medicalization and competing discourses of governmental and public policy representatives that simultaneously ignore how women may use them to pursue pleasure. These discourses hint at the UNFPA's (2017) equation of "family planning" as "central to gender equality and women's empowerment" and thus "a key factor in reducing poverty." Imperatively, these macro-level implications remain delineated by meso-level interests in maintaining African heritage. As such, "family planning" in Uganda is positioned as a *maternal* responsibility that mirrors Ugandan ideals related to feminine identities. Further, contraceptives are situated as something "couples" do together (see Table 1), omitting UNFPA's (2014, 241) shift towards framing "family planning" to include unmarried persons, that is, as methods that allow "all couples and *individuals* to decide" (emphasis added). Moreover, despite a focus on "couples," statistical indicators still focus on women while omitting men. These examples demonstrate how discourses continue (mis)recognizing various consumers imperative to contraceptive markets—men and sexually active unmarried women—silencing the role of men as fathers or spouses and reproducing social scripts of "sexually restrained women."

Capabilities approach: Conflicting enactments of capabilities

At the micro-level, men's capabilities dominate gender relations. The internalization of men's sexual agency comes at the expense of women's bodily integrity, explicit through many practices revealed in our data such as rape or harassment (men catcall women, touch them, or try to coerce them, often in route to or from school or the watering hole) and traditional practices of "carrying." A woman in Kagumba describes the latter as:

A gang of men that carry [off] a person...Of course a girl will fight so har[d]...They take her and hide her somewhere, lock her in the house.... where she might spend years and years... A parent will try to look for her daughter but all in vain. Later after some years, the man will come back to introduce him [saying] that it is me who took your daughter so I am here...you just tell him to pay [bride price]."

Fathers control over the household means they can chose to de-vest of daughters if their bride prices are compromised by unplanned pregnancies, regardless if a girl's pregnancy is due to chosen or forced sex. The focus is not on injustice, or whether (discredited) rape has occurred, but gaining a material compensation (bride price). Further investments in their daughters (like education) become disadvantageous at this point, especially when it comes at a cost of foregoing activities that create status and solidarity with his fellow males (communal drinking) and establish his manhood (transactional sex). This choice, however, may mean his daughter's well-being is compromised as she becomes viewed as an unwanted wife and treated as a commodity to which her husband has sex-rights.

Within these structures, mothers may behave complicity as they try to prevent violence (limiting contraceptive availability for daughters) and preventing public shame. As Folbre describes (1994, 17), women are making "purposeful choices" related to group allegiances (acceptance in household/community) (refer to Table 1). Other mothers, notably, support a backlash against the traditional route. A mother in Kakaanu describes how she would not "want my daughter to marry. If I get money, I will take her back to school" in hopes that through education her daughter could gain a career and become self-sufficient.

In these deprived circumstances, a young woman's preferences become what scholars describe as "adaptive" (Khader 2011, 189): she can choose to celebrate "motherhood" and conform to the "subservient wife" script or push against the "sexually restrained women" script and exert agency by exchanging her body for material things, even though it may put her at a higher risk for unwanted pregnancy and the stigma of "malaya." This latter choice holds a sense of liberation and empowerment. As Mothers in Kakaanu describe, their daughter's exercise of autonomy after menstruation shows "you she is grown up that she can decide on her own." She will get "Vaseline, smear her body to be attractive... [then get] any job like fetching water, because if she goes to fetch water, she will see the boys." If she can obtain transactional sex she can gain income and use it to pay for school fees or to beautify herself. Beautification may be used to improve her sense of self, or, for a girl that has limited familial support, struggles in school, and/or faces economic limitations, be used to pursue men. Further, we note how women make these decisions cognizant of the limits and risks for their bodily integrity. At best, at an individual level it may result in a good marriage; at worst it may leave them in a similar vulnerable state as before. At an interrelational level, however, states of what we understand as gender injustices and asymmetries, such as men's control over women's bodies and limits to contraceptive consumption, are likely to remain.

These micro-level enactments of agency interact with actors in macro- and meso-level institutions as evident from detail above and Table 1. What becomes apparent at this impasse—between deciding what to classify as "agency" versus "structure" when assessing meso- and macro-level institutions—is a need to move beyond these classifications to understand the recursive interaction between modes of power.

Discussion

The various modes of power and power asymmetries that our findings indicate turn the reproductive health market into a contested marketplace with multiple gender injustices.

