

Comment on the paper *Young married women's perspectives on the motivation and dynamics for their husbands' opposition to their modern contraceptive use in Malawi* by Benjamin Kaneka and Akim J. Mturi

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Kaneka's study of husband's opposition to their young wife's utilization of modern contraceptive methods in Malawi addresses significant issues surrounding women's autonomy, decision making, right to reproductive health information and services, and the right to decide about their reproductive choices, and women's empowerment in general. These are indeed challenging issues, that the sexual and reproductive health community continues to face, especially in conservative and traditional societies like Malawi. Contraception has been proven as one of the most effective health interventions. Contraception saves lives, prevents unwanted pregnancies and unsafe abortions. Contraception improves the health and wellbeing of both the mother and the baby. Contraception does not cause infidelity. These and other facts that highlight the benefits of contraception, should be emphasized as part of the broader recommendations for addressing the high fertility rates, the fears and misconception about contraception.

The aim of the paper is to understand the meanings and motivations of the partner's opposition to contraceptive use. While the women seem to clearly articulate why their husbands do not support their utilization of contraceptives, it is not clear whether this is because the women themselves have misconceptions and misunderstanding of contraceptives, whether these indeed are the women's views of contraception and their fears, or whether these are the views of the community on contraception. A better understanding of the women's knowledge and attitudes towards contraception is essential. Are they aware of the risks of pregnancy? The risks of high fertility, both to their lives and to the lives of their babies? What about the risks of unprotected sex, sexually transmitted infections and HIV? Perhaps Kaneka should have considered interviewing the women's partners—the men—to get firsthand information about their reasons for opposing their wife's utilization of contraceptives and understand their views and perceptions on contraception and family planning. Is opposition to contraception by men universal? Are there men who support their wife's utilization of contraceptives? What is the men's knowledge and attitude towards contraception?

Most of the quotations in the paper are from

young married women who are non-users or have never used contraception. It would have been useful to have learnt of their reasons for not using contraception, their awareness and knowledge of contraception and how this related to their beliefs and values. We must also consider that this may be a biased group with regards to contraceptive use. In follow-up work, Kaneka might consider interviewing and citing more young married women who are using or have used contraceptives, to better understand their views, and why it is acceptable to their partners compared to those who do not use contraception. Are there other factors besides a husband's opposition that determine contraceptive use or non use?

In the introduction, it is evidenced that the policy in Malawi was liberalized in 1996 to remove restrictions, including partner's consent. More exploration of why women do not take advantage of this policy would be useful for better understanding the context. Are women aware of this policy? What about health providers? Do they require women to provide spousal consent prior to providing contraceptives? Finally, women's inequitable position in society, the low value placed on them, and their low social and economic status have a significant role in their ability—or lack thereof—to make informed choices and decisions regarding their sexual and reproductive lives. The United Nations guarantees that "couples have a basic human right to decide freely and responsibly on the number and spacing of their children and a right to adequate education and information in this respect". In addressing the barriers to contraception, it is important to also address the deeper underlying problems – lack of women's social and economic empowerment, through advocating for girls' education, promoting comprehensive sexuality education, advocating against early, child and forced marriages, and engaging men. It is also important to address health worker attitudes towards contraception for young women and girls through training and values clarification.

Although this paper shows that eliminating partner opposition to contraceptive use is an important intervention, it clearly should not be addressed in isolation.

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