

Young Married Women's Perceptions On The Meanings And Motivations For Their Husbands' Opposition To Their Modern Contraceptive Use In Malawi

Benjamin Kaneka^{1*} and Akim J. Mturi¹

Abstract: The aim of the study was to examine the perceptions of young married women on meanings and motivations of partner opposition to their contraceptive use. Qualitative data was collected from focus group discussions and individual in-depth interviews with young married women and key informant interviews with health workers and traditional leaders in the districts of Ntcheu, Mangochi and Zomba in Malawi. Thematic data analysis was done using ATLAS ti software version 7. The results show that partners' opposition to young married women's use of contraceptives was perceived to be principally motivated by their husbands' quest to control the sexual and reproductive lives of their spouses. Related to this aspect are the fears and misconceptions that use of modern contraceptives would relieve young married women of the fear of engaging in extra marital affairs as they would no longer be afraid of being discovered through pregnancy. Hence, the opposition was perceived to safeguard their marriages from instability and dissolution. The paper asserts that there should be a shift in the family planning programme delivery in the country aimed at reducing or eliminating partner opposition to young married women's contraceptive use through involvement and inclusion of partners in the designing and implementation of contraceptive information and service provision interventions.

Keywords: modern contraceptive use, partner opposition, social cultural context, qualitative methods

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Introduction

Early childbearing among young women disproportionately contributes to Malawi's fertility rate of 4.4 children per woman. Due to their high fertility levels, close to 34 percent of all childbearing in the country occurs among young women aged 15–24. The 2015–2016 Malawi Demographic and Health Survey (MDHS) revealed that among all women aged 15–19, 29 percent of women had already started the childbearing process with 22 percent having at least a live birth and 7 percent being pregnant with the first child. The median age at first birth was 19 years. While almost all (99 percent) women aged 15–24 are aware of modern contraceptive

methods, the results of the 2010 MDHS showed that 37.5 percent of married women aged 15–19 currently use modern contraceptives compared to 58.1 percent among all married women (National Statistical Office & ICF 2017). Malawi liberalised its family planning policy and contraceptive guidelines in 1996 giving every individual or couple liberty to use any modern contraceptive method of their preference. The policy's liberalisation was meant to remove restrictions, including parity and partner's consent, on all methods except sterilization (Government of Malawi, 1996; Ministry of Health and Population, 2012). The change was necessary because many women who had wanted to use contraceptives were not able to get their husbands' consent to do so.

*Corresponding author: bkaneka@cc.ac.mw

¹School of Research and Postgraduate Studies, Faculty of Human and Social Sciences, North-West University (Mafikeng Campus), South Africa

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Studies have revealed that women find it easier to use modern contraceptives in situations where they have autonomous decision-making powers and the ability and agency to control their sexual and reproductive lives (Do & Kurimoto, 2012; Hartmann *et al*, 2012; Bogale *et al*, 2011). It has also been argued that women's successful contraceptive use is enhanced by support, communication, discussions and approval of their partners (Bietsch, 2015; John *et al*, 2015; Decker & Constantine, 2011). In mostly male dominated societies and in marital unions, men are instrumental in decisions made about the number of children the couple should have, whether to use contraception or not and the method of contraception to be used (Kabagenyi *et al*, 2014; Decker & Constantine, 2011). It is contended that under such circumstances, women who want no more children may not protect themselves from pregnancy because of their partner's desire to have additional children (Tumlinson *et al*, 2013; Hartmann *et al*, 2012; Bogale *et al*, 2011). In Malawi, within the cultural set up, males take control of their wives in heterosexual relationships and females are culturally socialised from a tender age to be subservient to men in general and to their partners more particularly in sexual and reproductive related matters (Jimmy-Gama, 2009; Chimbi 2007; Moore *et al*, 2007; Zulu, 2001). In this respect, women who are 'cultured' are expected to leave these matters in the control of their partners (Jimmy-Gama, 2009). Consequently any women's independent reproductive and contraceptive practices arouse a great deal of mistrust and suspicion of being driven by ulterior motives leading to vehement opposition from their men (Chimbi, 2007; Zulu, 2001; Zulu, 1998).