As explicated in Figure 1, we demonstrate how the TGJF, strengthened by our proposed theories of power, can help identify these distributions and flows of power and how the various elements recursively interact. We work dialogically through the TGJF's lenses as per Figure 1, examining where forces complement and oppose. We look tactically between sources and consequences of macro-meso-micro levels to reveal the power asymmetries and contestations, and to consider how the power logics at each level play out in the market and consumers' experiences. In so doing, we extend the literature related to social marketing and gender injustices, bringing a critical cultural consumer perspective that interrogates the constraint versus agency of consumer's embodied realities.

Power distributions of the material and symbolic

We start by combining the two TGJF lenses that take a top-down, oppressive view of power: a social or distributive justice perspective and recognition theory. Doing so identifies the material means—the gender organizations or structures (i.e. resource asymmetries), mechanisms (i.e. laws), and relations (i.e. familial)—that allow the operation of power *and* discourse to occur, as urged by feminists scholars (Cheah 2013; McNay 2008), and those in consumer behavior calling for the “active” external contexts of consumer phenomenologies (e.g., Askegaard and Linnet 2011, 392). Moreover, combining the two perspectives reveals how gender symbolism (e.g., meanings, normative conditions, and the prestige or devaluation attached to highly visible social groups) and their practices are collated (often ignoring or obscuring within-group differences), contrasted to “the other” (e.g., “women” versus “men,” “modern” versus “traditional”), and vested in a group's control over power base(s).

The structures constraining consumers' consumption: A meso-micro analysis

Turning to the local context in which social marketing and the market-mediated policy interventions occur, we assess the meso-micro level interactions, finding that men's dominance over critical economic, political, and legal resources allows them to maintain the

means and right to pay for women's bodies through bride price, and reaffirms the status of "master" in the house and society at large. This results in a recursive effect that awards men that right to use coercive violence and control over women, while women themselves internalize their subordinate position, feeding a cycle of dependency. As per Bourdieu's (1998) theory on masculine domination, we find that these dependencies are as much symbolic—the necessity to mirror traditional roles of a subservient wife or a male provider—as much as they are vested in material realities—the monopoly of resources in men's hands. Yet we also find that this is held in place by the way mothers control knowledge, reproducing gender scripts such as the sexually restrained woman, which misrecognize their daughters' sexuality and need for contraceptives. The myths of "malaya" and "no-rape" act to discipline girls' minds and bodies in preparation for bride price in hopes that they may attract a financially-secure man. These structures of constraint facilitate social reproduction (Folbre 1994) of unequal gender and power relations, and become points of inertia that give rise to misalignments between the macro-level interventions and micro-level realities. The structures determine women's and men's position in the social hierarchy, and hold in place control over women's bodies, impeding the change envisioned in social marketing interventions and limiting the consumption of contraceptives.

The bio-power shaping the consumer landscape: A macro-micro level analysis

Shifting to an analysis of macro-level institutions, we draw from Foucault's (2010) notions of governmentality and analysis of bio-power that makes explicit the way governments control knowledge, generate truths, and employ techniques to control the social and biological life of their populations, and the way this in turn shapes people's bodies, practices, sense of self and their relation to and conceptualization of the collective society. Similar to prior studies (Askegaard et al 2014, Gurrieri, Previte, and Brace-Govan 2013, Giesler and Veresui 2014, Yngfalk 2016), we reflexively critique the "control over

knowledge” (distributive justice) and gendered representations produced through social marketing (recognition theory) to assess the role of global institutions in controlling populations.

First, we observe that global actors (e.g. WHO, UNFPA, USAID and pharmaceutical companies creating contraceptives such as Injectaplan and Protector condoms) use their financial and geopolitical basis of power to fund interventions and campaigns (distributive justice) that create new truths (recognition theory) of “empowering” those who are viewed as disempowered. As such, they choose which gendered bodies to “empower” or disempower, and in which ways. For example, in the Global South, the “empowerment” rhetoric often describes women as “passive victims” *naturally* willing to accept emancipation from rigid cultural norms, who, once freed, are heralded as the key to the development of a nation. This rhetoric is tied to the liberation messages of “family planning” and acts to inform women’s reproductive choices: by being given the ability to space out births women (i.e., mothers) can produce healthier families, which contributes to economic growth. Applying a critical consumer perspective finds that under this social marketing mantra, women’s bodies, rather than being commodities traded in bride price to men for sex-rights, are reappropriated as conduits for international agendas of development and “well-being.” Moreover, the universalistic conceptualization of “woman as mother,” acts to silence counterproductive identities (e.g., the agentic young woman who chooses to engage in transactional sex), while “family planning” interventions mark bodies as male or female, misrecognizing those who hold different sexuality-gender bodies. Men, as a target market, largely disappear from the macro-level “well-being” agenda except, as revealed in our findings, to reassert their prerogative to help women to plan “wisely.” The unbalanced geopolitical discourse of “women” empowerment, leave men battling a potential identity crisis as their “provider” role

