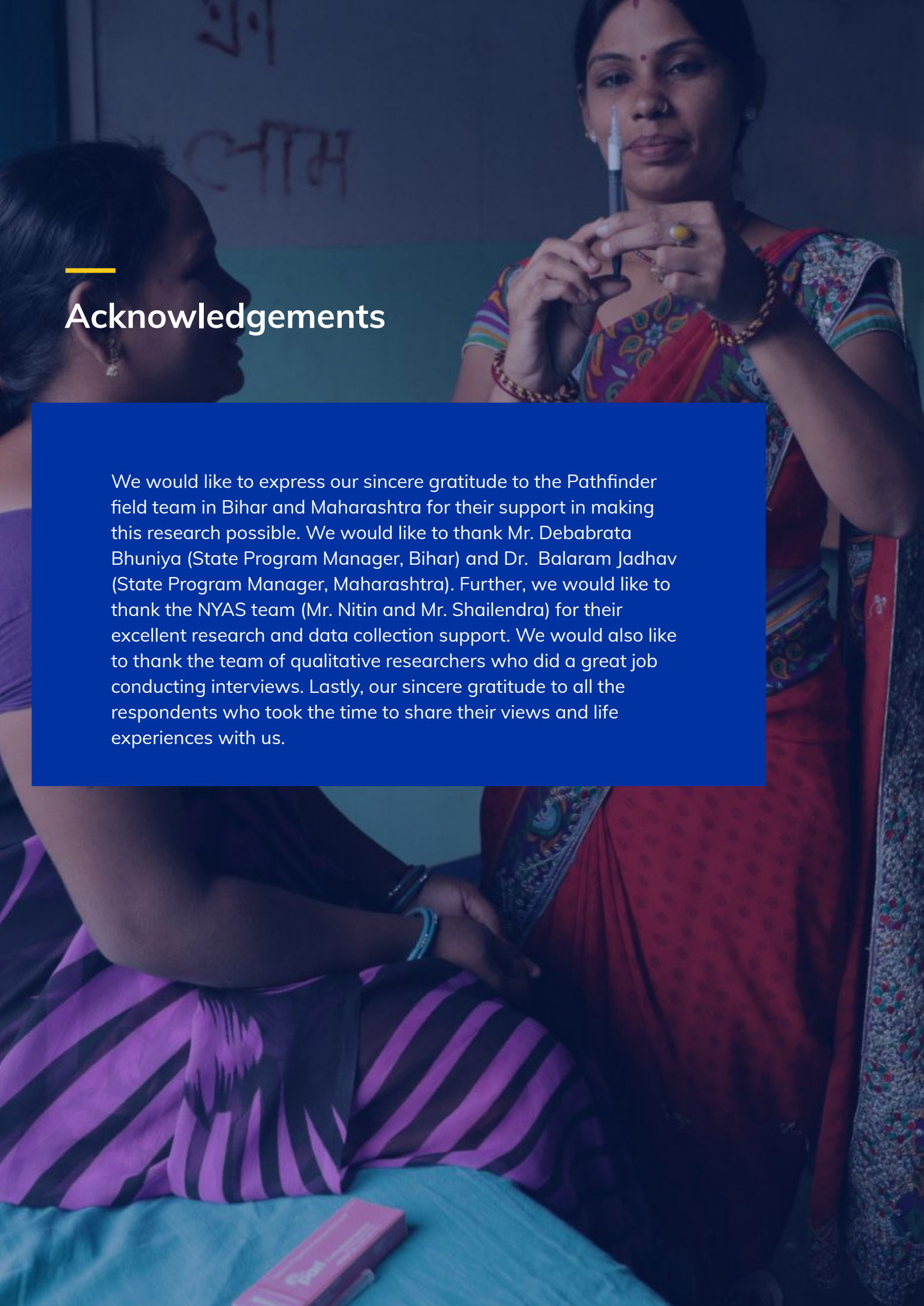
Exploring Pathways to Behavior Change

Understanding behaviors that influence contraception uptake and adherence among couples in the YUVAA Program

Findings from Phase 2 Assessment

PATHFINDER

Busara



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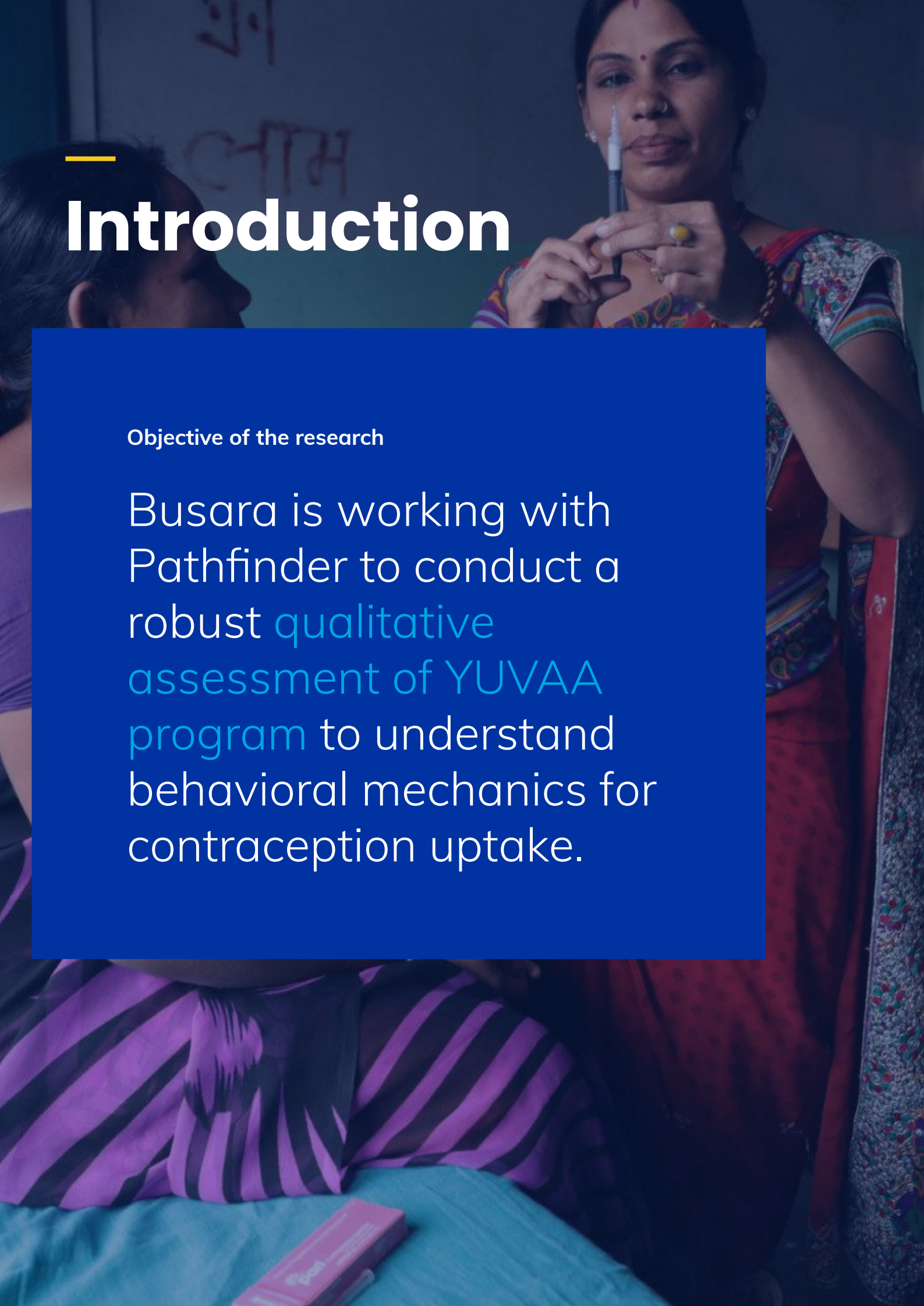
Abbreviations

ASHA: Accredited Social Health Activist
FP: Family Planning
IDI: In-Depth Interviews
HCP: Health Care Providers
HTSP: Healthy Timing and Spacing of Pregnancy
LARC: Long-Acting Reversible Contraception
MIL: Mother-in-Law
SARC: Short-Acting Reversible Contraception
SIL: Sister-in-Law
YMC: Young Married Couples
YUVAA: Youth Voices for Agency and Access

Outline

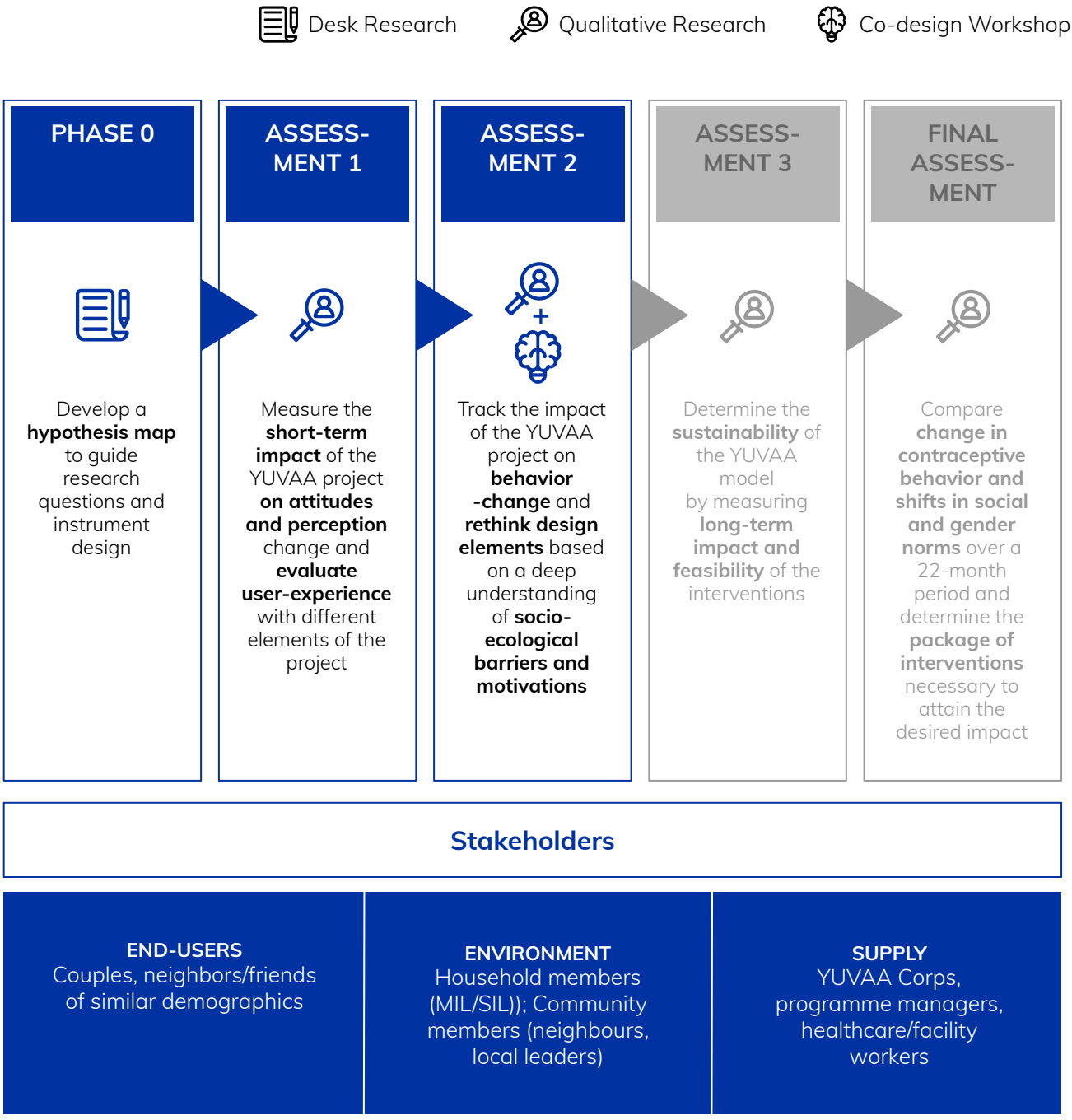


Introduction

Objective of the research

Busara is working with Pathfinder to conduct a robust qualitative assessment of YUVAA program to understand behavioral mechanics for contraception uptake.

Behavioral assessment design for YUVAA



Building towards Phase 2 Assessment

Brief recap of learnings from Phase 1

Objective of Phase 1 Assessment

In Phase 1, we explored behaviors, motivations, and barriers at the level of young, married couples (YMCs) across the 12 themes identified in Phase 0 to understand the family planning process in program areas

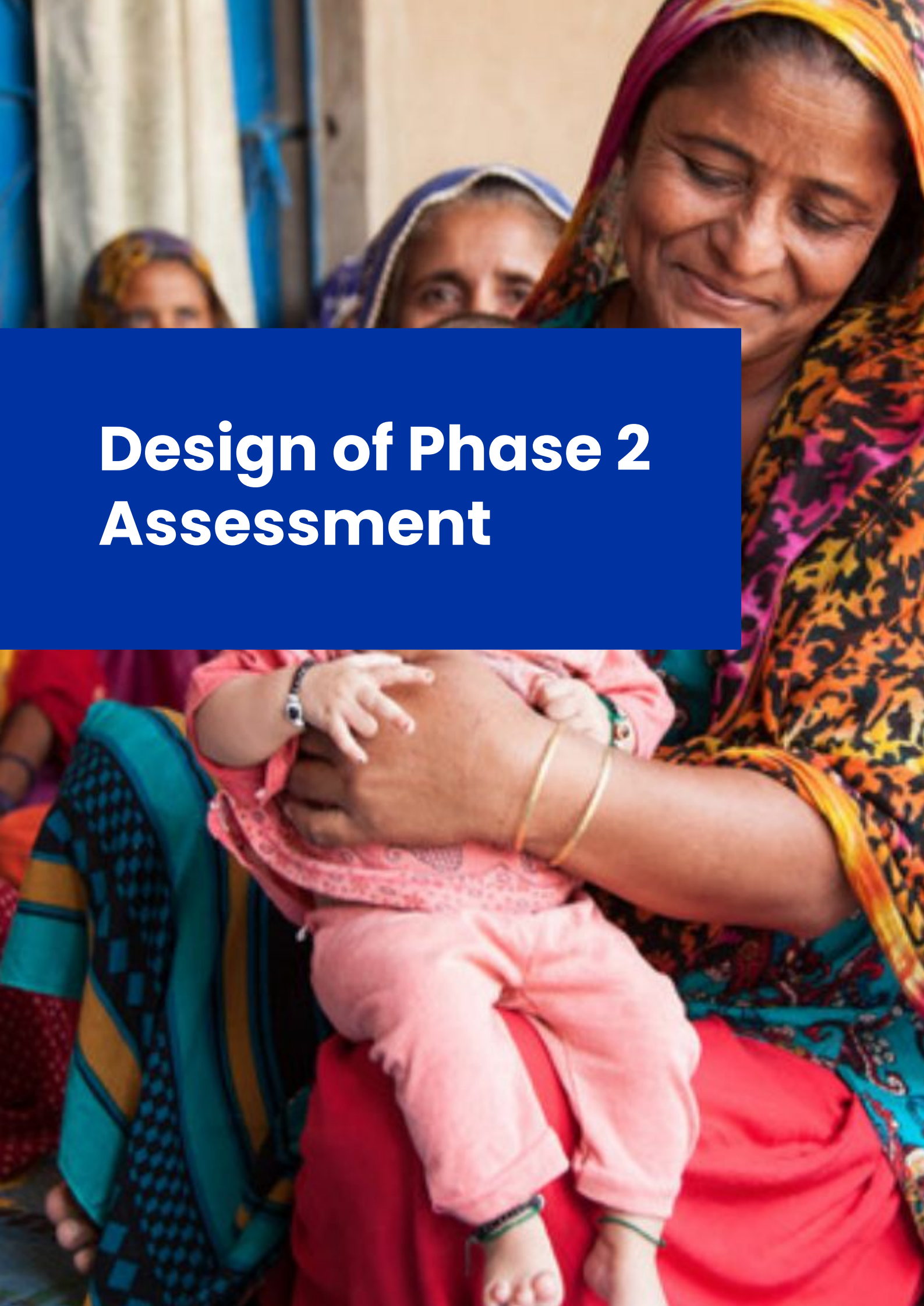
Couple's themes		HCP/ YUVAAkars' themes
Trust & Credibility Mistrust of information and support resources	**Support & Safety** Adequate support and protection from harm at moments of need	**Bias & Gatekeeping** Prioritizing (or deprioritizing) certain groups while supplying information or FP methods
Agency & Power Ability to take decisions regarding concerning FP	**Social Norms** Descriptive and injunctive norms connected with FP use	**Relations with Users** Perception of service provider by users and vice versa i.e. shared comfort/ trust
Knowledge of FP Adequate information about FP, usage and effects	**Belief & Attitude** Personal value system and belief around FP use	**Confidence & Capacity** Belief and confidence in ability and access to support to provide adequate service
Priority of FP FP relevance and priority in relation to other activities/role	**Convenience** Ease of access, use and availability of FP methods	**Ensuring Supply** Coordination between multiple channels, and ensuring last mile delivery

***Note:** While reporting, we combined some themes for which findings overlapped i.e. (1) 'Bias & Gatekeeping' and 'Relationship with Users' themes were combined to form a single theme. Further, findings across 'Convenience' and 'Ensuing Supply' were reported together.

Key findings from Phase 1 Assessment

Conducted in-depth interview with 118 respondents (couples, service providers, key informants) and elicitation methods (card sorting, diary entry, and story completion) with 32 respondents to report key findings across the SEED model.

Demand	Supply	Environment
Within a couple, women bear the responsibility of family planning, but not the authority to decide its course	Need to promote program awareness	Economic rationale along with gender norms determines family planning decisions for couples
Lack of support systems when considering contraceptive use and during side-effects prevents intention to use contraception from translating into action	Involving men into the YUVAAkar counselling process and the program continues to be a challenge	Maintaining the sanctity of fertility, promoted by the community, deters couples from using contraception
Privacy offered by a contraceptive methods, such as Copper-T, can overcome perceived fear of side effects from the contraceptive	Presence of family members complicates YUVAA program delivery	Fear of social sanctions constraint women's ability to access and use contraceptives
It's not ASHA or YUVAAkar, but who is available that becomes trustworthy for the couples	YUVAA program delivery maybe limited to families with an already positive outlook on family planning	Couples rely on economic rationality to push back against traditional norms related to FP
Agency to decide on contraception use operates at two levels: couples within the family, and women within the couples	YUVAAkars while acknowledging their distinct role in relation to ASHAs, still lack guidance on ways to leverage it	Community is more willing to consider spacing of children by couples
Peers tend to have a strong messenger effects that leads to creation of echo chambers		Family planning is a family decision, including members other than the couples
Natural methods, of which there is limited knowledge, become attractive due to perceived fear of side effects		



Design of Phase 2 Assessment

Phase 2 Assessment Objectives

Complete the initial assessment of YUVAA by incorporating supply-side perspectives around themes of interest

Present combined findings from Phases 1 and 2 across useful frameworks, interpretable by general and specific audiences and tailored for further ideation

1

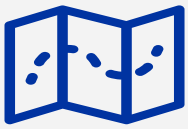
Explore four key areas identified for Phase 2 Assessment

Phase 1 provided an overview of couples experience with family planning, and raised new specific questions that will be answered in phase 2.

