

YOUNG WIVES: SOCIAL NORMS AND REPRODUCTIVE DECISION-MAKING



FINDINGS FROM A PRIMARY STUDY IN RURAL GEOGRAPHIES
ACROSS TWO DISTRICTS IN INDIA



Family Planning Norms and Practices among Young Wives in Rural India.
PCI India. 2024

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FOREWORD



We are thrilled to present the Young Wives Study report. This publication highlights the results of our recent study that focuses on social norms and gender roles that influence family planning adoption among young rural couples and their reproductive choices in areas with high rates of underage marriage in India.

India has made remarkable progress in enhancing access to modern contraceptive methods, as shown by the substantial increase in the modern contraceptive usage from 48% to 57% from between the last two rounds of the National Family Health Survey (NFHS)- NFHS-4 and 5. Furthermore, the decrease in the prevalence of unmet needs for family planning from 12.9% to 9.4% indicates the effectiveness of initiatives such as Mission Parivar Vikas in improving reproductive health outcomes.

However, despite this progress, challenges persist, particularly concerning young married women aged 15-19. The rise in pregnancies among teenage wives in certain regions of the country highlights the demand for targeted interventions to address the unique needs of this vulnerable demographic.

The Young Wives study provides in-depth insights into the complex cultural systems or “ecologies” of health surrounding reproductive decisions among young couples. It highlights the intricate interplay between social norms, gender roles, and fertility-related beliefs and decisions. Using a comprehensive approach encompassing qualitative ethnographic and quantitative research, we aim to provide nuanced insights that can inform evidence-based interventions.

Numerous noteworthy insights and findings have emerged from the study, particularly concerning the prevalence of strong fertility norms coupled with insufficient familial and communal discourse and awareness surrounding family planning. These factors significantly impede the reproductive decision-making processes of young couples.

Moving forward, it is imperative to leverage these insights to design targeted Norms Shifting Interventions (NSIs) aimed at preventing teenage pregnancies and promoting reproductive health among young wives. By fostering community-level discussions, empowering frontline workers, and leveraging digital platforms, we can catalyze positive changes and mitigate existing barriers to family planning adoption.

We extend our heartfelt gratitude to all stakeholders, including community members, frontline workers, and government partners, for their invaluable support throughout this study. Together, we can work towards ensuring that every young woman in India has the opportunity to make informed choices about her reproductive health, thereby fostering a healthier and more empowered future for all.

Sincerely,

(Indrajit Chaudhuri)

[CEO and Country Director, PCI]

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ABBREVIATIONS

YW: Young wives

FLW: Frontline health workers

MiL: Mother-in-law

FiL: Father-in-law

DiL: Daughter-in-law

SiL: Sister-in-law

SHGs: Self-help groups

NFHS: National Family Health Survey

FP: Family Planning

CPR: Contraceptive Prevalence rate

APL: Above poverty line

BPL: Below poverty line

PSUs: Primary Sampling Units

PPS: Proportional to Population Size

ASHA: Accredited Social Health Activist

AWW: Anganwadi Workers

HH: Household





EXECUTIVE SUMMARY

India has made significant progress in improving access to and adoption of modern contraceptive methods, which has empowered couples to make informed decisions about family planning. According to the latest data from the National Family Health Survey (NFHS-5), there has been a substantial increase in the Contraceptive Prevalence Rate (CPR), from 54% (NFHS-4) to 67%, while the prevalence of unmet need for family planning (FP) among married women has decreased from 12.9% to 9.4% in the same period.

However, these gains have not been uniform across age groups. Successive rounds of NFHS report that among currently married young women under 20, contraceptive usage remains notably low, while the unmet demand for FP is significantly high.

It has been often recognized that local culture and social norms play a critical role in influencing the reproductive decisions of the young wives. Interestingly, while large-scale surveys provide a broad understanding of FP practices of young wives and their husbands in India, they seldom provide sufficient insights into the interplay between FP practices, social norms, and gender roles. This study aims to identify the predictors of FP adoption by examining the complex cultural ecologies of health, particularly beliefs and norms related to FP and fertility, and how they interact with the reproductive decisions of young couples in areas with a higher prevalence of underage marriage.

The central hypothesis of this study is that conventional approaches to FP programming are likely to falter, if enough attention is not

given to the prevailing socio-cultural norms and family systems. The merit of the study is in its ability to generate context-specific evidence crucial for designing better Norms Shifting Interventions (NSIs) that will enable young couples to successfully navigate complex socio-cultural norms and make good FP decisions that protect their wellbeing and help prevent teenage pregnancies.

The study was conducted in two phases. An ethnographic phase, where researchers explored social and cultural interactions within families that can influence young couples' FP behaviors, was followed by a quantitative phase in which a representative cross-sectional survey was undertaken to understand the beliefs and factors influencing young couples' decision or ability to delay the first pregnancy. The ethnographic phase involved an in-depth study of 24 households and key informant interviews with 39 frontline health workers and community influencers. In all, 1100 young wives (YWs), 436 husbands, 473 mothers-in-law (MiLs), and 448 frontline workers (FLWs)/influencers were included in the quantitative study.

The mean age of young wives, husbands and mothers-in-law was 18.5, 23.3 and 48 years, respectively. For frontline workers, it was 38.7 years. Twenty-three percent husbands were migrants, with Godda having a much higher proportion of migrants (40%) than Ujjain (5%). Only 15% were in salaried occupations.

Young wives enjoyed limited mobility and agency; around one-fourth or less women worked outside their home or had been to the market, hospital/clinic/doctor, and traveled



outside the village alone. More than one-third of young wives stopped engaging in their hobbies after marriage, primarily due to their desire to conform to social norms, or directives of in-laws or husbands. Only 1.6% of young wives had any land or property. Around half of the young wives owned a personal mobile phone. YouTube and WhatsApp were the most used social media applications. Most of the young wives (91%) lived in joint families and most major decisions, including large purchases, were made by the in-laws (74%). Over 60% of young wives needed permission from in-laws and/or husbands to visit family or friends. Young wives had limited say in the spending of money earned by husbands, with decisions predominantly made by in-laws (42%) or husbands (40%).

Communication between spouses regarding fertility, such as ideal family size, was much higher (72%) than communication about contraception (47%). Additionally, around 48% of the young wives reported that they had not discussed FP with their husbands in over three months. Both young wives and husbands agreed that ultimately, it was the husband's decision that prevailed when selecting a FP method.

While most of the young wives and husbands are unaware of the full connotation of the term "family planning", 87% knew about at least any one modern FP method. Misconceptions about modern contraceptives were high among young wives. 84% of young wives and 54% of husbands have never received any information on FP, with only about 10% of the young wives receiving FP counseling in the last year. Many young wives and their

husbands rely on family members, relatives, and friends for information related to family planning. Although knowledge about the basket of choices was limited, the young wives had a decent amount of knowledge when asked about prominent political figures, Bollywood stars, and sports personalities.

The survey found that about 35% young wives had an unmet need for FP. This means they want to avoid pregnancy but are not using any contraceptive methods. One-third of the young wives who got pregnant in the past did not intend to get pregnant at that time. The survey also revealed a knowledge, attitudes, and practices (KAP) gap of 62% for modern contraceptive use.

Only around 18% of the young wives used modern contraceptive methods at the time of the survey. While some young wives were trying to conceive, other non-users had husbands who were either migrant workers or opposed to the use of such methods. Some also thought of traditional methods as easier to use.

About 74% of young wives from the study area became pregnant between the ages of 15 and 19. On an average, there was a one-year gap between marriage and first pregnancy. Among women who had two children, only 6% had a birth interval of more than 36 months.

It was discovered through dominance analysis – a statistical method of comparing the relative importance of predictors in multiple regression – that FP counseling, positive belief in FP by other young wives in the community (descriptive norms), and the degree of

interspousal communication on FP were the top three contributors to the variations in modern FP use. However, descriptive norms were not very strong, with over 65% of young wives having no idea about FP practices in their community.

Interestingly, FP counseling, the most dominant factor influencing FP use among young wives, was dependent on interspousal communication on FP, descriptive norms, and possession of general knowledge. In other words, the belief that others in the community use FP is an important factor in increasing FP usage among young wives.

Those with a weaker or no belief that others in their community use modern contraceptives were less likely to use it. Positive beliefs about modern methods were strongly correlated to practice, even after controlling for other predictors. Similarly, young wives who believed that the society expected young couples to have a child soon after marriage, were more likely to conceive within a year of marriage.

However, there was lack of response about FP-related norms, with a vast majority having no idea what others in their community do with regard to contraception. Analysis suggests that this silence is due to lack of openness, insufficient knowledge about the basket of choices, suboptimal use of contraception, limited interactions with frontline workers or counseling services, and absence of discourse in popular media.

In view of these findings, we believe that FP programs should recognize the significance

of norms-conscious programming and promote group-based interactions that involve young wives, their family members, frontline workers, and community influencers to catalyze community-level discussions on FP and to mitigate the existing silence. Leveraging community institutions such as Self-Help Group platforms can expedite these interactions. Additionally, reshaping the dissemination of creative content through digital platforms holds promise in addressing these challenges.



1. BACKGROUND

India has made significant progress in improving access and adoption of modern contraceptive methods, which enables couples to make informed decisions about family planning¹. The latest data from the National Family Health Survey (NFHS-5) shows a remarkable increase in the Contraceptive Prevalence Rate (CPR), rising from 54% to 67% since NFHS-4. This indicates a significant improvement in the domain of reproductive health². Additionally, the prevalence of unmet needs for family planning among married women has notably decreased from 12.9% in NFHS-4 to 9.4% in NFHS-5³. The government's Mission Parivar Vikas, aimed at reducing unmet needs in family planning, seems to have played a crucial role in enhancing the family planning outcomes⁴.

Despite the considerable progress that India has made in various areas, young women in the country still face many challenges that can compromise their health and well-being⁵. Specifically, the reproductive health and rights of recently married young women are often neglected, and they are expected to have children soon after marriage⁶. Unfortunately, the highest percentage of unmet need for family planning is found among women aged 15 to 19 years, which is 22.2%, compared to the national average of 13%⁷ for women of reproductive age. Although India has made significant efforts to reduce early marriage and childbearing among young women,⁸ the problem persists, and imposes many challenges on their lives⁹. According to NFHS-4, almost 27% of women in India were married before they turned 18 years old¹⁰.

¹GOI. Ministry of Health and Family Welfare [Internet]. 2022 [cited 2024 Feb 2]. Available from: <https://pib.gov.in/pib.gov.in/Pressreleaseshare.aspx?PRID=1823047>

²International Institute for Population Sciences (IIPS) and ICF. National Family Health Survey (NFHS-5), 2019-21: India: Volume II. Mumbai: IIPS; 2021

³Singh SK, Kashyap GC, Sharma H, Mondal S, Legare CH. Changes in discourse on unmet need for family planning among married women in India: evidence from NFHS-5 (2019–2021). *Sci Rep*. 2023 Nov 22;13(1):20464

⁴UNFPA India [Internet]. 2023 [cited 2024 Feb 6]. Analytical Paper Series - Impact of the Mission Parivar Vikas Programme: Evidence from National Family Health Surveys. Available from: <https://india.unfpa.org/en/publications/analytical-paper-series-impact-mission-parivar-vikas-programme-evidence-national-family>

⁵Ibarra-Nava I, Choudhry V, Agardh A. Desire to delay the first childbirth among young, married women in India: a cross-sectional study based on national survey data. *BMC Public Health*. 2020 Mar 18;20:350.

⁶Ibarra-Nava I, Choudhry V, Agardh A. Desire to delay the first childbirth among young, married women in India: a cross-sectional study based on national survey data. *BMC Public Health*. 2020 Mar 18;20:350.

⁷International Institute for Population Sciences (IIPS) and ICF. National Family Health Survey (NFHS-5), 2019-21: India: Volume II. Mumbai: IIPS; 2021

⁸Ibarra-Nava I, Choudhry V, Agardh A. Desire to delay the first childbirth among young, married women in India: a cross-sectional study based on national survey data. *BMC Public Health*. 2020 Mar 18;20:350.

⁹Ibarra-Nava I, Choudhry V, Agardh A. Desire to delay the first childbirth among young, married women in India: a cross-sectional study based on national survey data. *BMC Public Health*. 2020 Mar 18;20:350.¹⁰International Institute for Population Sciences (IIPS) and ICF. National Family Health Survey (NFHS-5), 2019-21: India: Volume II. Mumbai: IIPS; 2021

¹⁰International Institute for Population Sciences (IIPS) and ICF. National Family Health Survey (NFHS-5), 2019-21: India: Volume II. Mumbai: IIPS; 2021

Cultural barriers perpetuating early marriages arise from societal pressure on unmarried young girls to avoid romantic relationships, as well as increasing dowry demands with age¹¹.

Previous studies have shed light on the impact of prevailing social norms, particularly patriarchal attitudes, on Family Planning (FP) in India. The disproportionate focus on female sterilization in rural areas, along with limited male involvement, puts women at risk of violence, social exclusion, and family conflicts. The incidence of early pregnancies among newly married adolescents is influenced by several factors, including limited knowledge of contraception, societal expectations to conceive early, and the desire for a short gap between consecutive childbirths^{12 13}.

Young wives are a vulnerable group due to a host of factors. Firstly, they are married early, often before they turn 18, the legal age of marriage for women in India. The lives of young wives are further complicated by early pregnancy, with most of them giving birth during their teenage years. Adolescent mothers face increased health risks during pregnancy and delivery due to their bodies not being fully matured, which can affect the health of their children. Balancing the demands of motherhood and the emotional and developmental challenges of adolescence can increase the levels of stress and anxiety. Teenage mothers require additional support and resources to develop effective parenting skills as they have

limited experience and knowledge. These young wives often feel unable to achieve their life goals as they are pressured by their in-laws to conform to societal norms and traditional gender roles.

The present study focuses on cultural ecologies of health that encompasses the interaction between cultural beliefs, practices, and environments and how they influence health outcomes of young wives living in rural hinterlands with higher prevalence of underage marriages. The reproductive decision-making of young couples, particularly those in resource-constrained environments, undergoes a complex and intricate process. To comprehend this complexity, the study employs a holistic approach, gathering primary data not only from young wives but also from key stakeholders within and beyond the family who impact these couples, directly or indirectly. Employing well-designed instruments, the study delves into capturing social norms and other difficult-to-measure constructs from all four types of respondents: young wives, mothers-in-law, husbands, and community influencers including the frontline workers (FLWs). Employing an analytical approach rooted in triangulation and convergence, the study endeavors to extract comprehensive insights. Large-scale surveys frequently overlook these critical components, thus lacking a well-rounded view, rendering this study valuable for presenting a fresh perspective on the topic.

¹¹Chaudhary, N. (2018). Institutionalization of Dowry System in tharu Communities of gujara Municipality-1, Rangapur, Rautahat (Doctoral dissertation, Department of Rural Development).

¹²Crivello, G., Roest, J., Vennam, U., Singh, R., & Winter, F. (2018). Marital and fertility decision-making: The lived experiences of adolescents and young married couples in Andhra Pradesh and Telangana, India. *Young Lives*.

¹³Dhaded, S. M., Somannavar, M. S., Jacob, J. P., McClure, E. M., Vernekar, S. S., Yogesh Kumar, S., ... & Goudar, S. S. (2018). Early pregnancy loss in Belagavi, Karnataka, India 2014–2017: a prospective population-based observational study in a low-resource setting. *Reproductive health*, 15, 15-22.

2. AIMS AND OBJECTIVES

The current research aims to study the socio-cultural norms, including gender roles, that determine the Family Planning (FP) behaviours of young couples and their decisions related to delaying the first pregnancy among such couples in rural Jharkhand and Madhya Pradesh; both states are known for high incidence of early marriage and conception (NFHS-5, 2015-16).

However, the specific objectives are:

- To examine various social and gender norms and beliefs surrounding family planning and fertility and explore how the norms vary by culture, gender, and generation.
- To identify the predictors and drivers of family planning adoption among young rural married couples by studying the complex cultural ecologies of health and how the norms and gender roles interact with the family planning decisions of young couples in areas with a higher prevalence of underage marriage.

3. STUDY IMPLICATIONS

Research findings aim to provide insights and evidence for designing Norms Shifting Interventions (NSIs) aimed at improving contraceptive usage among young couples, delaying the first pregnancy, and spacing between births.