is undermined with no alternative, positively viewed social status, like “motherhood,” to claim.

Secondly, as prior scholarship has noted in other domains of health in neoliberal markets (Mamo and Fosket 2009, Ourahmoune 2017), we find that truths and the accompanying diffusion of technoscientific knowledge is used by geopolitical institutions and marketers to actively manage consumers’ gendered bodies and behaviors. Behind social marketing’s seemingly neutral market-mediated strategies for contraceptives, such as improving product dissemination, we identify a narrative that, anchored to ideals of free-market capitalism, locates (burdens) the solutions to health at the level of the individual. Similar to Askegaard et al. (2014), this narrative implicitly holds consumers responsible: family planning interventions in Uganda assume that women are willing, able, and accountable for conforming to a healthy life for the sake of herself, her family and the development of her nation. As such, women’s use of contraceptives becomes associated with health and medical benefits, muting how it may liberate a woman to explore her sexuality. By assessing what is (mis)recognized, we discern that the social marketing directives (and those who control them), rather than empowering consumers, are channeling consumers to adopt responsibilities and to conform to universalistic ideals tied to geopolitical agendas.

Thirdly, we highlight how resources and symbolic representations are deployed to gain or reaffirm this *right* to control bodies. Geopolitical bodies covertly affirm their pervasive, symbolic right over bodies by employing marketing messages that support some aspects of meso-level interests and micro-level gender relations, thereby bolstering, rather than challenging, certain structures of constraint. For example, how women’s bodies are recognized acts to protect the morality of “motherhood”—an imperative, we argue, is the key element in the geopolitical “well-being” mantra. As such, women, rather than being treated as equal, are segmented based upon their moral status of “married” versus “sexually active

unmarried.” This ploy of recognition reproduces the gender ideal of the sexual restrained women, reinforcing micro-level stigmas (e.g. “malaya”) that push women towards ascribing to the “responsible” scripts of subservient wives and mothers. In turn, these reaffirm meso-level laws that on paper, cede ownership over a woman’s body to her husband. This analysis reveals that it is not enough for consumer theorists to identify how social marketing directs people into roles of the responsible consumer (e.g. Askegaard et al 2014, Giesler and Veresui 2014), but also how cultural imperialism results in the global reproduction of gender relations.

Bio-power from a non-Western perspective: The North-South power logics

The case of Uganda also sheds light on an additional layer that remains undeveloped in prior studies of bio-power in Western markets: in non-Western markets there is a post-colonialist web of global bio-power that perpetuates North-South power logics, valuing the modern over the traditional, and female empowerment over male disempowerment (as illuminated above). In Uganda, we observe global actors using their market mediations to obscurely displace the *traditional* by creating access (distribution justice) to contraceptives and knowledge of their choosing, and by developing campaigns that promote “truths” (recognition theory) of the superiority of *modern* contraceptives.

Moving beyond bio-power to a contested marketplace: A macro-meso level analysis

North-South power hierarchies, while dominant, are not absolute. In extending work, such as Giesler and Veresiu’s (2014) theory on government regimes’ control of populations, we recognize that government actions are disrupted and contested by both the consumer and meso-level actors, creating a marketplace in which social marketing tactics and messages align and misalign, and become refracted and co-opted. For example, men use their collective control over the political arena (meso-level institution) to circumscribe the international rhetoric of “family planning” so that it is acceptable and does not challenge their privileged

positions. Although local political leaders endorse global policies in words, they celebrate and enact actions that protect African traditions (recognition) and their means to control local bodies (distributive justice). Their use of government sponsored initiatives and channeling of international funds into campaigns that celebrate African gender representations (e.g. the “Stand Proud, Get Circumcised” campaign), signals a reversal in who controls the discourse.