2

Identify contraceptive specific barrier & levers

Phase 2 will segregate couples experience with each contraceptive separately, and in doing so will provide method specific barriers and levers for each.



3

Map couple's FP decision journey

Phase 2 will bring together findings from both phase 1 and 2 to present a behavioral journey of couples as they consider their family planning decision and contraceptive use.

Identifying gaps from Phase 1 learnings to define Phase 2 research themes

Process to identify research focus for Phase 2

A

Listed all finding across themes

Started by listing all finding from phase 1 (from SEED model) to identify potential and remaining gaps

B

Mapped follow up questions

For each finding, a comprehensive list of questions to explore in Phase 2 were listed

C

Identified four areas for Phase 2

All follow up questions were categorized across four key areas to be explored in Phase 2.* (This)

*Note: In some cases findings have been mapped to more than one area as they led to different lines of inquiry based on the theme they were categorized within. Full mapping of finding to questions is available in Appendix 1

Four key areas

Program delivery

1. **Ground report and YUVAAkar experience of the YUVAA program**

Family planning and contraception use behaviors in program areas

1. **Couples dynamics and preference in family planning**
2. **Family's role, perception and influence on family planning**
3. **Community perception and its impact on couples' FP decisions**

Methodology for Phase 2 Assessment

Methodology for Phase 2 Assessment

Sample and method

In-depth interviews (IDIs) were conducted to gain deeper understanding into the decision journey associated with family planning in the study districts (Satara, Kolhapur, Patna, and Nalanda).

Interviews were conducted with two groups of respondents:

YUVAAkars

- To provide insights into the experiences of delivering the program and thus help identify bottlenecks in program delivery.
- YUVAAkars' close interaction with couples will help capture family planning dimensions from a micro perspective.

ASHAs

- ASHAs close interaction with the community and the couples will help determine both macro and micro changes in the family planning landscape over years, and help understand how YUVAA program may be influencing it.

Identification & data collection procedure

We followed the following three steps to identify and conduct interview with the respondents :

- **Identification:** District project co-ordinators and their team in study districts provide us with list of YUVAAkars and ASHA in their respective districts.
- **Verbal Consent**: Trained qualitative interviewers contacted the respondents via phone call. Interviewers explained the purpose of the study, and assured respondents of privacy along with confidentiality of the interview. After which, interviewers sought verbal consent from the respondents.
- **Interview:** Post the consent, the interviewers started the interview with the respondents.

Sample Size and Characteristics

In Phase 2, we conducted in-depth interviews with 35 respondents across both YUVAAkars and ASHAs. The breakdown is as follows:

YUVAAkars					
	Maharashtra		Bihar		
	Satara	Kolhapur	Patna	Nalanda	Total
Male	3	3	3	3	**12**
Female	3	3	3	3	**12**
Healthcare providers					
ASHAs	3	3	3	2	**11**
				Total	**35**

Sample Characteristics					
	Maharashtra		Bihar		
	YUVAAkar (n=12)	ASHA (n=6)	YUVAAkar (n=12)	ASHA (n=5)	Total Sample
Age [in years]	33	37	28	37	**33 (n=35)**
Service [in years]	1.4	11*	1.1*	12	**4* (n =33)**
Education	2/12- 10th Grade 5/12- 12th Grade 4/12 - Graduate 1/12 - NA	1/6 - 5th grade 3/6- 10th Grade 2/6- 12th Grade	1/12- 9th Grade 3/12- 10th Grade 1/12- 12th Grade 5/12 - Graduate 2/12 - NA	3/5 - 10th Grade 2/5 - NA	1/35 - 5th grade 1/35- 9th Grade 11/35- 10th Grade 8/35- 12th Grade 9/35 - Graduate 5/35 - NA

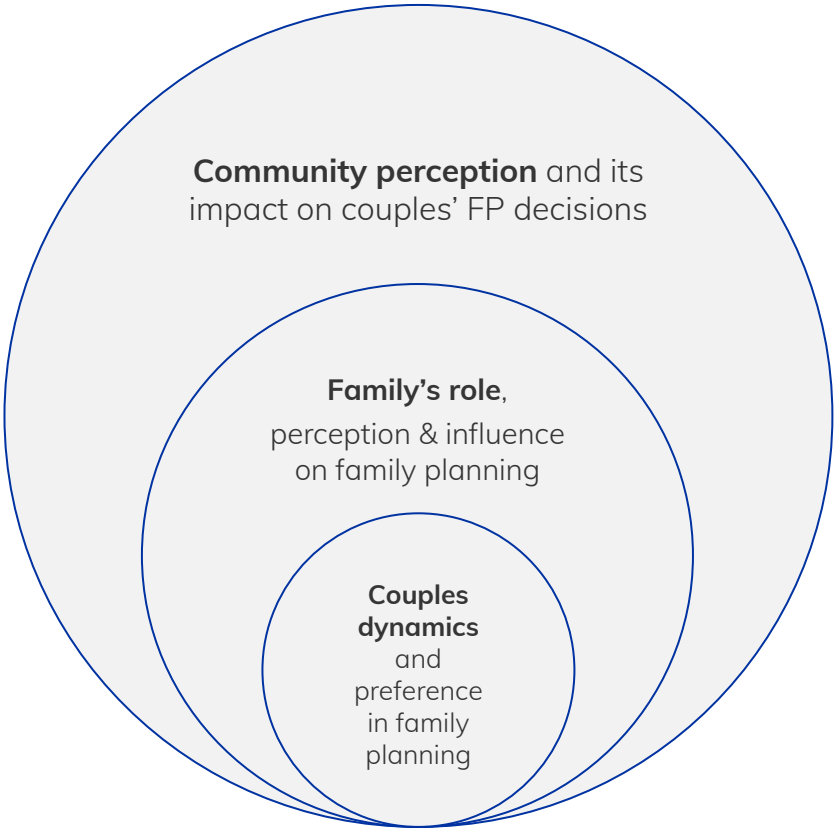
What did we ask our respondents?

Utilizing in-depth interviews, Busara focused on the following themes below in order to further explore the barriers and motivations that influence family planning decision making and the programmatic elements that positively or negatively contribute to uptake on contraceptives.

Decision journey around Contraceptives	**Knowledge** - do people know? **Intention** - why do they use a certain method? **Decision** - who decides which method to choose? **Action** - where do they get contraceptives from? **Support** - what are the common concerns? Point of contact in times of concerns. **Sustained use** - prevalence in the last 3-5 years.
Family & Contraceptives	(How) do families create **pressure**? Do families act as **barriers to contraception use**? How do couples (women in particular) **navigate such pressure**? What is the **role of service providers** in dealing with pressure?
Long versus short term contraception	What **methods do couples prefer** for -delaying children -spacing children -preventing future children What do **couples think about sterilization**?
Women and contraception	**Why do women not like talking with their husbands** about family planning? How can **men be included** in the process? **In what cases do men support** their wives for contraception use? **What do women do** when their husbands are not supportive?
Interaction with couples [Only for YUVAAkars]	Who are their **clients?** Who's **easier to talk to**? **What is discussed** in the meetings? How do they **build trust** and **convince unwilling couples** to participate? What **support** would be helpful to include men?

Aim 1: Insights from Key Research Areas of the Phase 2 Assessment

Reporting finding across four key areas

Program delivery	Family planning and contraception use behaviors in program areas
Ground report on YUVAA program and delivery	

Summary of Findings

Program Delivery	Family planning and contraception use behaviors		
Ground report on YUVAA program and delivery	**Couples dynamics** and preference in family planning	**Family's role,** perception & influence on family planning	**Community perception** and its impact on couples' FP decisions
➔ The identity of a YUVAAkar as advisors to others and the social recognition received as a result fuels YUVAAkar experience ➔ Interacting with family members and building trust is still challenging ➔ Late-payment of dues might be a concern for future YUVAA delivery ➔ YUVAAkars continue to struggle to incorporate men into the program, though some success is observed through social proofing	➔ Social norms and fear of misunderstanding prevents communication between couples ➔ Mostly males bring up the discussions on using contraception though in some instances, women with relatively higher agency take charge ➔ ASHAs are key support groups in women's decisions to hide contraceptive from their husbands ➔ Newly married couples with women over 20 years rarely consider delaying children	➔ Family does not want couples to delay children, though the pressure may be reducing ➔ Couples rely on different tactics to convince their family members, and if not they seek YUVAAkars and ASHAs to help them ➔ Influence of family disapproval on couples' family planning decisions varies and, in some cases, couples can push back ➔ YUVAAkar and HCPs see themselves succeeding in making families reconsider their position for spacing though not necessarily for delaying	➔ Community still has mixed approach towards women both accessing and using contraception ➔ Community is more concerned with delay of kids, and less with spacing or contraceptive use ➔ Community acts through both household and non-household members as channels to exert influence ➔ Negative social sanction impacts women mental health and thus ability to use contraceptives

Program delivery: Ground report on YUVAA program

Program delivery

Family planning and contraception use behaviors in program areas

Ground report on YUVAA program and delivery

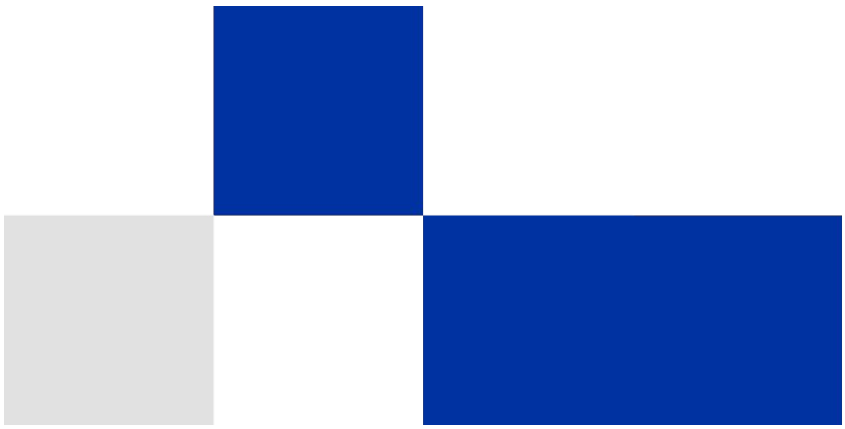
Community perception and its impact on couples' FP decisions

Family's role, perception & influence on family planning

Couples dynamics and preference in family planning

"If I am from remote regions where there is a lot of agricultural use, I...rely on references from there. For instance, I try and explain about the right time to have a child. I tell them in monsoon can you plant wheat? No....So if you have kids before 18 then your wife's health is not ready - right".

- **YUVAAkar, BH, 30**



General experience as YUVAA implementation partners

The identity of a YUVAAkar as advisors to others and the social recognition received as a result fuels YUVAAkar experience

- Overall, YUVAAkars enjoy working for the greater good of the community. While there are different roles and responsibilities such as taking surveys, introducing themselves and their work to the people in a given community, YUVAAkars enjoy counseling couples the most. They see it as offering advice, which makes them feel assured about their knowledge. Educating couples in the community, leading discussions and solving their problems is viewed positively by the community too, who reward YUVAAkars with social recognition.

- After months or years of work, YUVAAkars are now being recognized as knowledge holders in the community, and viewed as someone who the community can go for advice; they are being recognized as someone more than just a "garage man" or a "homemaker", thus, adding more meaning and purpose to their work and life.

Interacting with family members and building trust is still challenging

- Families, especially elders, feel uncomfortable to have conversations around contraception methods or family planning in general. Even in cases where YUVAAkars may be well known and recognized by the families in a given community, the stigma associated with contraceptives or family planning in general changes the family's perspective towards them as individuals. They are sometimes looked down upon as people who "show up at others' houses for their own benefit". Thus, YUVAAkars are viewed with scepticism and in some cases perceived as trying to scam the community for personal gains.

- Families with these preconceived beliefs prefer speaking to ASHA workers until YUVAAkars initiate conversations to build trust over a long period of time. This stigma along with the initial lack of trust in YUVAAkars makes it difficult for them to converse with the family about family planning for the couple in the household.

> *"The couples say we agree [with you about FP] but our family members wont agree so we meet the family later and try to convince them, ask them questions but everyone doesn't listen or agree."*
> **- (YUVAAkar, MH, 39)**

Late-payment of dues might be a concern for future YUVAA delivery

- Building on sporadic findings from Phase 1, at least one YUVAAkar reported late payment of dues as a major concern. The issue encompassed delay in payments of upto 6 months, partial payments and underpaid work. As a result, the same YUVAAkar has discontinued work for 2-3 months.

> *"We don't get paid according to the work we do. Even if we get money, it comes in incomplete. Now we have not been working since Dec - Jan, this is because we haven't received money for 6 months. We have done 1595 home visits, and have received money for only 900 visits. So we don't feel like working."*
> **- (YUVAAkar, BH, 40)**

Interaction with YMCs

Promising confidentiality across multiple touchpoints is the key to building trust and addressing concerns of being selfish

- YUVAAkars resort to various methods to build trust among couples. Some of these include subtle tactics such as easing into the conversation by asking couples about their lives, playing games or showing them videos on the "safal couple" mobile app.
- The most effective way to build trust with the couples is to promise confidentiality. YUVAAkars assure couples that anything shared with them will not be shared with anyone else in the village or the community.
- Furthermore, this process of promising confidentiality and assuring couples of privacy occurs across multiple touchpoints with couples. Sometimes, simply following up multiple times, and persistently asking for their availability, and adjusting to their availability gets them to interact with the volunteers. Rarely, if the couple is extremely hesitant, YUVAAkars ask ASHA workers to approach the couple as an intervention. In this way, the YUVAAkar gains the trust of the couples slowly and with time.
- The promise of confidentiality, and multiple touch points also help address other concerns of YUVAAkars such as their perception in the community as profiteers and scammers. Continuous engagement showcases the family that the YUVAAkars are sincere and are driven by the welfare concerns of the couples in the community.
- These tactics have shown to yield results for the YUVAAkars and their reputation and perception in the community. The slow and steady "rapport" building with the couples has made it easier for YUVAAkars to reach out to new couples and bring the YUVAA program to new areas.

"When we went to people's houses, people didn't like it. They used to misunderstand us and think that we're getting something out of this. ASHAs started helping us now but earlier, they also used to talk to us with a bad tone and think that we're here for our own benefit. Apart from this, I really like the experience. I like informing people about FP."
(YUVAAkar, BH, 21)

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"At the beginning all work is tough, but now it has become easier as we have established a rapport with couples. Now we go and talk to them without any hesitation. Getting to talk to them in beginning was tough as we got questions about where are you from? what do you want? Now they talk to us as their own."
(YUVAAkar, BH, 24)

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"We tell them that their information is confidential and even if they ask for any products, we won't tell anyone since the information is on the app."
(YUVAAkar, MH, 28)

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Interaction with YMCs

YUVAAkars continue to struggle to incorporate men into the program, though some success is observed through social proofing

- YUVAAkars report that men are not interested in speaking to them. This is further accentuated by the concerns that YUVAAkars are seen as individuals who "scam" others. As YUVAAkars are not associated with any government programs or institutions, these fears are reinforced. However, certain strategies have shown to yield results. To gain the trust of new male members, YUVAAkars seek role models and use them to enter the community. They report "reaching out to educated people" who the person is likely to trust and follow. Speaking to men in groups is also helpful since it is easier to include men in group meetings with other men. In few cases, men are easy to interact with since they give importance to YUVAAkars - this is more common in Maharashtra than in Bihar. Lastly, sharing success stories of other couples who used FP methods is also most common approach to address misconceptions and concerns. In this case, stories from "safal couple" app is also used as a reference point to convince couples about the benefits of FP use.

Content of couple counseling varies by the parity of the couple, though everyone clarifies misconceptions

- YUVAAkars start conversations by collecting information about the couple, their children (if any) and their plans for the future. However, the discussions around family planning specifically depend on whether the couple is newly married or has children. For newly married couples, the conversation is focused on delaying children; especially if the couple is young and the woman is below 20 years of age. For couples with one child or more, the focus is on spacing children and the immediate benefits of doing so to the couple and the family as a whole. Here, more emphasis is placed on the health of the woman, of the child to come and the financial stability of the family.
- While the nature of family planning discussion differs, clearing misconceptions around family planning is a practice across all households. Couples and elders in the family are often misinformed and a considerable amount of time during discussions is spent on giving them access to the right information. YUVAAkars spend considerable time addressing misconceptions around contraceptives, and dealing with side-effects. To further build credibility of their knowledge, they leverage ASHA workers and ask them to follow up with couples.

"There are many challenges. Some men think that this is just a money making scheme. Some are educated and they understand. We have to explain to them that this not any scam. We tell them that Family planning is for their own safety. We explain about the risk to mother and child of repeated births."
(YUVAAkar, BH, 42)

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"Taking meetings with men in groups helps. Sometimes engaging them together helps them come forward with questions."
(YUVAAkar, MH, 27)

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"We clear misunderstandings and offer information on family planning to convince them. We ask couples about their concerns about FP."
(YUVAAkar, BH, 36)

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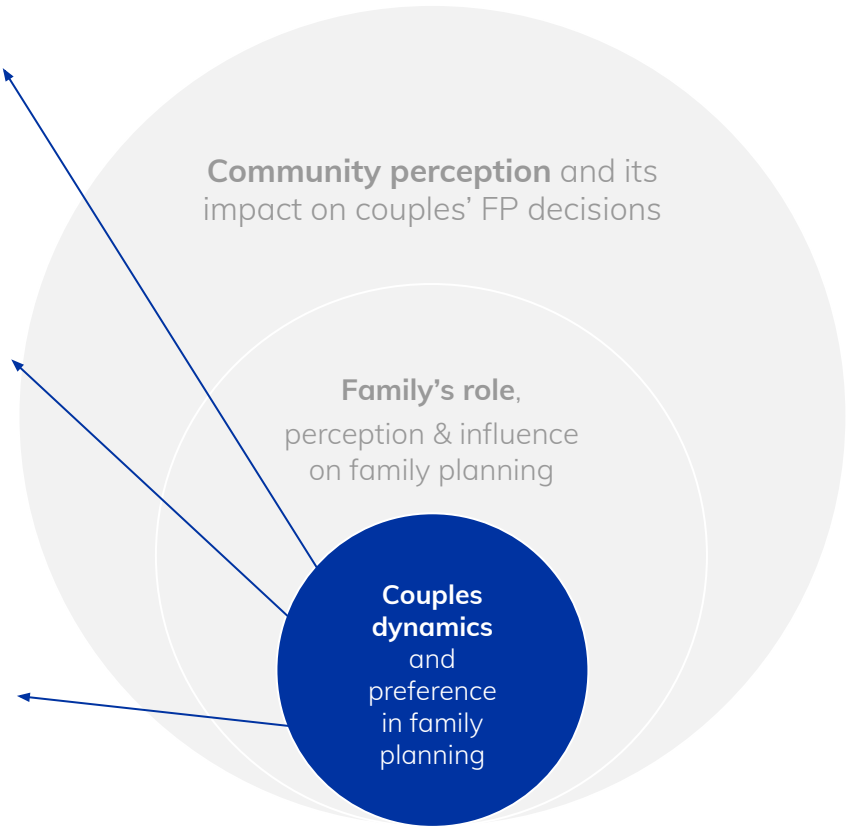
"We talk to them and resolve their concerns about side effects of certain methods such as pills. So far, there is only one such unwilling family so we did not go to them after trying to convince them. We reached out to ASHAs and asked them to take control of the situation." **(MH, YUVAAkar, 30)**

Sub-themes under couple dynamics

Family planning and contraception use behaviors in program areas

- Couples communication in family planning decisions
- Decision making in contraceptive use
- Decision making in delaying and spacing



Couples communication in family planning decisions

Social norms and fear of misunderstanding prevents communication between couples

- Overall YUVAAkars reported that couples often continue to evade openly discussing family planning matters with each other.