4. STUDY METHODOLOGY

In order to grasp the social dynamics, traditional beliefs, and experiences influencing the ability of young wives and their families to navigate these aspects successfully, the study utilized a mixed methods design consisting of two sequential phases:

- An initial round of qualitative ethnographic survey.
- Followed by a representative quantitative cross-sectional survey.

The research commenced with an ethnographic investigation, delving deep into the social and cultural dynamics within families that shape the reproductive decision-making behaviours of young couples. Subsequently, a comprehensive quantitative approach was employed to obtain generalizable insights into the family planning practices of young women and their husbands, as well as their decisions regarding fertility.



4.1 QUALITATIVE ETHNOGRAPHIC APPROACH

The study team worked with community health workers, including ASHAs, AWWs, and Active Women (Community Mobilizers for Self Help Groups, Jharkhand), to identify and enrol eligible households from purposively selected villages in Godda, Jharkhand, and Ujjain, Madhya Pradesh. Two criteria were used to identify the eligible households: the presence of a young wife aged between 15 and 19 and marriage at least for a year. The eligible households included both adopters and non-adopters of family planning methods. The team visited 8 villages, interacted with 24 eligible young wives and their families and conducted interviews with 39 community influencers and the frontline health workers.

The team of qualitative researchers visited the selected villages, and met the Frontline Workers (FLWs), local health providers, and community influencers including the religious leaders to orient them about the study, build trust, and open up lines of communication to enable the research team to understand the prevailing socio-cultural norms around family planning and fertility. Once familiar with the village, the research team visited the sampled households.

The team observed and interacted with the young wife, her husband and mother-in-law with the aid of partially structured checklists and guides to elicit required information. Tailored inquiries were directed towards non-adopters and adopters separately. While non-adopters were able to share their experiences related to their first childbirth, intentions regarding future contraceptive use, any hurdles they encountered in accessing contraceptive services, and interactions with governmental family planning initiatives, adopters

provided details about the various contraceptive methods they have employed, their source for knowledge and access to these methods, and also interactions with governmental support systems.

Throughout the ethnographic phase, the qualitative researchers keenly observed the daily routines, activities, and interpersonal dynamics within the sampled households, paying particular attention to the interactions between family members. The researchers elicited comprehensive insights by engaging young wives in discussions about their aspirations, marital experiences, communication dynamics with their spouses, and division of responsibilities. Moreover, the team meticulously evaluated their understanding of family planning, attitudes towards pregnancy and desired family size, consultations regarding pregnancy postponement, and the individuals they confided in for contraceptive advice, shedding light on the networks of influence and support within their social spheres. This was done to explore and list the 'reference group' important to unpack the prevailing social norms.

In interviews with mothers-in-law, the team explored the evolution of their relationship with their daughters-in-law following marriage, including discussions surrounding their expectations of the young couple, particularly the daughter-in-law. Further, husbands were probed regarding their attitudes towards parenthood, knowledge about family planning, communication patterns with their spouses regarding family planning decisions, and their experiences accessing governmental family planning services, along with any encountered challenges.

Furthermore, the interviews with key informants such as frontline health workers and community influencers provided valuable perspectives on family planning, its impact on women's health, prevailing social norms, evolving behavioural patterns, contraceptive usage rates, awareness levels among young couples, and their own experiences in engaging with their village and community.

By employing this comprehensive approach, the team aimed to elucidate the multifaceted dynamics influencing contraceptive behaviour among young couples. It enriched the understanding of the research team about the local culture, tradition and social norms surrounding marriage, family planning and childbirth. Moreover, using the qualitative interactions with a host of local stakeholders and community influencers, the team could gain insights on the inter-dependence between the families, the larger community and the health system especially the frontline health workers.

The ethnographic phase was critical to our preparations for the next phase of the study

– the quantitative survey. It provided rich narratives and insights into the lived experiences and social norms prevalent in these areas. Drawing from these narratives, we constructed vignettes to enrich our quantitative tool, thereby contextualizing the survey questions within the local realities. Moreover, the ethnographic immersion allowed us to discern the prevailing social norms, guiding our selection and adaptation of a social norms tool for the quantitative phase. Additionally, our ethnographic observations informed the development of targeted questions aimed at elucidating the agency dynamics within couples, particularly regarding the influence of key stakeholders such as mothers-in-law and frontline workers. Recognizing the variation in accounts regarding access to family planning counselling during the ethnographic phase, we employed a triangulation approach by posing similar inquiries to young wives, husbands, mothers-in-law and frontline workers in the quantitative phase. This methodological integration facilitated a nuanced understanding of reproductive health practices and highlighted the importance of context in shaping perceptions and behaviours.

4.2 QUANTITATIVE APPROACH

Once the ethnographic phase was over, the quantitative survey was launched in randomly selected villages. During the quantitative survey, personal interviews were conducted with two types of respondents:

1. Household members: The main participants in the household survey were young wives aged between 15 and 19 years who had been married for at least a year at the time of the survey. We specifically chose young wives who were regular residents of the selected villages.
2. Community Influencers: To collect village level information and gain deeper insights about the community and the enabling environment, we

Employing a triad approach, alongside these young wives, we conducted interviews with two other household members: mothers-in-law and husbands of the young wives. However, for the latter two categories of respondents, we interviewed only a subset of households containing eligible young wives, aiming to cover 40% of such households.

conducted rapid quantitative interviews with a host of community influencers such as FLWs, traditional birth attendants (Dai), preferred providers, SHG, PRI and religious leaders. For every sampled village, we conducted four personal interviews – two with FLWs and the remaining two with other available community influencers.

4.2.1 Sampling Strategy and Sample Size for the Quantitative Survey

The quantitative survey involved two-stage sampling, wherein at the first stage the villages were selected using probability proportional to size (PPS) and at the second stage the households within the selected villages were selected using a screener. The sampling frame (districts and primary sampling unit) for the present study was obtained from NFHS-5 (2019-21). At the

first stage, the villages were divided into three strata, where each stratum had equal number of households. After that implicit stratification was done wherein villages were sorted in ascending order based on the proportion of SC/ST population and then within the same strata these villages were sorted by the proportion of female literacy.

The team began the survey by creating a list of households and screening them to identify the eligible participants based on specific criteria. They then enrolled 1100 young wives from 136 villages randomly selected from 2 study districts: Godda in Jharkhand and Ujjain in Madhya Pradesh. Given the difference in prevalence in the early age at marriage, the study team had to select more villages in Ujjain (82) than in Godda (54).

During the quantitative survey, 1100 Young Wives (YWs), 436 husbands, 473 Mothers-in-law (MiLs) and 448 frontline workers (FLWs) and community influencers were interviewed.

Table-1. Sample size for quantitative survey

Respondent	Godda (54 villages)	Ujjain (82 villages)	Total (136 villages)
Young Wives	559	541	1100
Husbands	219	217	436
Mothers-in-law	256	217	473
Frontline Health Workers	148	121	269
Community Influencers	72	107	179
Total	1254	1203	2457



4.2.2 Data Quality Measures

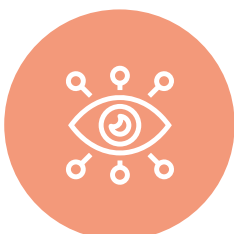
A wide array of quality control procedures was adopted to maintain data quality and minimize non-sampling errors. These procedures include:



Preparing comprehensive survey manuals and training guidelines for both quantitative and qualitative surveys to ensure uniformity. Field staff underwent a minimum of three days of training, including sufficient field practice, to ensure that supervisors and interviewers were fully trained before the actual survey.



Using Computer Assisted Personal Interviews (CAPI) to automatically take care of skip patterns and eliminate errors that may occur with manual/paper data entry, thus reducing the non-sampling error.



Employing additional layers of high-level supervision by PCI and IIPS staff in the field to monitor the fieldwork and ensure compliance with survey standards and protocols.



Employing standard techniques such as consistency checks, supervisor checklists and backchecks to ensure that the qualitative and quantitative information collected is of high quality.



5. KEY INSIGHTS FROM THE STUDY

5.1 STUDY SITES

The study geography includes two districts in two states – Godda in Jharkhand and Ujjain in Madhya Pradesh. While the underage marriage is relatively high on both these districts, the local culture has a distinctive flavour. The demographic composition in Godda and Ujjain is different. So is the language – the local dialect. The selection of two districts with two different cultures was done purposively to identify how the prevailing social norms and gender roles around family planning vary across cultures. The qualitative ethnographic survey in both the study sites has helped us explore the local culture, custom and the context.

In Godda, as expected, the adoption of family planning practices among young couples is low, and early marriage among adolescent girls is high. However, upon closer examination of the diverse social groups within the district, it becomes apparent that the underlying factors vary significantly across communities. Within both - the Hindu and Muslim - communities, patriarchal norms restrict the agency of young women, affecting their access to education, age of marriage, availability of health resources, technological access, and autonomy over personal choices. However, this restriction is particularly pronounced among minorities, as evidenced in the village of Dighi, where girls are frequently wedded as early as at the age of 14 years. Additionally, religious taboos surrounding contraceptive use, coupled with reduced interactions with health workers, compound the vulnerability of Muslim young wives, rendering them among the most marginalized among the surveyed groups. The FLWs catering to the Muslim communities often do not have a favourable belief that the counselling with the young wives from Muslim communities would yield positive results towards adopting family planning practices.

Within the indigenous Santhal community, the utilization of family planning resources and the dissemination of contraceptive knowledge are similarly low, mirroring the situation observed among the minority community in Dighi. However, a notable distinction arises in the marriage practices, as marriages within the Santhal community are often self-arranged through elopement, a custom widely practised within the community. Consequently, young girls frequently find themselves pregnant before receiving guidance from health professionals on family planning matters.

Remarkably, the Santhal culture does not impose any cultural or religious barriers to contraceptive use. Nonetheless, the lack of adequate healthcare and educational infrastructure in certain Santhali villages results in their being underserved in terms of reproductive health services. Notably, villages where frontline health workers have undergone training and actively engaged in promoting behavioural shifts towards family planning have witnessed a significant increase in contraceptive uptake.

The unmet need for family planning services is particularly pronounced among the Santhal community compared to other groups, as their utilization is hindered not by cultural misconceptions but by systemic challenges in accessing healthcare. Despite the diligent efforts of health workers, the Santhal community seems to face significant barriers in addressing their reproductive health needs.

In the district of Ujjain, the intersection of swift urbanization and industrial progress with deeply entrenched traditional values has exacerbated gender imbalances, particularly in areas such

as mobility, educational access, technological proficiency, information dissemination, marriage age, and employment prospects. Within the framework of entrenched patriarchal norms, prevalent especially among upper-caste Hindu households, the autonomy of young wives in deciding to adopt modern contraceptive methods is markedly limited. Notably, instances of contraceptive uptake predominantly stem from the initiative of husbands or mothers-in-law, underscoring the enduring influence of familial dynamics and gender roles in shaping reproductive health decisions.

While son preference remains prevalent and the immediate conception of the first child post-marriage persists as a deeply ingrained norm, there has been a discernible shift in attitudes toward the importance of birth spacing in the district. Within this context, mothers-in-law exert significant influence over the reproductive choices of young wives, yet their authority is often tempered with a sense of nurturing and protection. This is evident in the support provided to young daughters-in-law, including relief from household chores, assistance with childcare, freedom to choose dietary preferences during pregnancy, and even encouragement to pursue personal interests

within the confines of the household.

Although there is a heightened awareness regarding the benefits of birth spacing, there remains a staunch resistance to the adoption of modern contraceptive methods, particularly prior to the birth of one or two children. Instead, the traditional practice of “Bahu Melna” (young wives are sent to their natal homes after delivery for months) prevails across various social groups, wherein abstinence is employed as a means of spacing births, with mothers-in-law assuming control over the sexual lives of young couples. However, during periods when daughters-in-law return to their parental homes, typically during pregnancy or after childbirth, they experience a degree of freedom akin to that of their unmarried counterparts, allowing for social interaction and access to healthcare services.

Despite its seemingly stringent nature, “Bahu Melna” is widely regarded as an effective measure for birth spacing by both community members and frontline workers. This underscores the complex interplay between tradition, familial dynamics, and reproductive health practices within the community.

5.2 VILLAGE PROFILE

The quantitative survey was conducted in 136 villages. It is important to understand the characteristics of these villages and their development status. Out of 136 surveyed villages, 99% have a primary school, 50% have a secondary school and only 3.7% have a college. About 43% villages in Godda and 26% villages in Ujjain have a health sub-centre or wellness centre. Only 1.9% of villages in Godda and 9.8% villages in Ujjain have a primary health centre. Only 9.3%

of villages in both the districts have a sewage system. About one-fifth of households in Godda and 48% in Ujjain receive piped drinking water.

There are pucca roads in 90% of villages in both the districts, and 33% villages in Godda and 18% in Ujjain have a highway passing through them. Most villages in both districts are more than 5 km from the nearest city centre.

Almost all villages in Godda have a self-help group (SHG), while only 40% villages in Ujjain

have SHGs. Around half of the villages in both the districts have microfinance groups.

5.3 RESPONDENT PROFILE

The quantitative survey focused on a specific group of population – young wives, 15-19 years, and their families and the local community influencers. The mean age of the young wives (YWs) was 18.5 years (18.3 years in Godda; 18.4 years in Ujjain). The mean age of the husbands was 23.3 years (24.6 years in Godda; 22.1 years in Ujjain). The mothers-in-law (MiL) had a mean age of 48 years (50.3 years in Godda; 45.2 years in Ujjain). Lastly, the frontline health workers (FLWs) had a mean age of 38.7 years (37.1 years in Godda; 40.6 years in Ujjain).

Among the YWs, 21% were not educated, 22% in Godda and 20% in Ujjain. For the husbands, 8.1% were unable to read and write, 14% in Godda and 1.8% in Ujjain. In the case of MiLs, 91% were not educated, 90% in Godda and 93% in Ujjain.

In Ujjain, 76% households have a flush or pour flush toilet as opposed to 51% in Godda. As for cooking fuel, wood and dung cakes are the major

“Humlog nahi jude hai samooh mein. Yeh harijan mohalle wale jude hai.” (We are not associated with the SHG. The Harijans are associated.)

- MIL, 45 years old, Rajput, Ujjain when asked if they are a member of SHG in their village

sources of cooking fuel in Godda, while LPG and wood are the major sources in Ujjain households. About 32% and 43% of the households in Godda and Ujjain had a BPL card. Additionally, 85% of households in Ujjain and 55% households in Godda had no one as part of an SHG.

Table.2. Mean age of the respondents (in years)

Young Wives (n=1100)	Husbands (n=435)	Mothers-in-Law (n=473)	FLWs (n=269)
18.5 (G:18.3, U:18.4)	23.3 (G: 24.6, U:22.1)	48.0 (G: 50.3, U:45.2)	38.7 (G:37.1, U:40.6)

5.4 STATUS OF YOUNG WIVES

With the village characteristics and the respondent profile, it is also important to understand the status of young wives (YWs) who participated in the study before we examine the prevailing social norms around their reproductive decision-making and the family planning knowledge, attitudes, and practices. The status of young wives hinges on several critical factors, including their mobility, access to resources, power dynamics within the family, involvement in household decision-making, and the gender attitudes of their husbands.

5.4.1 Mobility

According to the study, 72% of YWs have gone to the bazaar with someone, while only 24% have gone alone. The study has also found that 85% of young wives had visited a hospital, clinic, or doctor, but only 12% have gone alone. Only 5.4% of YWs have been to the cinema, but 75% have gone outside the village with someone. Additionally, 17% of young wives have been outside the village alone. The study shows that

young wives living in the Ujjain are less likely to have gone to the bazaar, hospital/clinic/doctor or outside the village alone compared to those living in Godda.

While the quantitative findings show that wives in Ujjain are less likely to visit the local market, during the qualitative phase we found greater variations between Hindu and Muslim households. Ujjain is a home to a lot Mewati Muslims. Notably, Mewati Muslim families exhibit a trend of granting young wives more autonomy to step out and buy household items from the local market. In contrast, purchases of vegetables and other ingredients are commonly managed by men in the Hindu households. Within Hindu households, young wives, particularly among upper-caste Hindus, encounter constraints on mobility, restricting their ability to socialize freely. In contrast, those from Scheduled Caste (SC) and Other Backward Class (OBC) backgrounds enjoy comparatively greater freedom in social interactions.

