Yuvaa Youth Voices for Agency and Access

PATHFINDER

Busara

Pathfinder YUVAA Qualitative Assessment

Phase 4

Decoding YUVAA: Behavioral Perspectives on Family Planning in India

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Busara Center for Behavioral Economics

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Contents

Glossary

YC	YUVAA Corp / YUVAAkar
YMC	Young Married Couple
YMW	Young Married Woman
PHP	Private Health Professional
MIL	Mother in Law
ASHA	Accredited Social Health Activist
OCP	Oral Contraceptive Pills
IUD/IUCD	Intrauterine Contraceptive Device
FP	Family Planning
DPC	District Program Coordinator
DL	DharmaLife
LARC	Long-Acting Reversible Contraception
HTSP	Healthy Timing and Spacing of Pregnancy
SC	Scheduled Caste
ST	Scheduled Tribe
NT	Nomadic Tribes
OBC	Other Backward Class

Introduction

Study Overview

Background and the YUVAA Program

Family planning (FP) is a crucial facet of family welfare policy in post-independence India. The benefits go beyond health to impact the 17 sustainable development goals[1] (SDGs) whose call is to end poverty, protect the planet, and ensure that all people enjoy peace and prosperity by 2030[2]. FP has been recognized as one of the most cost-effective solutions for achieving gender equality and equity (Goal 5) by empowering women with knowledge and agency to control their bodies and reproductive choices by accessing contraceptive methods. A woman's access to her chosen family planning method strongly aligns with gender equality. Birth spacing can have significant implications on health, such as reducing malnutrition (Goal 2) and long-term good health (Goal 3) for the mother and the child. Access to contraceptives helps delaying, spacing, and limiting pregnancies; lowers healthcare costs, and ensures that more girls complete their education, enter and stay in the workforce, and eventually create gender parity at the workplace.

The YUVAA program, implemented by Pathfinder, aims to supplement the family welfare policy goal through multiple interventions holistically targeted towards bolstering the demand for counseling couples on the benefits of FP and Healthy Timing and Spacing of Pregnancy (HTSP) and supply of (making contraceptive methods available) family planning services and products as well as generating an enabling environment for the uptake of family planning among the Indian youth.

The program brings together social entrepreneurship and behavioral change communication techniques to improve both the supply and demand of contraceptives. It delivers customized family planning messages to young couples in 10 districts of Bihar and Maharashtra to positively shift gender and social norms around family planning behavior. These messages are supplemented by direct interventions to improve access to FP products through a group of social entrepreneurs (termed as YUVAAkars) who provide:

- Counseling on family planning and benefits of use of contraceptives

[1] See https://www.niti.gov.in/verticals/sustainable-dev-goals

[2] See https://www.niti.gov.in/verticals/sustainable-dev-goals

- The benefits of Healthy Timing and Spacing of Pregnancies (HTSP) practices
- Creating an enabling environment for favorable gender and social norms to increase uptake of FP.

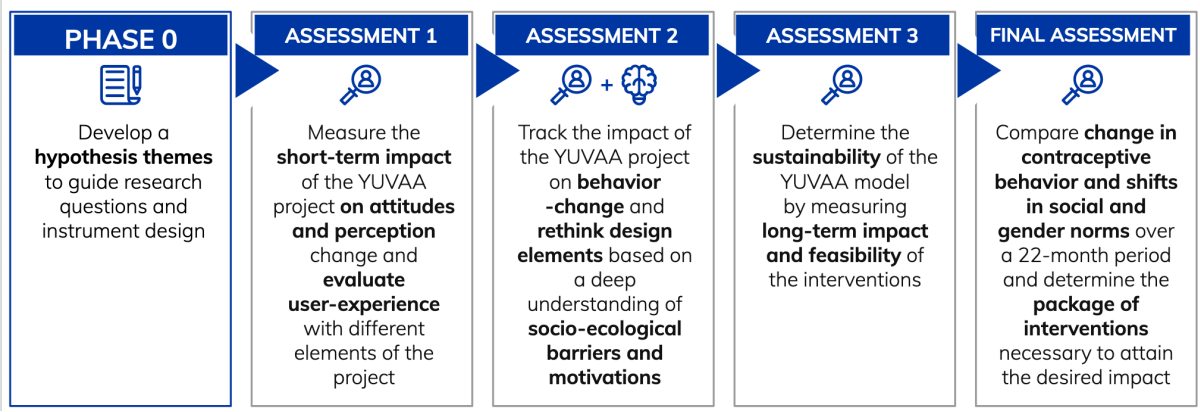
Busara and Pathfinder's Partnership

Busara partnered with Pathfinder to conduct a qualitative assessment of the YUVAA program to assess its impact through formative research around young married couples and YUVAAkars who deliver the program. The assessment was conducted across a 19 month period from April 2021 - December 2022, spanning 1 formative round and 4 rounds of field research with various YUVAA stakeholders. The findings from this study are expected to benefit the target population through recommendations for improved FP access and lowered social and supply-side barriers. Further, it will have indirect benefits for other social groups through adaptable learnings and new insights on family planning.

Study Objectives

The overall objective of this study is to assess the behavioral barriers and levers to family planning in target districts of the program. To do so, it will take on a four-phase approach.

Figure 1: Phase wise objectives



Synthesis of the 4-Phase Assessment Approach

The table below provides a summary of the evolution of this study across the 4 field phases, covering Research Objectives and Primary Approach for each. Each phase has an independent research report which should be referred to for complete and detailed commentary.

	Phase 1	Phase 2	Phase 3	Phase 4
Research Objectives	The objective was to identify trends in family planning in areas under YUVAA using an open framework rooted in the formative research phase 0.	The focus shifted to mapping insights from Phase 1 on to the user decision journey of young married couples.	The primary goal of this phase was to ascertain factors which determine or influence the sustainability of behavior change, especially form the supply side	Comment on the SEED model and family planning outcomes in the YUVAA districts by targeting specific themes
Approach and Analysis	Exploratory analysis using a large sample and multiple stakeholders	Targeted input from service providers to complete the user journey map of YMCs	Comparative analysis from a small sample using in-depth techniques like shadowing and leveraging effective stratification	Observable qualitative elicitation methods with a small sample group stratified by key segments.

Guide to Previous Reports

While this report puts together key findings from all phases to deliver a final assessment report of YUVAA, readers are strongly encouraged to refer to individual reports for detailed findings, implications and recommendations.

1. **Barriers to effective family planning (Phase 0):** The formative phase of this assessment presents the results of desk review conducted to collate key barriers and enablers of family planning under a unified thematic framework. It also introduces the 6-stage behavioral decision journey which forms the basis of the behavior change framework.

2. **Understanding Family Planning under YUVAA (Phase 1):** The cornerstone phase of this assessment contains detailed findings on all key themes of family planning and

posts the state of family planning across the selected districts of YUVAA when it was in the initial stages of implementation.

3. **Exploring Pathways to Behavior Change (Phase 2):** This phase builds on Phase 1 by bringing together a ground report of YUVAA along with key informant perspectives on the couple-level decision making, extensively covering the demand side of YUVAA. Further, it also presents a deep-dive into the user journey map by contraceptive and is the key reference report for contraceptive related insights.

4. **Sustainability of Behavioral Change under YUVAA (Phase 3):** Phase 3 was the first in-person field study conducted under this assessment and dissects supply-side insights including intervention delivery, YUVAAkar motivation and YUVAA-specific recommendations.

Phase 4 Report Structure

This phase completes the Phase-wise structure of the YUVAA assessment, zeroing in on the enabling environment aspect of the program. Further, it presents findings from all the phases as well as a commentary on the overall YUVAA assessment. The report is divided into 4 broad sections as follows:

- **Phase 4 Insights:** Core insights from the research themes covered in Phase 4
- **Combined YUVAA Assessment:** This section covers the combined findings from all phases, put together in a consistent narrative
- **Recommendations:** This section brings together key learnings for family planning from this study and presents recommendations for future family planning programs

PHASE4

Objectives and Insights

Objective

The final phase of the YUVAA assessment primarily seeks to provide a final commentary on family planning outcomes in the target areas of the study and reflect on the key outcomes of the SEED model as defined in the YUVAA Theory of Change. The key research objectives for this Phase are:

- Focus on the key levers of the SEED model, as identified in previous phases, and understand the learnings from YUVAA in influencing these determinants of family planning. These include: Social and Gender norms, Role of Men, Contraceptive choice, Side effects and more.
- Identify ideas and recommendations to strengthen YUVAA's implementation for subsequent phases
- Place insights from all Phases in a single coherent final assessment, accessible to both current and future researchers and implementers of family planning initiatives

To answer these questions, we looked at two key target groups: YMCs eligible for YUVAA and Mothers-in-Law. Both these groups have been a key focus of the YUVAA program and they represent the core decision makers of family planning at the household level. The lens of inquiries for each group were developed using insights from Phases 1-3, open research areas and their roles in the SEED model. Further, FGDs were also conducted with key YUVAA field administration personnel as key informants, to provide a holistic picture of the YUVAA program and family planning outcomes in the target districts.

This Phase 4 report will probe for the following themes across all target groups and key informants, which cover the open research questions across the SEED model from the previous phases of this assessment.

Themes	Key Research Question
Social and Gender Norms	Are there any differences in the type and magnitude of normative perceptions between YUVAA-couples vs. non-YUVAA couples?

	Who are the key custodians of social and gender norms that influence family planning? Who are the key networks that perpetuate/reinforce norms? Who are the custodians of different types of social and gender norms?
Role of Men	What differentiates men who actively participate in family planning decisions from others who don't? What is the relationship between intention to practice HTSPs and responsibility of family planning outcomes among men? When/how does perceived responsibility of family planning outcomes shift for men? What is the role of economic framing in encouraging men to be active participants in family planning decision-making? How does desire for family planning translate into responsibility and accountability for family planning outcomes among men?
Mother-in-Law	What differentiates MILs who positively participate in family planning decisions from others who don't?

Social and Gender Norms

As seen from research literature as well as from previous phases of this research, social and gender norms strongly influence the family planning decision making among couples. Over the course of this research, social norms and the pathways of social influence have been given due attention. While most of the dominant social norms were documented in Phases 1 and 2, the key research question in this phase was on defining the overall normative environment with a focus on mechanisms of social influence.

Summary

1. Although householder elders, especially MILs, are the custodians of social norms, peers are the primary means of norm propagation
2. Household members are the primary social referents for delaying and spacing while peers are more accessible for contraceptive use

3. YUVAA couples exhibit stronger pro-family planning normative perceptions as compared to non-YUVAA couples
4. Men perceive women to be the drivers of social norm compliance and attribute higher agency to them, reflecting a mismatch between the genders
5. Social referents formed as adolescents are a key predictor of attitudes towards family planning in adulthood
6. Social sanctions in response delaying show up nearly a year after marriage, turn severe after 2-3 years
7. Pressure from household and family members is stronger and more negative than from the peer-group
8. Family planning behavior is strongly linked to gender norms around girl education, early marriage and female employment

Normative Environment

Although householder elders, especially MILs, are the custodians of social norms, peers[3] are the primary means of norm propagation

Couples report two distinct social groups which play a significant role in the social dynamics of family planning. The first is composed of family members, often limited to the immediate household, while the other is a group of close friends with some history of acquaintance with either the husband or wife. Both these groups play very different roles in the normative environment.

MILs, and other household elders, are custodians of norms at the household level. They task themselves with interpreting and defining normative behavior for the family and ensuring that it is followed within the household. A key reason for this is that household elders are often the first recipient of social feedback from the broader community, either positive or negative. This gets passed on to the couple through a variety of mechanisms like direct feedback, reproach, taunts, emotional pressures and in rare cases, threats of disownership.

On the other hand, friends act to spread normative cues, as gathered from the community in general and their own households. They function as social messengers which communicate the descriptive and injunctive norms of the social. Unlike MILs, they usually do not apply direct

[3] *Peers here are defined as close friends of the couple, mostly the husband's friends but also in some cases those of the wife.*

social pressure on a couple to behave a certain way. For the most part, the threat of social sanctions from friends is limited as compared to that from the family, though exceptions exist such as social ridicule against men (by other men) for openly accessing contraceptives in some regions.

Household members are the primary social referents for delaying and spacing while peers are more accessible for contraceptive use

While considering the timing of pregnancy, a newly married couple usually looks to household members (like MILs, SILs or husband's elder brother/cousin) for guidance. As timing of pregnancy is directly linked to social value through the underlying social norms, MILs are open to talking about the timing of pregnancy and initiate these conversations directly with the couple.

However, this circle of influence does not usually extend to contraceptive use as it can be a taboo topic in certain households, especially natural methods due to their association with sex[4]. Friends are the first choice referents here due to ease of conversation and expectation of trustworthy advice rooted in personal experience. Friends-groups are often going through similar phases in their family planning journey at the same time, reflecting a strong in-group bias in their favor.