- Women in particular are more constrained than men in initiating discussions for two reasons: firstly, they fear judgement from their husbands and "they get scared about what their husbands will think of her or say." Second, social norms dictate that women should not initiate such discussion, thus, women feel "shy" to bring up the discussion with their husbands.

> *"When women goes to her home and if she uses contraceptives when she is far away from husband then its not looked positively. Society interprets it negatively. People see it from a different eyes."*
> **- (YUVAAkar, BH, 30)**

Open communication has started to occur between couples, though its progress is slow

- While respondents, both YUVAAkars, and HCPs, recognise that couple interaction on matters relating to family planning is limited, there are indications to highlight that a change is occurring. Males and females have started to open up to talk to each other to learn about the partners "feelings" on matters relating to having kids, and contraceptives.

- Both women and men are able to initiate discussion with their partner, though women do so with tact and subtly. This is because they still fear judgement if they bring up use of contraception directly with their husbands. They take a three step approach: first, "finding the right time", second, "gauging mood" and finally, "segway from other relevant topics". To ensure they have husband's full attention and buy-in, they speak to them "sweetly."

> *"This topic is very personal and they're afraid they won't be understood. But lately women have started to open up"*
> **- (YUVAAkar, MH, 27)**

Women leverage YUVAAkar or HCPs to help them navigate their husband, if not, they use contraceptives secretly

- In case of non-responsive partners, women rely on both ASHAs and YUVAAkars who males "trust" to speak with their partners. With YUVAAkars, wives ask a female YUVAAkar to get the male YUVAAkar to speak to the husband and convince him to consider family planning methods. Men in particular respond to economic arguments when considering family planning. They too are apprehensive of having "more kids" as it is costly to raise a kids these days.

- In some case, where women are unable to negotiate the use of FP with their partners, they consider using contraception in hiding from their partners, with support from healthcare service providers.

> *"Some women hide it because they get scared about what their husbands will think of her or say. However, I have noticed that things have changed. They may or may not use contraceptives but they for sure talk about it."*
> **- (HCP, BH, 42)**

Decision making in contraception use

Mostly males bring up the discussions on using contraception though in some instances, women with relatively higher agency take charge

- YUVAAkars have mixed feelings about who brings up the discussion for contraception use between couples, each arguing that males and females have their own reasons to bring up the contraception use discussion. Respondents who highlight that males are more likely to bring up contraception use conversation report that males are "more educated" than females, and have greater exposure to "friends" who tell them about contraception and its benefits. Further, as males are more concerned about economic factors, they are more likely to think seriously about contraception use with their partner. According to respondents, such couples are based in "smaller towns" or more remote areas, where the overall agency of the women in the community is limited.

- A limited number of women who are considered "educated" also bring up the discussion with their husbands and have the agency to do so. These are females who aspire to take more active charge in discussing contraception with their husbands, as they are the ones "who want to delay children". Respondents note that women bringing up such discussions with their husbands is reflective of the larger social change that has lead to greater agency of women within the household.

While women may be able to bring up the discussion with their husbands, it does not mean they have decision making authority, which still rests with men

- Interestingly, most respondents seem to agree that even though the women may be able to bring up the discussion with their husband, the final decision to use the contraception still rests with the husband. Women think they need to get their husband's "buy-in" before proceeding with any kinds of contraception use - including methods such as Copper-T that may not have any male input.

"Male is the person who brings up the discussion. Female very little. Lots of people who think its [condom] positive...Male are clearly more active in these matters. They are more educated,. They meet friends, and others in the community and thus know about these things. Women and MILs in the family get nervous and get ashamed to discuss it, they wonder who is there to explain these things."
- (YUVAAkar, BH, 24)

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"Women bring the conversation up because most times they are the ones who want to delay children."
- (HCP, MH, 42)

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"Husband decides it, but female also sometimes brings up the discussion. It a patriarchal system - we know its a male driven world. Essentially the final decision is with the males."
- (YUVAAkar, BH, 30)

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"The decision to delay children is mutual but the final decision lies in the hands of men. In our village, women don't have agency or decision-making power."
- (YUVAAkar, MH, 39)

Decision making in contraception use

In some cases women do reflect both agency and ability to bypass their husband in case they are not able to secure their permission

- While women are not able to decide on using the contraceptives, in some instances, they are willing to use it privately without informing their husbands. This is because they either failed to get their husbands to use condoms because men refuse to do so as they "don't feel like..it". Or, women have been unable to secure their husband's support for using other contraceptives. To ensure they are successful in their attempt to hide contraceptive use from their husbands, women use either pills or injections. Women who hide such contraceptives use from the husband are often described as more "educated" than others who may not do so.

ASHA are key support groups in women's decisions to hide contraceptive from their husbands

- ASHA reported that women reach out when considering contraceptive when they do not want to inform their husbands. ASHA support such women in their decision by distributing contraceptive pills for free, which are provided by the government hospitals and clinics. In rare cases, ASHA also recommend women to take injections as women are afraid that they will miss a taking a pill.

Wife's preference is given due weight in case of negotiation and conflicts about which contraceptive to use

- Couples who discuss and decide to use contraception, prefer to use contraception based on the reason for use: Delaying versus spacing children. For delaying, condoms are preferred most times, whereas for spacing either copper-T or injections are considered. In case of conflict on contraception choice, interestingly, it is the women's decision that is considered and given priority. Husbands continue to offer support in their wife's decision though in indirect ways. For instance, in cases of side-effects, husbands reach out to the ASHA worker and let her know that she has "been called home" for assistance.

"See males support is critical. But women try and hide things if the male does not support. For instance, they take pills, or injection so males do not find out."
- **(YUVAAkar, BH, 33)**

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"It is mostly used to space children. Newly married couples don't use copper-Ts. In such cases, men use condoms."
- **(HCP, BH, 42)**

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"But for others, males are not that forward so female have to take the decision and move it forward. Then they ask and meet me secretly, and take pills in secret."
- **(HCP, BH, 39)**

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"Wife decides to use it [pills] and she is the one who brings up the discussion. Wife has to do it, and we speak to the women. But both discuss. If there is a conflict in choice of contraception: Wife's decision is accepted."
- **(YUVAAkar, BH, 21)**

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Decision making in delaying and spacing

Use of methods other than condom, gains traction after couples have had kids

- Methods such as copper-T, injections, and pills start to be actively used after the couple has had the first child. Discussion with respondents revealed that this may be due to the exposure to new methods at hospitals as part of the birthing process. Trusted sources such as doctors, and nurses are likely to have briefed couples on methods such as copper-t, and injection, which couples then rely on in the future.

Copper-T is the most preferred method to space kids, followed closely by injections and pills

- Across both states, respondents overwhelmingly favor Copper-T over all other methods to space and delay the second child.
- Multiple reasons make copper-T a favourable option for couples. Both women and men consider copper-T a "one-time solution" as opposed to other methods such as pills which needs to be taken regularly. With pills, women are afraid of missing a dose. Not only do they fear missing a dose, they also believe that missing a dose increases their chances of having a pregnancy. Similarly, with injections, women are not only "scared" of getting an injection, but also worried about it side-effects
- Copper-T is also considered a "long acting" solution that can work for years. It's considered easy to both use and remove when the couple is ready to have kids,
- For men, copper-T is seen as effective method of birth control, where they do not have to worry about wearing a condom everytime during sex. Thus, they support their wife to get a copper-T.
- For all the above reasons, respondents and both YUVAAkars and HCPs, mostly agreed that the demand for copper-T has gone up amongst couples with kids.

"When women go to the hospital for delivery of their child, they are asked if they want to get a copper-T fixed."
- **(HCP, BH, 39)**

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WIth kids couples are the ones who use it [copper-T]. It's commonly used to space between kids... Husbands tell wifes after having the first kids that if you get Copper -T, we will not have a problem being together. "
- **(YUVAAkar, BH, 24)**

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"Keeping up with pills is very difficult. People have to take pills everyday. Women say that if you miss a pill a day or so, then there is a higher chances of getting pregnant. So they get scared."
- **(HCP, BH, 39)**

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"Women prefer copper T mainly because of its long acting which allows them more freedom from having to think about family planning."
- **(YUVAAkar, BH, 26)**

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"Copper-T is a long term method - it stays for years and that's why people might want to use it."
- **(YUVAAkar, MH, 32)**

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Decision making in delaying and spacing

Newly married couples with women over 20 years rarely consider delaying children

- Family planning and contraception use is not necessarily a concern for newly married couples without kids. Immediately after marriage, the intention to have kids is very high and thus, couples do not consider contraceptive use. This is highly prevalent amongst couples where the women is over 18 years of age. As women reach the adult age for bearing children - which is anchored at 18 or 19 years- couples tend to have children immediately post marriage. Thus, contraception use amongst such couples is likely to be low.

Condoms are the go to option for newly married couples looking to delay having the first child, though in some cases pills too have gained traction

- In rare cases, where couples wish to delay the children (as the wife is not yet 18 years of age), condoms become the go to method. Condoms are also highly preferred to delaying as the time frame for delaying is only about a year i.e. if its accepted. Thus, couples may be looking for a quick and easy solution. Condoms are easily available in the market. According to respondents, males are easily able to secure condoms from the markets, or in some cases from YUVAAkars or ASHAs. Further, lack of side-effects, and ease of use make it a convenient option for young couples who are still not exposed to other methods of contraceptives.
- Although, in some cases respondents reported that usage of pills has gone up amongst newly married couples. This may be attributed to ASHA, who distribute the pills for free amongst the couples.

Spacing between kids is becoming increasingly common for couples

- Couples across Bihar and Maharashtra prefer to delay having the second child. This is a product of two reasons: first, couples believe that the cost of raising a child has gone up dramatically, and they wish to be able to provide for first child adequately before considering the second child. Second, couples believe that the women's body must be allowed to recover before considering a second child. YUVAAkars recommend that couples space children for about "3 years".

"We tell the couple to wait for 2 years if the woman is 18 years old when she gets married and explain reasons such as postnatal complications or risk to the child since a woman's body is not fully developed to bare a child before the age of 20"
- **(YUVAAkar,MH, 29)**

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"New system is coming. Now 10 years back no one knew anything and it's [condom] use was not prevalent. Now 5 years back i saw that people had one kids and then the use and demand [of condoms] had started. But now days, I see that male use it immediately and quite a bit and for a long time (post marriage). As in everyone is aware."
- **(YUVAAkar, BH, 30)**

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"People use it [pills] immediately after marriage a lot. Newly married couples use it more than couples with children. You see they have been recently married and some of them are studying and they do not want to have kids soon."
- **(YUVAAkar, BH, 33)**

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"We encourage couples to delay children if need be and keep a 3 year gap between two children."
- **(YUVAAkar, MH, 42)**

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Decision making in delaying and spacing

Sterilization is still the preferred method for prevention

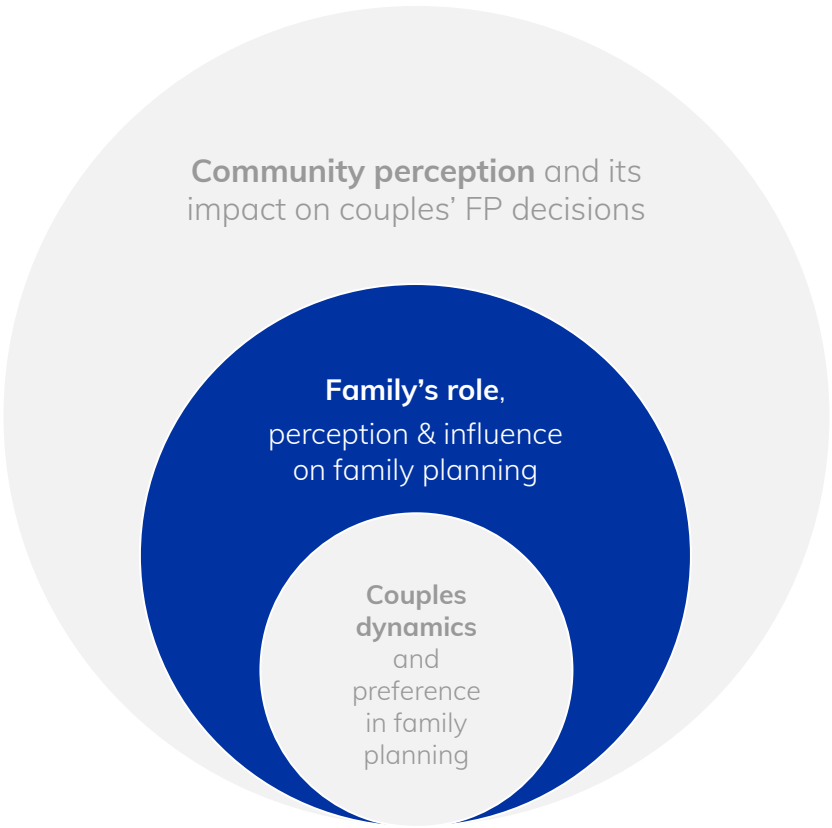
Sterilization is still the go to option for couples though the practice is reducing	Respondents reported that sterilization is "highly acceptable" practice in the community, and couples choose to undergo the procedure after reaching "complete" family status i.e. two kids. However, as information and use of other methods is increasing, a few respondents reported that the practice nowadays is "not very common"	*"Men usually don't get sterilization only women. Only those who feel their families are complete [i.e. 2 kids]"* **- (YUVAAkar, BH, 26)**
Female are more likely to get sterilized, though men are also choosing to undergo the procedure	Across both states, respondents tended to agree that women is the one who undergoes sterilization. However, in some cases men may undergo sterilization. One respondents pointed out that men choose to undergo the procedure only if women cannot undergo the process due to health concerns.	*"People know about it. Both do it but mostly women do it. if women have heart problems or any diseases, men do it."* **- (YUVAAkar, MH, 42)**
Gender of the child determines whether a couple chooses sterilization	While couples prefer to get sterilized after two kids, desire for a son may prevent them from choosing to undergo the procedure. Given the norm for son preference, couples may continue to have children until they they birth a son before undergoing sterilization.	*"Couples with 2 girls will go for it unless they specifically want a boy. I have seen couples that wait for a boy..."* **- (YUVAAkar, MH, 28)**

Family's role, perception & influence on family planning

Program delivery

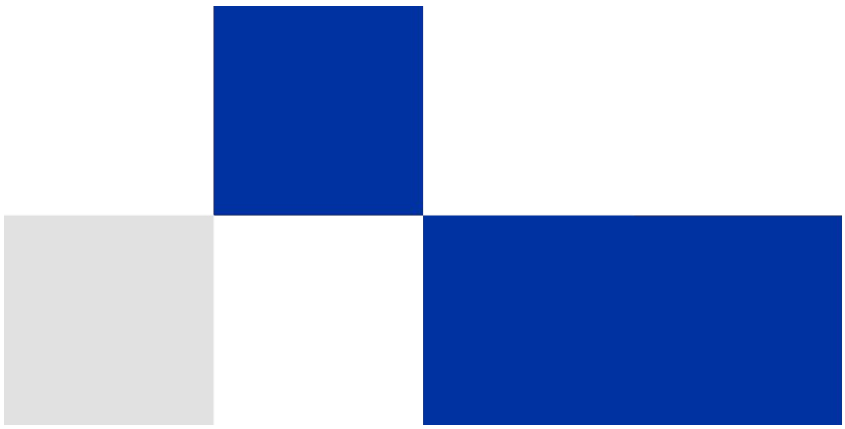
Ground report on YUVAA program and delivery

Family planning and contraception use behaviors in program areas



The decision to delay or not is made by families. "You're married now so have kids first and then sort your career out" is one statement.

- **YUVAAkar, MH, 28**



Family's role, perception and influence on family planning

Family does not want couples to delay children, though the pressure may be reducing

- Most respondents across both states agreed that the pressure to have children post-marriage continues to be a part of a newly married couple's everyday life. "Elders" aspire for "grandchild" to complete the family. The pressure begins with "6 months" of marriage. Non-compliance leads to additional inquiry into the couples' contraception use by the family members. To convince the couple to avoid contraceptives, they misinform them by claiming that couples "won't have kids ever again if [they] use a certain method of contraception" Further, they tell women that using contraceptives is "harmful" and that it will lead to "infertility". Family members also rely on social proofing, and give examples of "others" couples who have had children to reinforce the community norm for having kids quickly.

- However, in some instance, especially in Maharashtra, the pressure on couples from families may be reducing. Respondents note that such practices are "not so prevalent" anymore, and "times have changed" Economic rational and stability are taking priority over having kids earlier.

Influence of family disapproval on couples' family planning decisions varies and, in some cases, couples can push back

- Couples "can't say much to their elders" when they are pressured to have the first kid, and in some cases they "give in to the request." However, there is evidence to suggest that couples may not necessarily be complying with the elder's request at all times. Even when mother-in–law "fights" with the daughter-in-law, the latter may not give up. Couples are even more adept at "bargaining" for spacing amongst the family. Family members role and influence on couples thus reduces dramatically after the couple has had their first child.

"Yes, I agree. Women speak to other women in the family. The women are told to have one child immediately as soon as possible and then do as they wish with regards to the second child/following children."
- (YUVAAkar, MH, 41)

"Yes, sometimes MILs and other family members says do not take any medicine. Just have more kids. So then females take it in hiding. They cannot stop the couple if the couple has decided but they create pressure."
- (HCP, BH, 40)

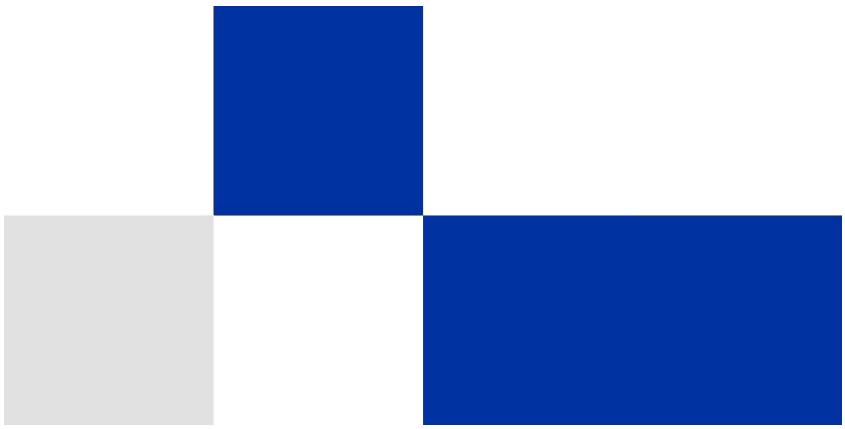
Couples rely on different tactics to convince their family members, and if not they seek YUVAAkars and ASHAs to help them

- Couple try and employ different tactics to convince family members about their family planning preferences. Arguments are tailored based on the context of the couples. In some cases, couples rely on institutional requirements. For instance, couples who were married while pursuing their education, ask for time to finish their degrees. In other cases they highlight how they have already fulfilled their duties. For instance, couples argue that they have complied with the family's request of marriage, and fulfilled their duty of the family, and thus, another expectation (of producing a child) is thus not acceptable to them immediately. For spacing, they highlight health reasons. They argue how the first child needs to be healthy before a second one is considered.