The young wives are supposed to look after their in-laws. The role of being caregivers at in-law's

“Silai toh kar legi ghar par lekin bahar jake thodi na kaam karegi? Baccha bada ho jaega phir bhi nahi karne dega iska pati.” (She can do stitching work at the house, why will she go and work outside? Even if the child gets older, her husband will not let her go out for work.)

- MIL aged 46 years, Ujjain, when asked if she would allow her DIL to go out and work to earn money for the household

place also restricts their movement. In Godda where 40% of the husbands of young wives are migrant, we asked a 23-year-old husband why did he not take his wife to Hyderabad, a city in southern India where he works? His response was, “Kahan jayegi, yahan kaun dekhega?” (Where will she go? If she goes, who will look after here?)

5.4.2 Access to Resources

According to the study, only 11% of the YWs owned any productive assets or land/house under their name. Additionally, merely 9% of them worked outside home, while 12% had productive assets. Out of all the YWs surveyed, 61% had some cash savings, but only 29% had utilized them for business or money lending purposes.

Figure-1. Freedom of mobility of young wives (%)

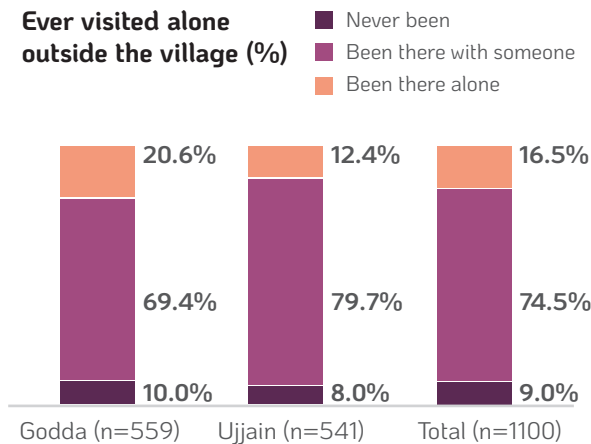
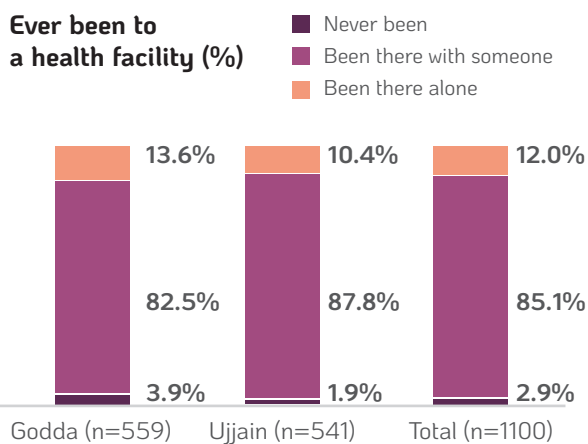
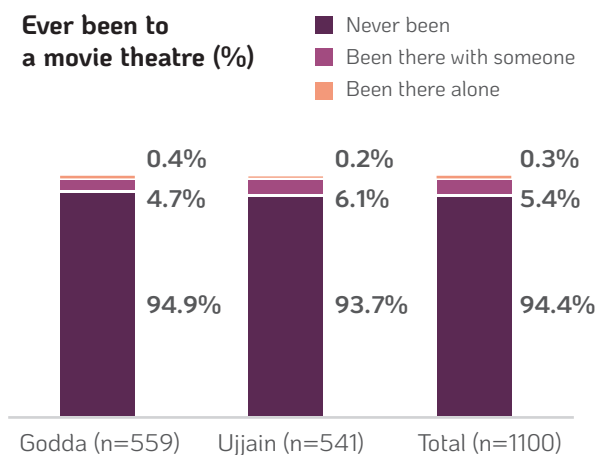
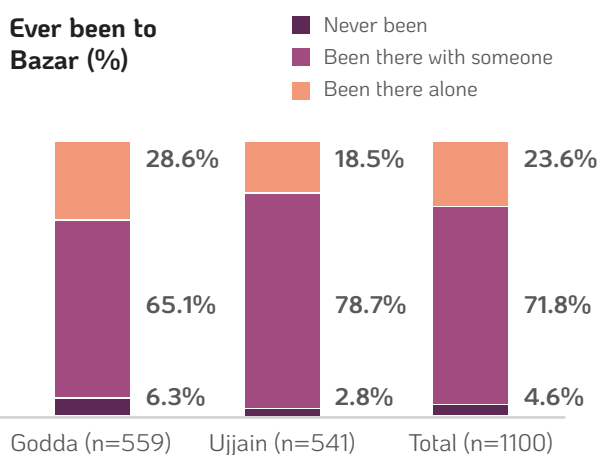
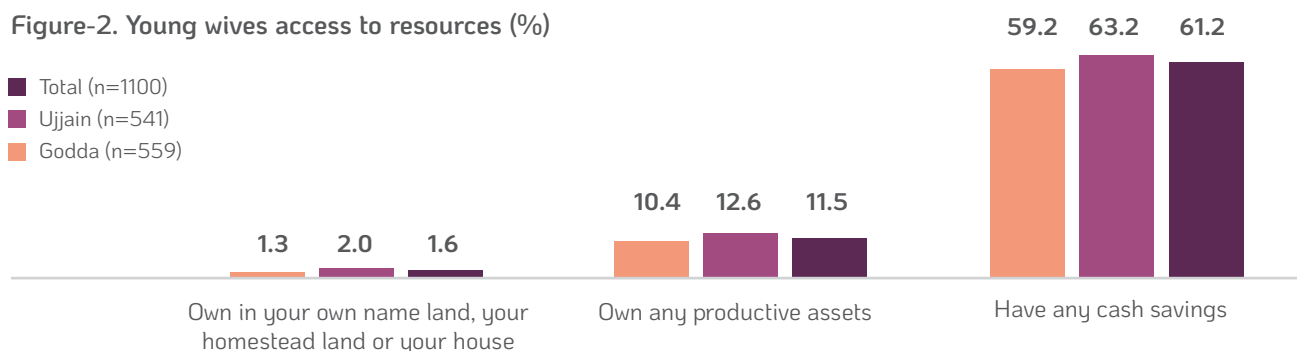


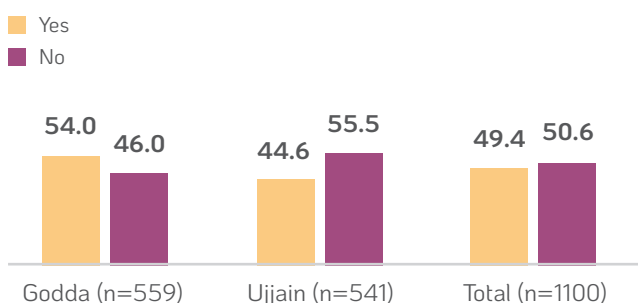
Figure-2. Young wives access to resources (%)



Although access to economic resources is limited, almost half of young wives (49%) have a personal

mobile phone (54% in Godda; 45% in Ujjain).

Figure-3. Young wives access to personal mobile phone (%)



The YWs primarily utilize their phones for tasks such as making and receiving calls, watching YouTube videos, exchanging WhatsApp messages, and browsing the internet.

The Young Wives also indicated their familiarity with a range of social media applications known for reels and short-form video content. Many of these apps target rural audiences and have gained prominence following the removal of the TikTok app from India.

5.4.3 Life at in-law's place

About 31% (38% in Godda and 25% in Ujjain) of the young wives have stopped pursuing their hobbies after marriage. The study found that many young wives made the decision to stop pursuing their hobbies in order to conform with social norms, and due to pressure from their in-laws or husbands.

Young wives face a significant transition when they enter married life and encounter a complex web of advice and guidance from their in-laws. They are taught to do more work at home (52%), take care of in-laws/younger members (48%), not fight

with members at home (43%), not go out of the house often (28%), and not talk to people outside the house (25%). While guidance is similar across both districts, there are notable differences in advice regarding clothing and speaking loudly in Ujjain. And in Godda, young wives are advised against frequent outings from home.

During the qualitative phase, we noticed that the young wife's life is not only influenced by her mother-in-law. Their own mothers also play an important role in shaping their views and forming opinions on a variety of topics even after their marriage. With increased access to mobile phones, the communication with natal home is

Figure-4. Mobile phone usage pattern among young wives (% , multiple choice)

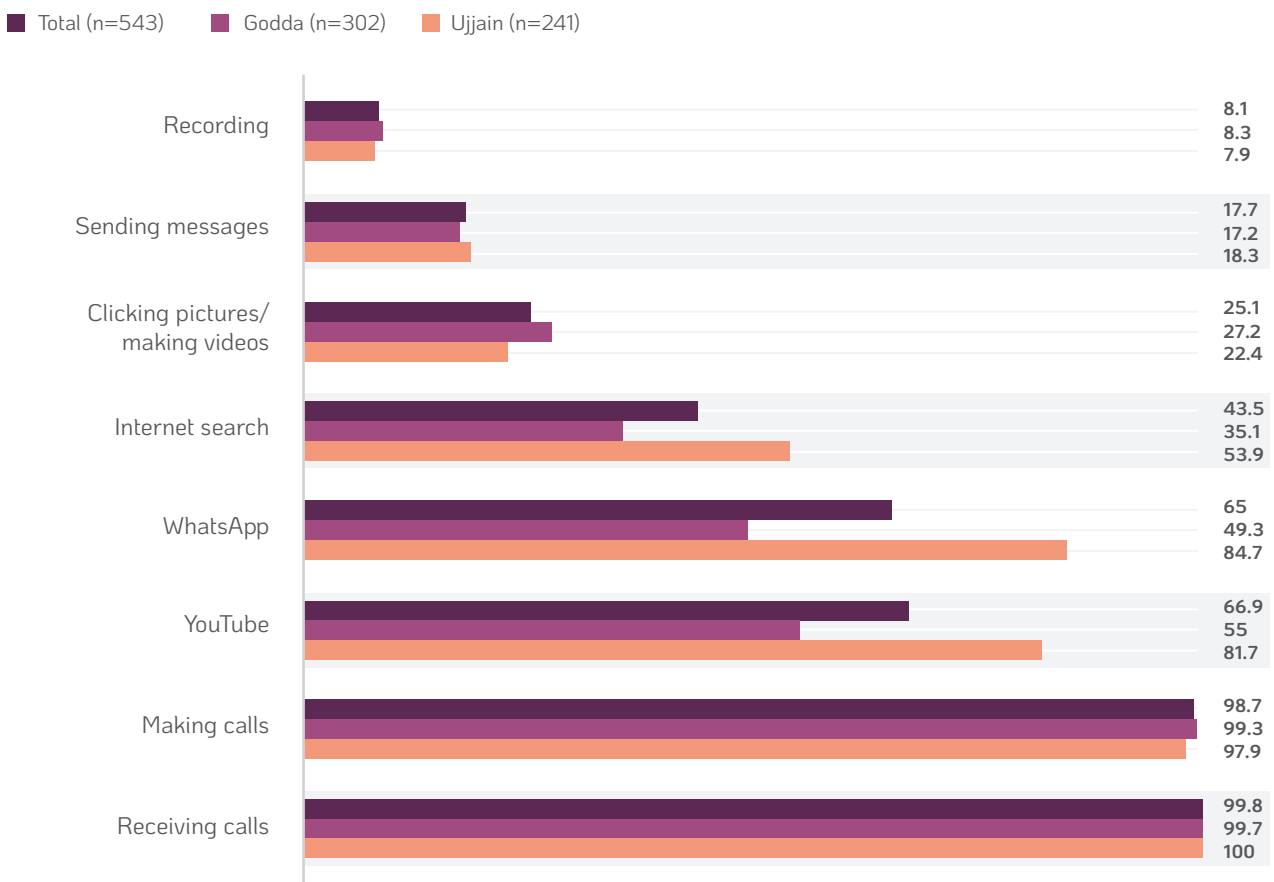


Figure-5. Familiarity to various mobile applications among young wives (%)

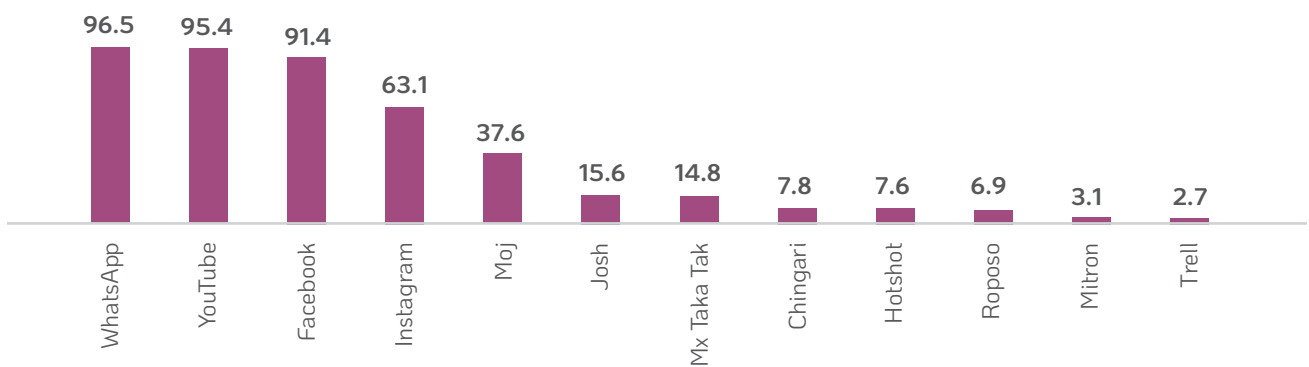


Figure-6. Reasons for Young Wives to discontinue their hobbies (%)

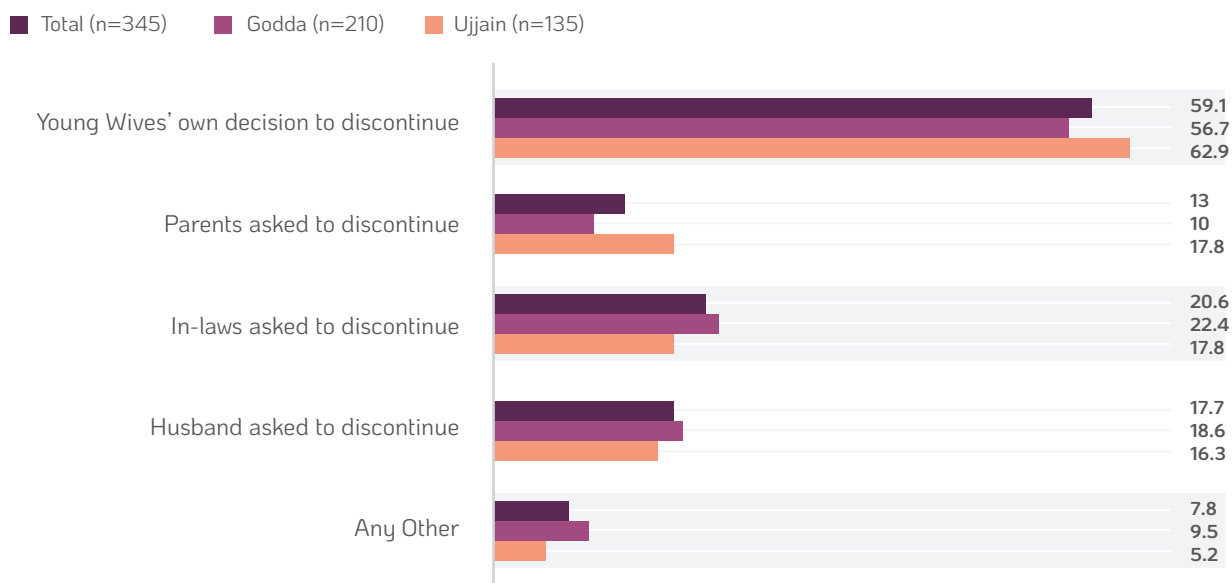


Table-3. Estimates from Vignette-1: Dealing with the advice of own mother and mothers-in-law

Vignette-1: Dealing with the advice of own mother and mothers-in-law

Sarita lives in a village like this one. She moved to the village last year after her marriage. Sarita's mother encourages her to enrol in a local school and continue with her studies. Her mother-in-law does not want her to study further.