Among more agentic and open-minded couples, referents for contraceptives also extend out to external influencers like ASHAs and YUVAAkars, but even in those cases friends are consulted for their experiences and feedback.

Normative Perceptions

YUVAA couples exhibit stronger pro-family planning normative perceptions as compared to non-YUVAA couples

Couples who have been mapped to the YUVAA program reported a higher incidence of pro-family planning attitudes and perceptions. Firstly, they identify with a larger set of social referents for family planning decisions as compared to unmapped individuals, who usually are

[4] *Interestingly, the link between sex and contraceptive methods is stronger than that of sex and pregnancy, underscoring the different attitudes that household elders have towards discussing contraceptives as compared to discussing pregnancy.*

limited to social referents within the household. In many instances, mapped couples credited YUVAAkars with providing new and timely information about family planning.

Secondly, they report a stronger agency and self-belief in their ability to convince household elders on family planning matters and getting their way. As seen in previous phases, YUVAAkars are able to support some couples in navigating family members, though this varies across couples and their immediate social environment.

Lastly, unmapped couples are more likely to hold more traditional gender norms like relegating family planning solely as a consideration for women. In such a scenario, the men are mostly absent from the family planning conversation, especially with their wives, and usually follow household-level directives for family planning. As an unmapped husband reported, "family planning is a matter my wife will discuss with my mother".

Men perceive women to be the drivers of social norm compliance and attribute higher agency to them, reflecting a mismatch between the genders

Men from all backgrounds reported that the desire for having children early is stronger among women than men. Women face direct social pressures from the family and their peer groups, mainly in the form of negative comments and, in severe cases, exclusion from social events. As fertility is linked to social standing for women and the household in general, women prefer to avoid these sanctions.

Interestingly, men interpret this trend to attribute higher agency for family planning to their wives. In many instances, men reported that their wives lead the decision for having children early as well as completing the family unit i.e. fulfilling goals of two children. However, they discounted the influence of social norms and viewed their wives as more agentic rather than as acting in response to social pressures. Women do not echo this agency to the same extent and are more likely to attribute their actions to external pressures than their own agentic machinations.

Social referents formed as adolescents are a key predictor of attitudes towards family planning in adulthood

Social referents are formed as adolescents and are often the defining factor which determines the involvement of both men and women in the family planning process. Men who were involved in family planning reported strong associations with close friends in terms of open conversations with them about sexual reproductive health. In contrast, men who were not

involved in family planning were more likely to look to close family members for reference and develop a mirrored attitude towards family planning.

This also holds true for women in general. In one instance, a highly agentic woman reported identifying with her teachers as social references during adolescence which helped her prioritize career goals and develop personal agency over her decisions. At the other end of the spectrum, some women in Bihar, especially from low income families, reported restricted mobility outside the household which in turn limits exposure to possible social deviants.

Social Sanctions

Social sanctions in response to delaying show up nearly a year after marriage, turn severe after 2-3 years

After marriage, couples have a one year period where they are not mostly not bothered about potential delaying behavior. In some instances, some family members might inquire about family planning intentions 4-6 months after marriage but the interaction is mostly on inquisitive lines and not negative. Social pressures are ramped up if the couple does not report a pregnancy after one full year of marriage. This is when household members step in and try to counsel the couples on having children, sometimes applying pressures like emotional blackmail. If the couple does not report a pregnancy after 2-3 years, the social talks turn more negative and show up as social sanctions in the typical forms of questioning fertility of the couple and, in some cases, excluding the couple from social gatherings and events.

Pressure from household and family members is stronger and more negative than from the peer-group

Social pressure from within the household is usually stronger and more negative as compared to that from friends. Much of the social pressures at the community level are directed towards household members, which in turn influence the couple. While peers also contribute to social pressures, as seen in the previous phases, their method of influence is not as negative or persistent. For instance, while household members might change their rhetoric to questioning fertility and emotional arguments, peers often offer concern and advice to the couple, viewing the delay from an understanding or sympathetic point of view. Interestingly, most couples reported that direct pressure from the community is not a major concern for them. The influence of community only acts indirectly through family members and peers, mostly the former.

Timeline of Social Pressures for Delaying		
	Household Members	**Peers**
Before Marriage	Sexual health and family planning are taboo topics within the household before marriage and young adults	Peers are often the sole source of information around sexual health and contraceptive use and play a strong role in defining attitudes and social referents
At Marriage	Household members hesitate to broach these issues even around marriage, though there are a few instances of MILs having a conversation with their sons around marriage.	Peers are involved in conversations around sexual health. Information gets passed on within the immediate network on topics like contraceptives, family planning and child-care.
~6 months after marriage	Parents, either the father or the mother, will start inquiring about family plans of the couple indirectly through comments and situational questions. Direct conversion happens in rare cases.	Peers do not exert influence at this stage. At most, some indirect questions can be asked to the couple in confidence, that too rarely.
~1 year after marriage	By this time, household members start seeking direct conversation with the couple on their family planning and becoming open about their desire for children as well as highlighting the negative consequences of delaying. This is also the time when the broader community influence kicks in, the incidence of which is borne by household elders.	Close friends can start asking questions about family planning but their line of inquiry is driven by curiosity and they do not seek to enforce social compliance. Peer groups beyond close friends are not as restrained and they align with household members from this point, with increased negative pressure in the form of direct questioning of couples and social distancing.
~2-3 years after marriage	If the couple still does not have the first child, household and family members ramp up the pressure with the strongest sanctions like directly	Concern among close friends also increases however for the most part their concern is expressed in a more positive valence as compared to

	questioning fertility and sexual health, exclusion from social events and gossiping about the errant couple.	household members through recommendations for doctors and treatments. Sanctions from the extended peer group åre aligned with those of family members and they can contribute to social exclusion and comments on fertility.

Supplementary Gender Norms

Family planning behavior is strongly linked to gender norms around girl education, early marriage and female employment

Normative expectations and attitudes towards family planning are strongly connected with outcomes based on the related norms around girl education and early marriage. As seen in previous phases as well as this one, education of both men and women are a strong predictor of their involvement in the family planning process. In many instances, female education was also an acceptable reason to delay childbirth, in cases where a newly married woman has not completed her education. Further, couples who marry early are more likely to be dependent on the family for family planning advice, have limited agency and tend to default to strictly normative behavior. Female employment has also increased, which has impacted delaying and spacing. Women who have career goals often engage in family planning to plan for their future accordingly.

Importantly, the connection with supplementary gender norms is also becoming clear to the stakeholders on the ground with both YUVAAkars and couples identifying gender outcomes as key reasons for shifts in family planning attitudes. Falling trend in early marriage of girls was directly linked to delayed family planning outcomes by YUVAAkars in Bihar, while better education outcomes were linked with more receptiveness for family planning even at the community level in Maharashtra.

Role of Mothers-in-law

In Phase 3, we identified mother-in-laws (MILs) as key individuals in a couples family planning decision making journey in both Bihar and Maharashtra. In this section, we will dive deeper

into the characteristics of mother-in-laws, intergenerational dynamics, and what influences a MILs decision making process when it comes to family planning.

Summary

1. MILs clearly and openly identified with the dominant social norms guiding family planning practices
2. MILs enshrine traditional genders norms in terms of comparative work between son and DIL
3. Younger MILs are more open to spacing between children but contraceptive use for delaying is still viewed as taboo
4. MILs are more sensitive to perceived side effects of contraceptives than couples
5. Health concerns as reasons for delaying and spacing are more acceptable to MILs than financial concerns
6. Ideas related to respect for elders and compliance as part of the identity of an 'ideal couple' provides legitimacy to MILs control over family planning decisions

MILs and their Enabling Environment

MILs clearly and openly identified with the dominant social norms guiding family planning practices

Generally, all MILs are open to the YMCs following FP practices. This includes healthy delaying and spacing and usually accepting that couples should have 2 children. MIL's are aware of the benefits of smaller family sizes, and gender equality, though son preference still persists in many, but not all, cases. If the DIL is young (18/19) then many MILs said she should wait till she's at least 20 to have her first child. However, if the DIL gets married at 20, then there is little incentive to wait before having their first child. In some cases, if the DIL is studying, then an expectation might be made but MILs believe that having a child at a later age is detrimental to health and the family unit. However, delaying is limited to 1 year and MILs usually do not encourage the use of contraceptives till after the first child is born.

MILs enshrine traditional genders norms in terms of comparative work between son and DIL

MILs conform to traditional gender roles in households where the DIL is responsible for taking care of the household (cooking, cleaning), the children and the parents-in-law. According to

the MIL, the DIL's priority is the family. She can work but only if she is able to maintain her roles and responsibilities within the household first. The work the DIL does should be respectable as she is representing the family within the community (for example, in Bihar, the DIL will not work in her own village but in a neighboring village as it is uncommon for DIL to go out into the community without anyone accompanying her). Generally, even if DIL is working, MIL will see husbands work as the primary source of income and the DILs work as supplementary

Younger MILs are more open to spacing between children but contraceptive use for delaying is still viewed as taboo

Younger MILs support contraceptive use after the second child but older ones prefer no contraceptive or operation after 2 children. However, both of these MILs generally do not believe in contraceptive use before the first child.

MILs are more sensitive to perceived side effects of contraceptives than couples

For MILs, correlation = causation in terms of contraceptive side effects. For example, one MIL said in Maharashtra, "a woman I know got a copper-T. She started losing weight a few months later and started becoming weaker in health." MILs are concerned about fertility and how this would reflect negatively on the image of the family within the community.

Health concerns as reasons for delaying and spacing are more acceptable to MILs than financial concerns

MILs are more likely to consider the health of the DIL, rather than financial concerns, as more acceptable reasons for delaying and spacing. By appealing to the health of the DIL, couples and YCs have found that they can more easily inform a MILs decision making.

Ideas related to respect for elders and compliance as part of the identity of an 'ideal couple' provides legitimacy to MILs control over family planning decisions

Even though MILs say that a husband and wife should decide between themselves ("we can't force"), they also believe that couples should keep in mind the parent's happiness. This reflects social norms where children are expected to respect their elders and comply with their wishes as their dictates that "they know what is best". Furthermore, MILs believe in the concept of parents' authority over a couple's relationship. In these cases, MILs see a couple's family planning as impacting the whole family unit.

Who is a supportive MIL?

Supportive Mothers-in-Law	
MIL with agency and exposure is more likely to support family planning	A MIL who is economically independent or works outside the home (teacher, ASHA, JEEViKA, etc.) and has more exposure to different ideas and is less susceptible to social norms. She is more likely to support FP.
Past experiences influence the present	MIL who has had a bad experience in the past. For example, a MIL who was pressured to have many children or herself had a bad relationship with her MIL or has seen the impact not using FP has had on the household is more likely to be pro-FP.
Changes in intergenerational relationships	Shift in social norms amongst MILs who now think that the DIL is a part of the family, and not an outsider: “We treat our bahu as our own beti”
Unsupportive Mothers-in-Law	
Desire for early fertility	Fertility is a sign of success, and is something that is socially revered. Hence, unsupportive MILs are concerned about "English medicine", and their side effects on the fertility of DIL. Religious beliefs: “Children are God's gifts”. These MILs are less likely to encourage use of contraceptives as it interferes with “God’s plan” and prefer natural methods (if any at all). In one village in Bihar we saw prevalent use of homeopathy as a form of contraceptives over allopathic medicines.
Concerned about community perceptions:	Some MILs are heavily influenced by social norms or perceptions of other people in the society to the extent that even if they previously believed in delaying the first child, interactions with other MILs who think otherwise will change their inclination towards believing that delaying for more than a year or two is not acceptable
Security through children	Many MILs believe that success and happiness is linked to having a child. This is especially true for a MIL who has experienced uncertainty (early death of a husband, financial insecurity) as she sees children as future security. There is also a common perception that having children is the only purpose for marriage: “People get married to have children”
Traditional gender norms	Some MILs fear that external influence could impact her DIL’s fertility and family planning outcomes and go against the MILs own wishes and desire.

Role of Men

Men show up in the family planning ecosystem in two ways. First as part of the young, married couple - the primary decision making unit of family planning - where they are mostly clubbed with women and treated as a unit. Second from the perspective of women, who bear the lion's share of the burden of family planning, where men are part of the social environment. In this section we highlight findings particularly attributable to men as independent contributors to the family planning, taking into account their perceptions, social networks and involvement in family planning.

Summary

1. Men have limited and exclusive networks which function as social referents for normative behavior
2. Friends are the only source of information regarding sexual health and family planning before marriage
3. Male involvement in family planning matters tracks closely with education, shared family income and individual agency
4. Men report almost exclusive reliance on natural methods and on condoms for short term birth control. This is at odds with women who reported a broader range of contraceptive use
5. Men are strongly influenced by availability and default options, both in terms of access to information as well as choice of contraceptives

Social Networks and Referents among Males

Men have limited and exclusive networks which function as social referents for normative behavior

Men usually have a wider social network than women due to higher mobility outside the household, Men have a very small social network, often encompassing just a few very close friends and extending as far as a few family members like a cousin similar in age. For a majority of respondents, friends were reported to be the primary social referents for obtaining new information as well as adoption of new behaviors. Importantly, this relationship is reserved for a few very close male friends and does not extend out broadly to other men. Sensitive topics like family planning and health issues are particularly only discussed with very close friends, preferably those who are married.