- If the above do not work, they rely on YUVAAkars and ASHAs to help them navigate the pressures of the family. Lastly, if all else fails a few respondents noted that couples respond by using contraceptives in private without the knowledge of the family.

"The couples explain to their parents because they play an important role. The parents feel pressurized by the society and they then pressurize the couple."

- **YUVAAkar, MH, 39**



Family's role, perception and influence on family planning

ASHA and YUVAAkars take various approaches to convince family members on couples decision to use contraception and delay or space children

- To argue for delaying, they discuss health implication on both the mother and the child. They highlight how having children at a young age can lead to "postnatal complications". For this reason they argue that the couples should wait till the girl turns 20 before having children.

- For spacing, YUVAAkars and ASHAs try and highlight the need to adequately provide for the current "child's upbringing first" before considering another. This includes considering the child's health, education and monetary status of the household. YUVAAkars take an additional step in their explanation as compared to couples. They spend time to establish that "keeping a gap between children [can lead to]... safety of the kids, financial stability and benefits to the entire family as a whole."

Service providers understand that engagement and building trust with family is not a one-time process

- YUVAAkar and ASHA workers understand that the process of convincing the family member is a long one, and thus they continue to visit the family regularly to follow up with the conversation. They start with a slow, steady and a persistent approach. This involves talking to the family members regularly, and "sweetly". In follow up meetings, subject of contraception and their effectiveness is also discussed. YUVAAkars, in particular, rely on "games" and "videos" to "entertain" families, to gain their attention and get them to "open up" to talk about family planning.

- Furthermore, to ensure that couples views are also heard within the family, they involve couples in the discussion with the other family members. In this way YUVAAkars work to refocus the family dynamics to prioritize the couples' needs.

"Women speak up and try to make the elders understand. We go their houses 2-3 times and speak with them sweetly. It is a long process to make them understand. Women also talk about their physical health and men may talk about their financial state or education of the existing child."
- (HCP, BH, 39)

YUVAAkar and HCPs see themselves succeeding in making families reconsider their position for spacing though not necessarily for delaying

- Both YUVAAkar and HCP engagement has shown positive results in changing the families opinion about contraception use. Service providers have been successful in increasing autonomy of the couples, especially when it comes to spacing between children. This is because the norms around spacing are more relaxed than that of delaying, where family members may not necessarily change their position.

"Some do [change their opinions]. I know one such woman. She did not want a kid because it had only been 9 months since she got her first kid. We went and spoke to the MIL and she got convinced."
- (HCP, BH, 42)

"We do try and explain to couples to keep 1-2 years. it is possible for couples to wait 6 months - 1 year but anything above this is really tough due to family pressure."
- (YUVAAkar, BH, 40)

Community perception & its impact on couples

Program delivery

Ground report on YUVAA program and delivery

Family planning and contraception use behaviors in program areas

Community perception and its impact on couples' FP decisions

Community is now increasing acceptance for contraceptives	Overall, respondents across both the states noted that the community overall has a "positive outlook" towards contraceptives. Respondent did not report a preference or aversion to any particular method. The community was indifferent to the choice of methods employed by couples for their family planning needs.
Community has a mixed perception towards women accessing and using contraceptives	While community may have an indifferent outlook towards contraception, there is mixed approach when it comes to women accessing contraception. Respondents were divided in their opinion. On one side they reported that community, particularly "educated" individuals, will look at women accessing contraception as a positive development. While others who are "illiterate" would consider such an action negatively, and pass "comments" that can negatively affect their reputation in the community. As women's social standing is at stake, she is limited in accessing contraceptives especially condoms and pills, and is conscious when buying them at private clinics. Thus, depending on her preference, she can buy it when "no one around" or alone or in some cases with friends.
Community is more concerned with delay of kids, and less with spacing or contraceptive use	More than the contraceptive access, the community is cornered about delay in child birth. Community norms dictate that couples do not delay having kids. Social norms have anchored 18-20 years as the age for women to be ready to have kids. Any delays beyond that are met with strong sanctions from the community. Even YUVAAkars and ASHA workers, in most cases, tend to comply with the norm, and discuss delaying amongst couples where women is under 18 years of age. Community tends to accepts both couples and service providers argument of health and economic benefits of spacing but may not be that willing to do so for delaying.
Community acts through both household and non-household members as channels to exert influence	Both family and non-family members tend to dictate the norm to prevent couples from delaying, "neighbors, guests, friends, relatives" pass comments to put social pressure on the couples. They ask women how "after 2 years [of marriage] ...do you not have kids?" This is an indirect way to question a couple's fertility, which is still seen as a sacrosanct to community and family life. The community considers delay in child bearing as a sign of infertility as opposed to a choice of couples that is a consequence of contraceptive use.
Negative social sanction impacts women mental health and thus ability to use contraceptives for sustained periods	Respondents noted that continuous pressure on couples to have kids early in marriage and "comments" on their fertility negatively affect their "self-esteem" and thus, "mental health". In such situation, couples rely on assistance from service provides - both ASHAs and YUVAAkars - who become key pillars of strength. They advice couples to stick with their course of action, and "ignore such comments".

Aim 2: Contraceptive specific Barriers and Levers

Summary of barriers and levers across contraceptive type*

	Condoms	Copper-T	Pills	Injectables
Awareness	• High awareness in most areas • Widely promoted by HCPs and mass media/social media • Awareness is low among remote areas and women	• Highly promoted by HCPs including ASHAs and YUVAAkars • Awareness is low in remote areas	• Increased awareness due to advertising campaigns • HCPs do not talk about pills to men • Available at the govt. hospital free of cost	• Promoted by YUVAAkars • Low awareness, especially among rural illiterate populations • Low efforts from HCPs to promote injectables, relative to other methods
Accessibility	• Easily available and accessible (for men)	• The need to go to a hospital can deter women • Couples do not know where to secure Copper-T or how to access it	• Easy access, availability and affordability encourage demand	• Available in private clinics • More expensive than alternatives
Norms	• Positive injunctive and descriptive norms to use condoms for delaying and spacing • Males are open to discussing its use with their wives	• Women receive support from MILs and friends to use Copper-T	• Positive injunctive norms around pill usage • Some women can share side effects with husbands, others don't	• Changing descriptive norms around injectable use • If women are seen getting injections, older women pass comments.

Please refer to Appendix 2 for details

Summary of barriers and levers across contraceptive type*

	Condoms	Copper-T	Pills	Injectables
Purpose of use	• Used for both delaying and spacing	• Preferred method for spacing between children	• Used for spacing and delaying • Preferred method for migrant couples	• Not used for delaying
Decision making	• Husbands are the primary decision-makers and responsible for procuring condoms	• Multiple touch points are needed to convince couples	• Women feel comfortable to initiate conversation and to make a decision to use	• Desire to keep contraceptive use private from husband or family spurs demand
Side effects	• Perceived as free of side effects • Concerns exist around impact on sexual satisfaction and efficacy of use	• Perceived fear of side effects from Copper T is greater than experienced effects. • YUVAAkars are able to address side-effects by explaining their temporary nature and referring them to doctors	• Perceived and experienced concerns around side effects • Women find it comfortable to visit the doctor in case of side effects	• Preferred due to limited perceived side effects
Convenience and other benefits/ barriers	• Easier to remember (as compared to pills) • Easily available at medical stores • No doctor's prescription needed	• Attractive alternative to condoms, pills and injection because of its long-lasting nature and convenience • Women are apprehensive in considering it as its seen as an "internal" contraception and thus more harmful	• Daily consumption is a barrier • Sustained use is a challenge, especially when compared to alternatives	• Preferred due to increased convenience (compared to pills) • Fear of pain or needles • Forgetfulness after 3 months

Please refer to Appendix 2 for details

Aim 3: Couple's family planning decision journey map

Key Barriers on the Decision Journey

Spacing and Delaying

Gender norms discourage men from participating in YUVAAkar sessions

In-group bias among women for sharing FP related information also excludes men

Couples look to **minimise risk** by seeking clarifications on side-effects

Fear of misunderstanding prevent intra-couple communication

Infertility concerns through FP use trigger **regret aversion**, discouraging use

Gender norms confer final decision making power on men

Family members amplify **perceived risk** of contraceptive use

Social norms work against access of contraceptives for women discourage action and also work against men in some cases, stigmatizing FP as a domain of women and barrier access

Misconceptions about natural methods results in ineffective action

MILs and family members still act as **gatekeepers** for FP counselling, **enforce norms** and prevent effective support

Lack of agency of women and **sensitivity of FP** hinder intra-couple communication

Burden of family planning falls disproportionately on women due to **entrenched gender roles**

Time constraint for couples prevent effective support delivery

Negative social pressure adversely affects women's mental health

Negative norms are enforced by both, household members as well as non-household members

Spacing

Strong **normative expectations** for a son deter spacing if a couple only has girls

Sticky beliefs towards utility of **sterilisation** persist

Delaying

The preferred method of contraception for delaying is to use a **Condom** almost exclusively

Social injunctive norms promote having the first child immediately after marriage

Social sanctions like questioning women's fertility are strongly active at this stage

Fear of misunderstanding acts strongly for delaying

Negative norms are strong for newly married couples with no children, especially from **MILs**

Key Levers on the Decision Journey

	Awareness	Intention	Decision	Action	Support	Sustained Use
Spacing and Delaying	Strong **messenger effects** centered around ASHAs, who act as **social referents** YUVAAkars leverage **halo effect** by using ASHAs to promote information salience Strong **network effects** among women to share information	**Improved knowledge** and **repeated messaging** has promoted FP use intentions **Reference groups** of other married couples act as strong information agents Clear **life goals** as well as **education** increase chances of a couple prioritising FP **Motivated information seeking** among couples with life goals **Reference groups** of matched parity couples act as information agents	FP methods which afford women **privacy** (copper-T) enable pro-use decisions YUVAAkars enable decision making by offering **alternative decision pathways** Women have **greater agency of choice of method** vs. whether to use contraceptives	YUVAAkars and ASHAs **enable access** to contraceptives for women YUVAAkars and ASHAs also enable FP use without **the husbands' knowledge** Possible **priming effect** through widespread availability of contraceptives, which function as a **descriptive norm** signal	**Gender matching** among YUVAAkars enable male participation in FP counselling **Promise of confidentiality** builds **trust** with couples Arguments for **economic and health goals** are leveraged by couples to justify HTSP to family YUVAAkar-centred **messenger effects** boost bargaining power of women with their husbands	Engagement with **key social referents** and **norm enablers** are key to influence norms
Spacing		Couples **gain agency** after the birth of first child as **social norms** and **sanctions** ease off **Injunctive norms** promote investment into child's future (thereby, spacing) **Awareness efforts** have expanded options beyond sterilization	FP methods which afford women **privacy** (copper-T) enable pro-use decisions **Enabling environment** during the maternity period promotes diversity of contraceptives	Despite regressive intra-couple dynamics, **privacy** enables private action among women to follow through on FP **Default option effect** promotes sterilization of women **Salience of health and economic concerns** promote spacing		
Delaying	**PIIIs** are also gaining traction as a preferred method for delaying, though prevalence is limited		**Ease of use** and **high usage control** promote condoms as the preferred contraceptive choice		**Anchoring effect** pegs child bearing age at 20, supporting delaying for young girls	

Key Takeaways & Implications

Key Takeaways: Summary

Key Takeaway 1	**YUVAAkars have created a presence in the community, but may need some support in involving men and the family in the program**	Barriers to involve men center around logistical reasons like scheduling issues or the perception that family planning is a woman's concern. Families, especially elders, sometimes fail to fully trust YUVAAkars.
Key Takeaway 2	**Women reflect a potential to bring up use of contraception with their husbands, though social norms continue to inhibit them**	While women display ability to navigate family and social expectations, they continue to be inhibited by them and need to be mindful of how to navigate through it.
Key Takeaway 3	**YUVAAkar and HCP networks are key support systems to bypass and manage social and family expectations, though not always**	Building trust with family members is a slow and steady task which often requires multiple touch points. Multiple interactions may not be possible not only due to scheduling issues, but also denied by families who are unwilling to change.
Key Takeaway 4	**Social proofing works both ways: to propose and discourage contraception use**	Families focus on how other couples have already had children. In contrast, YUVAAkars and ASHAs highlight success stories of couples that have started using contraception.
Key Takeaway 5	**Delaying is constrained by social norms, women's capacity & choice of contraception**	The couple's and family's social standing is conditional on having the first child in time, the decision to delay children is in the hands of men and there are few contraception choices that newly couples are open to, limiting their options to enable delaying.
Key Takeaway 6	**Spacing is gaining traction, although concerns about infertility continue to act as barriers for contraception use**	Spacing children is becoming increasingly acceptable due to financial or health reasons. However, fears of side effects continue to hamper use.
Key Takeaway 7	**Choice of contraceptive methods is tied strongly to the perceived benefits or drawbacks of each contraceptive and the family planning goals of couples**	Condoms are widely used for delaying due to low perceived side effects, high awareness and easy availability. Pills, Copper-T and injections are used for spacing.

1 YUVAAkars have created a presence in the community, but may need some support in involving men and the family in the program

Key Takeaway

- Over the course of over a year, YUVAAkars perceive that they have been able to make their presence felt in the community. YUVAAkars reported that community members view them as social contributors, and families have started to trust their advice on family planning. This has increased YUVAAkar's self-belief and confidence in their work, and given them a new identity of social workers. Such has allowed them to push and venture into more remote areas.

- YUVAAkar's have been able to do this taking a twofold approach. First, they focused on increasing reach. This involved leveraging the ASHA network to reach new couples and remote areas. Further, they relied on key role models in the community and used their reference to reach new couples. In this way, they were able to increase their interaction with a diverse populace. Second part of the strategy focused on building trust. To do so, they rely on ASHAs and other role models within the community to anchor themselves as trusted messengers and piggyback on existing social capital to establish a good first impression. Once YUVAAkars met the couples (or their family) they promise complete confidentiality to ensure that couples feel free to share their worries and concerns with them. Further, to assuage the family members' concern of their intention to promote family planning, YUVAAkars followed up multiple times with the couples (either online or offline). This helped temper myths that YUVAAkars are scamming couples.

- In their interaction with couples YUVAAkars focus on two key areas: first, they recommend and inform couples about different kinds of contraception that are available. The objective is to give comprehensive information about the different methods and help individuals unlearn all misconceptions and rumors related to FP. Second, YUVAAkars also play a crucial role in helping women navigate a hostile and unsupportive FP environment at home. They do this by framing information based on the FP objectives of the couple i.e. for delaying they focus on readiness of the couple to raise a child, while for spacing they direct family's attention towards women's health concerns. In both cases, they also ask couples and their family to consider the economic costs of raising the child to make them reconsider family planning decisions. In some cases, they even become suppliers of contraceptives, especially condoms.

- However, involving men and family members continues to remain a challenge. Involving men requires addressing two levels of barriers: Firstly, logistical concerns around scheduling of meetings makes it hard to include men. Secondly, men's belief that family planning is the woman's concern adds additional obstacles. Further, involving family members is challenging due to their strong beliefs around family planning (and elders thus may not allow YUVAAkars to interact with couples to challenge it). To address this, YUVAAkar try social proofing, and leverage validation from key influencers in the society, however only to a limited positive effect, While audio-visual content on safal couple app helps hold family's attention temporarily, it may not be enough to convert family opinions especially on delaying.

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Implications

Demand:

1. YUVAAkars should be made aware of the need and importance of building trust with couples and communities and have the requisite support (in terms of tools, resources and systems) to foster such trust in their interactions with couples.
2. YUVAAkars should downplay the monetary aspects of their job especially during initial meetings in favour of counselling to create a positive impression.
3. Ensure better scheduling with a focus on male engagement to effectively deliver YUVAA interventions.

Supply:

1. Build a brand around YUVAA to garner support and interest for YUVAAkars from the local community.
2. Develop visual and mass media aids to clarify misconceptions around side effects of contraceptive methods.
3. Leverage the social recognition received by YUVAAkars and publicize it amongst existing and new YUVAAkar networks to enhance performance.

Environment:

1. Associate with ASHAs at the community level to leverage the halo effect and present a positive image of YUVAAkars.
    a. Expand ASHA involvement in all regions of the program.
2. Support YUVAAkars in their efforts to engage with reluctant family members and elders through social proofing, publicity events, mass media efforts and messaging via authorities like doctors.

2 Women reflect a potential to bring up use of contraception with their husbands, though social norms continue to inhibit them

Key Takeaway

- Evidence suggest that women have started to showcase agency in both family planning decision and contraceptive use. This is evident in their ability to bring up discussion of contraceptive use with their husband, and in some cases advocate for its use.
- However, in both cases social norms limit the extent of influence women can have on the actual decision process. For instance, while women can bring up family planning discussions with their husbands, they are still concerned about how they will be viewed by their husbands as norms associate such discussions with promiscuity on behalf of women. Similarly, while women (and couples) can advocate for spacing of children with their family, they may not be able to convince families to delay having children. Due to strong social expectation of having a child after a woman turns 18 (as children are considered pillars of social affirmations), families put pressure which makes it difficult for women to advocate for contraception use. Thus, while women displays ability to navigate family and social expectations, they continue to be inhibited by them and need to be mindful of how to navigate it.
- Women's agency also increases after the first birth, though it may not necessarily change the entire power dynamics within the household. After having the first child, a woman is seen as having fulfilled her initial obligation to provide a child for the family, and therefore she is likely to believe that she has earned a position for herself in the family. This new position means the woman finds ways to assert her wishes, even though decision making authority still relies on the husband.
- There is some evidence to suggest that a woman asserts her choice in case of conflict with husband on which contraceptive to use (this is the case for couples who have decided to use a family planning method). Women even use contraceptives without the knowledge of their partner and families. However, both instance are still uncommon.
- Women rely on two groups for support: First, they rely on their own female networks of sisters, and friends to help them both secure knowledge about family planning and access to contraceptives. The group is also a support system in case of side-effects. Second, they leverage ASHAs and YUVAAkars to navigate difficult positions including relying on their help to convince families of spacing and contraceptive use.

2

Implications

Demand:

1. YUVAAkars need to identify and leverage all-female support networks within social circles of women to increase the woman's agency.
2. Provide women with requisite support to navigate and manueve their partner into using contraception (such as tools, resources and support systems). Supplement this with creating/identifying opportunities for women where they are in position to bring up contraceptive use discussion with their partner (such as when couples are alone).
3. Change the framing adopted during counseling from promoting contraceptive use to focussing on delaying or spacing (and its benefits). This positions contraceptives as a means to achieve a more healthy and economically sustainable family. This can replace perceptions of promiscuity associated with contraceptive use with care for the family.

Supply:

1. Address mobility constraint faced by women and push the supply of the methods to the doorstep through YUVAAkars.
2. Boost interaction with males to change their mental models to weaken the association of contraception with promiscuity.

Environment:

1. Promote mixed group interactions by bringing together women who display high agency in using contraceptive in close contact with those who do not to highlight new trends in contraceptive use, and make women aware of new support systems for FP in the community.
2. Highlight positive deviants (i.e. women with high agency) to weaken social norms around delaying.
3. Normalise talking about contraceptives and remove taboos by discussing it on public forums.