Questions	Young wives (n=1100)
If you were Sarita, who should you listen to?	
Mother	43.4
Mother-in-law	55.6
Don't know	0.9
Sarita talks to her mother over the phone frequently, but her mother-in-law does not like Sarita to speak to her own mother. What Sarita should do?	
Sarita should reduce talking to her mother	70.6
Sarita should continue to talk to her mother	24.0
Sarita should talk to her husband to reason with his mother	5.4

“Aise saaf safai nahi karwati hai. Sirf khana main banati hu, baaki kaam woh hi karti hai.” (She (MiL) does not make me clean and sweep. I only cook food, she does everything else.)

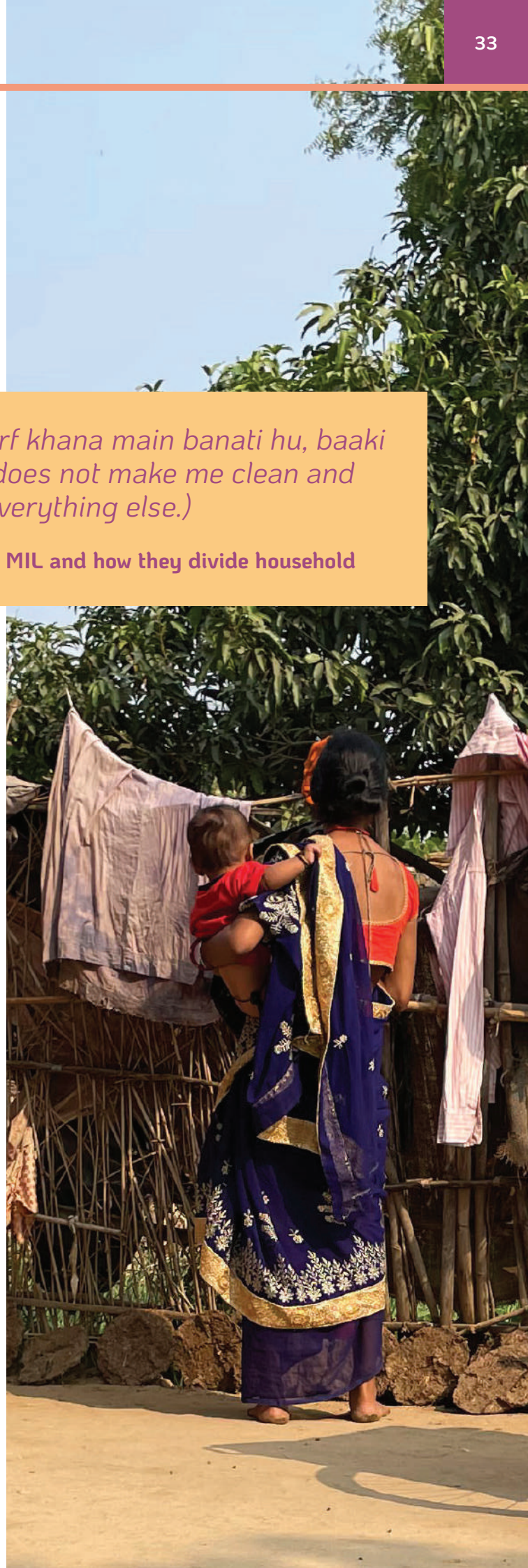
-Young wife aged 18 years, Godda, about her MIL and how they divide household

perhaps more frequent than ever before. It is interesting to check how the young wives balance the advice received from their own mothers and mothers-in-law especially when the advice does not match. Instead of asking a direct question, we used a recourse of a vignette to explore the interhousehold dynamics between two families - natal and in-laws.

The young wives were asked whether they should listen to their own mother or their mother-in-law if their own mother insists on continuing with their education, but the mother-in-law opposes the decision. Over 55% of young wives responded that they would listen to their in-laws. However, the same set of young wives overwhelmingly felt that Sarita should reduce talking to her own mother over the phone if her mother-in-law asks her to. It is interesting to discern the difference between the first and the second questions. In the first question, around 43% young wives preferred to listen to their own mothers and that went down to just 24% in the second question. Although mothers-in-law seems to have a slight edge, the nature of advice offered is also an important factor for the young wives before they decide on who to listen to.

5.4.4 Participation in Household Decision Making

According to the study, a significant number of YWs have limited say in important decision-



making processes. The survey revealed that 72% of YWs reported that their MiLs/FiLs make decisions about large purchases. Additionally, over 89% of YWs need permission from their MiLs/FiLs and/or husbands to visit family, friends, or relatives. Young wives also reported having little say in spending money brought home by their husbands, with the majority of the decisions being made by the husband themselves (40%) followed by MiLs/FiLs (42%).

5.4.5 Freedom to Choose Life Partners

The concept of marriage and its connection with fertility play a significant role in the lives of young wives. It is important to understand these dynamics as they offer crucial insights into the socio-cultural norms and individual aspirations

that shape family planning decisions among this demographic. In Godda, the young wives get married between the age of 16-19 years (60%), and between 13-15 years (39%). In Ujjain the age at marriage is between 16-19 years for 76% of young wives and 13-15 years for about one-fifth of the YWs.

Many young wives reported that they had no say in choosing their life-partners. About 88% (80% in Godda and 96% in Ujjain) of the YWs had arranged marriages, and out of them, 44% (49% in Godda and 40% in Ujjain) reported that their parents never asked for their consent while deciding on their partner. Among those with arranged marriages, 61% of young wives in Godda and 51% in Ujjain wanted to marry later, indicating that they were not ready for marriage at the time of their marriage.

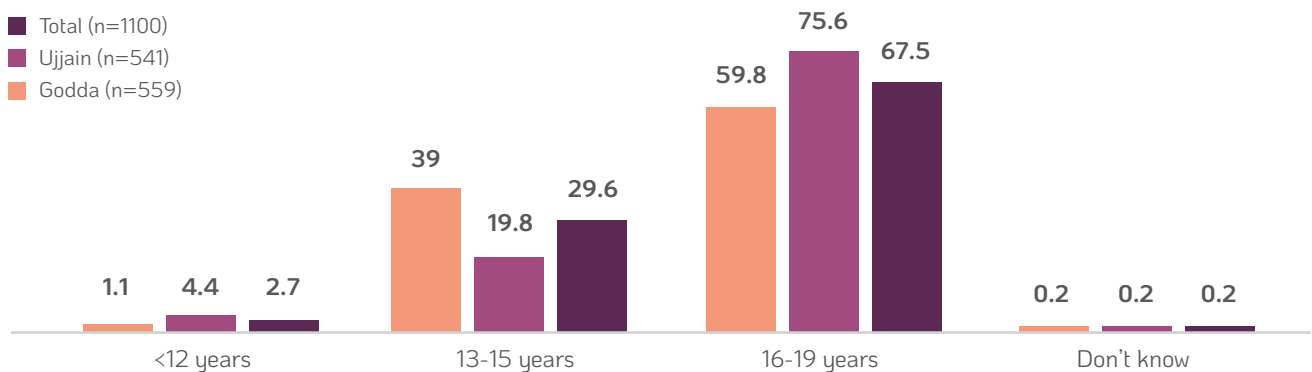


Figure 7. Age at the time of marriage of young wives by district (%)



Qualitative findings shed light on the varied dynamics of romantic relationships and marriage practices within different communities. In Santhal communities, love marriages are prevalent and widely accepted. Here, young individuals often engage in relationships characterized by mutual affection, sometimes leading to early cohabitation, known as “Dhukni,” and subsequent pregnancies.



*“Ab pasand aa jata hai toh kya karenge, yahan santhal mein toh chalta hai aise.”
(I liked him what to do, this happens among Santhals.)*

- Young wife aged 20 years, Santhal, Godda, when asked about if anyone in her family opposed to her love marriage

*“Laya hai toh rkhna hi padega na, kahan jayegi.”
(Now that he had brought her, we will have to keep her, where will she go otherwise?)*

- MIL aged 39 years, Santhal, Godda, when asked about how she felt when her son brought a girl to the house without their consent

5.4.6 Husbands' Beliefs towards Gender Roles

The status of young wives is intricately linked to their husbands' attitudes toward gender due to the influence these attitudes have on societal norms, behaviors, and power dynamics. When the husbands hold egalitarian or progressive views on gender, it often correlates with greater opportunities and respect for their wives in various spheres of life. Conversely, when men maintain traditional or patriarchal attitudes, it can perpetuate inequalities and limit women's access to resources, decision-making power, and autonomy. Therefore, shifting men's attitudes

toward gender equality is essential for promoting women's empowerment and advancing gender equity in society. Given this backdrop, Gender Equitable Men (GEM) scale was canvassed to husbands during the quantitative phase of the study after contextualizing some of the items used in the scale.

About one-fourth of the husbands believe that it is women's responsibility to avoid pregnancy. More than one-fifth of the men believe that a man should be outraged if his wife asked him to use a condom. About 24% of the men believe that it is okay for a man to hit his wife if she won't have sex with him. Also, about 61% of the men agree that a woman should tolerate violence in order to

keep her family together. More than half of the men believe that there are times when a woman deserves to be beaten. More than two-thirds of the men believe that man should have the final word about decisions in his home. Near about 59% of the men believe that taking care of kids are a

mother's responsibility. About one-fourth of the men believe that a man is happily married only if his wife brings a big dowry. More than half of the men believe that a married woman should ask her husband for permission to visit her parents/family.

Table-4. Men's beliefs towards gender roles

Statement on Gender norms	Godda (%) (n=218)	Ujjain (%) (n=217)
Reproductive and sexual Health		
Agree that it is a woman's responsibility to avoid getting pregnant	33.3	17.9
Agree that a man should be outraged if his wife asked him to use a condom	29.7	14.3
Agree that a real man produces a male child	34.3	55.3
Sexual relationships		
Agree that a men need more sex than women do	57.1	76.1
Agree that men don't talk about sex, men just do it	83.1	81.6
Agree that men are always ready to have sex	59.8	85.7
Agree that a men need other women even if things with his wife are fine	47.5	54.4
Agree that a real man is one who can have sex with a woman for a long time	35.2	70.9
Violence		
Agree that it is okay for a man to hit his wife if she won't have sex with him	18.3	29.5
Agree that a woman should tolerate violence in order to keep her family together	52.1	70.5
Agree that there are times when a woman deserves to be beaten	41.6	70.9
Domestic life		
Agree that a man should have the final word about decisions in his home	65.8	77.9
Agree that giving the kids a bath and feeding the kids are the mother's responsibility	58.5	59.9
Agree that a man is happily married only if his wife brings a big dowry	28.3	22.1
Agree that a married woman should ask her husband for permission to visit her parents/family	57.5	50.2

A higher percentage of husbands in Ujjain seems to have low gender equitable norms in comparison to husbands in Godda (see the table below). The Cronbach's Alpha for the scale used was 0.81.

Table-5. Percentage distribution of gender equitable norms (Tertile)

District	Low Equity % (n)	Moderate Equity % (n)	High Equity % (n)	Total % (n)
Godda	26.2 (57)	39.9 (87)	33.9 (74)	100 (218)
Ujjain	43.8 (95)	35.9 (78)	20.3 (44)	100 (217)
Total	34.9 (152)	37.9 (165)	27.2 (118)	100 (435)

5.5 SOCIAL NORMS AROUND REPRODUCTIVE DECISION MAKING

Social norms are the unwritten rules, expectations, and standards of behavior that govern interactions and relationships within a society or group. These norms dictate what is considered acceptable, appropriate, or customary behavior in various social situations. They can encompass a wide range of behaviours, including manners, dress codes, language use, and interpersonal interactions, and they often reflect the values, beliefs, and cultural practices of a particular community or society.

The Young Wives study specifically focuses on social and gender norms surrounding family planning practices and the fertility choices of married adolescent wives in two rural settings – Godda in Jharkhand and Ujjain in Madhya Pradesh. Both the settings have witnessed a higher prevalence of underage marriage historically. However, the practice of early marriage has been declining in both the areas with Ujjain recording faster reduction as per the

last two rounds of National Family Health Survey (NFHS) conducted in 2015-16 and 2019-21.

The participatory research during the ethnographic phase – the starting point of the Young Wives study, documented quite a few norms related to family planning and fertility. On family planning, it was quite clear that the use of contraceptives in general and modern methods in particular was low among young married couples. The low use of contraceptives especially among newlywed couples who are yet to have a child was widely acknowledged during our interactions with a variety of respondents – the young wives, their mothers-in-law, husbands, frontline health workers (FLWs) and community influencers such as traditional birth attendants, leaders of the community, religious, and Panchayat Raj Institutions.

There are many explanations why the young wives are not encouraged to use contraceptives

especially the modern ones until they have their first child. One commonly held belief is that the use of modern contraceptive such as oral pills before the first conception might introduce complications later when the woman tries to conceive. Many FLWs, who are trained on bio-medical practices, often shy away from advising the young couples to adopt modern contraceptives to avoid backlashes from the families in case the woman fails to conceive a child later.

The low use of contraceptives also stems from the ingrained fertility norms that yield pressure on the young couples to go for a child soon after marriage. The hint of strong fertility norms was quite visible during the ethnographic phase, and it was further investigated during the subsequent quantitative phase to have a generalizable insight.

5.5.1 Fertility Norms

We explored the fertility norms using a standard scale having 9 items in it. The same question

was canvassed to four types of the respondents – YWs, MiLs, Husbands and FLWs. During the qualitative participatory phase, we examined the contextual relevance of these items in both the study districts and retained them in the quantitative survey upon satisfactory results and for aiding comparability across studies conducted in the past or to be undertaken in the future.

The representative cross-sectional quantitative survey with young wives, husbands, mothers-in-law and the FLWs clearly depict a high degree of broad consensus across respondent types when it comes to fertility related norms (see the table above). In response to each item, the respondents overwhelmingly agreed about the specific norm. For example, over 83% of all types of respondents agreed that it was expected of newly married couples to have a child soon after marriage. It seems that the sole purpose of marriage is linked to fertility or procreation. Married couples without a child are often subject to a lot of questions from the society. Preference for son has always been quite common and women are often cursed for not having a son.

“Teen saal mein bacha karwa denge aur phir uske baad operation karwa denge.” (She will have the children in three years and then we will get her operated (sterilized).)

- MIL aged 52 years, Muslim, Ujjain, when asked about how many children she thinks her son and DIL should have showing her control over their fertility decisions.

“Bhagwan ne do aankh kyu diya hai humko? Ki ek agar kharab ho jaye toh dusre se toh dekhenge na?” (Why did God give us two eyes? So that if one eye loses sight, the other one will come handy.)

- MIL interjected the conversation when the young couple said that they didn't want another baby after their first one, Ujjain.

Table 6: Congruence around fertility related norms

Norms related to fertility	Young Wives (%) (n=1100)	Husbands (%) (n=435)	Mother-in-law (%) (n=473)	FLWs (%) (n=269)
Agree that in my community, it is expected for newly married couples to have a child soon after marriage	85.9	83.2	83.5	86.3
Agree that in my community, it is expected for all married couples to have children	95.3	93.1	96.2	97.4
Agree that in my community, people feel a lot of pity for married couples who are unable to have children	92.6	89.0	96.2	96.3
Agree that in my community, people speak badly of married men who have not had a child after two or more years of marriage	76.8	87.6	80.8	71.0
Agree that in my community, people speak badly of married women who have not had a child after two or more years of marriage	92.1	88.1	93.2	87.4
Agree that in my community, people will think there are marital or health problems if a couple has not had a child after two or more years of marriage	93.3	91.0	95.8	96.7
Agree that in my community, it is unacceptable for couples to choose not to have children	90.8	72.9	92.8	89.2
Agree that in my community, it is common to ask married couples without a child when they will have children	81.6	89.2	87.5	84.0
Agree that in my community, those women who do not give birth to a son are humiliated/ disrespected	87.2	50.1	85.4	75.5

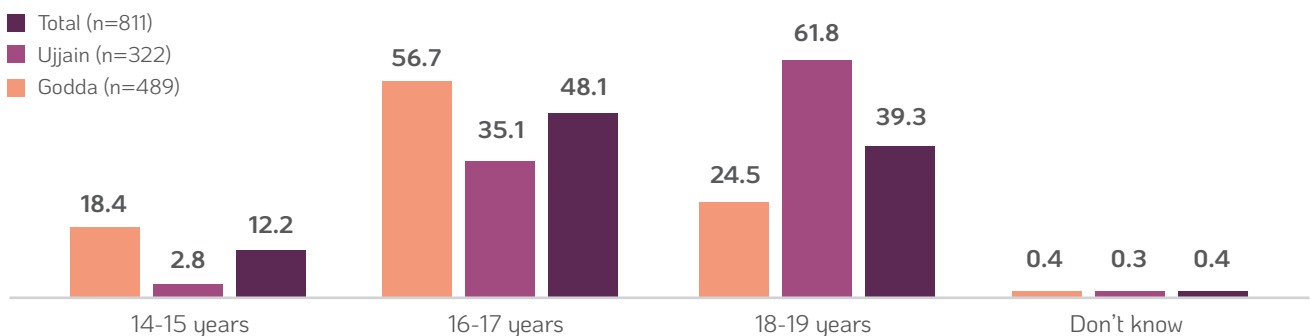
If we closely look at the percentages quoted in the above table, it is evident that there is little difference between young wives and mothers-in-law, but some items produce differential response between young wives and their husbands. For example, only half of the husbands agreed that women are subject to humiliation or disrespected if they fail to give birth to a son. Over 87% of young wives and more than 85% of mothers-in-law agreed to this statement. Further investigation is needed to determine if the discrepancy in responses between genders arises from husbands being less sensitive to the pain and ridicule women encounter in various aspects of their lives.