"We only speak about private matters with other friends who are close to us in age. If the age difference is large, I won't talk about private stuff with them" [Male, Factory Worker, Maharashtra]

Another group of close referents could be close family members, usually parents or brother or a close relative. This network is usually exhibited by the men who rely strongly on their families for income and social support, like farmers working on family owned farms or migrant workers who utilize family support for childcare and other dependencies.

"I only listen to what my parents say. They have lived through all this and are experienced and they would always want what is best for me." [Male, Farmer, Maharashtra]

Men identify almost exclusively with male referents and hesitate to engage with potential female referents beyond their mother. As seen in Phase 3, whenever the need to engage with a female community worker such as ASHA arises, they prefer to communicate through their wives. Furthermore, as their circle of trust even among males is limited to close friends, they face the same hesitation in engaging with male YUVAAkars as well.

Friends are the only source of information regarding sexual health and family planning before marriage

For men, the first information about family planning, sexual health and even contraceptives often comes from friends. As these are considered taboo topics within the household or for the general community, friends are the only avenue through which men are exposed to issues around family planning before marriage. This communication often happens in an immature, adolescent context covering topics like sex, contraceptives (mainly condoms) and sexual health. Further, these conversations are rooted in related content that young adults come across in their regular lives like TV advertisements for condoms and OCPs and movies or mainstream news articles covering related topics.

In the absence of a strong and open social network in their formative years, men often reach the milestone of marriage without an evolved attitude towards family planning. This in turn makes them more likely to follow the advice of family elders without question and limits their agency to make independent decisions. Intra-couple communication is also hampered in such situations where 'experienced elders' are viewed more favorably than a partner who is also dealing with these for the first time.

"Parents know best and we should listen to them. [contd.] What would my wife know? She is also new to this. She will follow what our elders tell us" [Male, Uninvolved, Maharashtra]

What defines a highly involved male?

Male involvement in family planning matters tracks closely with education, shared family income and individual agency

Education and dependence on family income are strong predictors of how involved men will be in family matters. Men who are highly educated and hold a private sector job are more likely to be involved in family planning matters. The overall perception is that higher education makes people more aware as well as more receptive to new ideas.

Men directly involved in family-owned activities are more likely to report adherence with family priorities without adding their own input in the decision. Correspondingly, they are less likely to be supportive of their wives in case they are agentic towards family planning. On the other hand, if the husbands have their own income stream and make independent decisions for the family, they are more likely to engage with their wives and discuss family planning. Further, men working in private jobs are more likely to delay in hopes of a higher salary which connects with their financial goals. Broader agency over life decisions among men is also a strong predictor of intra-couple communication and joint decision making.

Perceptions around Family Planning and Contraceptive Use

Men report almost exclusive reliance on natural methods and on condoms for short term birth control. This is at odds with women who reported a broader range of contraceptive use

In the majority of cases, men reported using natural contraception, mainly withdrawal but also timing in some cases. In a few cases, condoms were also mentioned. Beyond these two, there was limited mention of any other contraceptive. A major reason for this is fear of side effects. Men often treat side effects with more concern and rigidity than women. They are also prone to acting more on misinformation, mostly attributable to their limited understanding of the menstrual cycle as well as the mechanism through contraception works, increasing their risk sensitivity to side effects.

Men are strongly influenced by availability and default options, both in terms of access to information as well as choice of contraceptives

Men reportedly form strong opinions based on their limited social networks and more importantly, for the most part they do not easily question the first few pieces of information they received which contribute to their personal attitude development. The source itself may be either peers or parents or CHWs but personal beliefs and attitudes, once formed, stick more strongly for men than for women. Thus, it is the availability of the social referent or information source that matters most as there is very limited motivation for information-seeking.

Further this heuristic also applies to men's choice of contraceptives, fuelled by contraceptives still being a taboo topic in certain communities, especially those which are far from urban centers. In these societies, men tend to go for the default option offered by the chemist or community health workers and do not seek second options.

"A man, when he goes to the chemist for contraceptives, would stick to non-verbal communication to the extent possible. He would opt for whatever brand of condom is on display and point towards it instead of openly asking for it." [Male, Involved, Maharashtra]

YUVAA Behavioral Assessment

Developing an Evaluative Behavioural Lens

In order to conduct a long-term, multi-phase assessment of the YUVAA model which remains accessible to family planning practitioners as well as conforms with the original YUVAA theory of change. Using the SEED model as the foundation for this lens, the study assimilated the key behavioral themes that emerged from different phases of the assessment and mapped them to the SEED model to create a behavioral lens that weaves the two together. The table below lists the key metrics of this lens.

YUVAA Assessment: Behavioural Metrics		
Demand	**Supply**	**Enabling Environment**
Attitudes and Behavior for HTSP Intra-Couple Communication - Agency of Women Involvement of Men Contraceptive Method Choice - Attitudes towards Side Effects	YUVAAkar Identity and Motivation - Defining a successful YUVAAkar YUVAAkar-YMC Interaction Relationship with family members Relationship with CHWs Product Basket	Social and Gender Norms Role of MILs and Family Role of Community SBCC Strategy

This YUVAA assessment breaks down the behavioral insights into these metrics to present a holistic picture of YUVAA and its key stakeholders - YMCs and YUVAAkars. The section is divided into the following sections

- **Key Findings:** Presents findings from all phases within the structure of the evaluative lens
- **Personas:** Not all findings, implications and performance metrics are applicable uniformly across YUVAA regions. This section presents key archetypes of YMCs and YUVAAkars and differentiates them on how they interact with YUVAA and the behavioral metrics.
- **Behavioral Scorecard:** Pulls together all implications for YUVAA from all phases in a comprehensive qualitative snapshot of the program across the SEED components

Key Findings

The section pulls together findings and insights from across the 4-phase assessment and maps them on to the individual components of the SEED model, serving as a recap of the key highlights of the assessment, as grouped by behavioral metrics.[5]

Demand

Covers on the YMC-centric themes in the assessment, primarily focussing on couple-level decision making and contraceptive demand and choices.

Attitudes and Behavior for HTSP

- Social referents formed as adolescents are a key predictor of attitudes towards family planning in adulthood
- Delaying is constrained by social norms, women's capacity & choice of contraception
- Spacing is gaining traction, although concerns about infertility continue to act as barriers for contraception use
- Newly married couples with women over 20 years rarely consider delaying children

Intra-Couple Communication

- Social norms and fear of misunderstanding prevents communication between couples
- The quality of intra-couple communication is higher in socially acceptable love marriages that are increasingly common in Maharashtra

[5] *As this section is structured as an overview of key findings, readers are encouraged to refer to the phase-wise reports for more nuanced details on each of the findings*

- Mostly males bring up the discussions on using contraception though in some instances, women with relatively higher agency take charge. Women reflect a potential to bring up use of contraception with their husbands, though social norms continue to inhibit them
- Wife's preference is given due weight in case of negotiation and conflicts about which contraceptive to use
- Couples where the male is a migrant worker have poorer intra-couple communication and a stronger influence of MILs in the household

Agency of Women

- Women bear the responsibility of family planning, but not the authority to decide its course
- The level of agency for women in Maharashtra and Bihar is different due to varying social and gender norms. While women in Maharashtra take ownership of family planning decision and usually feel confident in convincing the husband, women in Bihar cannot openly engage with or convince their husbands to use contraceptives
- In Bihar, male YMCs and MIL retain the power of family planning decision making but women gain more agency after first child

Involvement of Men

- While male YMCs predominantly respond to linking family planning with rising expenses, the burden of contraceptives more often than not falls on the shoulders of women.
- Fear of side effects or pride in practicing "control" lead men to usually default to using natural methods and not engage with contraceptives
- Men have limited and exclusive networks which function as social referents for normative behavior
- Friends are the only source of information regarding sexual health and family planning before marriage
- Male involvement in family planning matters tracks closely with education, shared family income and individual agency
- Men perceive women to be the drivers of social norm compliance and attribute higher agency to them, reflecting a mismatch between the genders
- Men are strongly influenced by availability and default options, both in terms of access to information as well as choice of contraceptives

Contraceptive Method Choice

- 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 the go to option for newly married couples looking to delay having the first child, though in some cases pills too have gained traction. Condoms are widely used for delaying due to low perceived side effects, high awareness and easy availability.
- Use of methods other than condom gains traction after couples have had kids
- Copper-T is the most preferred method to space kids, followed closely by injections and pills

- Sterilization is still the go to option for couples though the practice is reducing. Females are more likely to get sterilized, though men are also choosing to undergo the procedure
- Increased interaction with couples that successfully use contraceptives and higher education positively influence a YMCs decision-making around contraceptive uptake
- Men report almost exclusive reliance on natural methods and on condoms for short term birth control. This is at odds with women who reported a broader range of contraceptive use
- Couples are opting for LARCs more frequently over the long run, as reported by PHCs

Side Effects

- Fear of side effects increases the propensity to use natural methods
- Side effects from less understood methods like pills and injections promote the use of condoms, considered a more straightforward method.
- Promise of privacy can overshadow limitations of side-effects, particularly for IUCD i.e. women are able to use IUCDs without the knowledge of others in the household
- YUVAAkars with experience in using contraceptives are better at helping YMCs navigate through side effects

Supply

Explores the supply side themes with a main focus on YUVAAkars and their role along with insights on ASHAs and the product basket

YUVAAkar Identity, Role and Motivation

- In Maharashtra, most male YUVAAkars have their identities rooted in their primary economic role whereas female self-identity as a YUVAAkar is stronger
- Female YUVAAkars, on the other hand, identified more with the YUVAAkar identity, taking ownership of most of the conversations with YMCs on family planning and contraceptives.
- Along with social good, additional income generated from the program adds significantly to the motivation of YUVAAkars
- The value proposition for women who do not have an additional source of income is much higher than that for men
- Increased agency for women with respect to traveling in and around the community and earning their own income against the traditional gender norms is a key motivating factor for women, especially in Bihar

Defining a successful YUVAAkar

- YUVAAkars with prior experience as social workers are seen as change agents with higher social recognition and respect within the community, thereby increasing their motivation

- Existing social networks and recognition formed due to previous experiences in the domain increase the likelihood of success for YUVAAkars
- In Bihar, relatability with YUVAAkars in terms of age increases the ease of interaction between them and Young Married Couples
- Being highly communicative and people-oriented is important in faring well as a YUVAAkar

YUVAAkar-YMC Interaction and YUVAA Activities

- YUVAAkars are seen as authorities on family planning advice and in some cases, couples actively seek them out for both advice and products
- Program delivery maybe limited to families with an already positive outlook on family planning
- YUVAAkars have created a presence in the community, but may need some support in involving men and the family in the program
- Promising confidentiality across multiple touchpoints is the key to building trust and addressing concerns of being selfish
- Women leverage YUVAAkar or HCPs to help them navigate their husband, if not, they use contraceptives secretly
- Gender norms around family planning being the sole responsibility of a woman makes it easier to initiate conversations around this topic among women more than men
- One-on-one counseling sessions are more successful than couple counseling. This may be due to the power dynamics between the couples that comes in the way of women being able to freely voice their opinions in front of their husbands
- Curiosity for more information, health and wellbeing concerns for themselves and family and, in a few cases, the opportunity to voice their opinions about contraceptives work as motivations for women to participate in group counseling sessions
- The most vulnerable YMCs remain out of YUVAA's reach due to convenience sampling for consumer mapping

Relationship with Family Members

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

Relationship with CHWs

- YUVAAkar reflect a strong intention to do social good and fit in harmoniously with family planning and healthcare ecosystem, which needs to be nourished
- YUVAAkar and CHW networks are key support systems to bypass and manage social and family expectations, though not always

- YUVAAkars and ASHAs form a mutually beneficial relationship to deliver family planning services in the community
- ASHAs serve as champions for trust building between YMCs and YCs in Maharashtra

Product Basket

- This lack of flexibility in the product basket composition, low margins on products and difficulty in selling certain products, crowd out YUVAAkars' risk appetite for taking up the product basket; thereby increasing the monetary value that comes from counseling.
- Consumer demand for products in a product basket is not consistent across the two states - while baby products are most popular in Maharashtra, they're not a part of the basket in Bihar at all.
- Due to limited availability of alternative products and the strategic matching of need based products, demand for childcare items is higher than that for contraceptives
- When product price acts as a deterrent, YMCs prefer products that are available for free through other channels e.g., government centers and the ASHA/Anganwadi centers
- In a few cases where advertisements influence choices, there is a demand for greater diversity in the type of condoms

PHCs and Mentees

- Dedicated space for family planning offers a safe space for couples to discuss issues
- Low financial importance to family planning matters and financial constraints especially in Bihar lead couples to choose Public Health Centers over Private Health Providers
- Mentees who work as YUVAAkars are highly successful due to their extensive knowledge and experience in Family Planning

Enabling Environment

Covers insights around elements of social environment around family planning decisions like norms, MILs and SBCC

Social and Gender Norms

- Between-gender communication norms strongly influence the YUVAAkar-YMC touch points, leaving woman to woman interactions more successful than any other.
- Male YUVAAkars who are custodians of gender norms and view Family Planning as a woman's domain strongly limit the impact that male YUVAAkars can have on the community
- Low education, suboptimal gender norms influencing women who get married at adolescence translate directly into ineffective family planning decision making.