Some studies have examined contraceptive use dynamics (trends, levels, determinants and barriers) and have consistently revealed partner opposition as one of the critical barriers to women's uptake of contraceptive services (National Statistical Office & ICF Macro, 2011; Chimbi, 2007; Kaphagawani, 2006; Chipeta *et al*, 2010). Some have also shown that partner opposition can be encountered for contraception entirely or for particular contraceptive methods and a number of reasons have been proffered for such opposition (Bogale *et al*, 2011; Decker & Constantine, 2011; John *et al*, 2015). Apart from the desire to have more children, opposition can stem from beliefs about contraceptives side effects particularly heavy or irregular menstrual bleeding as it is associated with infertility (Nalwadda *et al*, 2010) and sexual satisfaction (John *et al*, 2015). Opposition also arises

from the assertions that family planning practice tend to be in conflict with men's interests and desires to have many children, especially in situations where there was exchange of bride wealth, to compensate for the cattle given as bride wealth at marriage (Watkins *et al*, 1997). In addition, there are assertions that contraceptive use by women would entail husbands' loss of control of their women not only on matters of sex and reproduction but also in other domestic realms (Watkins *et al*, 1997; Chimbi, 2007). Among young women, a study in neighbouring Mozambique (Capurchande *et al*, 2016) found that partners would oppose contraceptive use or the method to be used mainly due to misconceptions about contraceptive side effects.

Although studies have been conducted on partner opposition, there has been a gap in knowledge of the perceptions and experiences of young married women as a distinct group. This study was geared to gain insights into the perceived meanings and motivations for partners' opposition to young married women's use of contraceptives from young married women's perspective. How they perceive this opposition needs to be investigated as it has a bearing on their contraceptive and reproductive behaviours and consequently their lifetime fertility. The focus on young married women is premised on the fact that being in the early stages of their reproductive lives, their current sexual and reproductive behaviour has the potential to shape the fertility and demographic future direction of the country as a whole. The distinct and defining characteristics of the subjects of this study are that they are young but also married.

The study is anchored in the Theory of Gender and Power (TGP) developed by Robert Connell in 1987. The theory explores the depths of sexual inequity as well as gender and power imbalance (Wingood & DiClemente, 2000). The theory is applied in this study to examine young married women's lack of control of their sexual relationships and sexuality and explore the role heterosexual gender norms in influencing their contraceptive behaviour.

Study Objectives

The overall objective of the study is to investigate the perceived meanings and motivations of partner opposition to contraceptive use among young married women in Malawi. The study is geared specifically to:-

- a) investigate young women's understanding and

perceptions of the meanings and motivations of partner opposition to their modern contraceptive use and

- b) examine the dynamics of perceived partner opposition towards modern contraceptive use among young married women.

Data source and methods

The study used qualitative data generated from individual in-depth interviews (IDIs) and focus group discussions (FGDs) with young married women and key informant interviews (KIIs) conducted with health workers and traditional leaders. The IDIs were appropriately used to facilitate collection of information from individual young married women. The sensitive nature of the issues under investigation requires unrestricted conversations with individual young married women for thorough understanding of their perceptions, attitudes and experiences related to contraceptive practices and the constraints they encounter as young married women. Focus groups discussions (FGDs) were chosen and used to generate information from the perspective and in the words of young married women that provided insights into collective and consensus information in the communities. Being issues that are secretive but of importance to the participants, the FGDs helped to open the young married women up, engage each other and generate their own opinions. Key informant Interviews (KII) method was chosen and used because the study also sought to understand the social and cultural contexts in which contraceptive practices among young married women happen. In this respect, key informant interviews were conducted with traditional leaders purposively sampled from the villages in the study districts. KIIs were also used to examine provider's attitudes and practices that can facilitate or hinder contraceptive practices among young married women. The health service providers were simple randomly sampled from the health centres that were located in the study districts. The study sites were the purposively selected districts of Zomba, Ntcheu and Mangochi in Malawi. The criteria used for district selection were variations in contraceptive prevalence and fertility rates and marriage and kinship systems. They were also selected to provide heterogeneity as each district differs from the other in terms of economic activity, ethnicity, language and religion. Mangochi district is located