5.5.1.1 Effect of Strong Fertility Norms on Pregnancy and Childbirth

Deep seated fertility norms typically correlate with early initiation of pregnancy and childbirth among newlywed couples. At a broader level, the study results appear to validate the connection between strong fertility norms and early pregnancy and childbirth, regardless of the couples' young age.

Among young wives, a substantial 73.7% have experienced pregnancy, with 55.7% having given birth to a child. These figures are notably higher in Godda, where 87.5% experienced pregnancy and 77.5% gave birth, compared to Ujjain, where 59.5% experienced pregnancy and 33.3% gave birth. The study found that 57% of YWs in Godda and 35% of YWs in Ujjain had their first pregnancy by age 16-17. In Ujjain, there was a higher proportion of young wives who had their first pregnancy between the age of 18-19. Additionally, around 67% of young wives wanted to get pregnant the last time they got pregnant. Around 56% of YWs became pregnant within the first year of marriage, with 74% in Godda and 37% in Ujjain. Furthermore, the study found that the mean age gap between the marriage and first pregnancy was about one year, with 0.8 years in Godda and 1.5 years in Ujjain.

Figure 8. Age at first pregnancy for young wives (%)





“Khandaan aage toh ladka hi badhaega, sirf ek ladka hone se bhi thik hai” (Family/family name will be taken forward by the son only, at least even one son will be good.)

- Husband aged 24 years, Santhal, Godda, when asked about number of children he wants

“Yeh to apna apna hai” (To each his own.)

- MIL aged 59 years, Muslim, Godda, when asked how many children she wants from her son and daughter-in-law

Conversely, in SC Hindu families where paternal influence is absent, couples wield autonomy over family planning decisions and opt for condom usage as a contraceptive method.

In Mewati Muslim households, the decision-making process regarding contraceptives primarily involves young wives and mothers-in-law, sidelining the role of men in these discussions.

5.5.2 Norms around Family Planning Use

Unlike the fertility norms, the quantitative survey could not establish the consensus around the norms related to family planning usage since a majority of the respondents shared that they did not have much idea about the contraceptive use behaviour in their community. The respondents were read out five statements and asked to share their thought whether they believed that none, some, many, or most in their community indulged in a particular practice or belief (see below).

Quite a low proportion of YWs (13%), husbands (17%) and MiLs (13%) think that most of the married couples in their community use modern contraceptives. However, 40% of the FLWs think that most married women in their community use a modern contraceptive. The term community was

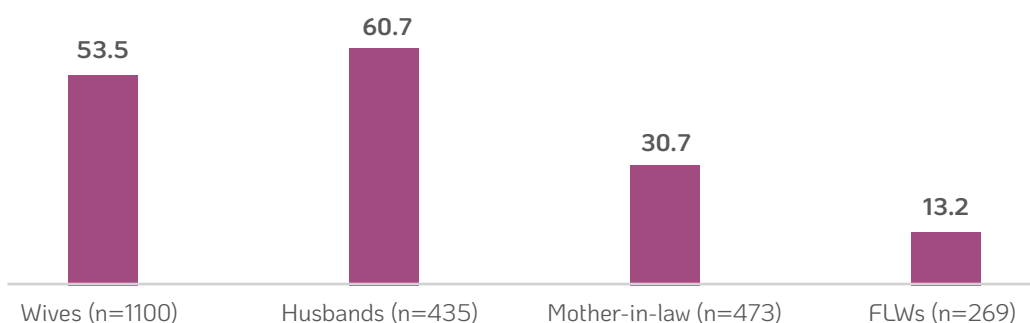
explained to the respondents in the way that they can relate to their village community. Similarly, only 8.5% of the YWs, 10% of the husbands, 8.3% of MiLs and 20% of FLWs think that most married women in their community can decide when they want to use contraception. Only 2.5% of YWs, 3.2% of husbands, 2.5% of MiLs and 4.9% of FLWs think that most mothers-in-law in their community encourage young and newlywed couples to use a modern contraceptive method.

Unlike fertility behaviours, the contraceptive use behaviour is quite sensitive and intimate in nature and linked to less talked about topic of sex. Open discussion around the topic is often stigmatized especially in settings where patriarchal norms are deep seated. Except for the FLWs and to some extent the MiLs, the majority of Young Wives and their husbands shared that they did not have any idea for all the five items used in the scaled question (see above). It is no wonder that the FLWs

Table 7: Analogy around positive beliefs about FP use (Descriptive norms)

Positive beliefs about FP use	Young Wives (%) (n=1100)	Husbands (%) (n=435)	Mother-in-law (%) (n=473)	FLWs (%) (n=269)
I think most married women in my community use a modern contraceptive (such as the pill, an IUD, or condom)	12.6	17.2	12.9	39.8
I think most married women in my community can decide when they want to use contraception	8.5	10.3	8.3	20.4
I think most married women in my community use a traditional (standard days method, LAM) contraceptive	12.3	9.7	15.0	22.7
I think most newlywed couples in my community use a modern contraceptive method	4.5	8.1	2.1	11.9
I think most mothers-in-law in my community encourage young and newlywed couples to use a modern contraceptive method	2.5	3.2	2.5	4.9

Figure-9. Response as “no idea” in the questions around norms related to the use of FP methods (%)



are in a better place to form their opinion about contraceptive usage in the community since they provide family planning counselling and are one of the prominent sources of contraceptives for the couples. The other three respondents do not

have this distinct advantage. If they need to form any opinion about others in their community, they are probably dependent mostly on their friends, relatives, or acquaintances. The overarching silence around the topic is quite natural.

5.6 FAMILY PLANNING BEHAVIOR OF YOUNG COUPLES: FACTS AND FACETS

The current study hypothesizes that without an attention to the prevailing socio-cultural values and norms, and without viewing the issue from a family systems perspective, conventional approaches to family planning programming will continue to falter. To explore this hypothesis, the study has extensively investigated the contraceptive behaviors of young wives and their husbands, along with the underlying factors driving these behaviors. Unlike many other studies on family planning, the current study has tried to incorporate multiple perspectives and newer constructs to have a comprehensive understanding.

5.6.1 Knowledge about Family Planning

The connection between knowledge and behavior change is intricate but crucial. Knowledge serves as the foundation upon which behavior change can occur. When individuals acquire new information or understanding about a particular topic or behavior, it can influence their attitudes, beliefs, and perceptions. This, in turn, can lead to changes in behavior.

Family Planning: What it means to the young couples

During the study, both young wives and their husbands were asked to define the term “family planning”. Around 90% of young wives and 64% of husbands reported that they did not know what it meant. In Ujjain, 35% of husbands believed family planning was a way to prevent unwanted pregnancies, while in Godda, only 11% had this understanding.

Figure-10. Young wives’ response to understanding of the term “Family Planning” (%)

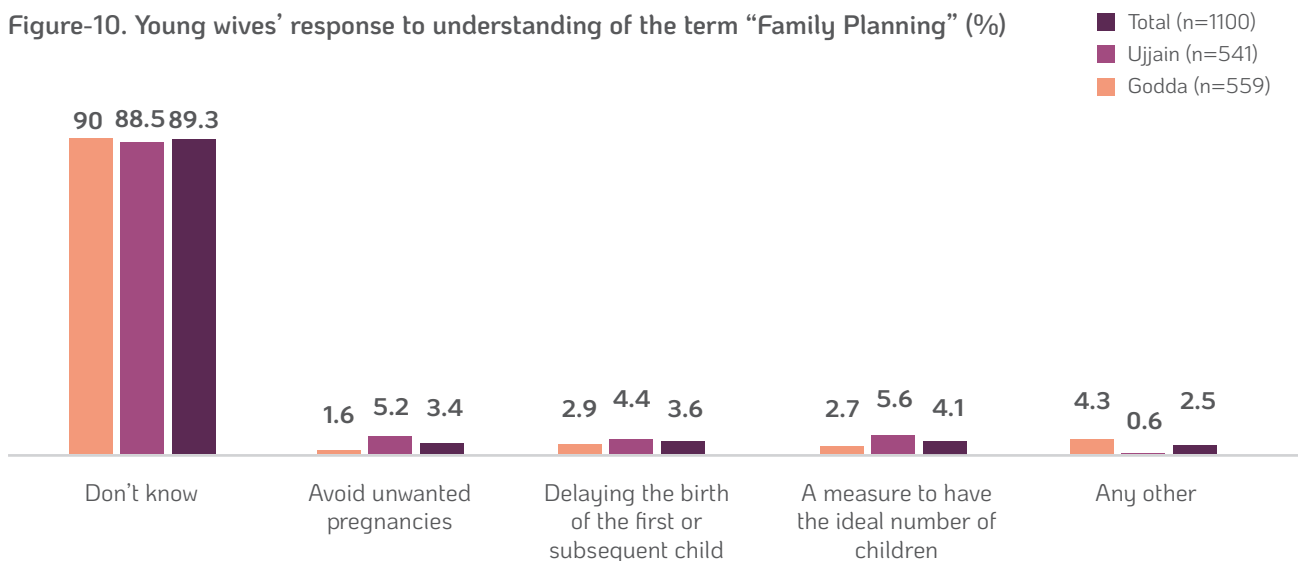
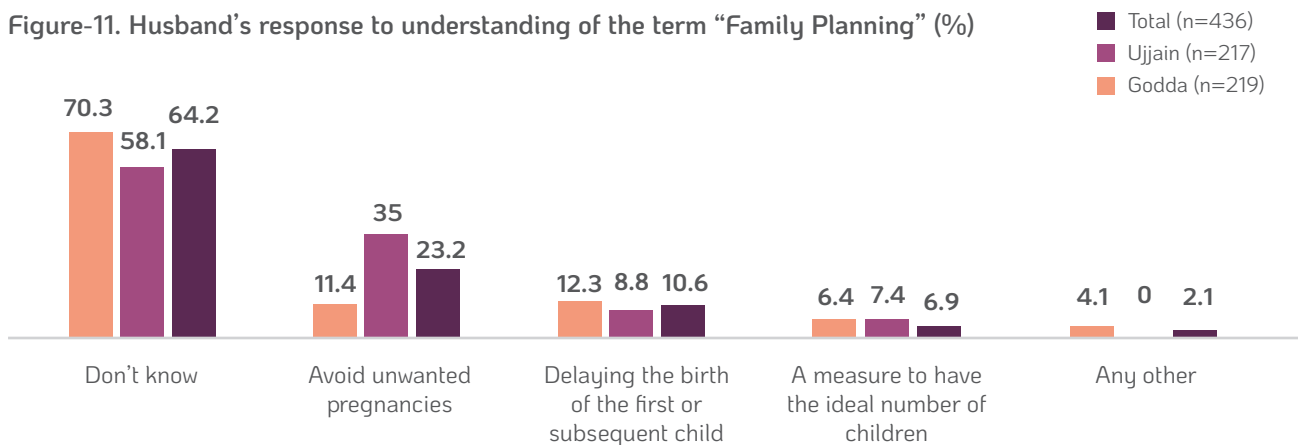


Figure-11. Husband’s response to understanding of the term “Family Planning” (%)



Source of knowledge

As high as 84% of young wives and 54% of husbands have never received any information on family planning. Among those who have received information, husbands mostly received it from their neighbors and friends (37%), mobile phones (36%), and family member and relatives (25%). In contrast, young wives have mainly received family planning information from family members and relatives (56%) followed by FLWs (21%), friends and neighbors (19%).

Figure-12. Never received information on family planning (%)

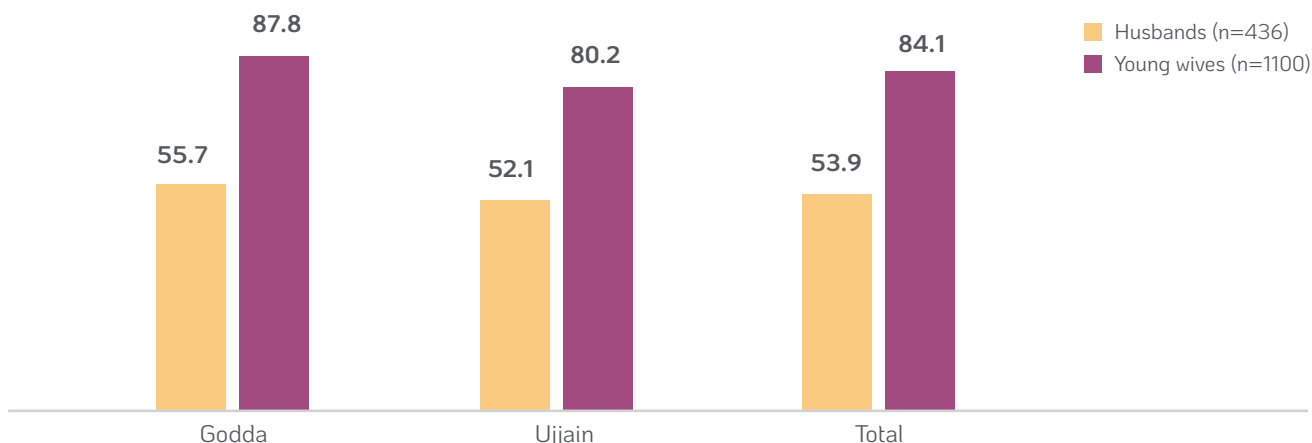
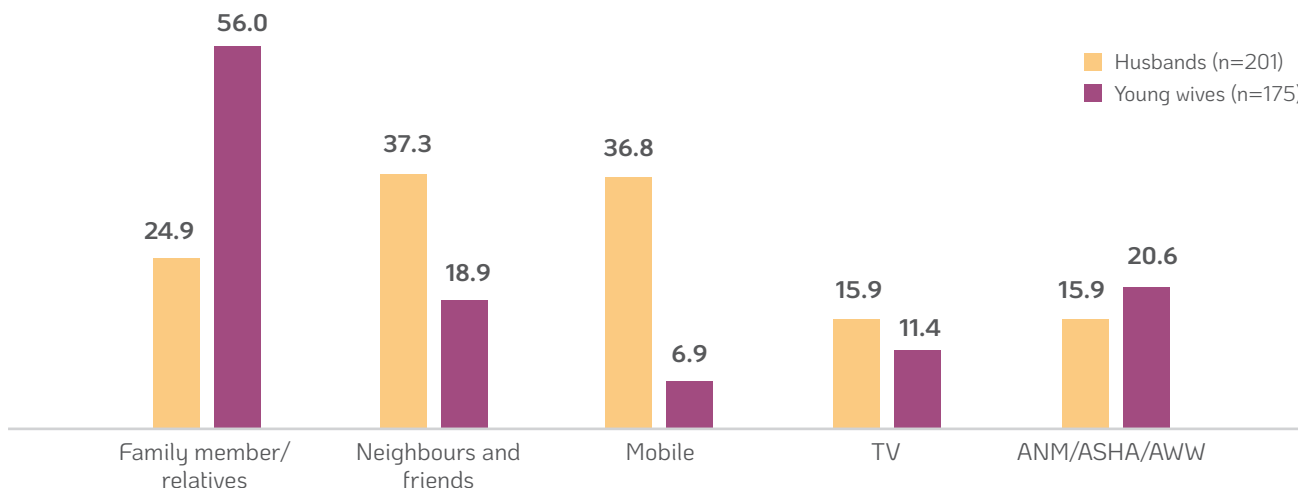


Figure-13. Most common source of information on FP (% , multiple choice)



Familiarity with the basket of choice

Young wives are most familiar with female sterilizations (87%), followed by daily oral pills (28%), injectables (28%), male condoms (16%), IUCD (9%) and rhythm method (8%). On the other hand, male condom (66%) was the most known family planning method among husbands, followed by female sterilizations (48%), daily oral pills (28%), male sterilization (26%), and injectables (21%).