- While anchoring the minimum age of childbirth promotes delaying in cases of early marriage, it does affect other norms affecting agency of a woman in making family planning decisions
- Household income and regional preferences can promote deviance in adhering to the two child recommendation
- While community health workers promote spacing and lend support to couples engaging with their households, strong voices, prominently MILs, promoting to have kids early on in married life may affect the external support in favor of family planning
- Although high economic costs of raising a child have brought down son preference, conversations around son preference and its influence on family planning decisions depend on household dynamics relating to bargaining power and agency in the household.

Role of MILs and Family

- Family does not want couples to delay children, though the pressure may be reducing
- Living in joint families limits a YMCs autonomy to make decisions about family planning for themselves due to hierarchies where decisions are more often than not made by financial providers
- Although householder elders, especially MILs, are the custodians of social norms, peers are the primary means of norm propagation
- Due to limited reference networks among women in the community, MILs exert high influence on the Young Married Woman's decision-making around family planning
- Household members are the primary social referents for delaying and spacing while peers are more accessible for contraceptive use
- MILs clearly and openly identified with the dominant social norms guiding family planning practices. MILs enshrine traditional genders norms in terms of comparative work between son and DIL
- In areas where these social reference networks are weak, role models are predominantly limited to family members thereby limiting the exchange of new ideas in the domain
- Pressure from household and family members is stronger and more negative than from the peer-group
- Ideas related to respect for elders and compliance as part of the identity of an 'ideal couple' provides legitimacy to MILs control over family planning decisions
- Younger MILs are more open to spacing between children but contraceptive use for delaying is still viewed as taboo

Role of Community

- Community is more concerned with delay of kids, and less with spacing or contraceptive use, with increasing acceptance reported for both
- Community acts through both household and non-household members as channels to exert influence
- Economic security can play a role in both the ease of access to couples as well as the adoption of family planning

- Religion and caste play a role in the way communities respond to matters surrounding family planning, especially when it comes to YUVAAkar interactions with YMCs in Bihar

SBCC Strategy

- Safal Couple provides a good narrative which works well in some places but falls short of universal appeal
- The definition of 'ideal' couple among YMCs includes ideas of conformity with household goals, which can go against family planning goals communicated by the 'safal couple' narrative.
- Video content is not as effective as flipbook due limited attention spans of YMCs and issues with delivery like lack of phone space for YUVAAKARs. The flipbook is reported to be both effective and popular due to ease of use as teaching aid and easy reference.

Personas from the Field

The previous section focussed on providing a complete and combined set of findings from the present study, across all phases. However, not all findings apply to all couples or YUVAAkar or even all regions. Many of the barriers and levers discussed in the findings apply contextually based on socio-demographic factors or the dominant social norms and custodians or simply on the motivation and efficacy of YUVAAkars. In order to create a granulated assessment of YUVAA as to how the project is influencing couples, the study utilizes personas or archetypes of YMCs and YUVAAkars which capture the nuance and varied impact of the program, as described in this section. YMCs personas are utilized to represent the Demand side of YUVAA, while YUVAAkars personas highlight the nuances in Supply. Enabling Environment acts on both these components and has been covered in both personas as applicable.

Young, Married Couples

While the underlying objective of YUVAA is to positively influence the behaviors of all young married couples the same - i.e., towards an increase in the inclination of the couples in being able to effectively apply family planning to their lives and encourage an uptake of family planning methods, factors such as the inherent nature of individuals in a couple along with the power dynamics between the couple and their environment strongly influences how interventions play out for each of them. This section presents typical personas[6] to understand

[6] *These figures are an approximation representing an amalgamation of the different YMCs and in no way a strict or exact representation of any particular couple.*

how the aforementioned factors influence the decision-making of a couple both with and without the YUVAA intervention. The key focus is to highlight how key personas fare on the Demand-side metrics and to highlight the common barriers and levers in engaging with each YMC archetype.

1. Potential Power Couple (Agentic Wife, Uninvolved Husband)	
Rupali and Rahul are newly married, and live with Rahul's parents. While Rupali relies on Rahul for financial support, she is an agentic woman who is able to openly voice her thoughts to him and the family. While Rahul thinks FP is important, he takes little interest in actively seeking information around contraceptives or the topic in general.	
Demographics	Education: 12th for female, graduation for male. Age: 19-24 Parity: P0 (but in some cases may already be expecting the first child) Though such couples are present in both states, the skew of authority towards men is higher in Bihar than in Maharashtra within such couples.
YUVAA Inclusion	Typically mapped under YUVAA as they are the easiest to reach, this persona encompasses the largest segment of YUVAA couples who are open to and interested in family planning but are still strongly influenced by traditional gender norms and the absence of active involvement of men.
Intra-Couple Communication	Rahul and Rupali both believe that mutual decision-making is important. In cases where both have different opinions, Rahul considers Rupali's opinion in the final decision but retains the final decision making power. Rupali is confident in bringing up family planning discussion with Rahul, but faces an unsaid pressure for proving her fertility by having a child.

Attitudes towards Sexual and Reproductive Health	Rupali and Rahul both have strong trust in doctors and ASHAs. However, the first touch point for them in case of health advice is Rahul's mother. When talking about SRH, Rupali sees her mother as more trustworthy in terms of reliance for support or information. This is because she is said to have more experience in this area as compared to Rahul. Outside the household level, the second touchpoint is the doctors and ASHAs, reflecting different channels of trust in SRH compared to those for general health.
Attitudes towards Contraceptives and Side Effects	While Rahul takes little interest in family planning, he understands the importance of contraceptives partly after interacting with YUVAAkars. In the face of perceived risks from side effects as well as a high likelihood of his mother asking him and Rupali to stop contraceptive use, Rahul is more likely to prefer switching the method instead after consulting his wife Rupali. Rupali, for the most part, might want to use contraceptives but will have to defer to the final decision made by Rahul. In rare cases, she can opt for discrete methods like IUCDs, without her husband's knowledge.
Social Referents around SRH and Contraceptives	While doctors and ASHAs have been important sources of advice for Rahul and Rupali, they now also reach out to their assigned YUVAAkar for advice. However, this is usually after Rupali has consulted her own supportive mother. Rupali and Rahul find that YUVAAkars, doctors and ASHAs are the strongest pillars of support for HTSP. This is followed by Rupali's friends and relatives that the couple identify as supportive whereas the same groups who belong to Rahul's side of the community are not seen as strong supporters.
Barriers to Effective Family Planning	While Rupali and Rahul equally consider each other in decision-making, Rahul's low interest in family planning makes it challenging to put forth a strong case for delaying or spacing in case his or Ruplali's parents oppose their decision as it undermines Rupali's agency.

	Rupali also feels a need to prove her fertility to bolster her social standing among other women as well as the community as a whole.
YUVAA Levers	While Rahul still takes little interest in family planning, Rupali is a highly agentic woman who feels confident in convincing Rahul and talking to his family about FP after consulting their YUVAAkar. Their openness to family planning discussions make them open to receiving advice and information from YUVAAkars and Rupali actively participates in group meetings. The private access to contraceptives offered by YUVAAkars also worked in Rupali's favor by expanding her method choice.

2. The Un-Safal Couple (Early Marriage, Limited Agency)

Mandar and Mansi are newly married, and have just moved to Mandar's village. Mansi has left behind all sense of security and familiarity. She now relies on Mandar (migrant worker) and MIL to help her settle into this new routine. She comes from a traditional background, only attended middle school, and experienced little agency growing up. She believes in being a good mother to her future children and dreams of giving them a better life than her own. Given that Mandar is a migrant worker, he takes little interest in family planning.

Demographics	Education: Class 8th - 9th for both Age: 19-21 Parity: Usually P1, may also be P2 depending on gap between consumer mapping and study period Common across both States, though higher proportion in Bihar
YUVAA status	Usually unmapped or harder to reach mapped couples within YUVAA. Such couples are most likely to be excluded by the convenience based consumer mapping exercise or resist learnings offered by YUVAAkars and ASHAs

Intra-couple decision-making	Given that Mansi always had little agency growing up and that Mandar travels for work to another city, Mansi is often unable to initiate a conversation with Mandar, to convince him about family planning and as a result, has to often, beat down her decision to use family planning methods.
Attitudes towards Sexual and Reproductive Health	Mandar lives away from home on most days and comes back home to visit during the holidays. Given this, his attitude around the uptake of contraceptives is negative. While this stems from a lack of awareness about the possible benefits, the lack of intention stems from reduced pleasure with easily available contraceptives such as condoms. In addition to migrant workers, males involved in ad-hoc income sources like variable farming income are also more likely to avoid delaying and spacing due to lack of stable financial growth which creates a present bias and crowds out motivation to delay based on financial security.
Attitudes towards Contraceptives and Side Effects	Since Mansi has limited exposure to information outside of her household, her attitudes are completely shaped by her in-laws, who enshrine traditional thinking. They do not believe in contraceptives and consider children to be a “gift from God” and encourage Mansi to complete her family goals as soon as possible without considering HTSP.
Social Referents for family planning and contraceptives	The primary source of advice for the couple is Mandar’s parents. More often than not, Mandar takes his parents’ advice at face value without taking Mansi into consideration due to his dominant role in the relationship. Similarly, Mandar’s mother is the main source of information. As a result, Mansi is very susceptible to social norms around marriage and pregnancy putting additional pressure on the couple.
Barriers to Effective Family Planning	There is a lack of exposure to information about family planning since Mansi does not leave her house in Bihar much. This limits her information sources about family planning to other women in the household who usually encourage a traditional way of thinking, perpetuating this brand within the limited social group.

	YUVAAkars also face gatekeeping from the household members in their counseling activities, as it can be challenging to get direct access to the couple before first appeasing the householder elders.
YUVAA Levers	YUVAAkars rely on traditional arguments like maternal health and financial well-being to convince the couple for HTSP. Due to salient financial struggles in the community, couples and even household members are amenable to such arguments in some cases.

3. The Dynamic Duo (Agentic Couple, Contraceptive Users)

Veer and Veena are mutual decision-makers. Veena is an educated working woman who planned to have her first child because she and her husband were financially stable and had good understanding amongst themselves. She is still working towards pursuing her Bachelor's degree with the support of her husband and in-laws. Her MIL lives with them, and despite pressures to have another child, she is independent. Veer has completed his Bachelor's degree and works in a salaried job at a private firm.

Demographics	Age: 22-25 Education: Male-Bachelor's; Female-pursuing Bachelor's Parity: Can be either P0 or P1 Higher proportion in Maharashtra, though also present in Bihar
YUVAA status	Usually mapped, but less common than the power couple. They reflect the intensive margin of YUVAA couples who are perfectly poised and willing to take advantage of the additional support that YUVAAkars add to the family planning ecosystem.
Intra-couple decision-making	Veena is an agentic woman who is confident in voicing her opinions. She shares a dynamic with Veer such that she can share her thoughts about family planning with Veer and his mother. While Veena has the agency, she is also agreeable and tends to voluntarily follow the choice of contraceptives that Veer makes for them.

Attitudes towards Sexual and Reproductive Health	This couple believes in HTSP practices and follows timely contraceptive use. However, it is limited to short term techniques such as condoms. While YUVAAkars have been successful in initiating the conversation around more techniques, Veer and Veena feel comfortable in these methods. They are one of the few couples who are open to delaying the first child as the salience of more pay down the line encouraged Veer to wait for a better financial situation to have their first child.
Attitudes towards Contraceptives and Side Effects	Given that Veer and Veena are both educated and are exposed to different means of getting information apart from just YUVAAkars, they are able to navigate through the misinformation they receive about side effects. While there has been no shift for them in the methods they use, there would be a higher likelihood of them switching methods instead of stopping the use of contraceptives.
Social referents around family planning and SRH	YUVAAkars and friend networks are the most common sources of advice for this couple. For Veena, it is also Veer's brother's wife who goes through similar situations. While Veena's MIL wants to be supportive about the couple's choices, she is heavily influenced by social norms that especially crop up after long interactions with her social circle consisting of other MILs. This in turn affects how she can support Veer and Veena which leads to pressures for having another child. However, given the backgrounds of Veer and Veena along with YUVAAkar support, they are able to cordially fight these pressures.
Barriers to Effective Family Planning	While Veer and Veena are a champion couple, there have been little positive spillovers among the community outside of their immediate circles in spreading awareness and information about the use of contraceptives.
YUVAA Levers	Veer and Veena feel confident in being able to have a conversation with and convince the in-laws of the family in the importance of following HTSP. While some couples can only convince elders in the household for delaying by giving reasons such as economic constraints in the family, this couple was able to express their need for simply taking some time to adjust before having a child.