on the southern tip of Lake Malawi in the southern region and is a predominantly matrilineal society. In matrilineal societies kinship is traced through the mother and the man moves to the wife's village to establish residence where he is largely controlled by the extended family of his wife. In terms of decision-making in family matters, the young married woman is under the control of the extended family head (uncle) and is said to exercise some considerable degree of leverage over her husband (Zulu, 1998; Chimhiri, 2007; Sear, 2008). Because of its large Muslim population, Mangochi is also highly polygynous (Jimmy-Gama, 2009). Ntcheu district is located in the Central region and is dominated by the Ngoni tribe and they are predominantly patrilineal with a mix of polygynous and monogamous marriages. In the patrilineal system, the woman is taken off from her lineage and becomes part of her husband's family and the children belong to the father's lineage. In terms of decision-making, the woman is under her husband and his family's control (Mkandawire-Valhum *et al*, 2013; Chimhiri, 2007; Kerr, 2005; Malawi Human Right Commission 2006). In both Mangochi and Ntcheu districts, dating back to the colonial days, a lot of young men have been trekking to South Africa to look for temporary employment. Zomba is predominantly rural but also has one of the four major urban areas in the country (Government of Malawi, 2013). It is a predominantly a matrilineal society.

Four female research assistants, unknown to the communities, were recruited based on knowledge and experience in conducting, transcribing and translating interviews and discussions, fluency in both English and Chichewa (local language), good writing skills (in English), good conversational skills, and a general ease and openness to discussing sensitive issues. The data collection team underwent a four day training session, conducted by the research, in interviewing and discussions' facilitating techniques. All IDIs, FGDs and KIIs with traditional leaders were conducted in Chichewa (the national local language) while KII with health workers were conducted in English. All these were audio taped after obtaining verbal consent from the study participants. The taped IDIs and FGDs were transcribed verbatim and translated into English. The data were analyzed using thematic analysis method that involves the creation and application of codes to data (Gibson, 2006). The scripts (documents) were uploaded into the Atlas Ti Version 7 (Mohamad, 2014) that was used in coding the textual data by themes and networking the themes and codes. There

was double coding. The researcher coded and another faculty member at Department of Population Studies at the University did another coding. This was meant to ensure quality and validity of the results. Themes were compared between and among subgroups such as age, parity, contraceptive use and district and across different data collection methods to identify similar threads and variations. The results are presented through the selection of associated quotes or excerpts that best capture the substance of the themes and relate to the study objectives.

The limitation of the study is that the FGDs and IDIs were only conducted with young married women. The study was only able to explore the motivations of 'perceived' partner opposition from the perspective of young married women. In that respect, in this study they are referred to as 'perceived' because they are what the women think or perceive about the issue of partner opposition. However, these limitations notwithstanding, the study participants have still been able to unravel their perceptions of and experiences with their husbands' motivations and practices and influences on their reproductive and contraceptive practices.

Results

Study participants

Data were collected from purposively selected young married women through 68 individual in-depth interviews (IDI) and 216 discussants in 18 focus group discussions (FGDs) of 12 members each. The participants for IDIs comprised 44 (65 percent) aged 20-24 and 24 (35 percent) aged 15-19. The FGDs were conducted for young (15-19) and older married women (20-24) separately. Out of the 18 FGDs, 11 (132 participants) were conducted among 20-24 olds while 7 (84 participants) among the 15-19 year olds. All of them were in the rural areas of Malawi, had at least a child. A majority of them were non users of contraceptives and had been in marriage for periods ranging from less than one year to six years. A majority of them had only primary education as their highest level of school and were only engaging in subsistence farming for a living. In terms of KIIs, there were 10 community chiefs (village headmen) out of which 3 were females and 12 health workers comprising 5 community nurses, 3 nurse-midwives nurses and 4 medical assistants.