Figure-14. Types of FP methods heard by the young wives (% , multiple choice, unprompted)

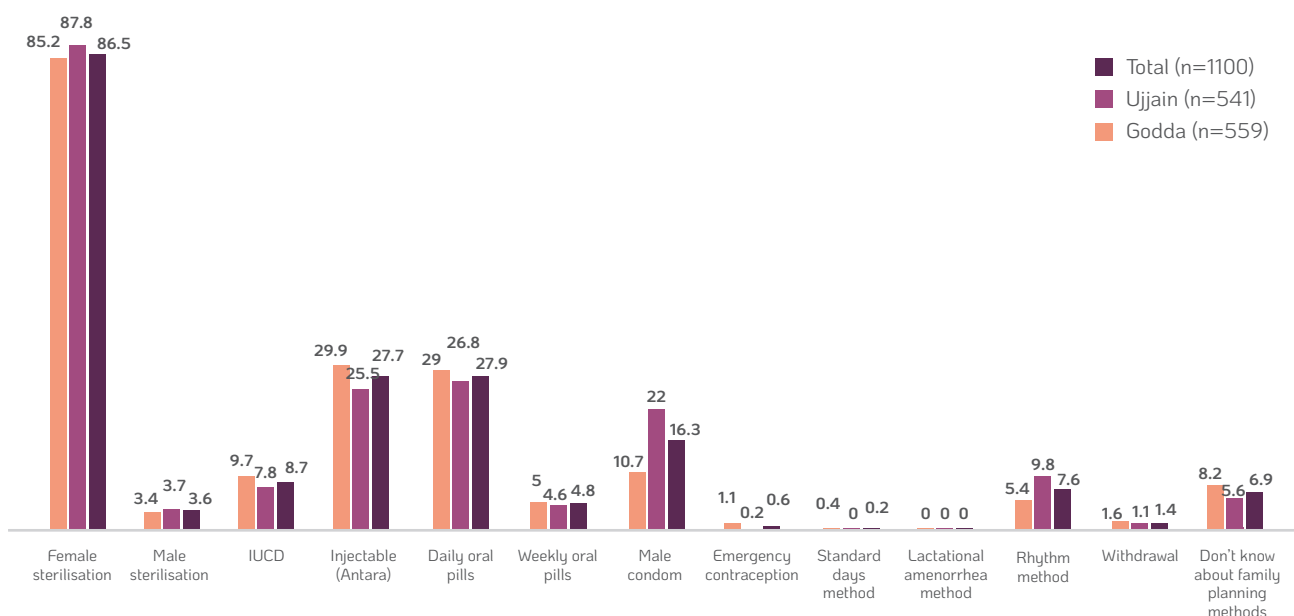
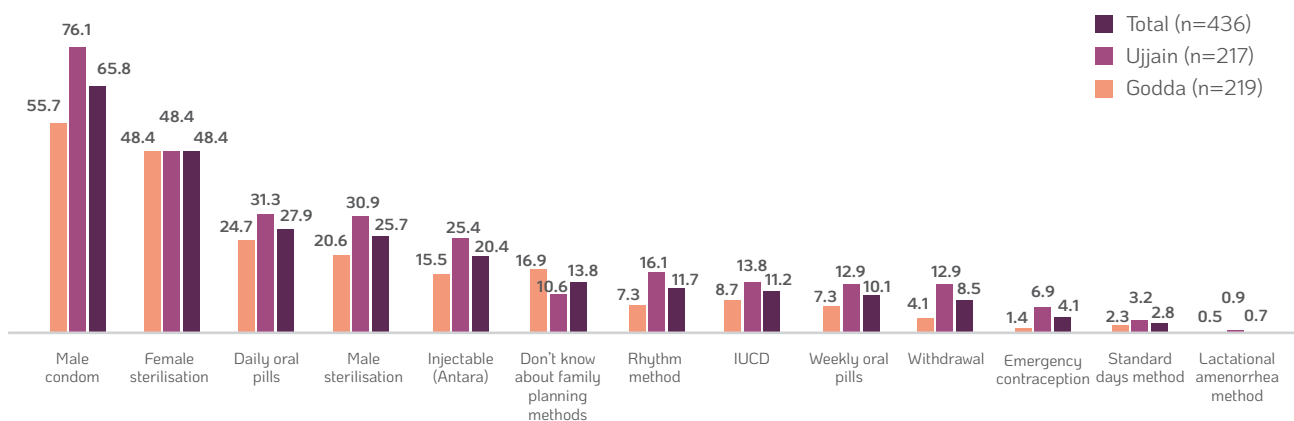


Figure-15. Types of FP methods heard by the husbands (% , multiple choice, unprompted)



It is clearly evident that the Young Wives lacked comprehensive knowledge about the 'basket of choice' - the range of contraceptive methods and options that individuals or couples can choose from based on their preferences, needs, and circumstances. About 9% of the YWs could not mention a single modern method of contraception without being prompted.

These young wives may not be acquainted with the array of contraceptive methods promoted by family planning programs, yet they demonstrated strong general knowledge. A staggering 92% were able to identify their sitting Chief Minister, while over 81% recognized Bollywood superstar Mr. Amitabh Bachchan, and approximately 46% were familiar with tennis player Ms. Sania Mirza. This high level of general knowledge could stem from their extensive access to various social media platforms, facilitated by increased mobile phone and internet usage. Despite the deluge of creative content on social media, family planning information does not appear to have captured their attention as prominently.

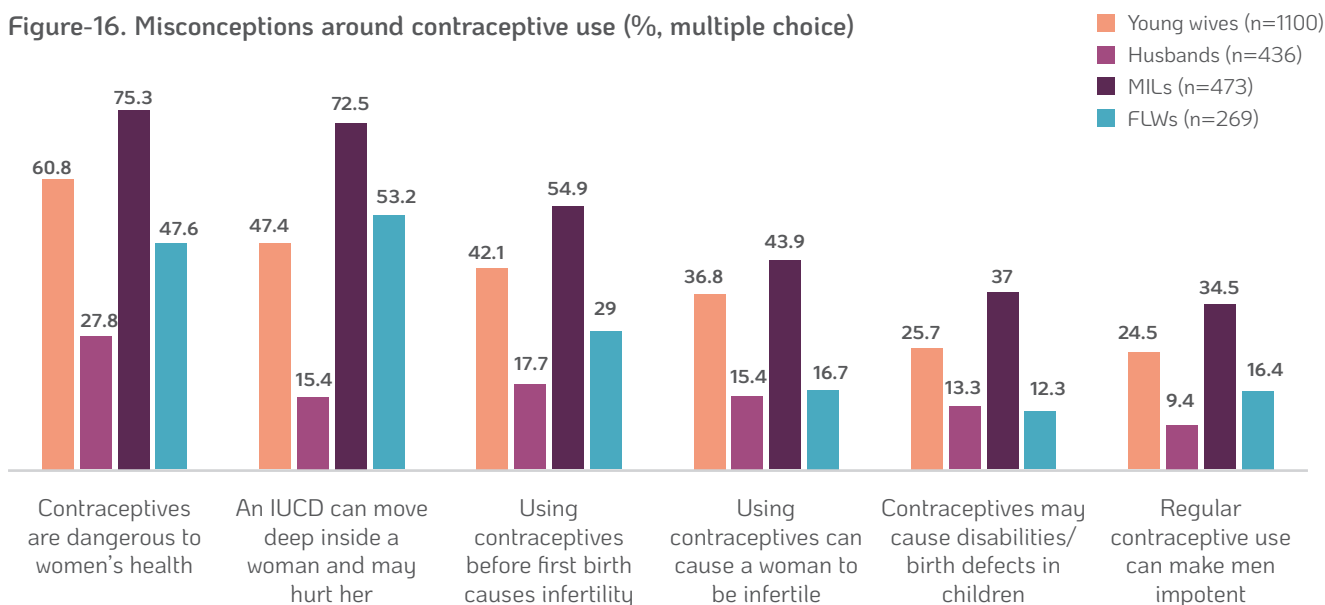
5.6.2 Misconception about Family Planning

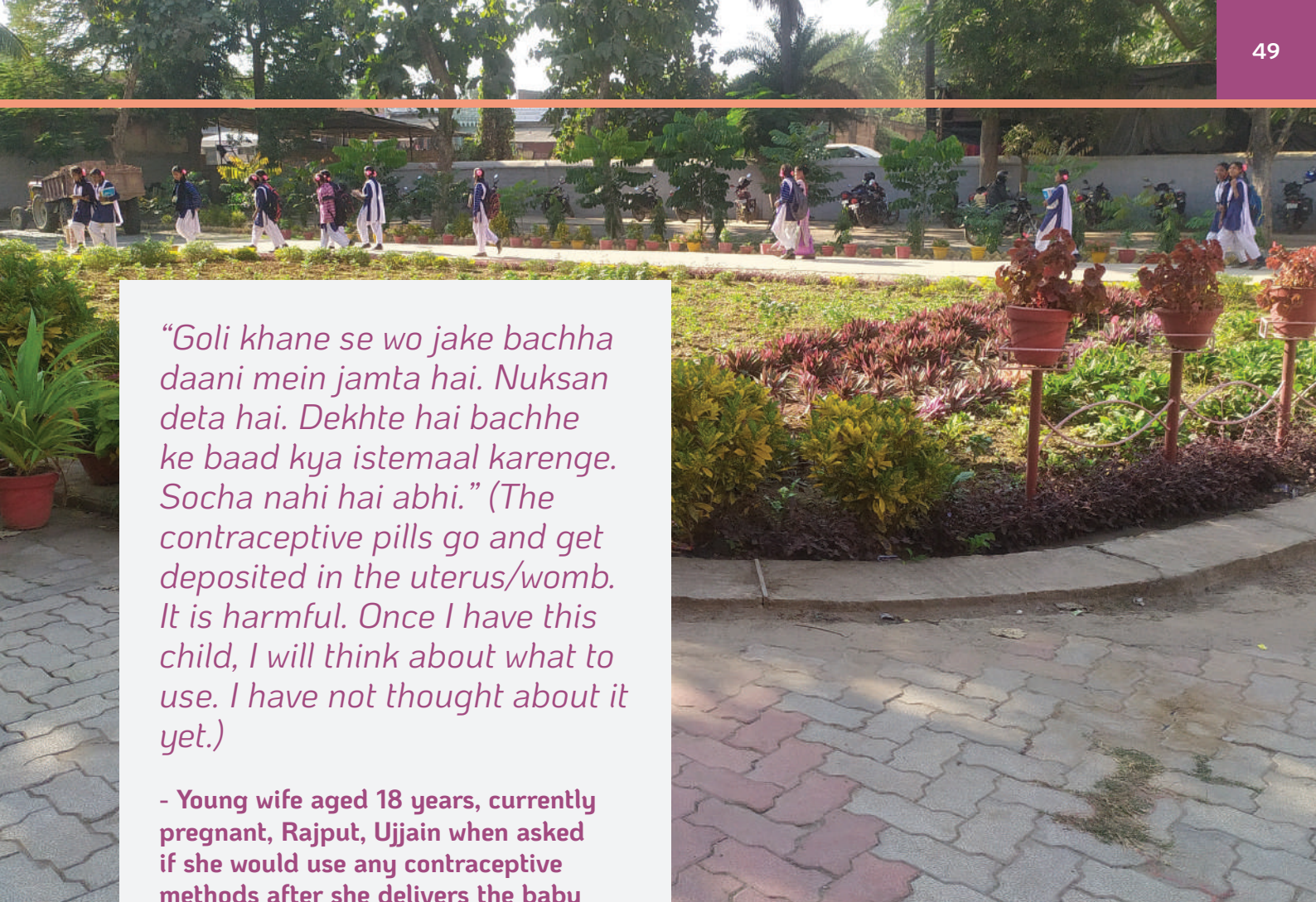
Misconceptions and knowledge are interconnected. Misconceptions can often arise due to limited or incomplete knowledge, misinformation, cultural beliefs, biases, or personal experiences. The Young Wives and their husbands were asked a slew of questions around misconceptions around family planning methods.

The study has found that misconception about family planning is common across all types of the respondents. Perhaps the mothers-in-law has the maximum amount of misconception than their daughters-in-law. Even some of the FLWs working in the study villages are also not free from misconceptions.

The most common misconceptions around family planning methods among young wives and husbands are that contraceptives are dangerous to women's health (61% among YWs and 28% among husbands), IUCD can move deep inside a

Figure-16. Misconceptions around contraceptive use (% , multiple choice)





“Goli khane se wo jake bachha daani mein jamta hai. Nuksan deta hai. Dekhte hai bachhe ke baad kya istemaal karenge. Socha nahi hai abhi.” (The contraceptive pills go and get deposited in the uterus/womb. It is harmful. Once I have this child, I will think about what to use. I have not thought about it yet.)

- Young wife aged 18 years, currently pregnant, Rajput, Ujjain when asked if she would use any contraceptive methods after she delivers the baby

Qualitative insights reveal diverse dynamics in different regions regarding family planning practices. In Ujjain, certain young wives encounter pressure to bear a male child, while some SC Hindu families enjoy autonomy in family planning decisions. Conversely, in Mewati Muslim households, contraceptive choices predominantly involve discussions between young wives and mothers-in-law, with oral contraceptive pills emerging as a popular option.

In Godda, there exists a notable lack of awareness regarding modern contraceptives. Conversely, among Santhals in Dumra village, community health workers actively promote contraceptive use. However, discomfort and low adoption persist among certain SC Hindu and Muslim couples, despite possessing some knowledge of contraceptive methods.

Concerns regarding side effects of oral contraceptive pills are prevalent in Ujjain, leading to hesitancy among community health workers in recommending them.

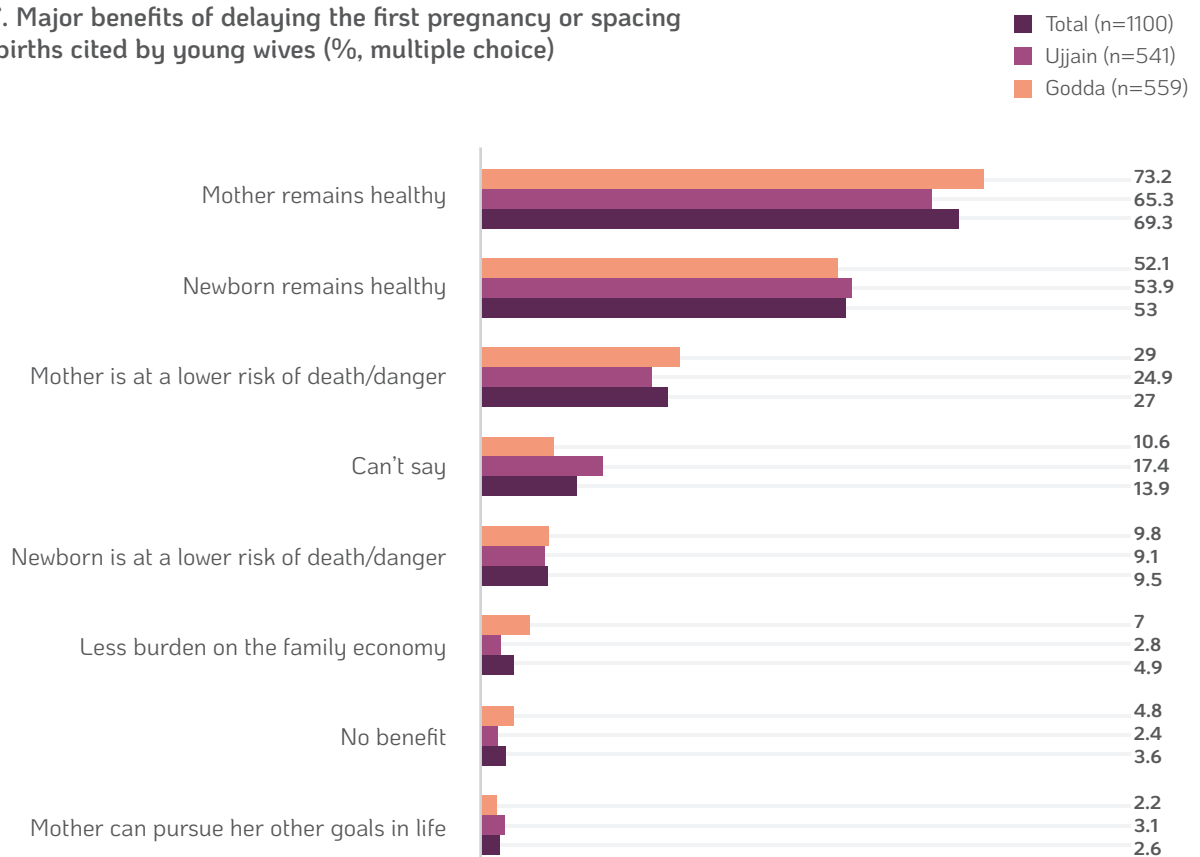
woman and cause harm (47% among YWs and 15% among husbands) and using contraceptives before first birth can cause infertility (42% among YWs & 18% among husbands).