	YUVAAkars and ASHAs are the primary outside source of information for this couple, prioritized on the basis of who is available first.

YUVAAkars

Like YMCs, YUVAAkars also reported vastly different levels of motivations, agency and effectiveness in executing YUVAA interventions. Depending on factors such as past experience in healthcare or sales or community engagement in general, YUVAAkar performance strongly defines the support YUVAA is able to provide to YMCs in a particular region. Further, YUVAAkars are susceptible to the same social norms and pressures which influence YMCs, primarily reflected in the low involvement from male YUVAAkars in some cases and the increased agency of some women on becoming a YUVAAkar. The personas in this section reflect some different archetypes of YUVAAkars and position their performance on key YUVAA areas.

1. The Conformist Couple (Highly invested wife, low invested husband)	
Rupali is a highly motivated and agentic woman with past experience in social work. She has many future aspirations for herself and her family. Devesh is the less motivated husband who is supportive of his wife but is content with his current lifestyle. He has no experience in social work, but is happy with the supplementary income YUVAA provides. He believes in family planning, but would not use any of the measures himself. His principal economic identity is separate from his YUVAAkar identity. Both are high school graduates.	
Use of HTSP and Contraceptives	Rupali uses a copper-T. They did not practice delaying but as they have 2 children, Rupali does not want any more.
Motivations to be a YUVAAkar	Rupali's motivation to become a YUVAAkar stems from her past experiences in social work. She believes in the betterment of her community and her family and hopes that YUVAA is a stepping stone

	for future work opportunities. For Devesh, the monetary income from being a YUVAAkar is his main motivation. Rupali and the YUVAAkar training has convinced him about the importance of family planning, but he prioritizes his other work over that of a YUVAAkar.
Product Basket	Rupali's past experience in social work equips her with essential vocabulary that is needed to convince people about the importance of contraceptives. She has found selling baby products to be the most successful. Devesh is less successful as men think the quality of the condoms is low and they would much rather buy from the chemist or get them for free from a government health clinic.
Involvement of Men	Devesh finds it difficult to speak to men as they are often out of the house working. He has not set up any group meetings as men are available at different timings and even if they are available, they usually think that family planning is a matter best discussed by women. Rupali has tried to set up couples counseling sessions but without Devesh's involvement, she struggles to speak to men on her own.
Navigating Social Environment	Rupali has found that the main barrier to entry into a household is the MIL. Rupali spends a good portion of the first meeting convincing the MIL about the importance of SRH and FP. Rupali has also realized that some couples prefer to keep contraceptive use discreet (not telling family or neighbors) as social norms dictate that couples should have children within 1-2 years of marriage. Devesh is demotivated because many men are influenced by traditional gender norms where they believe family planning is a matter their wives should discuss with their mothers.
Dealing with Side Effects	Since Rupali is a highly agentic woman who has experience in social work, she finds it easier to talk to women openly about side effects. She encourages women to switch between contraceptives to find which suits them best. However, she finds it difficult to dispel myths and misconceptions as she herself has not used all the products and does not have detailed information about side-effects. Devesh is less able to navigate conversations about side effects as he his peers have told him

Enablers to successfully implement YUVAA	Rupali: • Past experience in social work • Strong community support • Educated Devesh: • Awareness about FP and benefits • Income from YUVAA
Barriers to successfully implement YUVAA	Rupali: • Little support from her parents and extended family • Lack of equal involvement from Devesh Devesh: • Afraid of side effects of contraceptives • Strongly influenced by male peers who do not believe in using contraceptives

2. The Superwoman (Highly invested wife, low invested husband)

Sunita married young and experienced low levels of agency in her youth. Now that she is older, she hopes to give younger women greater opportunities and autonomy to make family planning decisions for themselves. She plays an active role in the community, is headstrong, and not afraid to speak her mind. Raju, her husband, comes from a traditional patriarchal mindset and is not interested, nor believes, in family planning. He spends most of his time outside the household, working or with his friends, hence, he does not meet any of the YUVAA touchpoints. For Raju, being a YUVAAkar is a quick way to make money with little effort.

Use of HTSP and Contraceptives	Sunita got sterilized after having 5 children. Raju has never used any contraceptives himself. They did not practice delaying or spacing.
Motivations to be a YUVAAkar	Sunita's past experience motivates her to educate society about the importance of family planning. She has personally undergone financial and health related issues that come from having many children. Raju has no motivation to be a YUVAAkar apart from monetary benefits.

Product Basket	Sunita's headstrong and outgoing personality makes her a good salesperson. She has many existing contacts within the community and believes in the product basket. However, she has found that there is little variety and women prefer to get free products from government health clinics. What works to her advantage is that a few couples who want to be discreet find it beneficial that Sunita delivers the products directly to their house.
Involvement of Men	Raju's lack of involvement means that Sunita has to talk to men herself but she finds that men do not listen to her and are more dismissive. Raju thinks that his peers will make fun of him if he goes around talking about family planning, so he makes no effort to do so.
Navigating Social Environment	Since Sunita is older in age, she finds it easier to talk to MILs and convince them about SRH and FP. However, her age also makes her less relatable to newly married couples, who are shy to speak to an older woman about FP. Further the couple is not seen as authentic by YMCs due to non-adherence to HTSP.
Dealing with Side Effects	Sunita is passionate when she talks about side effects however she lacks medical information to dispel myths and misconceptions. Since her training was virtual due to COVID, she has little experience in how to navigate these conversations other than telling women to go speak to a doctor. Raju believes in side effects and has many misconceptions about contraceptive use himself. He did not pay attention during the training, and has forgotten most of the information that was given.
Enablers to successfully implement YUVAA	Sunita: • Personally experienced negative effects of not using contraceptives • Her age and many years of marriage allows her greater autonomy to speak her mind • Experience in community engagement Raju: • Money from YUVAA touch points

Barriers to successfully implement YUVAA	Sunita: • Lack of support from husband and parent-in-laws • No strong community support • Financial insecurity due to delayed payments makes her wish she had more permanent job Raju: • Does not believe in family planning • Believes in traditional gender norms • Is influenced by parents and believes it is his responsibility to do as they wish

3. The Social Workers (Highly invested husband, low invested wife)

Murli has past experience in social work, is highly motivated and progressive in thinking. He believes in gender equality and the betterment of his community. He follows family planning practices, and tries to get his wife, Rekha, to be more involved. Rekha is young, uneducated and shy. She has never left her maternal home up until marriage. She comes from a highly conservative household, and is not used to this new independence or agency. She is uncomfortable talking to new people in the community and has little experience in counseling.

Use of HTSP and Contraceptives	Murli uses condoms. Rekha is afraid of side effects and has not used anything so far. They have practiced delaying and are thinking of having a child soon.
Motivations to be a YUVAAkar	Murli wants to improve the well-being of people in his community and knows the importance of family planning. He enjoys social work, which gives him a sense of fulfillment, and he hopes that he can turn this into a full-time career. Murli is further motivated by the respect and acknowledgement he receives from the community as a YUVAAkar. Rekha is motivated by her husband's support and is slowly understanding how family planning can impact her life.
Product Basket	Rekha finds it difficult to sell products from the basket. She is inexperienced in sales and often does not feel comfortable encouraging women to buy contraceptives. She has more success

	selling baby products, but does not buy any more once the first batch is sold. Murli has a lot of knowledge about FP so finds it easy to talk through benefits and side effects. However, he feels the YUVAAkars lack credibility in the community and could use the support of ASHAs. He also finds that there is not enough profit margin in selling these products so does not invest a lot in the basket.
Involvement of Men	Murli finds talking to men about FP through the lens of financial burdens works best. Though he struggles with arranging group meetings, as men are available at different times, he has had successful one-on-one counseling sessions as well as couples counseling sessions. Many of the men he has spoken to were friends or people he has grown up with, so he has found it easier to communicate with them. His biggest challenge is convincing migrant workers about FP as they are only in their villages for a short period of time.
Navigating Social Environment	Murli is able to navigate social and gender norms amongst his peers but finds it more difficult to deal with parents and in-laws. Rekha is still trying to establish her own beliefs and, thus, sometimes falls back into traditional social and gender norms. Since she does not have much exposure to counseling, she gets easily dissuaded by MILs who are against FP.
Dealing with Side Effects	Murli has heard about side effects of male condoms but does not have much information about how to deal with it. He is more well informed about side effects of female contraceptives and can easily discuss and convince couples. Rekha, however, is unable to successfully navigate these conversations as she is still learning about FP.
Enablers to successfully implement YUVAA	Rekha: • Supportive husband • Believes in family planning Murli: • Experienced in social work: good relationship with ASHAs and other government health workers • Respected within the community • Is a strong supporter of family planning: understands financial constraints of having many children

Barriers to successfully implement YUVAA	Rekha: • Newly married so is still establishing herself within the community • Comes from a patriarchal household, with little education and exposure to family planning ideas • No experience in counseling and is uncomfortable traveling alone • Underconfident due to her lack of education Murli: • Little support from wife and parents

4. The Business Family (Highly invested husband, low invested wife)

Suresh is a moderately successful businessman, has experience in sales, and is well-known in his community. He has never worked in social work before but enjoys the respect people give him for his new position as a YUVAAkar. Suman, his wife, has just given birth to their first child so is preoccupied with childcare. She does not believe in using family planning methods as she has heard about side effects from other women in her community.

Use of HTSP and Contraceptives	Suresh would like to start using condoms now that he has 1 child. They did not practice delaying but Suresh would like to wait till having his second child. Suman is reluctant but is willing to listen to Suresh.
Motivations to be a YUVAAkar	Suresh has past experience in traveling to different villages and he enjoys being known across communities. He thrives on social responsibility and building networks further benefits his business. Suman is motivated by the supplementary income and the fact that being a YUVAAkar makes her husband happy.
Product Basket	Suresh is successful in selling items from the product basket. However, since he primarily talks to men, he does not have a lot of scope for the items he can sell. Suman rarely ventures out of the

	house because of her childcare responsibilities, so has made little headway with the product basket.
Involvement of Men	Suresh finds it difficult to gather a group of men in public spaces to talk about FP, which are deemed as private matters. He has found that men are too shy to discuss FP, make fun of each other or are too preoccupied with work to think of FP as an important matter. However, he has had more success with men one-on-one or in couples counseling sessions.
Navigating Social Environment	Suresh has found that it is easier to navigate gender norms one-on-one, as some men are afraid of what their peers or relatives might think. He believes that it is important to normalize FP in public spaces (putting up more posters, etc.) but cannot do this on his own. Suman believes in traditional family planning norms, hence does not have success navigating traditional social and gender norms. She also has poor communication skills and cannot travel to other villages because of their child.
Dealing with Side Effects	Suresh would like more training and information on how to deal with conversations around side effects. He also believes that the quality of the contraceptives should be improved.
Enablers to successfully implement YUVAA	Suman: ● Supportive husband Suresh: ● Experienced in sales ● Has another source of income ● Belief in the benefits of YUVAA ● Known across communities and enjoys respect
Barriers to successfully implement YUVAA	Suman: ● Does not believe in family planning ● Preoccupied with childcare ● Reluctant to travel ● Poor communication skills Suresh: ● Little support from wife

	• Lack of time due to primary occupation

5. The Ideal Couple (Equally invested husband and wife)	
Kiran and Neeraj are equally invested in being a YUVAAkar. They have been married for 5 years and have one child. They have good intra-couple communication, have done their bachelors, and believe in FP. Kiran is a highly agentic woman and Neeraj supports Kiran's desire to work outside the house. They both have prior experience in social work.	
Use of HTSP and Contraceptives	Kiran and Neeraj have both used contraceptives and have practiced delaying and spacing. They have 1 child.
Motivations to be a YUVAAkar	Kiran and Neeraj have prior experience, through which they have established vast social networks. Being a YUVAAkar gives them a sense of purpose and respect within the community and they enjoy working together. Their own personal experience in FP informs their interactions with YUVAA couples and ASHAs.
Product Basket	Kiran and Neeraj have good communication skills and knowledge about FP. They are able to successfully sell products in the product basket to both men and women.
Involvement of Men	Neeraj is able to decrease the intention-action gap for men wanting to use contraceptives. Kiran encourages women to speak to their husbands about contraceptive use and increase their involvement in FP matters. Neeraj and Kiran focus on intra-couple communication during their couples counseling sessions.
Navigating Social Environment	Neeraj and Kiran both involve the MIL and other family members in FP awareness.
Dealing with Side Effects	Neeraj and Kiran have good knowledge about side effects as they themselves are practicing FP. They are able to dispel myths with good

	arguments and encourage women to switch contraceptives to find what suits them best.
Enablers to successfully implement YUVAA	Kiran and Neeraj: • Prior experience in social work • Age (not too old and not newly married) • Practice FP • Don't believe in traditional social and gender norms, • Can travel to far away villages,
Barriers to successfully implement YUVAA	Kiran: • Less support from community members in some villages • Concerns around side effects are deeply ingrained and touch to root out Neeraj: • Limited success with engaging men despite repeated attempts to engage them

Qualitative Scorecard

The qualitative scorecard puts together the related trends observed over the course of the assessment and comments on YUVAA's performance under each behavioral theme. For each theme, the section answers the key questions of - Where did YUVAA perform well? and What were some persistent challenges faced by YUVAA? These questions are answered against the benchmark of the key outcomes associated with the respective SEED elements.[7]

While putting this assessment together, it was clear that the behavioral themes under Enabling Environment acts independently on both Demand-side and Supply-side and as such, the scorecard splits EE across it's themes and combines them with the corresponding Supply or Demand theme, with the exception of SBCC strategy which warrants a dedicated sub-section.