Overall view of the perceived motivations

The overall emerging picture is that regardless of the variations in age district or kinship system of the study participants, issues of partner opposition to contraceptive use were very critical and were simultaneously raised among young married women once the discussions about childbearing and contraception ensued. What was clear was that partner opposition was critical to young married women's reproductive and contraceptive decision making and practices. In this respect, the study has established that there were various reasons why young married women perceive that their partners oppose the use of contraceptives. These perceived motivations are grouped into two broad categories: exerting control over women's sexuality and maintaining stability and security of the marital union.

Exerting control over women's sexuality

It emerged from the discussions and interviews that the perceived partners' opposition to young married women's contraceptive use was principally motivated by the men's desire to exert control over the sexual and reproductive lives of their wives. Their narratives pointed to strong perceptions that men, regardless of the kinship system, considered the use of contraceptives by their wives as something that would lead to their loss of control over their wives' sexual and reproductive lives. What could be discerned from the study participants' narratives were some extreme perceptions that men have fears that contraceptive use would relieve young married women of the stress and fear of becoming pregnant and would hence enable them to engage in and conceal extramarital sexual activities easily. What came out clearly was that men believe that exerting this sexual and reproductive control on their young wives was critical and important in these initial stages of their marital and childbearing lives. The subsequent quotes exemplify the understanding of this control:

It is because of fear of encouraging promiscuous behaviour. They think that their wives would be able to sleep around with men without becoming pregnant. [IDI: 19, 2 children, non user, Ntcheu]

Men fear that women who are using contraceptives may behave like prostitutes¹ as they will not conceive and therefore can sleep with anybody. [FGD: 20–24, Mangochi]

It was noted that even the health workers who were professionals posted to work in the communities but do not necessarily come from those communities also share similar sentiments about the issue of promiscuity as was captured during an interview with a community nurse:

Some men think that if a young married woman is using contraception, it is a sign that she does not want to become pregnant because she is involved in promiscuity. [KII: Health Centre Worker, Zomba]

Stability and security of the marital union

The discussions and interviews with young married women also revealed that there were some beliefs among men that childbearing would strengthen and assure the stability and sustainability of their marriages. The young married women expressed perceptions that men harbour strong feelings of jealousy and believe that once a woman starts using contraceptives she would have better chances of taking care of herself and become more attractive to other men due to the fact that there is less burden being exerted on her by constant childbearing. Consequently, to protect their marriages from instability, men were perceived to oppose use of contraceptives so that the constant childbearing and a large number of children would preoccupy the woman's time and take a toll on her physical appearance. It was further expressed that constant childbearing would make the woman have less time and opportunities to get out of the home and would be less attractive to other men. The elements of these perceived fears and control are captured thus:

To prevent immorality, husbands want their wives to be put under pressure by having a child every year. They should not find time to go and flirt with other men. [IDI: 19, 2 children, user, Zomba]

Men are just jealous. They just want women to bear them many children in order for them not to be free.

They should be busy taking care of the children. This is what men want. [FGD: 20-24, Mangochi]

Some men fear that their wives will be moving around with other men without fear of becoming pregnant. [IDI: 23, 3 children, never user, Ntcheu]

It also became clear during the discussions and interviews that partner opposition was more pronounced in polygamous unions. This was noted to arise from the fact that the cardinal characteristic of this type of marriage was that second or higher order wives tend to be much younger than their men. This arouses fears and jealous tendencies among the men in those relationships that the wives can be going out with younger men without fear of being discovered through pregnancy.

