

RESEARCH BRIEF

Reproductive autonomy among young currently married women in Bihar and Maharashtra, India

Background

Youth Voices for Agency and Access (YUVAa) Programme aims to scale up approaches “to increase contraceptive use among young married couples and first-time parents” in Bihar and Maharashtra states. YUVAa improves access to contraceptive choices and positively shifts gender and social norms by delivering customized family planning messages to young couples using the combined approaches of social entrepreneurship and innovative communication.

The program scheduled to roll out in five districts from each state from February 2020. The program will be delivered through young married couples, namely YUVAa Corps (YCs). The YCs will be recruited from the community and trained in providing comprehensive family planning counselling, contraceptive supplies, and referrals.

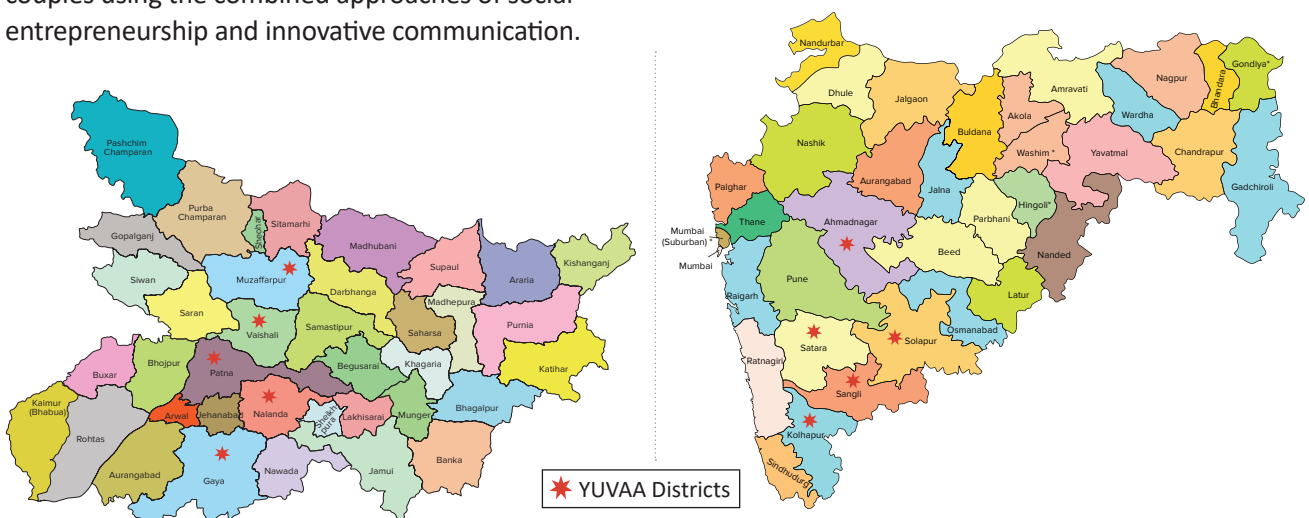


Figure 1: Geographical Coverage of YUVAa

The objectives of the YUVAa baseline survey are to explore;

1. Individual attitudes on family planning.
2. Prevailing gender and social norms on FP.
3. Prevailing reproductive autonomy.

Reproductive Autonomy

Reproductive autonomy is the women's ability and power to decide about contraceptive use, pregnancy, and childbearing. It is important to understand young women's ability and decision-making power regarding their choices in reproductive health matters. A woman can control when to become pregnant when to use a contraceptive, and to continue a pregnancy if she has reproductive autonomy. Decision-making, freedom from coercion, and communication are the aspects of reproductive autonomy captured by the scale include a woman's power to control matters regarding contraceptive use, pregnancy, and childbearing.