3 YUVAAkar and HCP network are key support systems to bypass and manage social and family expectations, though not always

Key Takeaway

- Given their favorable image, YUVAAkar and ASHAs are leveraged by women to navigate their husband's desire to use contraception, and by couples to navigate the family's desire for more kids. As a government worker in the community, ASHAs are respected. YUVAAkars are gaining clout as they are viewed by the community as doing social work, which is seen as a noble endeavour. Thus, women are comfortable seeking assistance from these providers.

- Women and couples also rely on both ASHAs and YUVAAkars for their ability to manage and frame arguments based on their audience. For men, service providers rely on economic arguments to convince husbands of spacing i.e. they leverage normative expectations on men to provide for their families. Given limited resources, they highlight that as men they will fail to provide a good life for multiple kids, and thus fail in their duty as fathers. In contrast, for family members, the economic argument is coupled with discussing negative health implications of having children quickly on women's health.

- For the above reasons and the promise of confidentiality, women and couples trust service providers. Thus, women invite YUVAAkars and ASHAs to rationalize contraceptive use with their partners and couples invite YUVAAkars to speak with their families to advocate for their preferences. If all else fails, women draw support from ASHAs and YUVAAkars to use contraceptive secretly from their partners.

- However, service providers have limitations in their ability to influence both males and families. Firstly this may simply be due to programmatic issues such as scheduling, making it difficult to interact with couples, especially males. Further, building trust with family members is a slow and steady task which often requires multiple touch points. Multiple interactions may not be possible not only due to scheduling issues, but also be denied by families who are unwilling to change. More critically, although, YUVAAkars are effective at changing behaviors at the extensive margin (such as promoting spacing), they are not enough to shift perceptions and behaviors related to deeply entrenched beliefs (for instance, delaying).

3

Implications

Demand:

1. Reinforce messaging promoted by YUVAAkars through other channels and networks that men and women are part of to establish new norms and support structures
2. Integrate existing healthcare authorities such as local doctors into the YUVAA program to increase legitimacy of YUVAAkars and leverage their authority and respect to navigate sticky social norms.

Supply:

1. Strengthen interventions to make them more loaded/heavy at each interaction point as the number of touch points is limited
2. Counseling of couples and communities alone cannot change perceptions that are core to the beliefs of a family and marriage, such as delaying. YUVAAkars need a much stronger support system and armor within the YUVAA program to change such norms and behaviors. This could be in the form of public events or more intense SBC interventions.
3. Resolve scheduling issues, especially with men and family members (using strategies such as default appointment dates) to reduce attrition due to scheduling conflicts.

Environment:

1. Focus on positioning spacing as a new ideal via service providers
2. Utilize mass media options like Graham Vani to highlight the economic and health arguments for family planning which appear promising.

4 Social proofing works both ways: to propagate and discourage contraception use

Key Takeaway

- Both family members and service providers rely on social proofing to further their respective goals on family planning. Elders in the family, particularly, in-laws, highlight how other couples in the community have already had kids, and thus, their daughter-in-laws should also comply. They use such examples to showcase the normative expectation that having kids is the way to build reputation in the society. In this way, family members fuel that belief that children are the pillars of social affirmation in the society.

- In contrast, both ASHAs and YUVAAkars rely on social proofing to promote contraceptive use, and highlight how couples in the community have started to use contraceptives. They highlight success stories in order to gain traction amongst couples to not only involve men, but also discuss benefits of family planning on economics and health welfare of the families. Multiple methods are employed to do so by service providers. For YUVAAkars, audio-visual material particularly on the Safal Couple app helps make the social proof of contraceptive use in the community salient. ASHAs on the other hand employ examples of other women who are using contraceptives to space children, leveraging favorable descriptive norms.

- To counteract service providers' influence on couples, elders in the family may rely on spreading misinformation about contraceptives, in particular, the fear of infertility. Concerns around infertility due to contraceptives become a major concern for couples as the threat of infertility directly contradicts with the mental models of the couples that promote producing children and completing the family. Moreover, family members are powerful messengers when it comes to promoting the myth about infertility: going against family members to consume contraceptives not only threatens the couple's social standing and reputation, but also introduces regret aversion to avoid a situation where the family is correct and the risk of infertility is realized. This deters intention to use contraceptives amongst couples.

- Thus, there is a negotiation in promotion and limiting contraceptive use via social proofing, with both sides relying on their respective role models.

4

Implications

Demand:

1. Focus on addressing myths around infertility through multiple channels, going beyond YUVAAkar counseling only.
2. Refocus couples attention on the correct role models that promote spacing and delaying by using effective, relatable and aspirational messaging, to effectively counteract role models used by the family.
3. Discredit the information and role models provided by elders by highlighting stressors in the current environment - e.g. high cost of living or intergenerational gaps in thinking.

Supply:

1. Enhance the salience of role models among couples referent networks and through authority figures to serve as constant reminders of the new norm
    a. Reminders via social media, apps and mass media could be leveraged to deliver consistent reminders to ensure stickiness amongst couples.

Environment:

1. Promote, publicize and reward role models on public platforms to serve as positive reinforcement for them and other couples
2. Piggyback on shifts and positive trends in contraceptive use to showcase new trends using facts and promote new descriptive norm on contraceptive use.

5 Delaying is constrained social norms, women's capacity & choice of contraception

Key Takeaway

- Delaying children for a newly married couple, especially after a woman has turned 20, is both difficult and not a priority for couples and family members for multiple reasons. The community norms for having the first child are very strong. Both couples' and their family's social standing are conditional on it. Thus, the pressure to have kids starts within 6 months of a couple's marriage, and is applied through both family and non-family members. This pressure can have a negative impact on a couples' mental health. Women are especially prone to succumb to the pressure of having kids immediately after marriage. This is for two reasons:
  - First, post marriage, women are still unsure of their position in the family, and thus lack agency to push back against their family members. Women are only able to build this standing in the family by proving her fertility and having a child. Thus, they are less likely to be incentivized to consider delaying having children.
  - Second, the decision to use contraceptive is with husbands. Thus, even though women may have the intention to delay the children, she may not be able to decide on it.

- Delaying becomes even more of a challenge due to the heightened sensitivity to fertility concerns early on in the marriage. As couples are hesitant and skeptical to use any method that can interfere with their reproductive process, their option set of FP methods is limited to condoms. This adds two complications:
  - First, couples need to be conscious of condom use on a regular basis. Given women are the ones who bear the burden of family planning, they are the ones who are required to keep track of it. However, social norms around accessing condoms (and potential judgement from community) makes it difficult for women to access them. Women find ways to bypass this limitation by relying on service providers or visiting hospitals, however, this may not be employed by all women.
  - Second, given that husbands' control the decision making process, women need to get their buy-in to use condoms. Though there is support from husbands to delay children, the use of condoms is still conditional on the male's whims and fancies. Thus, there is a double burden and associated friction costs for women to ensure contraceptive use for delaying.

- Couples have tried to address the above concern with couples either arguing for greater time to develop interpersonal relations before having a child or women considering to use pills for delaying along with condoms. This intention is further supported by YUVAAkars, who argue for the benefits of delaying with men and families. However, overall, such approaches are still uncommon, and have limited impact. Delaying may be considered only in cases where the women is not yet 18, due to the strong prior that her body may not be ready to have kids.

5

Implications

Demand:

1. Set a new anchor for the ideal age of mother at first child (e.g. to 21) and enforce its application through strong advocacy
2. Target males with messaging regarding delaying to bolster partner support for women considering delaying.
3. Empower couples to argue for developing interpersonal relations in the first two years of marriage through counselling.

Supply:

1. Increase availability and supply of pills through YUVAAkars to leverage the trend of increasing pill use for delaying
2. Support couples who wish to delay with the necessary resources and tools to sustain daily use of contraceptives (especially for methods such as pills or condoms)
3. Redouble efforts to include males in the family planning process through dedicated events/meetings, leveraging local influencers and HCPs.

Environment:

1. Form referent groups of couples who chose to actively delay the first child and conduct public events centered around them.
2. Counsel family members regarding delaying and the need to allow couples some time after marriage to strengthen interpersonal relationship.

6 Spacing is gaining traction, although concerns about infertility continue to act as barriers for contraception use

Key Takeaway

- Spacing of kids is becoming acceptable. This is for two reasons. First, due to increased expectation on couples to provide economic resources for a child. New couples, especially fathers, have a rising consciousness about their role as financial providers for their family. They have a desire to provide sufficient financial support to their children. With rising costs and irregular incomes, spacing is justified by fathers as they want to ensure they are financially stable before having another child. This helps them fulfill their duty as the provider and guarantee their child a better life.

- Second, couple's standing in the family increases after having the first child. This gives them authority to advocate for spacing with family members. Couples that have had the first child are seen to have fulfilled their social commitment of furthering the family line, and establish the family's reputation in the society. Fulfillment of this obligation helps couples, especially women, gain leverage and agency, both, within and outside the family. Couples employ this to space having kids. Couples' desire to space kids is supported by both YUVAAkars and ASHA workers who help explain to parents the benefits of spacing kids, offering both social and economic reasons to substantiate their claims. YUVAAkars' in particular rely on making the health argument of letting a woman's body recover after the first kid as a major reason for spacing for about 3 years.

- Pills, injections, and Copper-T are often used methods to space kids. Copper-T in particular has been gaining traction amongst couples for its ease of use (i.e. its a one time solution as opposed to pills that are required to be taken everyday) and confidentiality that it offers. Such methods are often introduced in the couples' life as part of the birthing process (of the first child) that require visits to the hospitals. In some cases, women are motivated to pursue spacing and even use contraceptives such as injections even if they do not have their husbands approval.

- While methods other than condoms are considered and have started to be used for spacing, the fear of side-effects and misconceptions around them continue to hamper regular use. This is especially perpetuated through women's network of friends and family. While each contraceptive has its own specific fear associated, it's clear that worries around infertility is prevalent across all of them. It is not a surprise then that YUVAAkars spend a considerable amount of their counselling time managing and answering questions about side-effects.

- Lastly, for preventing further kids once the family is complete, sterilization is still the most prevalent method. There is an unspoken expectation that women will undergo sterilization, and men will only consider it if there is proof of danger to the women's health. However, continued preference for a son, due to their ability to provide for the family, means that couples with only daughters may delay sterilization until the birth of a male child.

6

Implications

Demand:

1. Promote copper-T by bolstering it's visibility and availability through YUVAAkars and PHCs, and leverage its position as the preferred method of birth control for spacing
2. Spacing has favorable descriptive norms relative to other aspects of FP. YUVAA program should capitalize on such trends to influence behavior-change at the margin and also promote a shift in more sticky behaviors by highlighting the evolution process.
3. YUVAA program could consider integrating program delivery with postpartum FP initiatives as it can be a huge trigger to promote spacing and reduce the effort and burden of multiple follow-ups for YUVAAkars.

Supply:

1. Leverage constant touch points with the healthcare ecosystem at the time of first childbirth and postpartum to deliver information on LARCs.
2. Reinforce messages about side effects such as infertility by inserting YUVAAkars into local women's groups (and indirectly into the informal information channels for women) to break propagation of misconceptions and rumours around infertility.

Environment:

1. A big push through multiple channels - media, counseling and social events - has to be made to promote and normalize long term methods and bury fears of side effects such as infertility.

7 Choice of contraceptive methods is tied strongly to the perceived benefits or drawbacks of each contraceptive and the family planning goals of couples

Key Takeaway

- Couples contraceptive choice is based on whether they are considering delaying or spacing, although each contraceptive has its own specific considerations. For delaying, condoms are preferred and most commonly used by couples. This is due to its ease of availability and access, high awareness, and perception of being free of side-effects. While condom's use is increasingly common, concerns around sexual satisfaction amongst men combined with their control on decision making authority means that its use is conditional on men's moods. To counter this, there is increasing use of other methods such as pills that are becoming common as ASHA have been distributing it amongst the community. Women are able to bring up the discussion of pills with their husbands, and if they do not have their support, can use it privately. However, difficulty in maintaining daily consumption, and fear of side-effects consider to inhibit use.
- For spacing, along with condoms, and pills, injections and Copper-T have become part of the basket of choice for couples. Both the awareness and use of injections is highly limited, although it's increasing. The concern around side effects along with fear of needles, and a requirement to visit hospital every few months (as opposed to Copper-T) make it a less viable choice for couples. Although the privacy it offers in its use makes it attractive amongst women who want to hide contraceptive use from their partners.
- Copper-T use for spacing has been rising rapidly over the years and is promoted by healthcare workers. Women often learn about the method as they visit the hospital during the birth of the first child. The method is attractive given its single use attribute, and long lasting nature. Furthermore, family members, including MILs, have normalized this method and support its use. The greatest barrier to its use is the perceived fear of side-effects. Women consider it an "internal" method, the contraceptive is likely to cause greater harm, including infertility. Thus, the method needs multiple touch points with health care providers for couples to be convinced of its use.
- While each contraceptive has its considerations, four key developments are common across all contraceptive use. First, their availability has increased across medical stores and hospitals, even though awareness about them may be mixed. Second, the community has no such direct apprehension against a particular contraceptive. Third, the decision to use such contraceptives still resides strongly with the husbands. Fourth, while authority is with the husband, new norms advocate for increasing open discussion amongst couples, even if it's limited. Males bring it up as a means to discuss economic implications of having a child. Though slow, both husbands and wives have started to discuss family planning, including contraceptive use amongst themselves. In some cases, women even bring up the subject, though tactfully. Topics of discussion include which contraceptive to use, and managing side-effects. In rare cases, where there is agreement on use of contraception, but conflict on which method, the women's choice have started to be given primacy.

7

Implications

Demand:

1. Match contraceptive offerings with family planning goals (delaying vs. spacing) to mirror consumer demand preferences i.e. condoms for delaying, copper-T for spacing and pills for both.
2. Enable effective intra-couple decision making around contraceptive use and choice through improved male engagement in counselling..

Supply:

1. Increase availability and supply of condoms and pills through YUVAAkars to remove any access and availability barriers to couples' decision making.
2. Integrate YUVAAkar with PHC efforts to reinforce messaging, especially around the effectiveness and convenience offered by Copper T.

Environment:

1. Leverage MILs supportive of copper-T as social referents to encourage other households and families to take up the method as well.

Thematic Summary of Implications

The implications defined under each takeaway lend themselves to a thematic structure which highlights where in YUVAA and the FP ecosystem environment the implications influence FP service delivery, as highlighted in this section.

1. Offering YUVAAkars with the right tools, resources and support structure to i) build trust with couples and families, ii) build women's capacity to negotiate FP use with the partner and family; iii) support couples who want to sustain daily use of SARC methods such as pills and condoms; iv) include men more effectively in the YUVAA program and; v) dispel myths around side-effects, especially busting the negative relationship between contraceptive use and fertility

2. Use of the correct role models to provide social proof of family planning, especially delaying. i) Refocus couples attention on the correct role models that promote spacing and delaying by using effective, relatable and aspirational messaging and discredit the alternative role models and information provided by elders by positioning these norms as "old-fashioned". ii) Make role models more salient and visible to ensure they serve as a constant reminder of the new message/norm

3. Public events to promote the concept of FP and make it aspirational by providing praise, reward and social recognition to key agents of change within society: This includes YUVAAkars and model couples from the community (positive deviance) who have gone against prevailing norms to uphold their beliefs in having children when they are financially and socially ready.

4. Integrate the YUVAAkar program with existing networks including the healthcare ecosystems (PHC and local doctors, ANMs, nurses etc) and other social, economic or health networks that men and women are part of. This is important to reinforce the messaging, branding and strategies employed by YUVAAkars through multiple channels and increase exposure and availability of information. Moreover, these organizations can serve as authority figures and signal more legitimacy to the role and information provided by YUVAAkars.

Thematic Summary of Implications

The implications defined under each takeaway lend themselves to a thematic structure which highlights where in YUVAA and the FP ecosystem environment the implications influence FP service delivery, as highlighted in this section.

5. Leverage digital technology and mass media (e.g. Gram Vaani) to increase the intensity and frequency of YUVAAkar interaction with couples and families. This is a low cost way to communicate and follow-up with couples, and use SBCC to shift norms, bust myths and create a support system for couples.

6. Create an inclusive and conducive environment for couples with different family planning objectives. For e.g. match contraceptive offerings with family planning goals (delaying vs. spacing) to mirror consumer demand preferences i.e. condoms for delaying, copper-T for spacing and pills for both. Encourage women who have had their first child to take action by leveraging postpartum family planning infrastructure and system.

7. Improve supply by leveraging door-to-door visits of YUVAAkars. Make pills and condoms more available in users environments to drive the new norm of using pills for delaying and making these contraceptives more easily available and accessible within couples' environment.

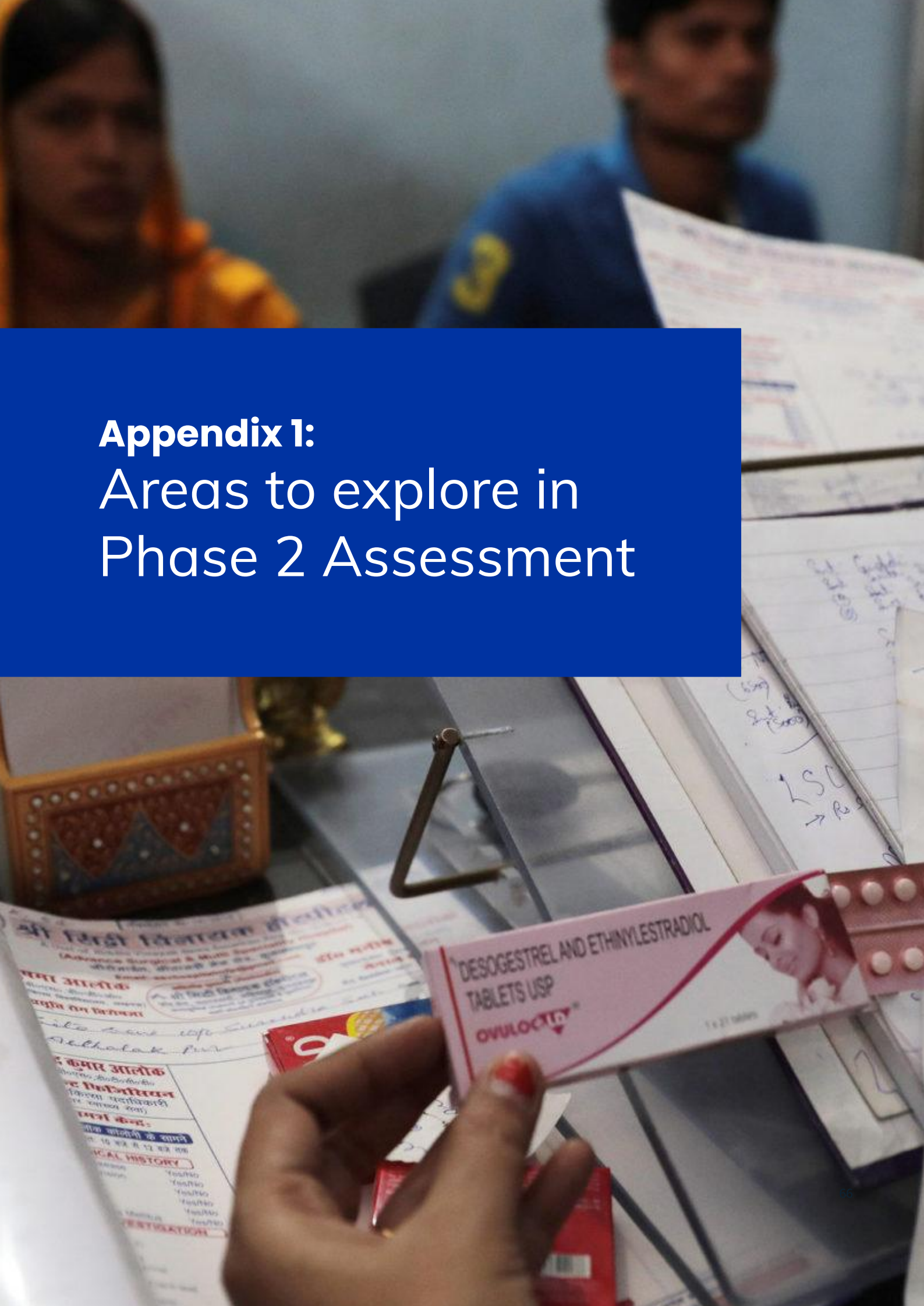
8. Identify support groups for women either within social circles(friends, family members, MILs) or through formal groups such as SHGs etc.