While it is necessary to understand the level of misconception in order to decipher the comprehensive knowledge about family planning, it is equally important to check whether the young wives understand the benefits of delayed pregnancy and adequate spacing between births. Both the intended behaviours require consistent and correct use of family planning methods.

Interestingly, many young wives perceive several benefits in delaying the first pregnancy or spacing

between births. Among the top benefits they mentioned, 69% highlighted that it maintains the mother's health, 53% emphasized the assurance of the newborn's health, and 27% cited a reduction in the risk of maternal death or danger. While health risks during early pregnancy or lack of birth spacing are the primary concerns, a minority of young wives (approximately 5%) also acknowledged other benefits, such as mothers being able to pursue their life goals or alleviating the economic burden on the household. This highlights that family planning is not solely a health or fertility control measure; it also empowers young couples to pursue their aspirations in life.

Figure-17. Major benefits of delaying the first pregnancy or spacing between births cited by young wives (% , multiple choice)



5.6.3 Interspousal Communication on Family Planning

While knowledge provides the groundwork for behavior change, it is not always sufficient on its own. Factors like motivation, social norms, environmental influences, individual traits, and interspousal communication also significantly influence family planning behavior. Interspousal communication is pivotal in effective family planning initiatives, as it cultivates informed decision-making, encourages the adoption of

contraceptives, and empowers individuals to attain their reproductive health goals.

The study has found that while around 72% young wives had conversations with their husbands about the ideal family size, less than half of the Young Wives had ever discussed family planning with their husbands.

Among those who had discussed FP, around 48% of them said that it had been more than three months since they had talked about it. During such conversations, 76% of young wives reported that they discussed a particular FP method, and most said that the conversation was initiated by their husbands.

Figure-18. Percentage of young wives who discussed family planning methods and desired family wives (%)

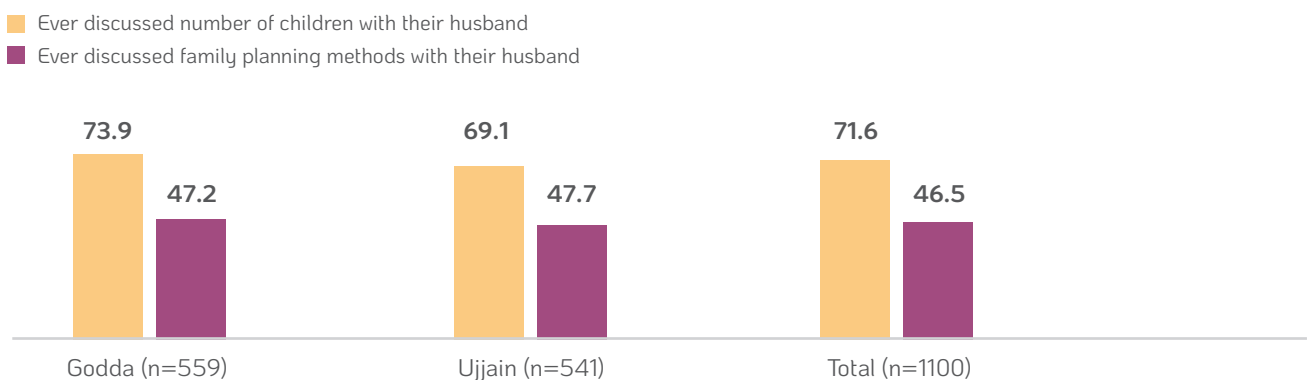
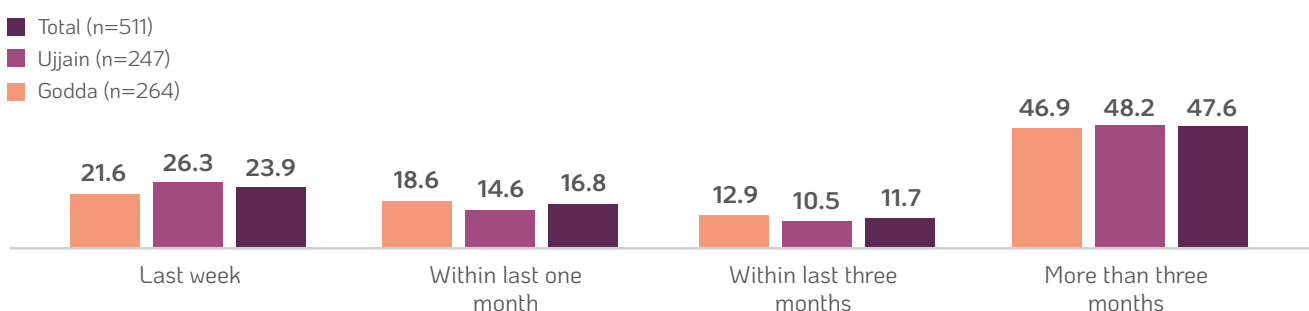


Figure-19. Frequency of discussion about FP by district (%)





“Wo bolte hai ek hi karenge, jyada nahi jansankhya badhaenge” (He says that we will only have one, we won’t increase the population.)

- Young wife aged 19 years, Rajput, Ujjain when asked how many children her husband wants

Qualitative findings from Ujjain underscore the dynamics surrounding family planning decisions among young couples. While there is a mutual agreement on maintaining a small family size, the influence of traditional expectations, particularly the pressure for a male heir from in-laws, complicates this consensus. Interestingly, in certain SC Hindu households where paternal influence is absent, couples exhibit more autonomy in their fertility decisions, often initiating discussions on family planning and utilizing condoms as a contraceptive method.

Interspousal communication leads to informed decision making based on mutual understanding. We asked all the young wives and their husbands if there is a disagreement between the couples on selecting a particular contraceptive method, whose decision will finally prevail. The question was canvassed to all the respondents notwithstanding the fact that some of them had never had interspousal communication around family planning. We asked them to imagine such a situation. Although the reference point is selecting a particular FP method, but the answer reflects the power dynamics between the young wives and their husbands.

Interestingly, both young wives and their husbands largely concurred that the ultimate decision regarding the selection of a family planning method lies with the husbands. For instance, approximately 79% of the young wives indicated that if they wished to use a family planning method but their husbands disagreed, their husbands would have the final say. Similarly, when asked the same question, over 75% of the husbands expressed that the decision would ultimately be theirs.

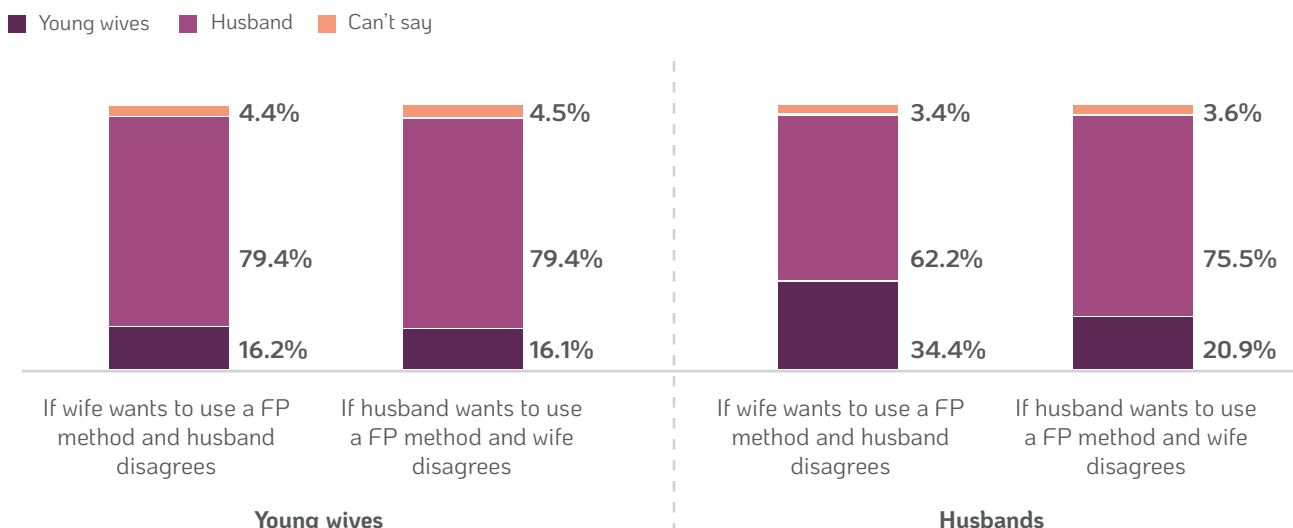
5.6.4 Enabling Environment: Family Planning Counselling

Creating an enabling environment is essential for promoting family planning uptake especially among young couples living in resource constraint areas. The role of FLWs who connect the communities with the health services is paramount in improving family planning services and thereby enabling the couples to take informed decision and address the unmet needs.

Around 74% of FLWs reported that they usually met the young couples and about 62.5% of the FLWs also reported that the young couples sought advice on family planning. According to the FLWs, the types of advice mostly include topics such as how to use modern FP methods, availability of modern contraceptives, spacing between births and how to delay the first pregnancy.

While it is encouraging to observe that most Frontline Workers (FLWs) typically engage with young couples and address their family planning queries, the responses from young wives paint a different picture. Only 10% of them reported

Figure-20. Decision on choosing a FP method: Perception of young wives and their husbands (%)



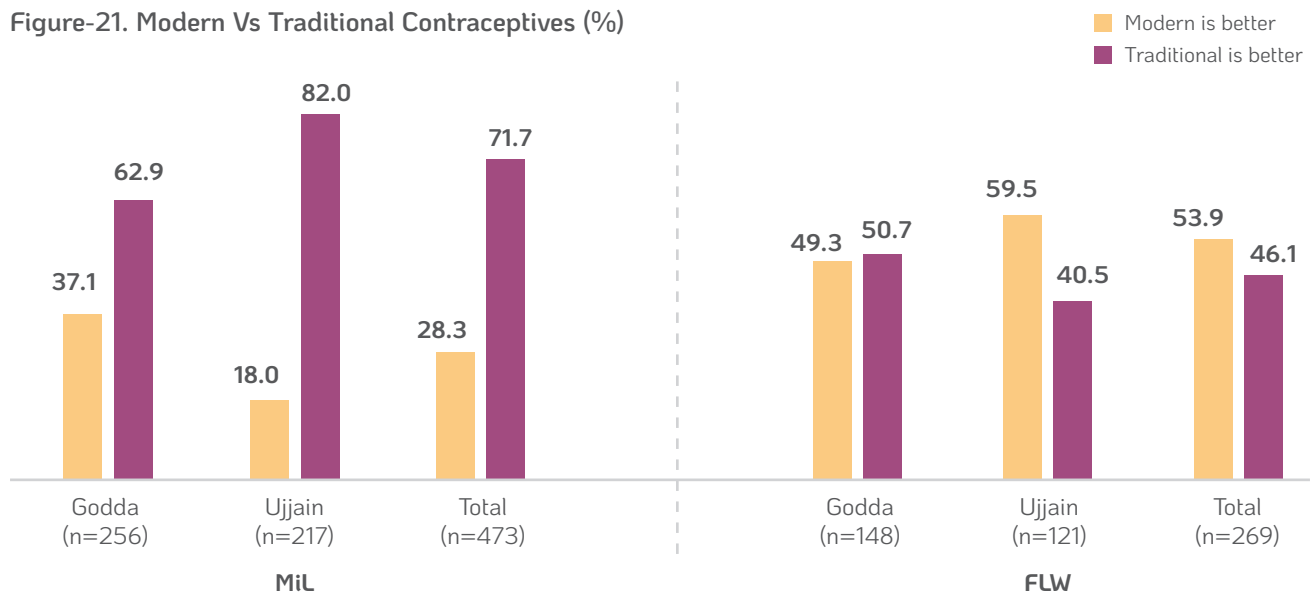
“Sabhi ko nahi batate hai hum (about FP methods), jo ladkiyan thodi samjhdaar hai unhe batate hai taki do bachon ke beech samay rakhe wo, lekin wo bhi kahan sunte hai humari.” (We don’t tell everyone about FP methods, we only tell the girls who are a little educated and smart to understand to keep spacing between two children, but even then, they hardly listen to us.)

– a 57-year-old ASHA in Godda

receiving family planning counseling in the past year. Additionally, approximately 84% of young wives stated that they had not received any information on family planning. Similarly, around 54% of their husbands confirmed not receiving any family planning information. Data from both young wives and their husbands indicate that only 7.3% of husbands and 3% of young wives received family planning-related information from FLWs. This suggests a disconnect between the two sources of information.

Young wives predominantly reside within joint family structures, often under the close supervision of their mothers-in-law. Through the qualitative ethnographic phase, it became apparent that in certain communities, mothers-in-law serve as influential gatekeepers, limiting the opportunities for exclusive interactions between Frontline Workers (FLWs) and their daughters-in-law (young wives). Perhaps some of the FLWs have a preconceived notion that their advice may not be received well, and they refrain from counselling.

Figure-21. Modern Vs Traditional Contraceptives (%)



During the ethnographic phase, it became evident that in Ujjain, the FLWs encounter significant barriers in engaging with young wives independently, as mothers-in-law often serve as gatekeepers, tightly controlling access. Consequently, FLWs typically defer discussions on modern contraceptive methods until after the birth of one or two children, navigating this complex familial dynamic. It became apparent that certain Frontline Workers (FLWs), akin to numerous mothers-in-law, exhibited reluctance towards advocating for modern contraceptives, particularly among zero-parity women. In the quantitative survey, we explicitly asked FLWs and mothers-in-law regarding their preference between modern and traditional contraceptive methods.

As high as 71.7% of the MiL and 46.1% of the FLWs reported that traditional contraceptive methods are better than the modern methods. The discourse surrounding traditional versus modern methods of contraception centers on contrasting approaches to family planning. Traditional methods often refer to practices rooted in cultural or historical norms, such as calendar-based methods or withdrawal, while modern methods encompass scientifically developed contraceptives like pills, condoms, intrauterine devices (IUDs), and implants. Advocates of traditional methods may highlight their cultural significance, low cost, and perceived naturalness. However, critics often raise concerns about their reliability, effectiveness, and the potential for human error. Preference for traditional measures among the mothers-in-law and FLWs seem to stem from the prevailing social norms and traditional beliefs.

Given this backdrop, the study used a vignette to elicit direct response from MiLs and FLWs about their own belief around family planning and fertility choices of young couples in their community.



Table-8. Vignette-2: MiL and FLW's belief around family planning and fertility choices of young couples

Vignette-2: MiL and FLW's belief around family planning and fertility choices of young couples

Rani and Raju got married last year in a village like yours. Rani is just 18 years old, and she has completed her schooling. Raju works in a local shop and does not yet earn much. Rani wants to study further but Rani's in-laws want her to have a child as soon as possible.