We thus see under the neoliberal regime how market actors propose strategic scripts that both solidify and challenge local scripts. Moreover, such a perspective demonstrates that a top-down approach to power analysis is insufficient to understanding marketplace dynamics and consumer lived realities, as it overlooks how people exercise agency to change or rechannel: the practices, resource allocations, discourses and representations produced by global institutions, governments, local communities, and/or households.

Agency interacting with the material and symbolic: An encompassing view of power flows

Combining the various lenses of the TGJF creates a more holistic view of power distributions and flows. It demonstrates how asymmetries found in people’s initial state of deprivation (distributive justice) and constraints (re)produced through cultural and geopolitical scripts (recognition theory) can shape agency or the narrative of choice (capabilities approach), yet also how agency can (re)appropriate resources and rewrite social scripts. Such a view of power has been offered by scholars that identify how consumers employ “technologies of self” (as per Foucault) to create narratives of transformation or embodied resistance (e.g. Ourahmoune 2017), or how they perform “ideological edgework” to “rework ideological meanings and disciplining gender norms” (Thompson and Üstüner 2015, 259). Our paper extends this work by refocusing attention on gender injustices, and providing a more encompassing view of power logics and the cooptation of resources.

More specifically, our combined perspective highlights the relational aspects of power and action, identifying the trade-offs created as one person’s agency and adherence to

social scripts or attempts to do ideological edgework affects another's agency. This is evident in the gender asymmetries inherent in reproductive relations: the choices that men make (e.g., not to use condoms) can constrain the agency of women (e.g. to chose when to become pregnant); the choices mothers make to protect their own status and prevent stigma or violence puts their daughters at risk of becoming pregnant. This risk is further increased as daughters experience liberation by challenging the script of sexual restraint and reworking the husband-dependency structure through paying for their education through transactional sex. These actions and choices have consequences that can perpetuate gender injustices. The interplay of socio-cultural dynamics and agency are thus critical to understand the consumer experience and outcomes in the marketplace: social marketing tactics, as oppressive or empowering as they may seem, are open to being ignored or adapted.

In using the TGJF, we also extend perspective on agency, illuminating how modes of agency, whether it be technologies of self or ideological edgework, occur in part because of the resources and symbolic meanings various actors make available to be reworked (intentionally or unintentionally), and the rifts created in the structures of constraint as macro- and meso-level agendas and deployment of resources (e.g. funds, knowledge, legislations, policies, etc.) collide and conflict or align. In our case, although the bio-power apparent in the funded geopolitical agenda of development and marketization of neoliberal values acts to shape embodied realities, we find that women agentially adopt “family planning” rhetoric, trading off control of their reproduction while co-opting the rhetoric to increase their recognized value and esteem in society. Correspondingly, this cedes to them the privileged position of “motherhood” from which they can justify and maintain the capability to consume contraceptives, albeit within marriage and within the modes ascribed by the geopolitical actors and pharmaceuticals.

However, we also find that this macro-micro influence can be disrupted as those in control at the meso-level respond by ascribing to African traditions (e.g. males legislators reasserting that wives cannot be raped) or by muting implementation such that threatening macro-level discourses become merely written words open to (mis)appropriation. We thus see how multiple levels of asymmetries intersect and interact (e.g. gender and North-South geopolitics), complexifying markets and narrowing the options for consumers' embodied resistance. At times consumers seem enabled—women are given abilities to regain control of their bodies or to change their symbolic and material disposition; at other times they may be viewed as controlled populations. Although one could contend that geopolitical agendas and social marketing are often uncritically accepted by populations and assumed to bring about positive social change, the fact is they do bring about change—whether that change is good or bad rests on understanding the transitions in power they are enabling and whether, given the distribution of power and agency of actors, they can realize the envisioned change.

Conclusion

In this paper we offer a systematic approach to understanding gender injustices as they unfold in the marketplace. More specifically, we extended the TGJF by demonstrating the need to identify the distribution of power flows at various levels while building dialogs with the various perspectives of power explored in consumer research. In highlighting the recursiveness of power logics, we are able to deconstruct important discursive distortions and hierarchies—North-South, modern-traditional, medical-pleasure, men-women, women-girls, men-boys, boys-girls, motherhood-malaya, manhood-fatherhood—that solidify gender injustices, yet are open to being challenged as actors act in their own interests or work collectively. Our analysis of social marketing from a consumer phenomenological angle also shows how market-mediated empowerment initiatives can fail as reductionist views, a patriarchal cultural imperialism, and failure to identify how consumers experience

“empowerment” directives result in the creation of as many burdens as resolutions. If these intricate and interrelational aspects of injustices are to be comprehended, there is a need for scholars to study the role of market actors more broadly and (in)equalities more inclusively—for genders, sexualities, etc., and across geographies. Finally, although we use a notable case of a patriarchal system to study the market of contraceptives, we encourage scholars to expand our understanding of reproductive consumption, recognizing that the North-South dichotomy may not be so different after all.