[7] *This section is designed to be an independent read for readers not familiar with previous reports and borrows heavily from the Phase 2 and 3 reports.*

Demand + Enabling Environment

Key Outcome as per Theory of Change	Demand: Informed and empowered decision-making amongst TG on family planning and HTSP Enabling Environment: Favorable shift in perceived gender and social norms related to HTSP and contraceptive use amongst married young women (15-24, PO & P1) and their husbands

YUVAA represents a useful additional support pillar for family planning decision making among YMCs, though limited involvement of men and perceived fear of side effects persist as key barriers

Key Successes

- YUVAA has been successful in promoting spacing amongst YMCs. YUVAAkars reported leveraging the increase in awareness, education and attitudes towards HTSP within communities, especially by using popular arguments around financial betterment and health
- YUVAAkars have successfully created a safe space for women to discuss concerns, share personal experiences and seek support around family planning
- Intra-couple communication has received a boost from YUVAAkars in some areas, especially in conjunction with ASHAs
- YUVAA is successfully supporting the growing trend of contraceptive use through last mile delivery, offering private and discreet use and innovative distribution methods

Persistent challenges for family planning and YUVAA

- YUVAA has struggled to move the needle on delaying, primarily due to limited success in addressing fertility concerns with existing interventions and low success rate in convincing custodians of social value i.e. mothers-in-law
- YUVAAkars are not able to solve for the intention-action gap that couples report in contraceptive use primarily due to limited efficacy in crowding out the use of natural methods as a default
- YUVAAkars and unable to successfully include men at large predominantly due to logistical factors and gender norms which influence male-participation both on the YMC and YUVAAkar side
- YUVAAkars are unable to promote switching between contraceptives when YMCs experience side effects as they find it difficult to navigate conversations around side-effects, which leads to YMCs defaulting to natural methods

Attitudes and Behavior for HTSP | Social and Gender Norms

What has worked well in YUVAA?

YUVAA has been successful in promoting spacing amongst YMCs. YUVAAkars reported leveraging the increase in awareness, education and attitudes towards HTSP within communities, especially by using popular arguments around financial betterment and health
Adoption of HTSP has shown an increasing trend over the long run in India, as reported by ASHAs and other key informants. Proliferation of information around maternal and infant health as well as increased salience of financial well-being have been the key drivers of this trend. YUVAA has leveraged this trend effectively, with YUVAAkars acting as an important source of information for YMCs. Further, YUVAAkars use arguments around financial well-being and health concerns to convince the couple as well as the family members to adopt HTSP, finding them to be effective tools of engagement. In these ways, YUVAA has imprinted itself on this positive trend and in turn become an engine of its growth.

YUVAAkars have successfully created a safe space for women to discuss concerns, share personal experiences and seek support around family planning
Through group counseling exercises, female YUVAAkars have created a supportive environment for women to openly share their concerns around HTSP and family planning. YUVAAkars are able to impart HTSP knowledge using the Safal Couple materials and field questions from the group as a whole. This group is usually a mix between both P0 and P1 women. Beyond interaction with YUVAAkars, women are also able to discuss concerts and societal pressure among each other, treating group sessions as a trusted platform. So much so that unmapped and P1+ women can also attend these discussions, treating these discussions as a social event and reflecting positive spillover effects.

Persistent barriers for YUVAA and family planning

YUVAA has struggled to move the needle on delaying, primarily due to limited success in addressing fertility concerns with existing interventions and low success rate in convincing custodians of social value i.e. mothers-in-law
YUVAAkars find it tough to encourage YMCs to delay the first child after marriage because the trend to have the first child right after marriage is strongly entrenched in society due to its direct link to the fertility of the mother. For women, couples and even households, fertility is closely linked to social standing and questioning fertility is perceived to be among the severest social sanctions. YUVAA has had limited impact assuaging fertility concerns among YMCs as well as

breaking the social sanctions from society related to perceived infertility. First, the typically successful arguments of financial and maternal health concerns are not strong enough to offset infertility concerns among household members. Second, as women's agency is limited before having a first child, they are not effectively able to utilize YUVAAkar support, reflecting a Catch-22 where not delaying leads to better support utilization from YUVAAkars. Lastly, YUVAAkars have had limited success with convincing MIL's who often measure the 'success' of the marriage by the first child and also in some cases, the gender of the first child (reflecting son preference).

Long term trends which can be leveraged by future family planning programs

A slow but steady positive trend towards delaying is observed due to socio-demographic shifts in employment and education levels, especially in Maharashtra

Despite limited growth in delaying, there are healthy signs of change as a small segment YMCs reportedly engage in delaying in face of financial priorities. These are typically those couples where the men work in the private sector with clear financial growth over successive years. These YMCs wait for higher income down the line before planning for their first child. This trend is heavily limited to YMCs who are educated, closer to urban centers and engaged in salaried work in the private sector.

Intra-Couple Communication and Agency of Women

What has worked well in YUVAA?

Intra-couple communication has received a boost from YUVAAkars in some areas, especially in conjunction with ASHAs

Through its peer group model, YUVAA has influenced intra-couple communication positively, though providing an extra pillar of support to women. YUVAAkars are called upon to mediate couple-level conflict as well as navigating family members by the couple themselves. Women with higher agency in particular are able to leverage YUVAAkars effectively by motivated information seeking, seeking external support for personal choices. Women are increasingly becoming more confident in bringing up family planning and contraceptives among their husbands. In a few cases, even male YMCs are able to utilize the YUVAAkar-led conversations to express their opinions to their wives.

Persistent barriers for YUVAA and family planning

YUVAAkars are not able to solve for the intention-action gap that couples report in contraceptive use primarily due to limited efficacy in crowding out the use of natural methods as a default

There seems to be an intention / decision - action gap, where couples are unable or unwilling to translate their unmet need into contraceptive use. Among women, this gap could be rooted in multiple possible behavioral factors, the most prominent of which is cognitive dissonance, where women may be aware of the best practices and may also have cultivated an intention to utilize these but are unable to contextualize this knowledge and intention to their own behavior. Among men, this is more a matter of not having access to contraceptives and concerns around pleasure at the immediate time of sexual activity due to a hot-cold empathy gap with their own states. In such cases, couples utilize natural methods as a default option and often fail to utilize them aptly. YUVAAkars (and CHWs in general) do not have a clear solution to directly address these gaps and mostly rely on the ability of YMCs to successfully internalize and implement the taught best practices.

Involvement of Men

What has worked well in YUVAA?

YUVAAkars are able to include men at the extensive margin, especially men who are educated and report a higher agency to make their own life decisions

There are some instances where YUVAAKars have made inroads with men at the extensive margin. This includes men who are already predisposed to be more open to family planning, predominantly due to their higher education levels. YUVAAkars have realized that men who are more educated have greater knowledge about FP, hence, YUVAAkars find it easier to communicate with them during counseling sessions. Men who exercise greater agency over their own life decisions are also more willing to practice FP methods as they do not have to deal with pressures from their family and society.

Persistent barriers for YUVAA and family planning

YUVAAkars and unable to successfully include men at large predominantly due to logistical factors and gender norms which influence male-participation both on the YMC and YUVAAkar side

YUVAAkars are unable to successfully involve men into the program at scale. Involving men requires addressing two levels of barriers: Firstly, logistical concerns around scheduling of meetings makes it hard to include men. YUVAAkars are unable to access men at home or interact with them at length due to limited availability. Over the course of the five planned interactions, this reflects a significant gap in knowledge transfer between male and family YMCs. Secondly,

men's belief that family planning is the woman's concern adds additional obstacles. Men are unwilling to prioritize conversations around family planning with YUVAAkars over their regular day to day activities. They actively decide to leave these conversations to the women of the household and may default to relying on their mothers for guidance. Importantly these gender norms also get reflected on the supply side. Many male YUVAAkars exhibit similar gender biases around male involvement in FP, which limits their participation in the YUVAA program and how successfully they are able to influence YMCs.

Contraceptive Method Choice and Side Effects

What has worked well in YUVAA?

YUVAA is successfully supporting the growing trend of contraceptive use through last mile delivery, offering private and discreet use and innovative distribution methods
Adoption of basic contraceptives like condoms and natural methods has been going up in the longer run. 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.

YUVAA is contributing to this trend through a successful boost in last mile delivery of contraceptives, including door to door service as well as counseling services offered by YUVAAkars. YMCs actively attributed learning about new methods like IUCDs to the YUVAAkars along with multiple reports of successful referrals for the LARC method Copper-T, a key goal of the YUVAA program. Further, YUVAAkars reported high success with delivering condoms to couples, mostly to female YMCs, but also in some cases to men. Female YMCs also appreciate the privacy and trust offered by YUVAAKars in providing IUCDs discreetly, which the couple can use without openly discussing at home. Importantly, YUVAAkars report using innovative methods in delivering contraceptives like utilizing the immediate friends of a hard-to-access couple (due to household gatekeeping) to provide condoms to them.

Persistent barriers for YUVAA and family planning

YUVAAkars are unable to promote switching between contraceptives when YMCs experience side effects as they find it difficult to navigate conversations around side-effects, which leads to YMCs defaulting to natural methods

Perceived fear of side effects is higher than experienced side effects, highlighting the importance of word of mouth information dissemination in determining contraceptive uptake. YUVAA has been unable to break this sense of perceived fear partly because of the sheer strength of social networks that propagate this fear. Such negative feedback is usually passed on by well-intentioned close friends which are highly trusted by YMCs. The other factor contributing to this sense of fear is the perceived link between contraceptive use and infertility. As discussed earlier in this report, YUVAA has had limited success in addressing the social sanctions of infertility, thereby keeping the perceived fear of side effects strong.

Limited knowledge about natural methods among both YUVAAkars and YMCs lead to adverse family planning outcomes

Natural methods are the clear fallback options for most YMCs in case of distrust of contraceptives or fear of side effects. However, there is a significant gap in YMCs knowledge around using natural methods for birth control as well as a lack of clear consensus on the appropriate use of the methods such as the calendar method. Though there is some awareness among respondents that these methods are not always effective, YUVAAkars are not able to effectively administer information on natural methods due to their own limited knowledge on this subject.

Long term trends which can be leveraged by future family planning programs

Private use of IUCD has emerged a key enabler of LARC uptake in this study

One counter trend which is promoting contraceptive use and negating fertility concerns is the benefit of privacy offered by methods like IUCDs and injections. Women are willing to experience short-term side-effects of the IUCD if they are convinced of its long-term effectiveness and ability to shield them from social sanctions. Although perceived side effects exert a strong influence on the decision to use a contraceptive method, the choice is also heavily influenced by preferences around privacy and risk. Since IUCD can be kept hidden from family members and the husband, it becomes a lucrative option and people justify its use despite perceived side effects. The risk of side effects from IUCD is negated by its benefits of convenience and privacy

Supply + Enabling Environment

Key Outcome as per Theory of Change	Supply: Increased access to youth-friendly FP counseling and services Enabling Environment: Favorable shift in perceived gender and social norms related to HTSP and contraceptive use amongst married young women (15-24, PO & P1) and their husbands

YUVAA has made strong inroads for counseling and service provision though success varies by quality of YUVAAkars (as determined by motivation and prior experience) as

well as their ability to navigate around MILs and family members

Key Successes

- YUVAAkars with prior community engagement experience are effectively able to deliver YUVAA interventions and build trust with YMCs, as they usually report stronger motivation and self-identity, appear authentic to YMCs and are in turn more likely to put in more efforts in engagement
- YUVAA training functioned as an 'intervention' to provide information and agency to female YUVAAkars, working against traditional gender norms
- Female - female YUVAAkar-YMC interactions are the most successful, both at the individual and group level, being supported by existing gender norms, in-group social networks among women and female YUVAAkars successfully creating a trusted environment
- Innovations in last mile delivery and promise of privacy makes YUVAAkar attractive channels to source contraception among couples
- YUVAAkars have established effective synergies with ASHAs and also reflect key advantage over them in providing family planning specific support, highlighting the value of a third-layer of CHWs in service provision
- The YUVAA product basket is offers a strong value proposition for P1 couples to engage with YUVAAkars due to baby-care products which garnered higher demand than contraceptives

Persistent challenges for family planning and YUVAA

- Some male YUVAAkars are reluctant to participate actively in the program, as their motivation comes from additional side income for the household through their wives while their own identity is still rooted in their primary occupation, underpinned by existing gender norms
- On the whole, YUVAAkars have had limited success in interacting with family members like MILs, as the typical young age of YUVAAkars make them unsuitable changes agents for elder household members as well as the lack of incentives to go beyond five interactions nudges them to cease interactions
- The contraceptive component of the product basket - condoms and pills - carried a weaker value proposition due to easy availability of free alternatives, lower margins for YUVAAkars and lack of variety for some YMCs

Key Trends across Behavioral Metrics

YUVAAkar Identity and Motivation | Social and Gender Norms

What has worked well in YUVAA?