Conclusion and Next Steps

Between assessment phases 1 and 2, the present research was successful in defining pathways of decision making around family planning among young married couples. Further, contraceptive-specific barriers and levers were identified to effectively zero in on each contraceptive method of interest. Taking this research forward, Busara's assessment will now move towards sustainability of behavior change as well as long term impact of the YUVAA interventions as part of assessment phases 3 and 4.

Within the context of YUVAA, combining inputs from both YMCs and YUVAAkars will allow the program teams at Pathfinder and the research team at Busara to develop evaluations to optimally study YUVAA service delivery by digging deeper into the identified takeaways and problem statements (in the form of persistent barriers) and gather feedback on potential solutions.

Appendices



Appendix 1:

Areas to explore in Phase 2 Assessment

Appendix 1:
Areas to explore in Phase 2

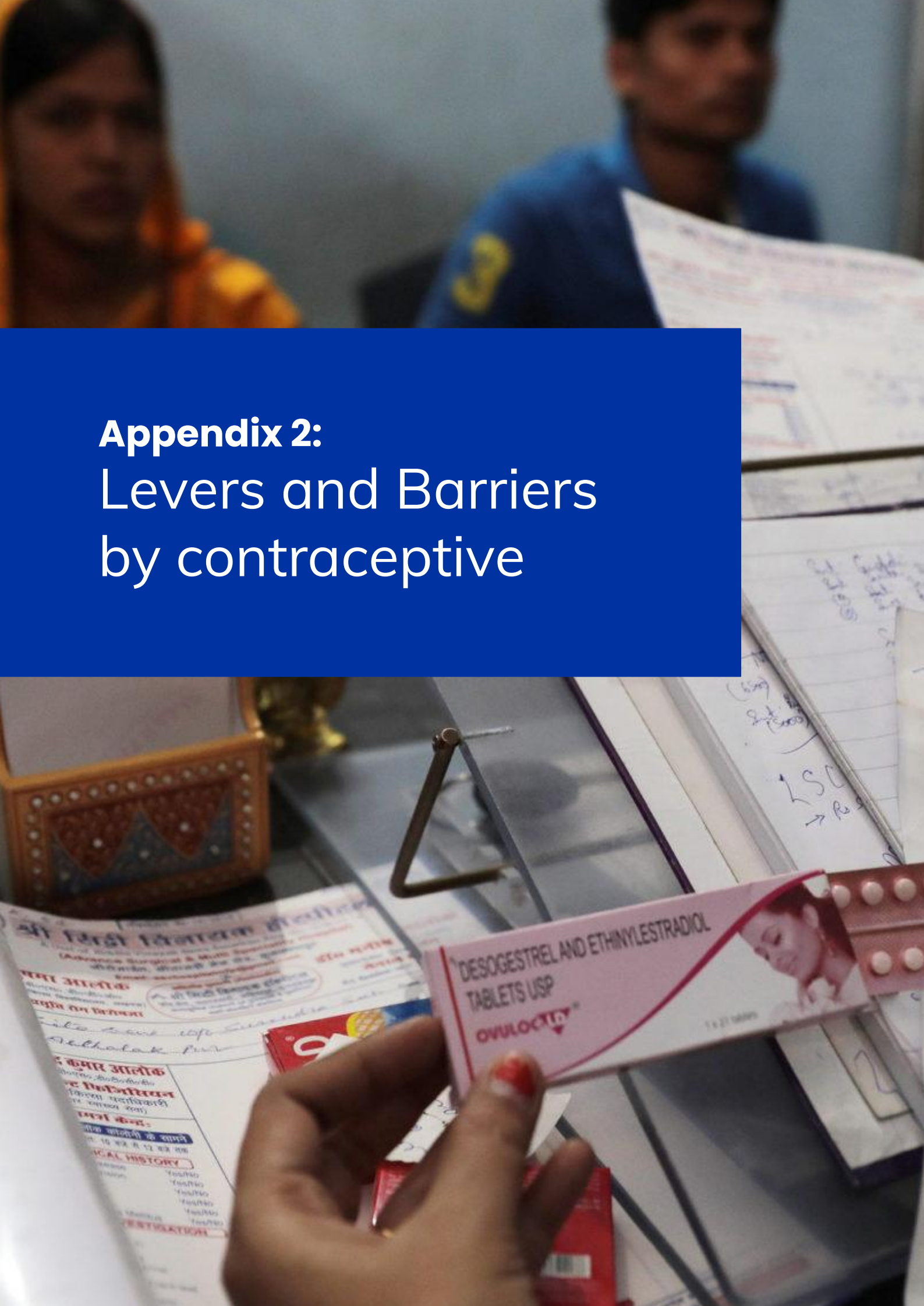
Theme	1. Couples dynamics and preference in family planning
Findings from Phase 1	• Within a couple, women bear the responsibility of family planning, but not the authority to decide its course • Lack of support systems when considering contraceptive use and during side-effects prevents intention to use contraception to translate into action • Privacy offered by a contraceptive methods, such as Copper-T, can overcome perceived fear of side effects • It's not ASHA or YUVAAkar, but who is available that becomes trustworthy for the couples • Agency to decide on contraception use operates at two levels: couples within the family, and women within the couples
Questions to explore	***What kind of communication occurs amongst couples regarding family planning?*** ***Whom do women rely for support in case of conflict with their partner?*** ***Are women leveraging the privacy offered by specific contraceptives to bypass limitation laid down by their husbands?*** ***In what ways is support offered by service providers for women to bypass limitation set forth by husbands?***
Theme	**2. Family's role, perception and influence on family planning**
Findings from Phase 1	• Within a couple, women bear the responsibility of family planning, but not the authority to decide its course • Lack of support systems when considering contraceptive use and during side-effects prevents intention to use contraception to translate into action • It's not ASHA or YUVAAkar, but who is available that becomes trustworthy for the couples • Agency to decide on contraception use operates at two levels: couples within the family, and women within the couples • Economic rationale along with gender norms determines family planning decisions for couples • Fear of social sanctions constraint women's ability to access and use contraceptives • Economic rationale along with gender norms determines family planning decisions for couples • Family planning is a family decision, including members other than the couples
Questions to explore	***How do couples as a unit engage with family members and negotiate their preference? How successful are they in their endeavours?*** ***Where do couples seek support while engaging members on family members decisions?*** ***In what ways is support offered by service providers for couples to bypass limitation set forth by families?*** ***Is economic rationale enough to convince families to delay or space children?*** ***Do couples push back against social sanction or comply with it?***

Appendix 1:
Areas to explore in Phase 2

Theme	3. Community perception and its impact on couples' FP decisions
Findings from Phase 1	• Peers tend to have a strong messenger effects that leads to creation of echo chambers. • Maintaining the sanctity of fertility, promoted by the community, deters couples from using contraception. • Fear of social sanctions constraint women's ability to access and use contraceptives. • Community is more willing to consider spacing of children by couples.
Questions to explore	***What is the community's reaction to couple's decision to use contraception?*** ***How does community channel its norms to ensure compliance for couples?*** ***What kind of impact does a community's pressure have on the well being of the couple?*** ***What kind and how strong are the sanctions against the couples for non-compliance with social norms?*** ***Does the community have different opinions when it comes to contraceptives and questions of delaying/spacing?***

Theme	4. Ground report and YUVAAkar experience of the YUVAA program
Findings from Phase 1	• Need to promote program awareness. • Involving men into the YUVAAkar counselling process and the program continues to be a challenge. • YUVAAkars while acknowledging their distinct role in relation to ASHAs, still lack guidance on ways to leverage it.
Questions to explore	***What is the experience of the YUVAAkars where the program is being implemented? Who do they interact with and in what ways do they build trust?*** ***What are the ways in which men are being reached by the program?*** ***What kind of engagement occurs with family members?*** ***In what ways are YUVAAkars and ASHA supporting couples in their family planning decision?***

**Note: The finding from phase 1* "perceived fear of side effects pushes people towards natural methods, of which couples have limited knowledge" has not been covered in this phase, and will be explored in future rounds



Appendix 2:

Levers and Barriers by contraceptive

Appendix 2:
Levers/Barriers by Contraceptive

Condoms

Levers

- About "80-100%" awareness - the most well known contraceptive method in the community
- YUVAAkar and ASHA promote and speak about it with couples
  - ASHAs disburse condoms freely to couples
- Condoms are also prompted via campaigns on social media which has increased its awareness
  - Public posters are key source of information for couples
- High inquisitiveness about its use and effectiveness
- Males are open to discussing its use with their wives
  - Highly preferred by males as a method of contraception
- The go to choice of contraception of delaying 1st pregnancy, and in some cases also for spacing
- Couples who do not like injections or pills, prefer condoms
  - Fear of side-effects of other contraceptives, make it more attractive contraceptive option
  - Preferred method amongst migrants couples
- Easily available at medical shops and markets
- Does not need a reminder for use (unlike pills)
- No doctor's appointment or prescription is required for use
- Couples believe that it helps prevent infections and STDs
- Peers, especially friends are key promoters of its use
- High likelihood of re-use even when side-effects are experienced (picked up after a few days)
- Community approves use of condoms for married couples
- Condom use is active many years into the marriage

Barriers

- Few remote regions remain unaware about condoms
- Couples are unaware about:
  - How effective it is in preventing pregnancy
  - Longevity
- Women's awareness of the method is low compared to men
- In rare cases couples may be unsure of how to use it
- Women are nervous and shy to bring up the matter for discussion
- Some newly weds are still apprehensive to discuss its use
- Usage of condoms may be lower than its awareness
- Authority and decision of use is with the husband
- Couples do not know that it's freely available at PHCs and with ASHA workers
- Men are mainly responsible for securing condoms
- Concerns around:
  - Negative impact on sexual satisfaction
  - Tearing during use
  - Women worry about itching while considering condom use
  - Quality of condoms if it's given for free

Appendix 2:
Levers/Barriers by Contraceptive

Copper-T

Levers

- YUVAAkar and ASHA are increasingly promoting use of copper-T
  - Anganwadi centers are key location where information about copper-T is disbursed by health service providers
  - Intention to use Copper-T increases after 3 interactions with YUVAAkars
  - YUVAAkars are able to address side-effects by explaining their temporary nature and referring them to doctors
  - Couples willingly reach out to YUVAAkar and ASHA for assistance in cases of side-effects
  - ASHA leverage a strong female network to provide support to both access and deal with side-effects, including travelling door-to-door
- Preferred method for spacing children
  - Couples with kids are using the method the most
  - Most women likely to access copper-T in the period immediately after the birth of child
- Women are open to bringing up the discussion for using copper-T with their husband
- Copper-T is an attractive option compared to other contraceptive methods
  - Couples who forget to take pills regularly are attracted to the ease of Copper-T
  - Women scared of injections prefer it
  - Becomes a contraception of choice when men are not willing to use condoms
  - Husband see Copper-T as an effective contraceptive to avoid using condom
  - Considered as a viable alternative to sterilization
- Usage is more prevalent in urban areas than rural
- Women consider it as a viable option as it is “long lasting”
  - Once women has gotten copper-T, she is rarely likely to switch methods
  - Women seek copper-T at government hospitals
- Mother-in-law and friends are key supporters helping increase access to the Copper-T by accompanying women to hospitals to secure it
  - Users of copper-T are likely to promote its use amongst their social group
- Men reach out to health care providers to discuss concerns raised by their wife about copper-T
- Women who use copper-T are considered “educated”

Barriers

- Awareness is limited in remote areas with only about “30-60%” have knowledge about the method, and in some areas less than 20%
- While women know about the method, they do not know about its effectiveness or how its used
- Needs regular and multiple touch points to impact intention to use
- Awareness of copper-T does not necessarily correspond to usage
- Decision to use is still largely concentrated in the hands of the husband
- Couples do not know where to secure Copper-T or how to access it
  - The consideration of going to hospital deters women from accessing Copper-T
- Women are worried about Copper-T causing swelling, bleeding, stomach pain and discomfort due to it getting dislodged
  - Concerned that Copper-T will lead to infertility
  - Men develop apprehension towards the method due to their wives’ side-effects from copper-T
  - Perceived fear of copper-T is greater than experienced fear
  - Women are apprehensive in considering it as its seen as an “internal” contraception, and thus more harmful
  - Few YUVAAkars may be apprehensive to recommend it as they fear its “internal” and more likely to be harmful
- While use is increasing, it’s only occurring in certain pockets, and remote regions remain overlooked

Appendix 2:
Levers/Barriers by Contraceptive

Pills

Levers

- Over "50% of the target population" know about it.
  - Attributed to improved awareness and advertising campaigns
  - Demand for pills increases around festivals like Holi, when migrant husbands come back home
  - Use of OCPs has shown an increase in recent years
- Both YUVAAkars and ASHA's share information on usage
  - YUVAAkars are able to clarify concerns around OCPs for couples
  - ASHAs make pills freely available to couples
  - 4-5 variations are available for ASHAs to distribute
  - YUVAAkars are at hand to guide couples in case of side effects
  - YUVAAkars are able to talk to family members to reduce pressure on couples
- Couples use pills to both delay and space children
  - Other methods can cause perceived side effects so women prefer pills
- Both P1 and P0 women use the pills
  - Women may rely on pills when husband is not agreeable to using condoms
  - In case of disagreement on choice of contraceptive, the woman acts as tie breaker
  - As primary users, the decision to use pills falls on women
  - Women find it comfortable to visit the doctor in case of side effects
- Women are able to bring up the topic of pills with their husbands
- Pills are looked upon favourably by the community
- Available at the govt. hospital free of cost

Barriers

- Women have concerns about:
  - Side effects such as weight gains, and misconceptions that OCPs can cause mental illness
  - Taking pills after delivery during breastfeeding
  - Pregnancy risk when they miss taking a pill for a day or two
- ASHAs find it difficult to talk to males about pills and prefer talking to women
- Male YUVAAkars don't share information on OCPs with males, leaving it to the female YUVAAkar to talk it over with the wife
- Pills compete directly with copper T and condoms in the negotiation between couples
- Since pills have to be taken regularly, women might go for injections instead which offer longer term protection
- Despite high awareness, usage is limited due to availability of alternatives like Copper T and injections (longer acting than pills)
- In most cases husbands access the pill from public sources while women can source them confidentially from ASHAs
- Women prefer to access pills alone and secretively and they usually store them in a private place at home
- Some women can share side effects with husbands, others don't
- Side effects can have a strong crowding effect and push couples towards alternatives
- Sustained use of OCPs is heavily challenged by alternative family planning methods and concerns around side effects.

Appendix 2:
Levers/Barriers by Contraceptive

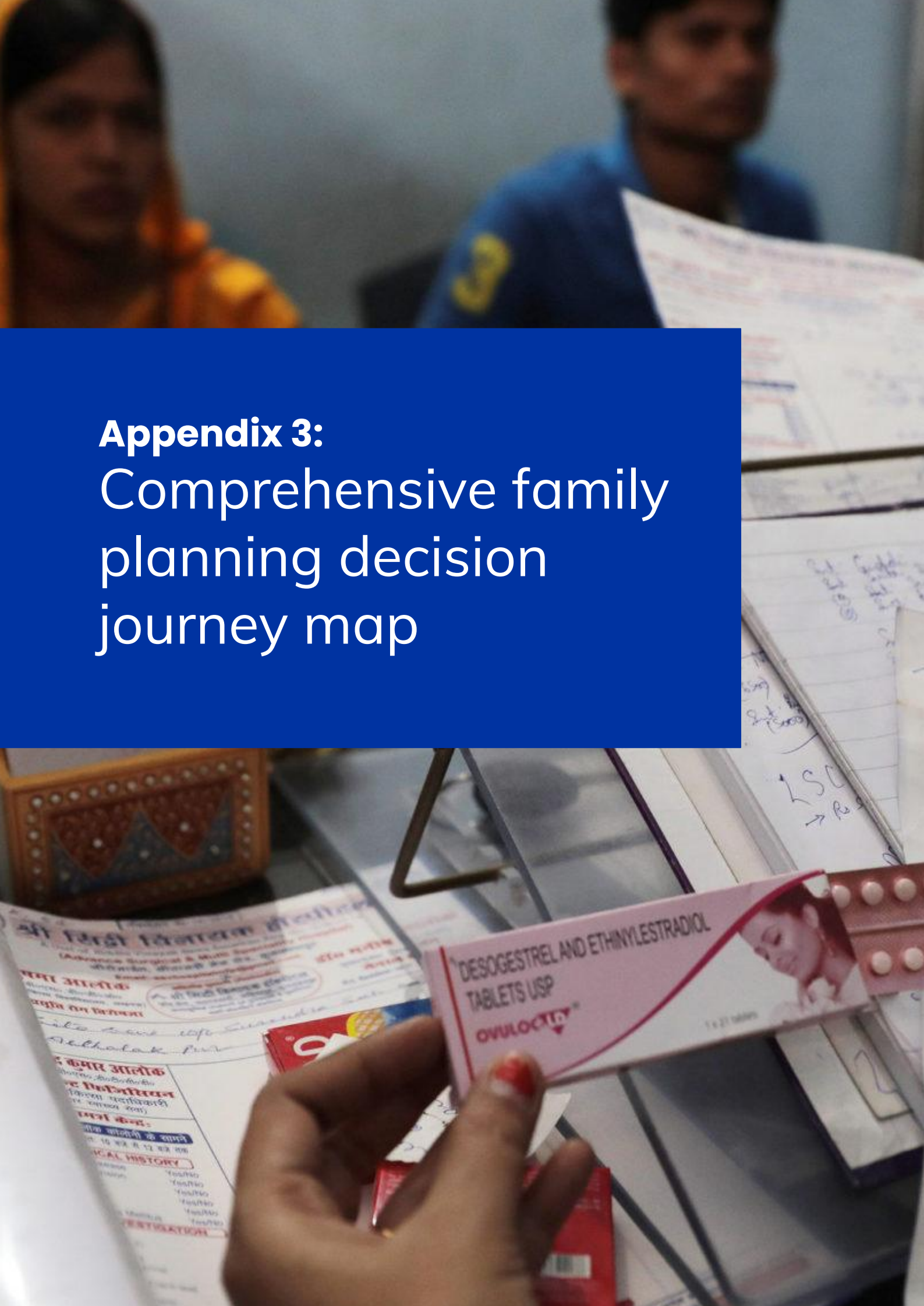
Injectables

Levers

- YUVAAkar and ASHA promote it actively amongst couples
  - YUVAAkar discuss it as a method during their counseling session on delaying and spacing
  - YUVAAkar's support women to overcome doubts with injections and explain the benefits of the method
- Women show a strong preference towards injections in comparison to pills due to limited side effects (perceived) and convenience
  - Women consider it as a option if men are not keen on condoms
  - Women are likely to get injection without a man's permission (over other options like Copper-T)
  - Little known side-effects and can be done privately
  - Available in private clinics
  - Injections can be used privately without the knowledge of the surrounding community
  - More women are taking injections, which can normalize use of injections and reduce stigma
- People in the village usually look at injectables favourably except in cases of illiterate populations
- Some couples don't worry about wider community perception around injections
- Nurses can support with first use of injections and ongoing ones which can ease the use of it for women
  - Able to support women with any side effects

Barriers

- Awareness is limited - "only about ~20-25%" know of the method
- Rural and illiterate populations have little to no knowledge
- Married couples with no kids do not ask about them/use them.
- Despite some YUVAAkars speaking about injections, it's still promoted less frequently in comparison to other methods
  - Not much support from community and YUVAAkars as this method isn't commonly used
- More expensive compared to other methods
- Women don't want to go alone to get their injections and prefer husbands or peers to accompany them
- Male doctors make women feel more uncomfortable taking up the method
- Negative perceptions and misconceptions associated with the effects on injections on a woman's body due to lack of awareness around injections
  - Reference networks promote negative perception of injections based on little knowledge
  - Misinformation being spread like women becoming infertile
- Fear of pain or needles
- Forgetfulness after 3 months
- If women are seen getting injections, older women pass comments. Women feel awkward when others get to know about it.