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Table 1: Summary of Case Findings and Implications for Consumption and Reproductive Health Market

Themes	Description	Manifestations & Exemplary Quotes/Observations	Implications for Consumption & Reproductive Health Market
Social and Distributive Justice: Who holds control over resources, including bodies? What power asymmetries are perpetuated by/arise from unequal distribution of resources, rights, or legal/customary laws? What resources are being fought over & what are the implications?			
Resource allocation			
<i>Micro-level</i>	<p>Economic-producing resources controlled by men; women's wages paid directly to husbands; Women raise small livestock/grow crops mostly to feed families</p> <p>Men have access to mobility, allows for off-farm incomes; Women's labor and mobility restrained due to activities coded as masculine and domestic/care duties; perpetuates dependency cycle</p>	<p>Men's power over women: decision-making authority over the household; violence against women.</p> <p>Widow in Iganga: "[My husband] used to overrule me and [take] the money forcefully." He worked little, drank a lot, relied on her to "dig" for income. She felt unable to leave, forced to "keep her cool" because she had come from a destitute life, and had few options.</p> <p>Economic power & resource asymmetries: men buy/own women (bride price), have ability to engage in transactional sex; perpetuates women's dependency on men and women "selling" their bodies to men for provisions; men control decisions over daughters' bodies (access to education, marriage) that women support to ensure security</p> <p>Abandoned wife in Kyamatende tells daughters: "When I don't have enough money to pay school fees you can go and look for a man...and obey [your] husband and dig to grow food."</p>	<p>In marriage/transactional sex, men dictate circumstances around sex, reproductive health choices (when, with whom, use of contraceptives or not)</p> <p>Informal markets of exchange where women are paid for transactional sex increases need for contraceptives, yet women have limited means to pay for contraception</p> <p>Women lack mobility, access to health centers</p>
<i>Macro/meso-level</i>	<p>Male majority in government control laws; Ugandan government over-reliant on international funding; International organizations control allocation to programs</p>	<p>Gov't excludes rape from marriage law; abortion is illegal</p> <p>Lack of Uganda gov't funding and competing interests to reap a "demographic dividend" effect implementation but gov't signs commitment to int'l communities' FP2020</p> <p>Ministry of Health (2014, 15) reports; "[FP] is not adequately mainstreamed and budgeted... understanding of the centrality of [FP] to harnessing the demographic dividend is lacking amongst policy makers</p>	<p>Reliance on gov't/NGO sponsored reproductive health methods and macro interventions affects selection (e.g., USAID donated Injectaplan for women, Protector condoms for men); limited government support results in stockouts of goods, shortage of</p>

		and implementing partners.”	skilled human resources, poor quality service delivery, especially in rural areas
Control over knowledge			
<i>Micro-level</i>	Restricted flow of information due to family disruptions, cultural taboos and norms, illiteracy; lack of reliable information	<p>Incomplete/flawed understanding of reproductive health, contraception</p> <p>Girls adopt beliefs promoted by aunties. Kiige girl: “if you use family planning before you give birth the eggs are burnt.”</p> <p>Kakaanu mothers instruct daughters to count days, give herbs for “family planning at home” to prevent pregnancies, induce miscarriages, even though potentially ineffective</p> <p>Norms limit who can share information with whom; Men’s control over bodies restricts information mothers share</p>	<p>Myths of side effects, problems with available methods, constrained knowledge of alternatives, and fear of male backlash limit use of contraceptives</p> <p>Malnutrition and variances in menstruation cycles, decreases calendar-counting method, increasing perceived need for modern contraceptives</p>
<i>Macro/meso-level</i>	Ugandan government’s ideological and legal priorities limit women’s rights; reliance on international funding dictates mandates	<p>UHMG dictates what consumer products are promoted and what information is shared with consumers</p> <p>Competing macro- & meso-level discourses exist in social marketing messages as agendas and ideologies clash</p> <p>Billboard messages of “ABC” campaign align with HIV/AIDS prevention; promote “Abstinence,” feature married women “Being faithful to my man” and men “in charge with Condoms”;</p> <p>Government/USAID campaign tells men, “Stand Proud, Get Circumcised”; campaigns misalign with FP2020 and UNFPA (2016, 39) calls for “family planning” for “unmarried but sexually active adolescents”</p>	<p>Prioritization of HIV/AIDs and inconsistent social marketing interventions diminish uptake of information and effectiveness in changing behavior; perpetuates the missing market of contraceptives for adolescent girls</p>
Recognition Theory: What social scripts control behaviors? What social scripts does a person need to gain freedom from?			
Social Scripts: Reproduced and internalized by women			