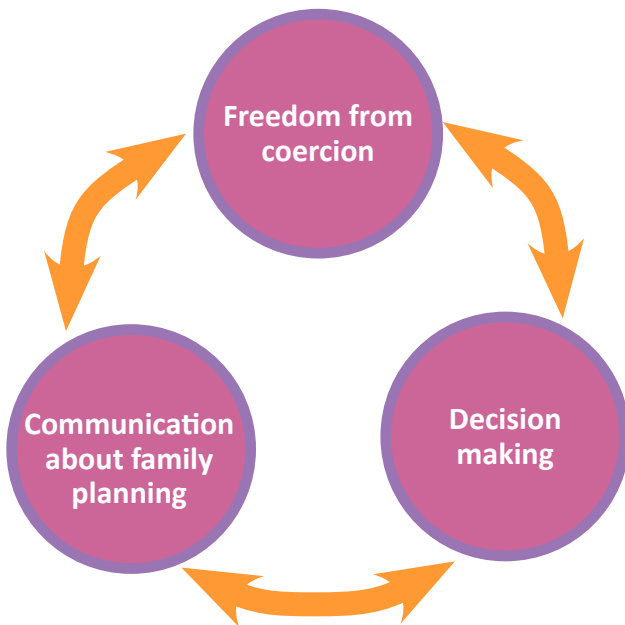


Figure 2: Factors of Reproductive Autonomy

The YUVAA program focuses on reproductive autonomy to improve following,

- Ensuring the central focus of the program on young people's needs and perspectives
- Providing reliable sources of information, comprehensive counselling, referrals, and doorstep delivery of over-the-counter methods
- Ensuring a gender unbiased approach which aims to reach both young men and women equally
- Improving individual agency so that they can take decisions independently

- Encouraging couple communication and joint decision-making where possible and
- Fostering an environment that emphasizes and supports delaying pregnancy to a time when couples are physically, mentally, and economically ready for it.

Methodology

A cross-sectional mixed-method household survey was conducted by using a structured interview questionnaire which was administered through face-to-face interviews of 929 Currently Married Women aged 15 to 24 years with parity 0 or parity 1 in both rural and urban areas in 10 project districts of Bihar as a part of project Baseline Survey. This study followed the methodology from a research paper published in the Studies in Family Planning journal 45(1), pp.19-41 (2014) titled as **Development and validation of a reproductive autonomy scale** authored by U. D. Upadhyay, Dworkin, S. L., Weitz, T. A., & Foster, D. G.

The study used 13 items covering three subdomains to measure reproductive autonomy: Freedom from coercion, Communication about FP, Decision making related to FP. The responses for each statement were categorized as strongly disagree (1), disagree (2), agree (3), and strongly disagree (4). The estimates of internal consistency were: Cronbach's Alpha value of 0.861, items mean of 2.68, and item variance at 1.38.

Background of the study population

Two out of five CMW having husbands with 12 and above years of schooling. Almost 1/3rd population in Bihar and 1/10th population in Maharashtra has no structured education. More than 1/3rd CMW in Bihar & Maharashtra knows how to use a smartphone. More than half of the population in Bihar either lie under poorest or poor quintile. Condom was the most popular modern contraceptive method (6%) among current users, followed by IUCD (3%) and OCP (2%). Point estimates of use of any modern contraceptive by CMW in Bihar is very low comparing to Maharashtra. A significant

proportion of CMW (28%) were uncertain about their willingness to use any method during next year, which indicates that the actual intention for contraceptives may be much higher. Altogether, six out of 10 current non-users reported their intention to use contraception any time in the future.

66% in Maharashtra reported that they do not agree with the statement. Majority of CMW in both states felt that their husbands did not coerce on contraception and pregnancy matters. Almost one-third of the CMW either agreed or undecided about coerced situations. More than one-fourth of CMW in Bihar agreed that their husbands would stop them if they wanted to use a method to prevent pregnancy.

Key findings on Reproductive Autonomy: Freedom of coercion

The freedom of coercion subscale consists of five statements about husbands' coercive acts about pregnancy and contraceptive use. All participants in the survey were asked to women to state that to what extent they agree. More than 70% of CMW in Bihar and

Key findings on Reproductive Autonomy: Communication

Participants from both states were assessed to understand the interspousal communication on the matters related to reproductive aspects. When

Figure 3: Percent of CMW by their level of agreement on freedom of coercion statements (In %)