Study participants also revealed that partner opposition tended to be common in situations where the husband and the wife do not stay together and the woman resides at her husband's place. From the narratives, it was surmised that it was for the same purpose of controlling the woman's sexuality as it would be easier to monitor her movements when the woman stays at the man's place or she resides at her place. This was particularly noteworthy in Mangochi district where many young men periodically migrate to South Africa to seek employment and leave their wives behind. It was also intriguing to note that although culturally the man is supposed to relocate to his wife's place upon marriage, young married women had relocated to their husbands' villages when their husbands had temporarily migrated to South Africa for employment. From the discussions, it became clear that this was ostensibly a way of monitoring young married women's movements and watching over their possible sexual escapades. What emerged from the interviews with young married women and traditional leaders was the general perception that contraceptive use would lead to promiscuity. While the subtle references to this general picture were widespread, the study could not establish their origins from the discourses. The subsequent quotes highlight the perceived fears that contraceptive use might bring:

Men believe that when you are using contraceptives, it means that you want to get involved in promiscuous behaviours, especially in our cases where husbands are working elsewhere away from homes. This is common to families where the women are not accompanying their husbands to

¹ Loosely used term by communities to refer to any woman having extra marital sexual affairs or multiple sexual partnerships

their work places. [IDI: 24, 2 children, non user, Mangochi]

I have not been using any contraceptive method because my husband is in South Africa. People would have said many bad things about me. This time he is coming and this is why I have decided to come and take contraception here at the hospital. [IDI: 22, 1 child, user, Mangochi]

It was also revealing to note that even community leaders who mostly represents the general feelings of their communities also shared same perceptions of associating contraceptive use by women with absent husbands with engaging in extra marital status.

These young women do this mostly because their husbands went to South Africa, so they want to blind them as if they were not engaging in sexual activities. How can a person whose husband is not here use contraceptives? [KII: Traditional Leader, Mangochi]

In the study, there were also perceptions that partner opposition arise from the need for these young men to have uninterrupted childbearing with their wives. These young men often have very short periods of vacation (mostly two months in every two to three years) from their employment in South Africa. What could be discerned from the narratives was that young men's expectations were that they needed to leave their wives pregnant at the expiry of each of their short holidays. When they returned, they needed to always find their wives in the best of form for immediate conception. This would not be possible if she were to use contraceptive methods some of which can cause delayed conception. Any such subsequent pregnancy was perceived as part of a broader strategy of the control of their wives sexuality by ensuring that she is preoccupied with pregnancies and children.

It was also established that there were some strong cultural beliefs related to sex in marriage. In the study districts, there were cultural beliefs that a pregnant woman cannot and should not sleep with other men than her husband lest she experiences spontaneous abortion or have serious difficulties during childbirth. It was further expressed that she could not and should not sleep with other men while lactating for fear of bringing diseases to the child that can cause death. In addition, there were also cultural beliefs to the effect that once a married woman gets impregnated by someone other than her husband, the woman will have

difficulties or might even die during childbirth unless she reveals the identity of the man responsible for the pregnancy. These sentiments were shared by both the young married women and traditional leaders as well. It could be surmised that all these cultural beliefs were meant to still exert control on women's sexual and reproductive lives and ensure marital stability. These cultural beliefs were aptly expressed as below:

A pregnant woman who has sex with other men would cause the pregnancy to abort, would have difficulties delivering the child and can only be saved by mentioning the man she was cheating with. Any difficulties in the pregnancy and delivery are attributed to the woman's cheating. [KII: Traditional Authority, Zomba]

A woman cannot have sex with other men when the child is still breast feeding, the child can develop serious diseases such as tsempho² and die. [FGD: 20-24, Ntcheu]

Support for partner opposition

While partner opposition was negatively expressed in most of the discussions and interviews with the study participants, it was intriguing to find that some of the young married women were in support of partner opposition. It can be surmised that this was a reflection of the entrenched social and cultural context and norms pertaining to the value for childbearing and gender inequalities in the communities. The study participants appeared to cast doubts on the motivations of fellow young married women who use contraceptives. They felt that it was premature for a young married woman to decide to go for family planning methods. In the discussions and interviews, some young married women further justified partner opposition on the grounds that childbearing was supposed to be an integral part of a marriage and also that men, as heads of the family, should be left to make decisions on these matters of fertility and contraception. Their sentiments were aptly captured in the following excerpts:

If you get married it means you have accepted to bear children. Using contraception is just as good as telling your husband that I am not ready for marriage because I have other things to do. [IDI: 23, 3 children, never user, Ntcheu]