<p><i>Micro-level</i></p>	<p>“Motherhood” script defines womanhood</p> <p>“Subservient Wife” script dictates that women/wives must comply with men, and are responsible for meeting needs, including sexual demands, of men/husband</p> <p>“Sexually Restrained Woman” script means girls are told to practice abstinence and held responsible for sexual misconduct, including, at times, rape</p>	<p>Women reproduce scripts that tie their identities to the ability to carry children and marriage.</p> <p>Women/wives cede control of bodies to men/husbands, and accept eventual abandonment/wives; as bodies age, they rely on the motherhood script to maintain status.</p> <p>Mothers in Kyamatende: marriage is “natural...How God created it.” A woman “has to go [regardless of] whether <i>she</i> fails her marriage...You leave your parent’s home and join the man...when you give birth to children, he will tell you are wasted...[and] old...he no longer wants you. So he will leave to go and look for other [younger] women.”</p> <p>Women use libels; Mothers and aunties indoctrinate girls to accept responsibility for sexual behavior; they reproduce beliefs that contraceptives cause promiscuity; to control girls they stress abstinence through inducing fear of disease.</p> <p>Woman in Kagumba: “When boys happen to give [the girl] like five thousand shillings, she gets disturbed and she can even fail to reach school.” Boys may “mislead girls,” but ultimately it is the girl who allows money to “seduce” her.</p> <p>Women encourage abstinence through “making [girls] afraid of...contracting HIV” and “threatening them that when you get pregnant when still young, you get problems with your uterus and might even get cancer.”</p> <p>Women, at times, disbelieve rape, say girls only “confess” if they are caught or conceive: “If you get them red handed, that is when the girl will say the boy has raped me but if you don’t get them red handed, the girl will not say she has been raped.”</p>	<p>The importance of motherhood and perceived risk of “barrenness” dissuades usage of contraceptives.</p> <p>The need to be subservient to men results in women’s complicity in giving control to men over choices related to reproductive rights (sex, contraceptive usage), especially in marriage</p> <p>The perception that contraception causes promiscuity causes aunties and mothers to push abstinence</p> <p>Mother’s denial of rape and perception that “warnings” protect their daughters from consequences of sex mute perceived need for contraceptives among girls.</p>
<p>Social Scripts: Reproduced and internalized by men</p>			

<p><i>Micro-level</i></p>	<p>“Master” scripts reinforce men’s dominance over women</p> <p>Heterosexual “Manhood” script encourages men to perform hyper- masculinity and engage in sex</p>	<p>Men are final decision makers regarding household consumption decisions; Man in Kiige: “divisionary minds... can’t be”; yet Kakaanu mother state role of men is “only to produce children...once you are pregnant that is the end.”</p> <p>Kyamatende mothers: a young man has “a lot to do in his life,” and perhaps at thirty he could be “[able to] do things on his own” and thus be more settled, responsible, and able to “love a woman.”</p> <p>Women shoulder consequences of men’s sexual activities; Mother in Kyamatende: her “boy” impregnated a girl and married young, leaving her with duties of care: “when [her daughter-in-law] misses paraffin, it is...the mother to buy. Then the boy will move and sometimes end up getting another woman and will stop caring for this one.”</p> <p>Fathers worry that son does not “plait his hair, [or] put on earrings.”</p>	<p>Husband’s desires make his manhood (virility) visible, reduce contraceptive usage for himself and wife (whose decision he controls)</p> <p>Men’s position of power and lack of responsibility over children means they pursue what they feel is better (natural sex), reducing condom usage</p> <p>Father’s focus on reproduction of heterosexual norms mutes conversation on “safe sex” practices</p>
<p>Scripts of social marketing and interventions</p>			
<p><i>Meso/macro-level</i></p>	<p>Social marketing campaigns indicative of North-South struggles: ideals of empowered mothers versus liberation of <i>all</i> women.</p>	<p>Uganda Ministry of Health (2014, xiii) defines “Family planning” as “good for the health of the mother, good for the health of the children. It is good for the welfare of the family; [it] is good for the welfare of the country”; clashes with WHO (2017) for FP “promotion” to secure women’s “well-being and autonomy.”</p>	<p>Medicalized and competing discourses reducing contraceptive usage to “family planning,” ignoring women’s use/needs for sexual pleasure or freedom</p>