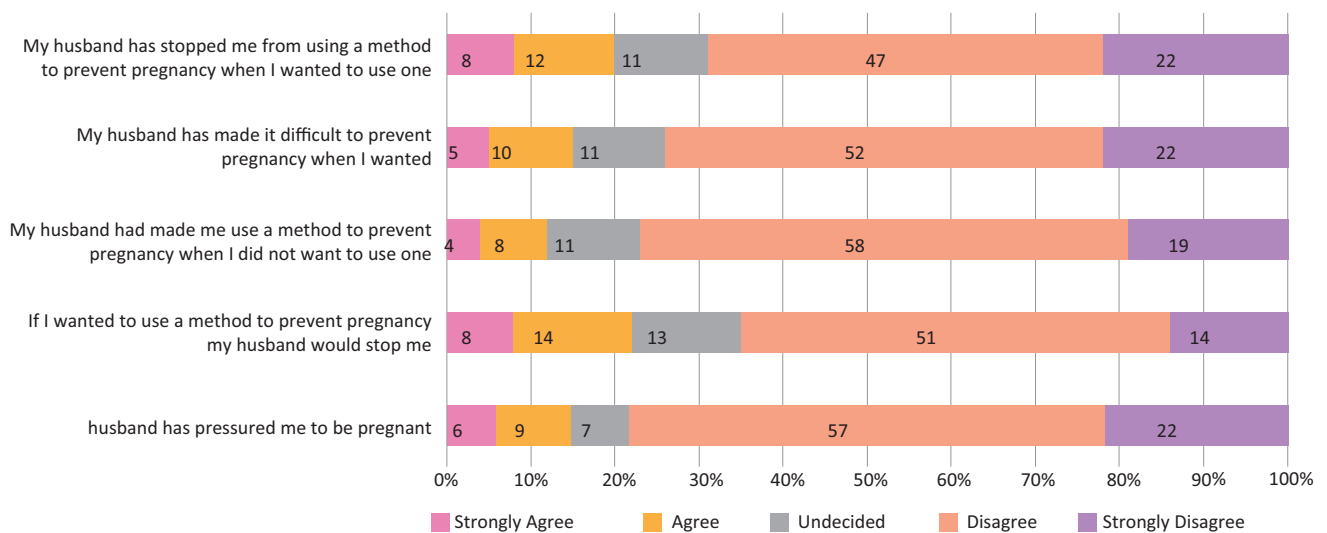
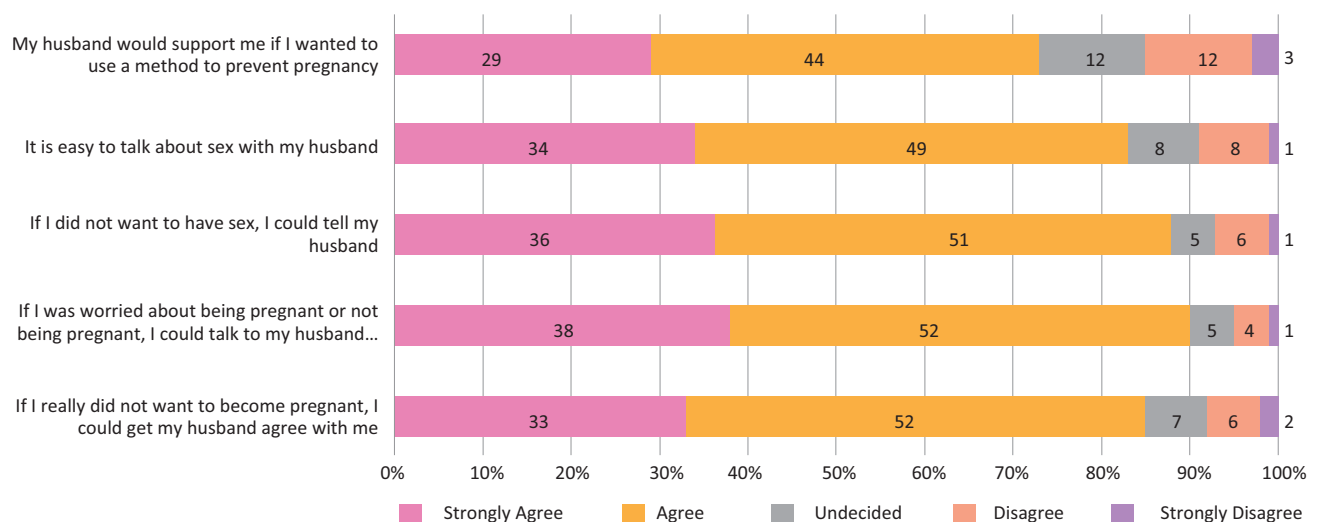


Figure 4: Percent of CMW by their level of agreement on statements related to interpersonal communication (In %)