YUVAAkars with prior community engagement experience are effectively able to deliver YUVAA interventions and build trust with YMCs, as they usually report stronger motivation and self-identity, appear authentic to YMCs and are in turn more likely to put in more efforts in engagement

YUVAAkars hail from very diverse backgrounds spread across socio-economic demographics which results in different self-identities and motivation across cohorts and regions. YUVAAkars who see their self-identity as advisors to others and value the social recognition received as a result put in strong efforts to engage with YMCs. Usually, this positive self-identity and motivation goes hand in hand with relevant prior experience which together determine how successful a YUVAAkars is. Such YUVAAkars are seen as authorities on family planning advice and in some cases, couples actively seek them out for both advice and products. For example, YUVAAkars who have engaged with the community in a previous role seem to be more successful with YMCs. YUVAAkars who are similar in age to YMCs and follow HTSP practices themselves are also more effective as they are seen to be more relatable by the YMCs and are intrinsically motivated to promote HTSP practices.

YUVAA training functioned as an 'intervention' to provide information and agency to female YUVAAkars, working against traditional gender norms

The act of signing up for the YUVAA program, initially driven by monetary motivation, acted as an intervention in promoting pro-HTSP attitudes and perceptions. Many female YUVAAkars reported increased agency through YUVAA-related travel, earning their own income and becoming known across villages which went against the traditional gender norms where women would generally stay at home. Financial self-reliance meant that these women could contribute towards household income, play a bigger role in the family's decision making, in turn shifting power dynamics. Being a YUVAAkar gave these women a sense of importance both within the household and outside.

Persistent barriers for YUVAA and family planning

Some male YUVAAkars are reluctant to participate actively in the program, as their motivation comes from additional side income for the household through their wives while their own identity is still rooted in their primary occupation, underpinned by existing gender norms

As YUVAAKars work within the same social environment, which mostly portrays family planning as the wife's domain, some male YUVAAkars are prone to holding the same beliefs as their community. This translates in their attitudes towards the importance for family planning communications for men, which they typically undervalue as there is a shared understanding between males YMCs and YUVAAkars that "these conversations are for women" or that "men usually know the relevant information". Such YUVAAkars also make little effort to meet their own touchpoints due to similar beliefs about the importance of their role in the YUVAA program as a

whole.

YUVAAkar-YMC Interaction and Service Delivery

What has worked well in YUVAA?

Female - female YUVAAkar-YMC interactions are the most successful, both at the individual and group level, being supported by existing gender norms, in-group social networks among women and female YUVAAkars successfully creating a trusted environment

There is widespread gender matching of YMCs with male or female YUVAAkars. This is a reflection of gender norms which dictate that women talk to women and men with men, especially on topics that are considered taboo to discuss outside the privacy of one's home. These communication norms strongly influence the success of YUVAAkar-YMC touch points. Given the attribution of family planning as the responsibility of women along with lack of interest of men, female YMC - female YUVAAkar interactions are the most successful. As women tend to have gender-matched social networks with other women, female YUVAAkars find it easier to create trusted environments to engage with women. In particular, group counseling sessions amongst women are highly successful and exhibit healthy engagement from participants. Curiosity for more information, health and wellbeing concerns for themselves and family and, in a few cases, the opportunity to voice their opinions about contraceptives work as motivations for women to participate in group counseling sessions.

Innovations in last mile delivery and promise of privacy makes YUVAAkar attractive channels to source contraception among couples

Given potential backlash for using contraceptives (such as social sanctions and possible loss of reputation) from family members, women prefer methods and distribution channels. YUVAAkars are able to leverage their preferences and provide contraceptives and referrals discreetly, often through innovative methods. One YUVAAkar was able to navigate around the gatekeeping by developing a network of common friends of YMCs in her region. Under the guise of visiting friends, the YUVAAkar was able to counsel multiple YMCs outside their homes. The same channel was used to deliver products to couples, where the YUVAAkar dropped them with the friend who delivered it to the couple on their next social call.

Persistent barriers for YUVAA and family planning

Couple counseling and one-on-one counseling with men are met with limited success, as male YUVAAkars fail to create a trusted environment for men who in turn have a very limited social network for family planning related information sharing

Couples counseling sessions, which involve cross-gender interaction, prove to be more challenging for YUVAAkars. This may be due to the power dynamics between the couples that comes in the way of women being able to freely voice their opinions in front of their husbands Similarly, one on one counseling sessions with male YMCs are also slow to pick up. This could be

due to the very limited social circle the men usually report for discussing family planning, usually very close friends or household members. Therefore, male YUVAAkars struggle to create that safe space with men which female YUVAAkaras seem to have created with women. YUVAAkars also continue to struggle on interacting with men on the demand-side, as detailed in the previous section. As men are busy or do not see family planning as their responsibility, they do not attend counseling sessions. This is further complicated by scheduling issues, as men remain unavailable. Moreover, if they attend the sessions, they do not feel comfortable speaking about family planning with their wife.

Relationship with family members | Role of MILs and family members

What has worked well for YUVAA?

In some limited pockets, older YUVAAkars with prior experience in community engagement have had success with MILs on the back of putting in persistent efforts as well as being closer to the peer network of MILs

YUVAA has made inroads with MILs in some specific cases where conditions were suitable for YUVAAkar-MIL interactions. For example, age of YUVAAkars is a key determinant of success in interacting with MILs as being relatively elder makes them closer in age to the peer group of MILs and gives them more say in influencing this network. One YUVAAkar who was effective in dealing with gatekeeping and social pressures from a MIL was known to her from her prior work experience as an ASHA. Importantly, the MIL treated her as an equal and a peer, despite belonging to a household where even the couple was heavily influenced by son preference. The YUVAAkar leveraged her relationship with the MIL to hold repeated conversations despite limited success in the initial few months. It was the nature of persistent interactions over a course of 18 months that finally influenced the household to be open to contraceptive use.

Persistent barriers for YUVAA and family planning

On the whole, YUVAAkars have had limited success in interacting with family members like MILs, as the typical young age of YUVAAkars make them unsuitable changes agents for elder household members as well as the lack of incentives to go beyond five interactions nudges them to cease interactions

Despite the one-off successful cases, the majority trend is that YUVAAkars struggle to engage with family members. As YUVAAkars are themselves typically younger in age to householder elders, the social fabric woven around ideal normative behavior like adhering to elders weaken the position of YUVAAkars in the interaction. Further, as seen in the example above, even in favorable conditions like a good relationship with MILs and financial difficulties of the household (which improve YUVAAkars bargaining power) the YUVAAkar attributed the highest importance to the need for repeated touch points over a long period of time and not giving up. Unfortunately, not many YUVAAkars keep up this persistent pressure in interacting with household members,

usually dropping off after the required five interactions.

Relationship with CHWs

What has worked well in YUVAA?

YUVAAkars have established effective synergies with ASHAs and also reflect key advantage over them in providing family planning specific support, highlighting the value of a third-layer of CHWs in service provision

Outreach of YUVAAkars is streamlined and organized along the lines of ASHA workers, where YUVAAkars use ASHAs as a resource to identify and build a strong relationship with the couples. Since ASHA's are embedded in the community, leveraging them is important to ensure success for both identification and dialogue. This was initially followed by design in Maharashtra while YUVAAkars in Bihar also established these connections over the years. YUVAAkars present a dual advantage over ASHA's for service delivery: Firstly, they provide targeted information on family planning in a manner that is expansive and confidential. Couples who have interacted with YUVAAkars recommended the program to their peers who find it challenging to talk about family planning openly. Moreover, since YUVAAkars focus exclusively on family planning, they have the time to provide more holistic information, compared to ASHAs who have competing priorities. Secondly, male YUVAAkars have an opportunity to include men in the family planning process. Despite the struggle in engaging with men, this represented a clear advantage of the YUVAAkar model over ASHAs.

Product Basket

What has worked well in YUVAA?

The YUVAA product basket is offers a strong value proposition for P1 couples to engage with YUVAAkars due to baby-care products which garnered higher demand than contraceptives

The YUVAA product basket is skewed towards P1 products like baby shampoos and powders instead of P0, where usually generic condoms and pills were provided. This has proven to be an effective tool to engage with P1 couples due to limited availability of alternative childcare products as well as the convenience of doorstep delivery offered by YUVAAkars. On their part, YUVAAkars also find these products more profitable due to higher margins. This reflects a strong engagement point between P1 couples and YUVAAkars to deliver counseling and support spacing decisions.

Persistent barriers for YUVAA and family planning

The contraceptive component of the product basket - condoms and pills - carried a weaker value proposition due to easy availability of free alternatives, lower margins for YUVAAkars and lack of variety for some YMCs

Condoms and pills, as part of the product basket, met with limited success, as reported by YUVAAkars. The primary reason was the easy alternatives available to YMCs to obtain these from the local PHCs for free. The only marginal benefit was that male YMCs are able to source these from male YUVAAkars in some rare cases. Though the benefit was limited, this is reflective of potential for the future. Further, non-family planning products aimed at P1 YMCs, such as baby products, have higher demand and margins than FP products, making them more lucrative for YUVAAkars. But since they do not have control over the product basket composition, this combined lack of flexibility in the product basket composition, low margins on products and difficulty in selling certain products, crowd out their risk appetite for taking up the product basket. In a few cases, a lack of choice in contraceptives was also cited as a reason for lack of demand, as some YMCs are influenced by TV adverts and want a wider product choice instead of a generic product as is usually available in the basket.

Enabling Environment (SBCC Strategy)

Key Outcome as per Theory of Change	Favorable shift in perceived gender and social norms related to HTSP and contraceptive use amongst married young women (15-24, PO & P1) and their husbands

YUVAA represents a useful additional support pillar for family planning decision making among YMCs, though limited involvement of men and perceived fear of side effects persist as key barriers

Key Successes

- The Safal Couple campaign has been beneficial introducing YMCs to LARCs like copper-T and injectables on a back of a successful flipbook

Persistent challenges for family planning and YUVAA

- YUVAAkars struggled with linking the 'Safal Couple' concept to the broader concept of an ideal couple in society as it did not include certain behaviors considered exemplary by YMCs like owning household responsibilities
- 'Safal Couple' videos, which are the cornerstone of the SBCC campaign, reported mixed success at best due to limited attention on the YMCs' part or logistic issues like lack of mobile phone storage on the YUVAAkars'

Key Trends across Behavioral Metrics

What has worked well in YUVAA?

The Safal Couple campaign has been beneficial introducing YMCs to LARCs like copper-T and injectables on a back of a successful flipbook

The Safal Couple framework worked well in certain areas, with the flipbook being particularly popular and a go-to tool for YUVAAkars. Despite limited recall of the term 'safal couple', YMCs are able to point out HTSP practices and highlight the new information they received from the flipbook, usually around LARCs like copper-T and injections. The flipbook is most utilized by YUVAAkars who find it easy to carry around and share in both one on one and group counseling settings. Couples are easily able to follow the information in the flipbook format as well. In one instance, a male beneficiary was able to communicate his knowledge about contraceptives using the flipbook as a reference, sharing that they were aware of condoms and pills but received information on copper T and injections from the booklet.

Persistent barriers for YUVAA and family planning

YUVAAkars struggled with linking the 'Safal Couple' concept to the broader concept of an ideal couple in society as it did not include certain behaviors considered exemplary by YMCs like owning household responsibilities

Despite finding success in some pockets, there were quite a few instances where YMCs had limited recall of the concept of a Safal couple beyond the interaction with the YUVAAkar. This appears to be because the existing campaign, though apt for establishing exemplary behaviors around family planning, does not place the safal couple in the context of ideal family in terms of household responsibilities and social visibility, which some YMCs might aspire to. As a result, association of 'safal couple' was specifically made with the material used by YUVAAkars and not as a general message.