<p>Definition and measurement of “family planning” in Uganda undermines FP2020 vision</p> <p>Interventions of FP focus on modern methods for women, marginalizing men</p>	<p>Indicators revolve around “unmet need for FP” and “modern contraceptive prevalence rate” for “married women” only (Ministry of Health 2014, 6); “Family planning refers to a conscious effort <i>by a couple</i> to limit or space the number of children they have through the use of contraceptive methods” UBOS (2017, 15); omits UNFPA’s (2017) inclusion of “individuals.”</p> <p>Men neglected as clients of contraceptive practices allowing men’s status as free sexual agents who hold sex-rights to women to persist.</p> <p>Social marketing campaigns primarily aim at women to choose “the right family planning options,” and make “those decisions” with her husband so they can “have the number of children you can look after well”; men involvement limited to planning “wisely” (UHMG 2017) or condom usage; Family planning services and information align with women-centrism, spaces uncomfortable for men (Kaida et al. 2005)</p> <p>Condom usage is low (between 2-3%) (UBOS 2012) as it misaligns with “manhood” script and norms.</p>	<p>Contraceptives are for couples, ignoring potential targets of vulnerable populations of unmarried, young sexually active women</p> <p>Social marketing scripts/target markets misalign with embodied realities, assumes women control their bodies; effectiveness of campaigns reduced</p> <p>Contraceptive usage by men remains low: focus on condoms dissolves men from responsibilities of “family planning,” yet condom usage is incompatible with norms</p>	
<p>Capabilities Approach: What does a person have the freedom to do? How do their actions give them a sense of control or freedom?</p>			
<p>Choices of men/fathers</p>			
<p><i>Micro-level</i></p>	<p>Choices of men and decisions to adhere to manhood script constrain women’s capabilities</p>	<p>Men’s choices to engage in practices of carrying, bride price, rape cause women to be treated like commodities to which men have sex-rights; limits women’s control over her body, sexual relations, achievements in life, respect in marriage</p>	<p>Achievement of women’s bodily integrity and ability to make reproductive health choices constrained by choices men make</p>
<p>Choices of mothers</p>			

<i>Micro-level</i>	Choice to appeal to group allegiances (community norms) versus opposing scripts/norms	<p>Women prioritize group acceptance over pregnant daughter's freedoms to protect status: mothers bear the responsibility and may be "shamed all over the village and in the home" for not raising daughters to practice sexual restraint. They "try to invite the boy's family and have peace talks and then give the boy [their daughter] to go and look after."</p> <p>Mother's decision to promote abstinence for daughters denies young women agency in expressing their sexuality</p>	Adherence to traditional practices (familial negotiations of unplanned pregnancies) attenuates need for contraceptive usage for unmarried, young women
Choices of young women			
<i>Micro-level</i>	"Empowerment" through "adaptive" preferences and choices	<p>Girls choose to engage in transactional sex, aware of the risks/tradeoffs</p> <p>Girl in Nabulezi: "When she gets a boyfriend she knows she will...have sex with him and the boy will be responsible for buying her clothes food and so on." However, she would not be able to ask for school fees because he may "bewitch her [for] taking his money" as once educated, her options for marriage to other men may improve, and her boyfriend, out of jealousy, may curse her.</p> <p>Girl in Iganga, "[T]here's nothing good in [educational] studies. After all, I have a boy who can give me money,' so they decide to go and marry their boyfriends."</p>	Opposition to traditions and high-risk choices of girls creates need for social marketing to enlarge target market to include unmarried, young women, directed at household (fathers, mothers, young women); creates tensions with choices to promote abstinence

Figure 1. Identifying Intersections of Power through the TGJF