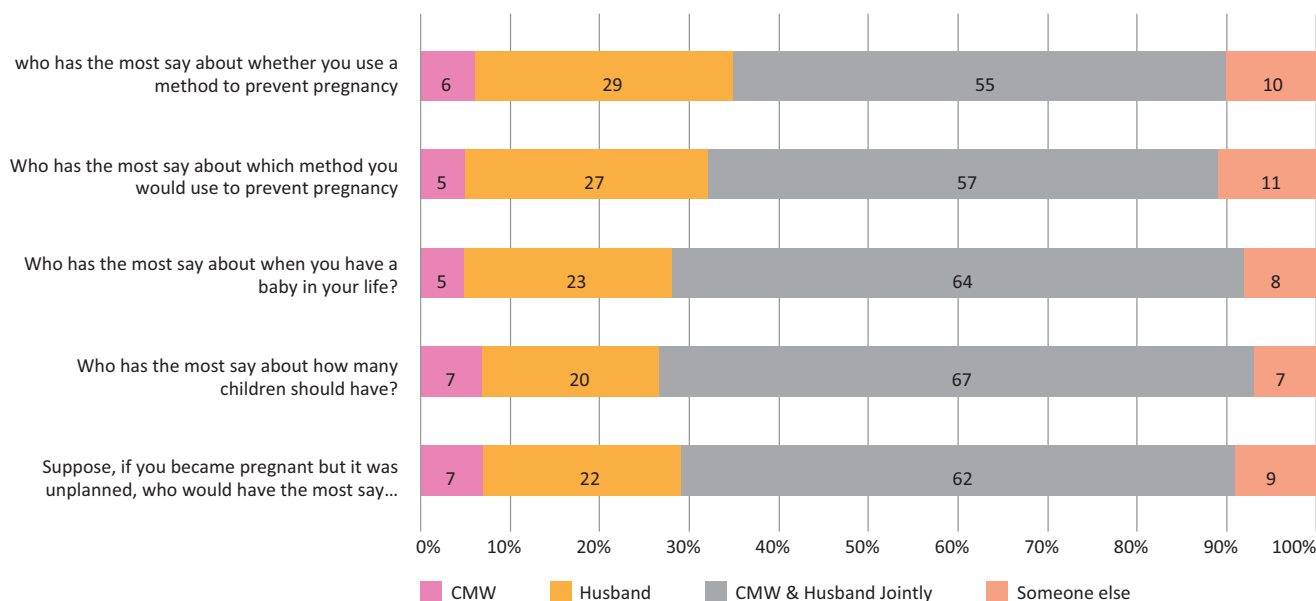
the women were asked to respond their extent of agreement for the statement “my husband would support me if I wanted to use a method to prevent pregnancy,” 61% in Bihar and 81% in Maharashtra agreed, while 20% in Bihar and 8% in Maharashtra disagreed and around 12% undecided. The majority of CMW in both states reported their agreement towards statements on interspousal communication about pregnancy and contraceptive use.

Key findings on Reproductive Autonomy: Decision Making

The decision-making subscale has four questions that were asked to identify the person who has most say in decisions. 40% in Bihar and 74% in

Maharashtra reported that both husband and wife will decide jointly when they were asked “who has the MOST say about whether you use a method to prevent pregnancy,” followed by husband (30% and 15%), someone else (12% and 5%) and women alone (7% and 6%) respectively in both the states. When women were asked “suppose, if you became pregnant, but it was unplanned, who would have the MOST say about whether you would raise the child or have an abortion?”, joint decision (47%) followed by husband (34%), someone else (10%) and respondent alone (9%) reported in Bihar. Likewise, in Maharashtra also, joint decision (82%), followed by husband (8%), someone else (6%), and respondent alone (4%). Though ‘respondent and husband jointly’ reported having the final say on contraceptives and pregnancy-related issues, women alone have very little say in both the states. The category ‘someone else’ constitutes in-laws and parents had better say than CMW alone.

Figure 5: Percent of CMW by their response on statements related to decision making (In %)



Voices on Reproductive Autonomy

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I have to do everything according to my mother-in-law, and I will have no choice even to express my views.

A woman, 23 years, Bihar

To quote another respondent, “I cannot delay the pregnancy, because if the whole family wants a child, and I am not ready, so they will not accept my concern.

A woman, 22 years, Bihar

Only my husband decides on family planning. Because I don't earn and do household work. He will go outside and earn, and hence he takes decision.

A woman, 22 years, Bihar

My in-laws are the key decision-makers in our house. I must inform my mother-in-law if I go out for any reason. Most of the times, she accompanies me if we go outside village. I am habituated, and I don't feel uneasy because of her presence. It is very difficult to talk to ANM or ASHA without her knowledge. Last week, ANM visited and told me about IUD.

Woman, 23 years, Maharashtra

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DISCLAIMER

This study was undertaken as a part of Pathfinder's YUVAA program supported by the Bill and Melinda Gates Foundation.

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