Appendix 3:

Comprehensive family planning decision journey map

Stage 1:

Awareness

Thinking about the construct of family planning: spacing delaying, family size etc.

Awareness

Confidence & Capacity

Insights	Findings	Behavioral Mechanism
ASHAs are still a trusted source of information regarding family planning, especially in rural areas	**Delaying and Spacing** ASHA's are embedded in the community and are actively called upon by YUVAAkars to synergise efforts. In Maharashtra, both ASHA and word of mouth is used to identify couples, while in Bihar word of mouth is more common to spread the word. Most importantly, the gram panchayat will not support the work of the YUVAAkars till ASHAs/AWWs vouch for them and introduce them to the village. Further, in case YUVAAkars find it difficult to convince couples to speak to them, they call upon ASHAs to introduce them to couple and confer legitimacy on their message. Though YUVAAkars feel that they are fulfilling a similar role to ASHAs with respect to family planning and are gaining traction in the areas they operate, ASHAs are still a more reliable source of information for most couples.	From the point of view of YMCs, there is a clear messenger effect when ASHAs deliver a message. Messenger effect acts when the recipient of a message judges the message's importance, salience and relevance through the identity of the messenger. Due to their long established reputation and perceived support structure, ASHAs are used as social referrents by both couples and YUVAAkars. It seems clear that working closely with ASHAs would lead to more effective delivery of YUVAA, but a role clarity exercise between the two would be helpful to streamline this relationship and avoid unproductive duplication of work.
YUVAAkars leverage ASHAs to create a useful first impression, which is seen to be crucial in determining if couples will be receptive to their message	**Delaying and Spacing** In Maharashtra, the first initial meeting is done with the ASHA workers. This is because some families are not familiar with YUVAAkars, but are familiar with ASHAs, who provide a sense of comfort for the family as they know and trust them. Further. it is important that YUVAAkars use messaging and techniques that do not intimidate or discourage the couple/families.	Using ASHAs as social referents is seen here, again, where YUVAAkars leverage existing networks to build rapport with the couple. This can function like a halo effect, where an overall positive impression of a person positively influences our judgment of their other related traits or situations. ASHAs image as long-standing health workers prompts couples to associate the same positive feelings for YUVAAkars and makes them more receptive to new information from YUVAAkars
In addition to mass media, YUVAAkar-enabled digital platforms are also gaining traction amongst couples as a source of information	Delaying and Spacing It is common for YUVAAkars to use audio video content from their phone and the Safal Couple content during the counselling process. Media content helps better engagement with couples.	YUVAA has defined the content of this intervention in line with social and behavior change principles which in turn make for an enhanced toolbox to enable YUVAAkars to engage with users. Safal Couple could be leveraging the novelty of digital audio-video communication strategies on couples which makes it more salient and entertaining.

Awareness

Trust & Credibility

Insights	Findings	Behavioral Mechanism
Trusted referent networks impact behaviors and attitudes towards taking up methods.	Delaying and Spacing Women consider other women as key reference networks (especially sisters) and seek them out to secure knowledge about family planning methods. Women not only introduce other women to certain methods, but discuss usage, side effects, and its benefits.	Individuals belonging to identity-based groups provide preferential treatment to members within those groups, including privileging sources of information coming from the in-group. As women rely on networks of women within the family or community, female YUVAAkars are in a prime position to enter and leverage in-group dynamics to disseminate useful information and break chains of misinformation or misconceptions

Knowledge of FP

Insights	Findings	Behavioral Mechanism
Information shared with couple varies by parity, but misconceptio ns are discussed åcross parity	**Delaying** For parity 0 couples, information is shared on the benefits of delaying the first child, especially if the woman is below 20 years of age. **Spacing** For parity 1 couples, the focus is on spacing children and its benefits both for the couple and the family. Emphasis is placed on the health of the woman, of the child to come and the financial stability of the family. **Delaying and Spacing** Across parity, limited information and misconceptions around family planning and contraceptives is a common awareness concern. YUVAAkars report addressing misconceptions around contraceptives, and dealing with side-effects, with a focus on both couples and family elders.	The desire to seek full disclosure on the harmful effects of contraceptives is driven by couple's desire to minimise risk. The foremost risk of using contraceptives is perceived infertility. This perceived risk comes with strong social sanctions and personal aversion. Thus, couples across parity status display a desire to avoid this risk. However, this risk perceptions reduce after the first child as couples have proof of their fertility. The consistency of seeking clarifications about side effects across parities signals a shift in family planning methods after the first child. As couples have a child, they have a desire to try new methods, which require new misconceptions to be addressed.

Awareness

Priority of FP

Insights	Findings	Behavioral Mechanism
Men are not usually available or are not interested in taking part in the discussion, thereby receive limited awareness messaging. YUVAAkars are making some headway in engaging men.	**Delaying and Spacing** Women are more receptive to the idea of family planning and want to incorporate it in their daily lifestyles. Men are often not not present at home, or they are not interested and think that family planning is the domain of the women. It's also seen that YUVAAkars engage more with women than men and that female YUVAAkars are uncomfortable talking to men and vice versa. This segregation affects the ability of YUVAAkars to change men's awareness and preferences about FP. Though YUVAAkars actively struggle to engage with men, some tactics show promise like using educated members of the society as role models (who males are more likely to listen to) and sharing success stories of other couples who used FP methods.	Gender norms dictate family planning ownership and responsibility. As family planning is traditionally seen as the domain of women, men stay away from it and perhaps are even encouraged, directly or indirectly, by society to do so as part of broader social norms. Communication channels between men and women are restricted. This causes gender-specific in-groups, where men are mostly exposed to the opinions and beliefs of other men. People tend to develop an in-group bias where they favor the views of members of their own group, creating echo chambers that reinforce and reward existing norms. Social proofing through relying on male role models as well as showcasing 'ideal' success stories of supportive and active male partners has helped change gender norms and shown promise in improving the involvement of men in the process.

Stage 2:
Intention

Building a consciousness/ intention to delay, space or limit family size.

Intention

Intention

Priority of Family Planning

Insights	Findings	Behavioral Mechanism
Family planning is primarily adopted by couples who have had their first child.	**Spacing** Coupes want to increase the time between the first and second pregnancy to prioritize the economic and emotional needs of the first child, before considering another. **Delaying** However, certain couples consider delaying their first child in the interest of strengthening interpersonal relationship, though this trend is not strong.	Injunctive norms encourage investment into a child's future, promoting spacing of pregnancies among couples. Couples also exert greater agency in their preference to prioritize family planning for their own wellbeing and financial stability after the first child.
Education and economic reasons can trigger an intention to delay and space pregnancy among both men and women.	**Delaying and Spacing** Educated and working women prefer to use family planning methods as they prioritise it, even though some families look down on it. Women in Maharashtra showed a greater desire to do more with their lives and attain larger life goals whether it be starting their business or completing their education. **Spacing** Higher priority to economic concerns was also seen to act in the case of spacing decision. It was found that couples with children, especially women who have economic aspirations, reported using Copper-T actively to delay their second pregnancy.	Competing life goals work as incentives which push couples' towards revaluation of priorities. Couples may either have a preference for staying in education or the labour market or they realise the economic costs of raising a child and desire financial stability. Couples who focus on financial or educational goals may reflect motivated information-seeking for options to plan their family better. The education-agency relationship (role of education and/or awareness in determining the agency of an individual) is also active here, working as a mediator between salience of competing goals and priority of FP.

Intention

Beliefs & Attitudes

Insights	Findings	Behavioral Mechanism
Newly married couples with women over 20 years do not consider delaying children	**Delaying** Immediately after marriage, the intention to have children is very high, being primarily driven by high societal or family expectations and thus, couples do not feel as they have a choice to to delay and do not consider contraceptive use. The only reason reported for newly married couples to delay was the age of the wife. People are aware of the health risks for the mother and the child if they have a child prematurely (mother's age < 18/19). The heuristic changes when the mother is above 19 years of age, where people perceive that she is mentally and physically ready for the child	Beliefs around delaying match community expectations of having a child as soon as possible after marriage. The injunctive norms set by the community drives the decision making of couples, aided by limited agency especially during first few years of marriage. Awareness around health concerns of early pregnancy translate well into family planning intentions. This can possibly be attributed to health messaging that has been adopted by CHWs such as ASHAs as part of various government programs.

Social Norms

Insights	Findings	Behavioral Mechanism
Social norms and fear of misunderstanding prevents communication between couples	**Delaying and Spacing** Couples often don't discuss family planning openly with each other and women depend on men bringing up discussions first as they don't have autonomy and fear negative consequences.	Social norms, sensitivity of FP as a discussion topic and lack of agency dictate that women should not initiate such discussions and are influenced by the behaviors of others in their social networks. **Delaying** This influence may be stronger for delaying decisions as the couple is often newly married and in the process of establishing a mutual understanding.

Intention

Knowledge of Family Planning

Insights	Findings	Behavioral Mechanism
Among couples who have attained family goals, increasing knowledge about contraceptive methods has prompted couples to look beyond sterilization	**Spacing** Couples' intentions to branch away from sterilization and use alternative contraceptive methods can be attributed to an increase in the general awareness about these other methods. For examples, use of Copper-T has increased as myths around the side-effects associated with it are being busted. Doctors, in particular, have been instrumental in improving the knowledge of potential alternatives in the community and communicating their benefits.	As access to doctors in health facilities increases during childbirth, these sources become trusted messengers. As women interact with these trusted sources, information delivered by them becomes more powerful due to the messenger effect. Moreover, this could also be a byproduct of sensitization and awareness efforts including state-interventions and projects such as YUVAA.
Friends or peers' beliefs and behaviors matter to couples as they form their intentions towards family planning and contraceptive s	**Delaying and Spacing** Married friends are a key source of information for contraceptive methods. Women consider other women as key reference networks (especially sisters) and seek them out to secure knowledge and advice about family planning methods. For this reason, rumors and misinformation about contraceptive methods (e.g. side effects) could also be traced back to this reference group.	Reference groups offer a quick way to seek information and formulate opinions in any human society, offering the required elements of privacy and confidentiality. They can spread any type of information, right or wrong and are direct influencers of couples' intentions towards family planning. Reference groups will depend on personal identification of the couple with other similar couples. It can be expected that reference groups will be matched over parity i.e. P0 couples will use other P0 couples as referents and likewise for P1.

Intention

Agency & Power

Insights	Findings	Behavioral Mechanism
Societal influence and expectations can have strong influence on a couple's intention and undermine their ability to convert their knowledge to intention	**Delaying and Spacing** Community and family members, as custodians and enforcers of norms, are likely to undermine couples' agency regarding family planning intentions. Children in marriage are a pillar of social affirmation, and couples face social stigma and loss of reputation for non-compliance.	Strong pro-children social norms are active, demanding compliance with injunctive norms around family goals prevalent in the society. There can be significant sanctions for non-compliance to the norms which may act differently against delaying vs. spacing. Delaying: Delaying kids can have the consequence of loss of social standing for the family as well as comments on wife's infertility from the society Spacing: Social norms are weaker in this case, most likely due to perceived compliance with pro-children norms in presence of the first kid. It also precludes certain sanctions like fertility concerns. The role of education and/or awareness at the individual level in determining the agency of a couple, especially women, is also highlighted in this finding. Agency is further bolstered after the first child through weakening of social norms.

Stage 3:
Decision

Taking the decision to adopt modern contraceptives to achieve FP goals.

Decision

Decision

Social Norms

Insights	Findings	Behavioral Mechanism
Family members increase perceived risk of contraceptive use	**Delaying and Spacing** Families want couples to comply with the social norm of having children in quick succession and create social pressure for couples to comply. To dissuade couples from delaying/spacing children, families or friends can exaggerate the side-effects from using contraceptives to elevate the perceived risk of the behavior. Couples are discouraged by potential side-effects of using contraceptives, especially when they hear about it from their family members and friends. In-laws create social pressure to have kids deterring contraception use for both delaying and spacing. Even when couples practice joint decision-making around such topics, the family interferes, causing them to forgo any decisions made around FP.	As fertility is sacrosanct and contraceptives are marketed (by trusted messengers - families) as harmful to health or interfering with fertility, there is a high perceived risk of contraceptive use. This, in turn, can create panic and doubt among couples and the perceived risks of taking contraceptives supersedes the perceived benefits. Regret aversion gets bolstered when couples decision requires them to actively go against family preferences - the risk of performing the desired behavior increases with the added element of disobeying family, kicking in the aversion to bearing adverse consequences such as infertility Delaying Higher perceived risk of contraceptive use for delaying as compared to spacing as threats to fertility might be more believable in the absence of an existing child. Family members act as social referents to continue to exert a strong social influence on promoting fear of contraception, and detering use among young couples.
Preference for sons puts pressure on couples to have more kids especially in rural areas, thereby undermining family planning	**Spacing** YUVAAkar's report that there's a high prevalence of son preference norms in rural areas as gender roles are accentuated where daughters are seen as caregivers and sons as breadwinners for the family.	Personal normative beliefs that men should be primarily responsible for the financial stability of the family and women should prioritize the family over herself. These predetermined gender roles promote son-preference.

Decision

Social Norms

Insights	Findings	Behavioral Mechanism
Sterilization decisions are heavily guided by the gender of the child	**Spacing** While couples prefer to get sterilized after two kids, desire for a son may prevent them from choosing to undergo the procedure.	There is a strong norm for son-preference which supersedes the weaker descriptive norm of treating two children as the ideal number of children in a family unit.
Family members increase perceived risk of contraceptive use	**Delaying and Spacing** Families want couples to comply with the social norm of having children in quick succession and create social pressure for couples to comply. To dissuade couples from delaying/spacing children, families or friends can exaggerate the side-effects from using contraceptives to elevate the perceived risk of the behavior. Couples are discouraged by potential side-effects of using contraceptives, especially when they hear about it from their family members and friends. In-laws create social pressure to have kids deterring contraception use for both delaying and spacing. Even when couples practice joint decision-making around such topics, the family interferes, causing them to forgo any decisions made around FP.	As fertility is sacrosanct and contraceptives are marketed (by trusted messengers - families) as harmful to health or interfering with fertility, there is a high perceived risk of contraceptive use. This, in turn, can create panic and doubt among couples and the perceived risks of taking contraceptives supersedes the perceived benefits. Regret aversion gets bolstered when couples decision requires them to actively go against family preferences - the risk of performing the desired behavior increases with the added element of disobeying family, kicking in the aversion to bearing adverse consequences such as infertility **Delaying** Higher perceived risk of contraceptive use for delaying as compared to spacing as threats to fertility might be more believable in the absence of an existing child. Family members act as social referents to continue to exert a strong social influence on promoting fear of contraception, and detering use among young couples.

Decision

Priority of Family Planning

Insights	Findings	Behavioral Mechanism
Preferences for contraceptive methods are strongly guided by the need to delay or space children	Couples who discuss and decide to use contraception, prefer to use contraception based on whether they are delaying or spacing children. **Delaying** Condoms are the preferred contraceptive choice for newly married couples looking to delay their first child. The key reason for this is the short time frame for delaying (~1 year) along with strong control over usage time frame, lack of side-effects and ease of use. Further, in some areas, OCPs are also reported to be gaining traction among couples who are parity 0. **Spacing** Use of methods other than condoms gains traction after couples has had kids. Methods such as copper-T, injections, and pills start to be actively used after the couple has had the first child. This is possibly due to the exposure to new methods at hospitals as part of the maternity check-ups and delivery and postpartum family planning programs. Across both states, Copper-T is strongly preferred over all other methods to space the second child.	Contraceptive choices neatly align with the purpose of using family planning. Further, preferences around time frame of usage (short term vs. long term), ease of access, and side-effects matter in this decision as they influence the purpose: E.g. to delay the first child, couples would want a short-term method, with guaranteed safety, flexibility in usage and easy availability. **Spacing** For couples' with one child, the touch points with the local healthcare facilities postpartum function as the enabling factor for future use of contraceptives.
Among couples who agree to use contraceptives, wife's method preference is given priority in case of conflict over method	**Delaying and Spacing** In case a couple disagrees over the choice of contraceptive, it's the women's decision that is considered and given priority. This only holds true for couples' who have first agreed on using contraceptives to enable family planning.	Agency is a key determinant for women's preferences being reflected in the decision-making process for contraceptive use. For couples where an initial decision to use contraception has been made, it can be assumed that the woman in that situation has more agency relative to other comparable women who have not been able to reach the decision point of their journey. This agency could be a product of partner support or her individual empowerment or both. Thus, in those scenarios, the woman can exercise her agency to ensure her preference is given priority or the man may concede to the woman having more knowledge and taking an informed decision.

Decision

Beliefs & Attitudes

Insights	Findings	Behavioral Mechanism
For couples who have achieved their family goals, sterilization is still the go-to method though the practice is reducing.	**Spacing** Couples choose to undergo sterilization after reaching their target family goals (usually, two children) and it is a socially acceptable method in the community. As new information and alternatives are proliferating in the market, couples' have started moving away from sterilization towards other contraceptive methods like OCPs, Copper-T. and injections.	Although the historical popularity of sterilization as one of the few contraceptives sources is waning, it is still one of the most popular long-acting methods in use (non-reversible) possibly due to it being a default option as well as due to long-held beliefs. Sterilization has been normalized over the years because of the big political push, which led to ASHAs promoting its use because of higher incentives. Thus, sterilization as a concept is readily available in people's minds and people mistakenly associate family planning to sterilization. Due to this availability heuristic, people are biased towards choosing sterilization as a method. Moreover, sterilization does not contradict existing expectations or norms - it aligns with the social acceptability of limiting family size (having less children), and does not contradict family or couple goals around delaying the child, increasing its acceptability

Agency & Power

Insights	Findings	Behavioral Mechanism
Women and men both are able to bring up the discussion around contraceptive s (though for different reasons), but the final decision making authority lies with men	**Delaying and Spacing** Males bring up contraception use conversations as they are more concerned about economic factors as compared to women. Women bringing up such discussion with their husband is reflective of a larger social change within household dynamics, but the final decision still rests with men.	Gender norms confer the final decision making power on men, though women are becoming more vocal about their preferences.