² a kwashiorkor like debilitating disease in children

As long as you are in marriage you are not supposed to use family planning methods because you really do not know what the future holds for you in terms of childbearing. It was your choice to get married so why go for family planning methods. Just by accepting the husband you also accepted pregnancies. [IDI: 17, 1 child, never user, Mangochi]

The decision maker is the husband. He is the one who decides how many children to have. There is no need for a young woman to do something like taking contraceptives [IDI: 21, 2 children, never user, Zomba]

What was interesting was that some young married women narratives indicated that men's fears about their wives' use of contraceptives for ulterior motives of engaging in extra marital affairs were not necessarily unfounded. It was revealed during the IDIs that some young married women have had friends and relatives who had used contraceptives not only secretly but also rather to enable them engage in extra marital affairs without the possibility of being discovered by their husbands through pregnancy. The gist of it all was captured from this IDI:

She was married and her husband had gone to South Africa. What she felt was that she should not be impregnated but should be free to have sexual activities. She was afraid that she could be pregnant. She went for family planning methods fearing that if she became pregnant things would not go well with her when he returns. [IDI: 20, 2 children, non user, Mangochi]

Discussion and conclusions

The study had set out to examine the perceived motivations and dynamics of partner opposition to the use of contraceptives from the perspectives of young married women and other study participants. The results have shown that the dominant perceptions about partner opposition to young married women's contraceptive use were principally bordered on men's quest to exert control on their wives' sexual and reproductive lives, maximise their own sexual and reproductive benefits and minimise the risk of marital instability at this early stage in their marital and reproductive years. This quest for control is buttressed by widespread social and cultural beliefs that place great value on childbearing and children and ostensibly regard childbearing as the ultimate

and inevitable outcome of marriage regardless of the ages of the marital partners.

While there have been no marked variations in the extent of and reasons for partner opposition by age and district, the results demonstrate that young women married to a polygynous husband would face widespread opposition to contraceptive use. This corroborates previous study (Malawi Human Rights Commission, 2006) that found that polygyny was principally there for fertility related reasons. For example, a new wife could be sought when the first one is failing to bear children, a son or when the man wants to produce more children to carry on the lineage or provide security in old age (Malawi Human Right Commission, 2006). It is reckoned that in this type of marital relationship, pressure on the young married woman to bear children is always enormous such that partner opposition becomes more intense. However, the study found no variations in perceptions about partner opposition between young married women in matrilineal and matrilineal kinship systems. Contrary to other studies (Chimbiri, 2007; Kerr, 2005; Zulu, 1998) who have found those in matrilineal system to have some leverage over their husbands, the present study found that those in matrilineal kinship system did not appear to have any more decision-making powers pertaining to reproductive and contraceptive practices within their households compared to their counterparts in patrilineal system. This might perhaps be attributed to the fact that these are still young married women who experience intense pressure to prove their fertility regardless of the system.

These results provide evidence that young married women need support to realise their sexual and reproductive health rights in these prime times of their reproductive years. From the foregoing and our understanding of various cultures in Malawi, it is clear that young married women are hindered to make decisions pertaining to their sexual and reproductive practices. In this respect, interventions to address these challenges need to be directed towards a wider range of target audiences aside the partners. These should include immediate and extended family members, significant social and cultural gate keepers such as traditional leaders. The results corroborate those by John *et al*, 2015 who found that sexual pleasure, partner dynamics and the broader socio-economic context mediate decision making pertaining to contraceptive use among women.

From a human rights point of view, young married women should be empowered to achieve their sexual

and reproductive goals through guaranteeing of utmost secrecy and confidentiality and provision of sensitive support services to those who decide to use contraceptives in the face of any opposition. In addition, there should be a shift in family planning program delivery in the country in such a way that there would be reduction or elimination of all forms of opposition to contraceptive use for young married women through involvement and inclusion of partners in the designing and implementation of reproductive and contraceptive information and service provision interventions. This corroborates a study in Kenya (Tumlinson *et al*, 2013) who concluded that partners' fertility preferences had a bearing on women's contraceptive use.

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