Questions	MiLs (%) (n=473)	FLWs (%) (n=269)
Why do you think Rani's in-laws want her to become a mother soon after marriage?		
In-laws want to ensure that Rani is not infertile	21.4	29.4
In-laws are worried about others who may not like the delay	19.0	21.2
In-laws are worried late motherhood may create problem later in conception	35.1	42.4
Some elderly members may die before seeing their grandchild	57.7	53.2
If Rani becomes mother, she will have more attachment to the family	24.9	26.0
Rani will be more faithful to her husband	9.3	12.3
Other	6.6	13.0
What do you think Rani should do?		
Should honor her in-law's wish and try to become a mother	34.1	10.1
Should talk to them and convince them to complete her study	65.9	89.9
Do you think Rani's husband will support her decision to complete her studies and delay in pregnancy?		
Yes	80.5	85.5
No	19.5	14.5
What do you think Rani's own mother will ask Rani to do?		
Ask her to follow her in-law's wish	39.3	19.7
Encourage her to delay her first pregnancy	60.7	80.3

Questions	MiLs (%) (n=473)	FLWs (%) (n=269)
If Rani wants to delay her pregnancy and her in-laws agree to support her decision, what kind of family planning method should she use?		
Traditional	40.2	14.1
Modern	59.8	85.9

Firstly, the first vignette (see above) shows stark similarity between mothers-in-law and FLWs except for a few questions. Both MiLs and FLWs believed that the most prominent reasons for giving birth to a child soon after marriage are the desire of elderly family members to see their grandchildren before they die, avoid pregnancy complications later, and giving birth to a child will enhance young wives' attachment with the in-law's family. More than one-third of the MiLs also felt that Rani should conform to the in-law's wish and not resume her studies but only 10% FLWs had a similar thought. Interestingly, over 80% MiLs and FLWs thought that Rani's husband would support her decision to continue with her studies. About 39% of MiLs and only 19% FLWs felt that Rani's own mother would advise Rani to go with her in-law's decision, probably to avoid conflict in marital home. In case if Rani wants to delay her first pregnancy, as high as 40% of MiLs believed that she should use traditional FP method. Only 14% of the FLWs wanted Rani to use traditional method.

Be it modern or traditional methods, it seems that the FLWs have certain opinion about the contraceptive use pattern of the young couples. Some FLWs in Godda mentioned that they were familiar with the nominal uptake of temporary family planning methods, the major reasons that

they cited for the same were low educational status, lack of proper awareness and thus fear of side effects from the contraceptives.

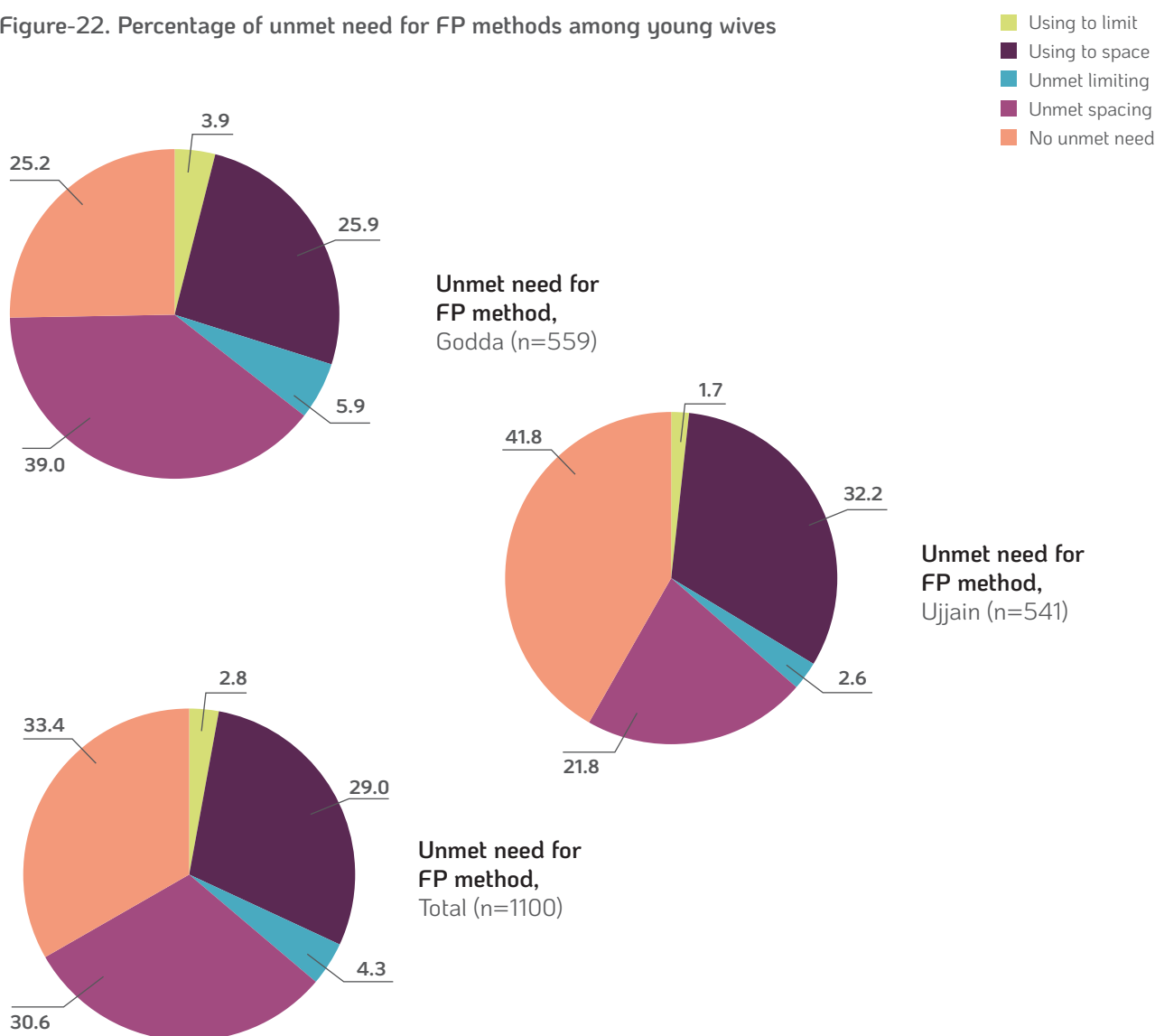
The same FLWs also shared that women with migrant husbands did not feel that they needed to use any spacing methods as the husbands were not around, but they often got pregnant as soon as the husbands were back home for some days. The crucial question to consider is whether these beliefs held by FLWs deter them from engaging in counseling with young wives and distributing contraceptives within the community adequately.

This question becomes even more pertinent when the data from the quantitative survey reveals a high degree of unmet needs for family planning. Unmet needs for family planning refer to the percentage of women who do not want to become pregnant but are not using contraception. Among young wives, the total unmet need is around 35%, with Godda having a much higher rate of 45% and Ujjain having a lower rate of 24%. This high unmet needs among young wives have resulted in a higher rate of teenage pregnancy. Additionally, there is a significant KAP gap for modern contraceptives, with only 38% of women having adequate knowledge and practice of modern contraceptives.

“2-3 bache karke operation (sterilisation) karwa leti hai auratein, wahi 24-27 saal tak.” (Women get operation (sterilization) done after having 2-3 children, mostly between 24-27 years.)

- a 45 year old ANM in Godda

Figure-22. Percentage of unmet need for FP methods among young wives



5.6.5 Family Planning Practices

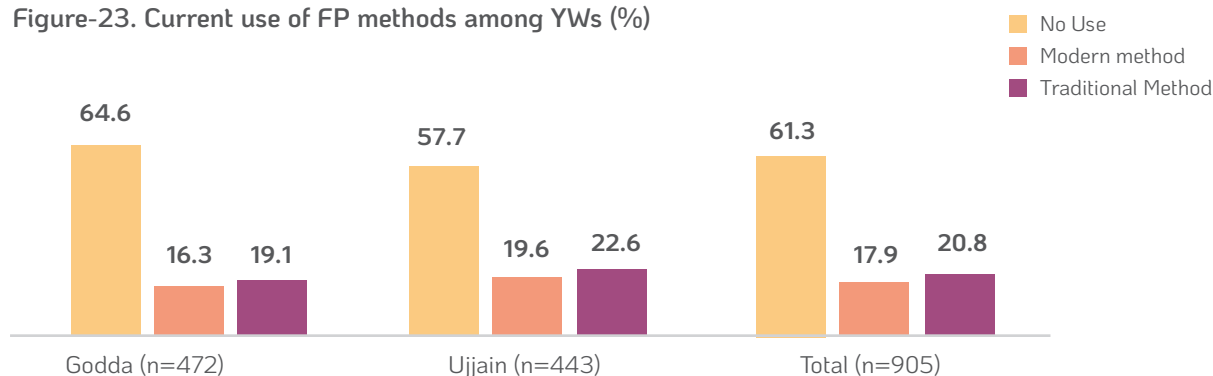
It was found that 61% of young wives (65% in Godda and 58% in Ujjain) were not currently using any contraceptive methods. Out of all young wives, only 21% (19% in Godda and 23% in Ujjain) were using traditional methods and 18% (16% in Godda and 20% in Ujjain) were using modern methods. The most commonly used methods were the rhythm method (13.4%), male condom (13.2%) and withdrawal (5%). The primary reasons for not using modern methods were trying to conceive (25%), experiencing side effects (19%), having a husband who was a migrant (15%), and husbands opposing the use of contraceptives (12%).

Around 38% of the young wives had previously used family planning method, with a lower prevalence in Godda (35%) than in Ujjain (42%). However, about 86% of young wives expressed their intention to use family planning methods in the future.

5.6.5.1 Predictors of modern FP use

Dominance analysis, a statistical method used to compare the relative importance of predictors in multiple regression, was used to identify the dominant predictors for young wives who currently use modern contraceptives, while taking into account all the predictors¹⁴. The dominance analysis displays some interesting facts. Some of the predictors are common across districts and some are unique to the district. For example, the family planning counselling and the positive belief that other young couples in their community use contraceptives are the top two dominant factors in both the districts and retain the first two places in the overall model – when the analysis was performed on the combined data from two districts. Similarly, the asset ownership also emerges as a significant factor in both the districts but with a different ranking. The analysis shows that husbands living together with wives (non-migrant husbands) is an important predictor in Godda but not in Ujjain. About 40% husbands in Godda are migrant as against just 5% in Ujjain.

Figure-23. Current use of FP methods among YWs (%)



¹⁴Predictors in regression: wife's age, wife's education, wife's occupation, caste, wealth quintile of HH, type of family, MiL lives in HH, husband lives in HH, parity, age difference between husband and wife, type of marriage, hobbies after marriage, general knowledge, supernatural beliefs, scientific temperament, freedom of mobility, involved in decision making, owns assets, FP counselling, understanding about FP, misconceptions on FP, involved in decision making of FP, interspousal communication on FP, descriptive norms, injunctive norms

“2-3 bache karke operation (sterilisation) karwa leti hai auratein, wahi 24-27 saal tak.” (Women get operation (sterilization) done after having 2-3 children, mostly between 24-27 years.)

- a 45 year old ANM in Godda

Table-9. Dominant predictors of family planning use among young wives: Estimates from dominance analysis

Godda (n= 559)			Ujjain (n= 541)			Total (n=1100)		
Significant predictors	Std. Dominance Stat	Ranking	Significant predictors	Std. Dominance Stat	Ranking	Significant predictors	Std. Dominance Stat	Ranking
FP counselling	62.1	1	FP counselling	72.7	1	FP counselling	68.6	1
Positive beliefs about FP use (Descriptive norms)	12.4	2	Positive beliefs about FP use (Descriptive norms)	8.7	2	Positive beliefs about FP use (Descriptive norms)	9.2	2
Husband lives together (non-migrant)	8.9	3	General knowledge	7.6	3	Interspousal communication on FP	7.6	3
Interspousal communication on FP	8.7	4	Misconceptions on FP	3.5	4	General knowledge	4.8	4
Young wives living together with MIL	5.8	5	Asset ownership	3.5	5	Husband lives together (non-migrant)	4.4	5
Understanding about FP	0.9	6	Difference in age between husband and wife	1.9	6	Wealth quintile	3.8	6
Asset ownership	0.8	7	Freedom of mobility	1.4	7	Caste	0.9	7
			Fertility related norms	0.6	8	Asset ownership	0.7	8
Overall fit statistics= 0.26 127 regressions			Overall fit statistic= 0.30 255 regressions			Overall fit statistics= 0.26 255 regressions		

Similarly, young wives living together with their mothers-in-law is a significant factor in Godda but not in Ujjain and also in the overall model. The analysis suggests that predictors of contraceptive use include 'global' as well as 'local' factors. Family planning programs in each district needs to pay attention to the global or universal factors such as interspousal communication, FP counselling, etc. but also needs to identify the local factors often rooted in its culture for achieving the desired results. Ultimately, family planning counseling stands out as the primary predictor influencing family planning usage among young wives in both districts. However, only a mere 10% of young wives reported receiving such counseling within the last year. Regression analyses reveal that young wives who reported better interspousal communication regarding family planning, held positive beliefs about other young couples in their community using modern contraceptive methods, engaged in decision-making, and possessed enhanced general knowledge were more likely to have received family planning counseling.

Beyond individual characteristics, access to family planning counseling is contingent upon the support young couples receive from family members and the local community. Yet, entrenched fertility norms pose a challenge, as both qualitative and quantitative data underscored strong fertility norms upheld by mothers-in-law and even some FLWs, who often favor traditional methods over modern ones.

Given this landscape, there's a pressing need for a holistic approach within family planning programs, redirecting efforts toward societal-level changes. Currently, discourse on family planning appears minimal, with over 80% of young wives and more than half of husbands citing an information deficit—having never received any family planning information. Among those who did receive information, the majority reported receiving it from family members, relatives, neighbors, or friends. However, such advice tends to reinforce prevailing social norms, including strong fertility norms.



6. SUMMARY, CONCLUSION AND RECOMMENDATIONS

The study highlights significant challenges and gaps in family planning among young wives and their husbands. Young wives often face restrictions in mobility and decision-making power, limiting their access to resources and ownership of assets. Communication about family planning between spouses is lacking, with husbands often making the final decision on contraceptive methods. Misconceptions about family planning methods are common, and access to information and counseling is limited for young wives and husbands. There is a significant unmet need for family planning among young wives, with many not using any method or relying on traditional methods. Early pregnancies are prevalent among young wives, which highlights the need for special attention to address these issues. To improve family planning programs, it is crucial to improve communication, address misconceptions, and increase access to information and counseling to empower young couples to make informed decisions about their reproductive health.



Social norms and gender roles are two critical elements that need immediate attention from the FP programs targeted to young wives. The deep-seated fertility norms often act as a hindrance to higher uptake of contraceptive use among newly married young couples in rural areas. To make the use of modern family planning a norm, programs need to break the ‘silence’ around topics related to FP usage by promoting increased discourse at the family and community level. Normalizing contraceptive use among young, newly married couples needs all-round efforts involving family members, community influencers, and frontline health workers. The intended interactions between frontline health workers and the newlywed couples – the most dominant factor for influencing contraceptive use behavior among YWs, will not witness a significant rise unless normative barriers are simultaneously addressed along with other predictors.

Norms-conscious programming in family planning emphasizes understanding and respecting the cultural, social, and religious norms surrounding reproductive health. By acknowledging these norms, programs can tailor their approaches to be more acceptable and effective within communities. Engaging not just young wives, but also their families, frontline workers, and community influencers widens the scope of influence. Family members play significant roles in decision-making regarding reproductive health, so engaging them in discussions and education can lead to more informed choices. Frontline workers, such as healthcare providers and community health workers, are often trusted sources of information within communities. By involving them in family planning initiatives, their knowledge and support can help bridge gaps in understanding and acceptance. Community influencers, such as religious leaders or respected elders, hold sway over community attitudes and behaviors. Including them in family planning efforts can help

change perceptions and foster acceptance within communities.

Encouraging group-based interactions within communities can promote open dialogue and break down barriers of silence or taboo surrounding family planning. When individuals participate in group discussions, they create a supportive environment where they can share experiences, concerns, and knowledge, leading to increased awareness and acceptance. Utilizing existing platforms like Self-Help Groups (SHGs) leverages established community networks and infrastructure. SHGs often serve as platforms for social and economic empowerment, making them ideal for integrating family planning discussions and activities. Reshaping information dissemination through digital channels capitalizes on the widespread use of technology for communication. This could involve using social media, mobile apps, or online platforms to provide accurate information, dispel myths, and reach a broader audience, especially younger generations who are more digitally connected.

We recommend that Family Planning initiatives should extend their focus beyond solely measuring the total fertility rate (TFR). It’s imperative to prioritize the timing of starting the family-building journey, ensuring sufficient spacing between births, and most importantly, these programs should actively contribute to the increasing social and economic ambitions of the youth, particularly young women in India.

Overall, by incorporating these strategies, family planning programs can foster positive social norms, encourage informed decision-making, and ultimately improve reproductive health outcomes within communities.



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