Decision

Safety & Support

Insights	Findings	Behavioral Mechanism
Privacy enables decision making towards the use of modern methods in Maharashtra for long-term family planning	**Spacing** Copper-T emerged as the most preferred method for long term contraception in Maharashtra. The ability to keep contraception use hidden from family or husband makes Copper T an attractive contraception option amongst women in the region.	Decision-making towards Copper T is enabled by the privacy offered which allows women to buck traditional gender roles and boost agency by supporting them to execute actions in line with their personal values and preferences.However, this does not capture the consequences of using contraceptives secretly which can have adverse effects like stress under threat of discovery, as seen in previous research

Stage 4:
Action

Feeling supported (individual and interpersonal, healthcare) to continue usage or switch method.

Action

Action

Social Norms

Insights	Findings	Behavioral Mechanism
Societal response towards women accessing and using contraception still act as barrier to access for women in certain communities	**Delaying and Spacing** There are mixed views around the type of women that can access contraception depending on her community. Women in certain communities can risk losing their reputation if they are seen openly accessing contraceptives. Thus, women have limited access to contraceptives and are conscious when buying them.	In this case, social sanctions perpetrated by sub-elements of the communal structure act directly as barriers to women accessing contraceptives. In accessing contraceptives, women are perceived to go against expected normative behavior of limited mobility and/or visibility in accessing contraceptives, reinforcing social sanctions.

Safety & Support

Insights	Findings	Behavioral Mechanism
Couples are able to overcome challenges related to costs, convenience and limited mobility to access contraceptives through YUVAAkars	**Delaying and Spacing** While respondents reported high availability of contraceptives, it does not mean accessibility is easy, especially for women. Traditional gender roles and stigma inhibit the accessibility of contraceptives for women. Some YUVAAkars carry certain contraceptives to the counseling session, such as condoms, where they show the couple the product and how to use them. If the couple is interested in the product, they are able to purchase it from the YUVAAkar directly. Due to the social stigma attached to family planning behavior, couples value the privacy offered by the YUVAA programme. By being able to cater to requests at home, YUVAAkars are able to not only maintain the couple's privacy, but also bypass disapproving family members.	YUVAAkars function well in these areas of support by allowing alternative avenues of access to couples, sidestepping conventional barriers like family opinions, gender roles and accessibility issues.

Action

Agency & Power

Insights	Findings	Behavioral Mechanism
Some women feel empowered to use contraceptive privately from unsupportive partners and leverage YUVAAkars or HCPs to do so	**Spacing (Indicated)** While women are not able to openly decide on using the contraceptives, in many instances, they are willing to use it privately without informing their husbands. First, women rely on both ASHAs and YUVAAkars (known to their husbands) to enable decision making and if that fails, they move ahead with methods they can use privately like OCPs and Copper-T.	Although intra-couple power dynamics are not in support of the woman i.e. they are not able to openly bypass their husbands in case of disagreement over contraceptive use, in cases where women have a strong desire to avoid pregnancy, they are motivated towards private action and a high willingness to hide use from their unsupportive husbands. This could be underpinned by personal goals like education, stability and health or through role models of other women undertaking this behavior and being rewarded for it.

Knowledge of Family Planning

Insights	Findings	Behavioral Mechanism
Spacing between kids is gaining traction among couples	**Spacing** Couples across Bihar and Maharashtra prefer to delay having the second child. They are motivated by financial responsibility of raising a child as they are aware of increased costs of child-raising. Additionally, health concerns around the well-being of new and recent mothers are also considered.	Salience of health and economic concerns promote spacing. This also ties in with health messaging delivered by ASHAs and other HCPs around maternal wellbeing.
Natural methods are not followed appropriately due to incomplete or incorrect information	**Delaying and Spacing** Across both Bihar and Maharashtra, couples are unclear about the calendar methods and have limited knowledge about the potential shortcoming of the methods.	Natural methods offer a high-agency, low-interference approach to couples who face barriers such as social stigma when accessing contraceptive methods e.g. condoms. Limited and incorrect knowledge of natural methods compounds family planning issues for couples by creating a scenario where couples who have decided to follow family planning principals like HTSP are unable to effectively translate their decision into effective action.

Action

Ensuring Supply

Insights	Findings	Behavioral Mechanism
Common and popular contraceptives like condoms, oral pills and Copper-T were always available in the medical stores and government hospitals	**Delaying and Spacing** Respondents across both Maharashtra and Bihar agreed that contraceptives, including condoms, oral pills, and long term contraception such as Copper-T and condoms were always available in the medical stores and government hospitals	Mass market availability of certain common contraceptives could be acting as a priming effect for these contraceptives and contributing to subconscious decision for couples.

Beliefs & Attitudes

Insights	Findings	Behavioral Mechanism
In case a couples opts for sterilization, females are more likely to get sterilized	**Spacing / Complete Family Goals** Women are more likely to go for sterilization among couples who have achieved their family goals and have decided to go for permanent birth control methods. Husbands are the second choice in case women face health concerns with the procedure.	Attitudes and preferences are sticky and have established the sterilization of women as a default. Therefore, a default option effect may be operational where a decision is taken for the perceived default without deliberation.

Stage 5:
Support

Feeling supported (individual and interpersonal, healthcare) to continue usage or switch method.

Support

Support

Bias & Gatekeeping

Insights	Findings	Behavioral Mechanism
As compared to ASHAs, YUVAAkars are able to ensure gender-matching with couples and give dedicated time to family planning concerns of couples, though ASHA remain the more trusted source of information	**Delaying and Spacing** Male YUVAAkars have an opportunity to include men in the family planning process, which is often not the case with ASHAs. This removes an important barrier to FP service delivery. Further, YUVAAkars provide targeted information on family planning by ensuring confidentiality and building rapport and trust. They also provide information patiently and thoroughly to ensure couples understand how methods work compared to ASHAs who have competing priorities. However, interacting with family members and building trust is still challenging for YUVAAkars, who rely on ASHAs to support rapport building with couples.	Gender-matched consultations work well with the strong in-group bias seen along gender lines in terms of information sharing and seeking. Trust is a strong enabler of support-structures which YUVAAkars are able to build in most of their interactions with couples.

Relations with Users

Insights	Findings	Behavioral Mechanism
Communicating confidentiality underpins the formation of trust between YUVAAkars and couples	**Delaying and Spacing** YUVAAkars promise confidentiality to couples in order to build trust, which they find to be effective (along with leveraging ASHAs). Some other tactics include easing into the conversation by asking couples about their lives, playing games or showing them videos on the “safal couple” mobile app. These tactics have shown to yield results for the YUVAAkars and their reputation and perception in the community.	Connection between trust and confidentiality in health has been well-documented in past research and it is seen that breaking confidentiality often results in a breach of trust.

Support

Agency & Power

Insights	Findings	Behavioral Mechanism
Women leverage YUVAAkar or HCPs to help them bargain with their husbands for family planning issues	Delaying and Spacing In case of non-responsive partners, women rely on both ASHAs and YUVAAkars who are trusted by males to speak with their partners.	Men respond to a strong messenger effect attached to both YUVAAkars and HCPs. In certain cases, this effect is strong enough to influence intra-couple dynamics and decision making.

Confidence & Capacity

Insights	Findings	Behavioral Mechanism
Couples resort to using certain tactics to garner support for/reduce pressure against family planning practices and methods from family members	Different tactics employed by couples include: **Delaying** ● Focusing on health benefits and side-effects like mothers' health in spacing children ● Citing young age (<20 years) as a factor to delay ● Relying on YUVAAkars and ASHAs to navigate the pressures of the family **Spacing** ● Tailoring arguments based on the context such as: ○ Institutional requirements in instances where couples were married in between their education. ○ Bargaining tactics like highlighting duties they've fulfilled, for e.g. - family's request of marriage ○ Financial concerns like stability of family and economic goals ● Focusing on health benefits and side-effects like mothers' health in spacing children ● Relying on YUVAAkars and ASHAs to navigate the pressures of the family ● As a last resort, using contraceptives privately without the families knowledge	Drawing attention of family members to long term and defensible considerations like health, education and economic concerns crowds out short-term pressure from family members. Heuristics, like anchoring ideal (minimum) child bearing age of girls to 20 also work in favour of delaying children after early marriage. For example, the government's "hum do humare do" campaign was successful in anchoring the ideal family size to 2. People's decision-making rests on such anchors and these heuristics are often pulled in when making decisions.

Support

Confidence & Capacity

Insights	Findings	Behavioral Mechanism
Some YUVAAkars reported they were unable to effectively counsel clients towards effective decision making	**Delaying and Spacing** Couples have limited time due to work or barriers due to family members and they have to be counseled privately. Remote counselling also presented challenges in YUVAAkar's capacity to create supportive relationships with clients. The biggest barrier of in-person counselling is the inability of YUVAAkar's to control the environment of counselling. YUVAAkars do not have the capacity or the means to navigate an unsupportive home environment for family planning - In instances where the mother in law was present and opposed family planning, YUVAAkars were unable to overcome or circumvent this opposition to reach out to the couple directly.	The success of YUVAAkars in enabling decision making around contraceptives, as recorded earlier in this report, is not universal. Though providing access to contraceptives was done successfully by YUVAAkars, there were reported cases where YUVAAkars were not able to overcome barriers to counselling couples like gatekeeping by family members, availability of the couple and remote counselling.

Stage 6:

Sustained Use

Continues using the method till next planned pregnancy

Sustained Use

Sustained Use

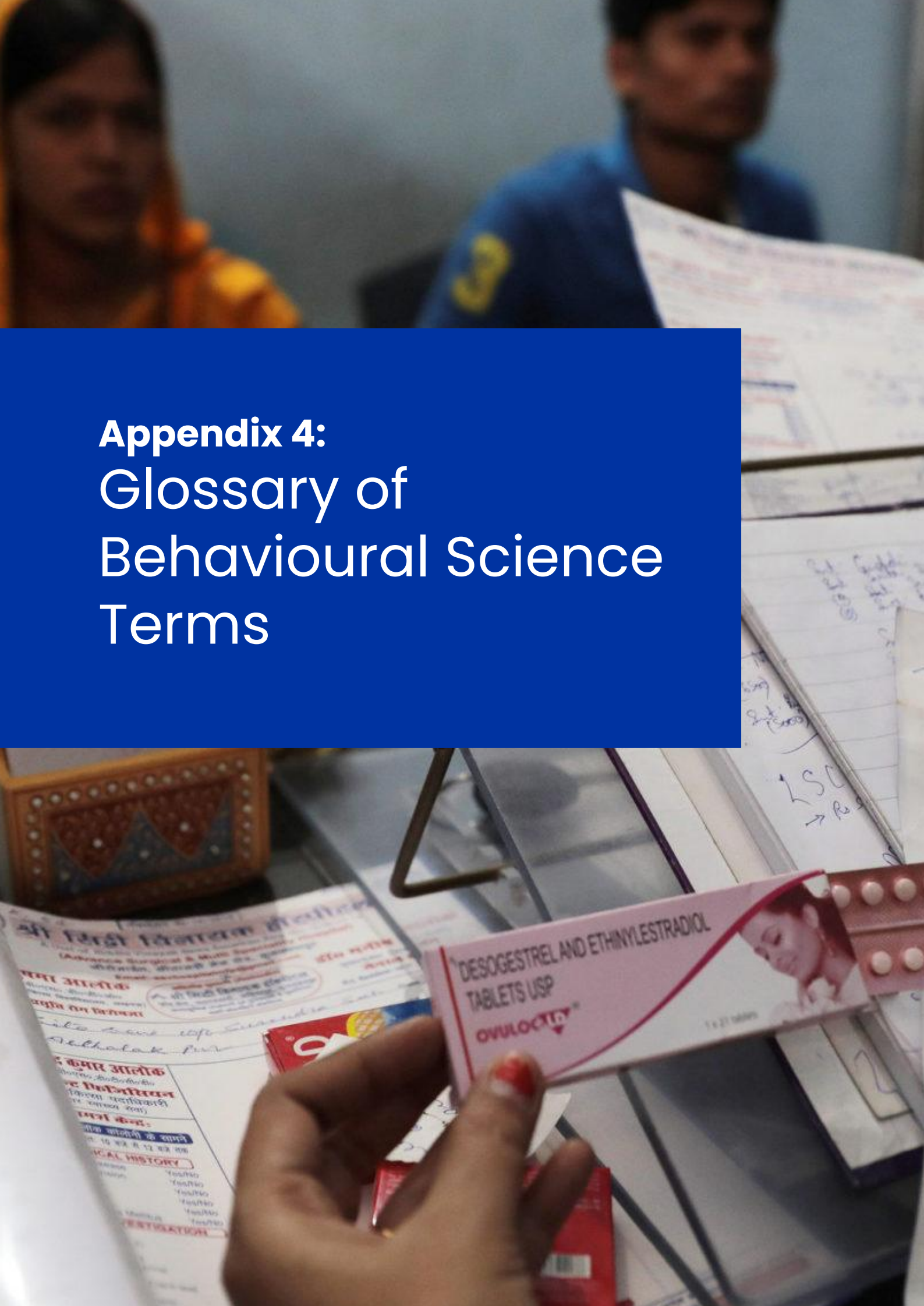
Social Norms

Insights	Findings	Behavioral Mechanism
Family and community ties do not offer a conducive environment for continued use of contraceptive s. They act through both household and non-household members as channels to exert influence	**Delaying and Spacing** Family members prevent couples from using family planning especially in Bihar. Both family and non-family members tend to dictate norms to prevent couples from delaying. Community members ranging from friends and relatives to neighbors and guests can pass comments (as a form of social sanction) to put pressure on the couple to comply with norms. **Delaying** As seen in other stages of the decision journey, normative agents are more active in the case of newly married couples at parity 0 where there is room to sanction couples with infertility concerns. Mother-in-laws in particular, insist that couples should start trying to have children immediately after marriage, and that their first child should be born within their first year of their marriage.	Empirical expectations (what is expected of them) enforced by multiple normative agents (what other people around them are doing) for couples results in discontinuation of methods as the community considers delaying a child as a sign of infertility as opposed to a choice of couples, pressurising the couple to conform to ideal family norms. As the societal pressure increases, the couple's perceived risk from contraceptive use could also increase. Due to social obligation and pressure, couples comply with what's expected of them in order to avoid consequences of anticipated reaction from others. Mothers in law act enforce social norms on couples in order to maintain their standing within society.
Negative social sanction impacts women mental health and thus ability to use contraceptive s	**Delaying and Spacing** Continuous pressure on couples to have kids early in the marriage and perception of infertility due to delays in conceiving affect mental stability especially of women. As women shoulder the majority burden of receiving family pressure, the impact of these expectations can be more daunting for women.	Normative expectations set by the family and community members, which disapprove and discourage family planning practices leads to women putting themselves in harms way. Women relay on YUVAAkars and ASHAs as messengers to frame messages to destigmatize family planning and convince family members to support their use of contraceptives

Sustained Use

Confidence & Capacity

Insights	Findings	Behavioral Mechanism
Continued engagement of families with services providers is important for normalizing conversations around family planning	**Delaying and Spacing** YUVAAkar and ASHA workers understand that the process to convince the family member is a long one, and thus they continue to visit the family regularly to follow up the conversation. In these follow up meetings, the subject of contraception and their effectiveness is also discussed. Furthermore, to ensure that couples views are also heard within the family, they involve them in the discussion with the other members.	By including those who are gatekeepers and influencers within conversations, the program can strengthen communities norms to prioritize couples' needs.



Appendix 4:

Glossary of Behavioural Science Terms

Glossary of Behavioural Science Terms

Term	Definition	Source
Anchoring	A cognitive bias that causes us to rely too heavily on the first piece of information we are given about a topic	*List of cognitive biases and heuristics*. The Decision Lab. (n.d.). Retrieved March 29, 2022, from https://thedecisionlab.com/biases
Availability	The availability heuristic describes our tendency to use information that comes to mind quickly and easily when making decisions about the future.	*List of cognitive biases and heuristics*. The Decision Lab. (n.d.). Retrieved March 29, 2022, from https://thedecisionlab.com/biases
Default Option	People pick the pre-selected option to avoid complex decisions. Defaults provide a cognitive shortcut and signal what people are supposed to do.	*Behavioural economics principles. Designing Behaviour Change Toolkit. (n.d.). Retrieved March 29, 2022, from http://toolkit.bridgeable.com/behavioural-economics-principles*
Framing	This is when our decisions are influenced by the way information is presented. Equivalent information can be more or less attractive depending on what features are highlighted.	*List of cognitive biases and heuristics*. The Decision Lab. (n.d.). Retrieved March 29, 2022, from https://thedecisionlab.com/biases
Gender Norms	Social norms defining acceptable and appropriate actions for men and women in a given group or society	Cislaghi, B., & Heise, L. (2020). Gender norms and social norms: differences, similarities and why they matter in prevention science. *Sociology of health & illness*, 42(2), 407-422.
Messenger Effect	Same information received from different messengers can have differential effects on consumer beliefs and choices.	Schmidtke, K. A., Vlaev, I., & Baber, K. (2016). Using behavioural economics concepts to increase organizational learning in an NHS hospital. Journal of Organizational Change Management.
Perceived Risk	Expected negative utility associated with a particular outcome	Peter, J. P., & Ryan, M. J. (1976). An investigation of perceived risk at the brand level. *Journal of marketing research*, 13(2), 184-188.

Glossary of Behavioural Science Terms

Term	Definition	Source
Personal Normative Beliefs	Normative beliefs are concerned with the likelihood that important referent individuals or groups approve or disapprove of performing a given behavior.	*Ajzen, I. (1991). The theory of planned behavior. Organizational behavior and human decision processes, 50(2), 179-211.*
Priming Effect	Occurs when an individual's exposure to a certain stimulus influences his or her response to a subsequent stimulus, without any awareness of the connection.	*Biases*. The Decision Lab. (n.d.). Retrieved March 29, 2022, from https://thedecisionlab.com/biases-index
Reference Groups	The group whose perspective is used as a frame of reference by the actor	Shibutani, T. (1955). Reference groups as perspectives. *American journal of Sociology*, 60(6), 562-569.
Regret Aversion	Occurs when a decision is made to avoid regretting an alternative decision in the future.	*Biases*. The Decision Lab. (n.d.). Retrieved March 29, 2022, from https://thedecisionlab.com/biases-index
Salience	Describes our tendency to focus on items or information that are more noteworthy while ignoring those that do not grab our attention.	*Biases*. The Decision Lab. (n.d.). Retrieved March 29, 2022, from https://thedecisionlab.com/biases-index
Social Norms	Collectively held beliefs about what kind of behavior is appropriate in a given situation.	*Biases*. The Decision Lab. (n.d.). Retrieved March 29, 2022, from https://thedecisionlab.com/biases-index
Social Proof	Influence of others to conform behaviorally	*Cialdini, R. B., Wosinska, W., Barrett, D. W., Butner, J., & Gornik-Durose, M. (1999). Compliance with a request in two cultures: The differential influence of social proof and commitment/consistency on collectivists and individualists. Personality and Social Psychology Bulletin, 25(10), 1242-1253.*

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