'Safal Couple' videos, which are the cornerstone of the SBCC campaign, reported mixed success at best due to limited attention on the YMCs' part or logistic issues like lack of mobile phone storage on the YUVAAkars'

The Safal Couple videos have had mixed feedback. Some YUVAAkars report that YMCs tune out during the video presentation and are not engaged throughout, instead choosing to talk among themselves. From an implementation perspective as well, videos take up significant space on the YUVAAkars' mobile, a valuable resource on their limited memory phones, and they tend to prefer the flipbook over videos for the most part while delivering the SBCC messaging.

Conclusion:

Key Takeaways for Family Planning and YUVAA

Ideal Pathway of Behavior Change

YUVAA has made significant progress in enabling YMCs in their decision journey, especially around action and support. At the same time, there are certain persistent barriers that continue to hinder decision making. Building on the Sustained Pathways for Behavior Change from Phase 3 (see next page), the study presents an ideal pathway of behavior change which highlights key recommendations for strengthening the decision making journey at each stage which also serves as a summary for the rest of this section. The infographic below provides a recap of the 6-stage decision journey and definitions for each stage.

Pathways of Sustained Behavior Change

Ideal Pathway of Behavior Change

Awareness

Recruit YUVAAkars **perceived as authentic by YMCs** to strengthen knowledge transfer between YUVAAkars and YMCs

Filter the recruitment male CHWs for volunteers who show **deviant behavior** and **bring a large social network**

Upgrade the Safal Couple video content for better engagement and continue leaning on the flipbook in the interim

Intention

Identify and recruit beneficiaries from vulnerable populations to ensure reaching out to hard to reach populations where intention needs to be formed

Leverage **supplementary gender norms** around girl education and female employment to create intention for delaying by creating alternative pathways for women

Decision

Consider adding **alternative contraceptive choices** in the product basket like different types of condoms to expand method choice

Recruit **change agents which can influence MILs** to influence YMC decisions like YUVAAkars who are older in age

Action

Provide extensive training and tools on **aptly using natural methods** to YMCs, as it remains the default option for many couples

Enhance the product basket to include **contraceptives not freely available** with ASHAs or PHCs to **promote switching behavior** among YMCs

Encourage and adopt unique contraceptive delivery strategies innovated by YUVAAkars

Support

Recruit YUVAAkars **experienced in community engagement** as they are able to provide better counselling and support

Engage with men in some capacity **before marriage** to encourage their participation in family planning matters

Match timing of counseling-based to key decision making periods among YMCs to ensure effective support at the right time

Ensure touch points at community and social events where social influence takes place to break chains of negative norm propagation

Sustained Use

Promote **alternative sources of social value** for women like employment goals which encourages both delaying as well as spacing

Weaken the link between fertility and social value by replace heuristics around delaying

Publically provide **voice against social sanctions** like questioning infertility using respected social referents like ASHA and Doctors

Key Takeaways for Family Planning

This section provides a few broad key implications and recommendations of the assessment to highlight where a future iteration of YUVAA or other family planning programs can focus in order to work towards an ideal pathway of behavioral change.

Perceptions of infertility linked with both delaying and contraceptive use need to be targeted methodically by generating alternative sources of social value for newly married women

Concerns around infertility remain the single biggest challenge to demand-side concerns in the family planning ecosystem as they directly underpin delaying trends as well as give power to negative perception of contraceptive use, crowding out motivation. The concept of fertility is strongly imbibed by the social environment around a YMC, where the perceived lack of it can be used as a powerful tool of negative social influence while at the same time it can confer social value on women who are able to prove their fertility, giving them a social currency which in turn they are more likely to spend on spacing decisions.

Given that delaying and fear of side effects are the most persistent barriers to the demand side, both stemming from infertility concerns, they need to be specifically targeted and weakened by dedicated interventions. The social value conferred by proving fertility needs to be replaced by other means through which women can showcase their value within the marital sphere. This can be done by weakening present heuristics around delaying related decision making and leaning on other positive gender norms around women empowerment (see Takeaway #3).

1. **Promote alternative sources of social value:** Education and employment should be encouraged as alternative sources of social value for women. While education has been seen to confer some value and promote delaying, it is only applicable to a certain age. Positioning employment as a natural progression for a woman after marriage, banking on salient economic concerns that YMCs already feel, can be an effective way forward to promote delaying.

    a. This also has implications for the SBCC strategy employed in YUVAA where the employability of women should be included in the definition of "Safal Couple" to make these alternatives salient.

2. **Replace heuristics around delaying to weaken the link between fertility and social value:** At present, the default age for delaying is fixed around 20 years for women i.e. women who get married earlier can mostly delay having their first child until the age of 20 under the current social environment. Instead this should be anchored to years from marriage to break the immediate link between fertility and social value i.e. women should have children at least 2 years after they get married. Program messaging should be shifted accordingly and these should be backed by success stories of women who exemplify this ideal behavior.

Men need to be included in the family planning discussion at an early age through before-marriage outreach as well as placing positive social referents in their immediate environment

By the time men get married, they already have a rudimentary decision structure in place where they resort to the default option of leaning on experienced household members to take care of family planning decisions or act in accordance with discussions with their core peer group. Further, as their peer group is such a limited part of their social network, influencing men through an extended peer group such as YUVAAkars will remain an uphill struggle. In order to effectively include men in the conversation, there is a need to be present when this

value system is being formed, ideally before marriage when men usually face a lack of social references beyond their immediate peer network.

Therefore, as development of personal agency and exposure to key social referents during their formative years reflect strongly on the attitudes of men towards SRH, family planning initiatives should include young adult males, before marriage, in their interventions.

1. **Include men in program activities like group counseling before marriage:** As men have limited social referents before marriage, they should be roped in on intervention activities before marriage to influence their attitudes in a timely and effective manner.
2. **Cast a wider net to include men:** The other implication of having a limited peer group for family planning is that for each male YUVAAkar recruited into the program, their influence is constrained to a limited group of men in their immediate social network. Therefore, a wider network is needed to reach men, where male YUVAAkars should encourage their male beneficiaries to act as social referents for their extended social network creating a chain of social referents. Furthermore, male YUVAAkars should have separate and higher targets for engaging with males as compared to female YUVAAkars / female YMCs.

Optimally utilize the social ecosystem[8] with a focus on promoting social proofing by providing the right social referents and leveraging supplementary gender norms around girl education and female employment

As seen in Phase 2, social proofing is utilized by both supporters and detractors of HTSP to influence YMCs. Elders in the family, particularly, in-laws, highlight how other couples in the

[8] The social ecosystem is defined by the key descriptive and injunctive norms that guide normative behaviors around family planning along with custodians of these norms, primarily MILs.

community have already had kids, and thus, their daughter-in-laws should also comply. 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. Both share respective success stories in order to sway couples to their point of view. There is a need to support YUVAAkars through outside influence and promote positive social influence to tip the scales in their favor. Two strong approaches to support social proofing could be:

1. **Utilize the right change agents, matched with elements of family planning:** As the social networks for HTSP (family members) and contraceptive use (friends and peers) are different, there is a strong need to match the right change agents with the desired behavior change. YUVAAkars, as peers, are a good fit for contraceptive use, but they should also be trained on effectively matching social references with crucial family planning decisions in order to leverage social proofing. For example, for a couple struggling with a spacing decision, YUVAAkars can bring in a supportive MIL from the village to strengthen their message around HTSP and back it up with their own expertise in contraceptive use.

2. **Hiring the right CHWs for effective social messaging:** Beyond the social network created by YUVAAkar itself, there is a need to ensure that CHWs (like YUVAAkars) recruited into the project are viewed as authentic by YMCs in that they adhere to HTSP practices themselves. Further, age of CHWs can also help determine how effective they would be with MILs and household elders. It might make for a better overall value proposition to have a mix of CHWs across YMCs (like YUVAAkars), MILs (like some ASHAs) and male referents (like local doctors) which together form a third-layer of service delivery.

It is also seen that family planning norms are supplemented by strong gender norms around girl education and female employment. These norms are rapidly evolving and offer dependencies which should be utilized by family planning programs to supplement their efforts.

1. **Synergies with girl education:** As seen in this study, women who are educated are more likely to have higher agency and strong beliefs around family planning in relation to other life goals. Many of the highly agentic women identified in the study reportedly developed their goals while being exposed to role models at school. There is a strong use case to reach out to girls at the school level, not specifically for family planning for

general agency development and goal setting which can later translate into alternatives for spacing.

2. **Synergies with female employment:** Similarly, the study showed that a salaried couple is more likely to report positive attitudes towards HTSP, including for delaying which has usually remained elusive, as they hope for financial stability in the future. Encouraging women to engage in salaried work with incremental income can set a natural progression for women after marriage, and replace having children as the natural next step. This also tracks with alternatives to social value from Takeaway #1.

Timing of intervention needs to be synced with key moments of decision making and social pressures that a couple typically faces in order to provide effective support and weaken negative social sanctions

Family planning decisions are usually discrete events that take place at certain time periods of a young married couple's life, relative to time and age of marriage. Similarly, as seen in this study, social pressures[9] related to family planning are also rarely constant and keep evolving throughout the early married years of the couple. They are also expressed at specific places like social gatherings or family events or a certain time like 6 months - 1 year after marriage.

In order to provide effective support to YMCs in dealing with these pressures, it is important to understand how and when decisions are being made and when couples are susceptible to social pressures.

1. **Match the timing of counseling to key decision making periods:** Instead of having an open target of 5 touch points for YMCs which YUVAAkars typically fulfill at their convenience, they should be asked to ensure touch points with YMCs at certain peak

[9] Mechanism through which the community and custodians of social norms like MILs influence couples like subtle hints, taunts, direct questioning, social exclusion, questions fertility etc.

periods of family planning decision making and conversations - right after marriage, 6-months after marriage, 1 year after marriage being the most prominent ones.

2. **Ensure touch points at events where social influence takes place:** Social pressures are propagated strongly at community events (like religious ceremonies) where both community elders as well as the extended peer network are present. YMCs are especially vulnerable during such events and CHWs should be present at such events to provide support against these negative social pressures by openly voicing support for YMCs choosing to follow HTSP.

3. **Publically provide counter voice against social sanctions using respected social referents:** Beyond offering personal support, CHWs can also sync with ASHAs and doctors from the local health clinic to step in as additional supporting pillars to openly talk about infertility concerns at community events, voice support for couples and break the propagation of social sanctions. Further, there should be multiple places of contact apart from the YMC's home like vaccination centers, anganwadi centers, vegetable shops, etc. which are frequented by women without needing permission from their elders, to create a semblance of open and readily accessible support.

Programs need to be designed keeping local and regional context at the forefront with an element encourage and adapt ground-sourced innovative strategies

The assessment has highlighted key differences between Bihar and Maharashtra when it comes to family planning. This is reflected in multiple ways like the different social makeup of the two states in terms of caste and religious differences, the different roles that CHWs play with respect to ASHAs and differences in women's agency. At a more granular level, differences in family planning attitudes are also seen between areas which are closer to urban centers as compared to those which are further away. These realities directly influence the ways gender, caste and religion impact the family unit, both at the household level and at the couple level. It also dictates how family planning interventions get delivered by influencing

the bargaining power of CHWs. These differences warrant a localized approach to program delivery and family programs should be mindful of these while designing interventions.

1. **Choice of locally-relevant change agents for social behavior change:** The 'most effective' change agents, those who are well placed to socially influence decision making, could be different in both states which will in turn have learnings for YUVAAkar identification and selection process. For example, in BIhar, YUVAAkar recruitment considerations should extend beyond the usual criteria for gender matching and also encompass for caste and religion matching. As the role of MILs is very dominant in the state, the right change agent would be one who can engage successfully with MILs.

2. **Need to identify ground-sourced strategies and behavioral targets:** Throughout the study, there have been examples of YUVAAkars creating strategies tailored to specific regions or context. For example, in Maharashtra, discreet delivery of contraceptives in a particularly unsupportive household environment through a delivery network of friends of the YMCs. Similarly, YUVAAKars in Bihar can harness local traditions like "gauna" to promote spacing. Such strategies need to be identified, recognised and front load this on the training given to future CHWs to keep innovating iteratively.

Appendix

Appendix 1: Thematic Summary of Implications and Program Recommendations from Phase 3

Below, we have mapped our implications to the different components of the YUVAA program, providing an overview of what components are critical to success, what elements need restructuring and where should the program focus on in future phases.

YUVAA components	Implications
YUVAAkar selection	**1. Minimum desired skill set:** There is significant variation in the performance of the YUVAAkars and we identified certain characteristics that predict their success. To ensure selection of YUVAAkars with higher likelihood of success, candidates should be tested for their communication skills, people oriented personality and intention to lead social change. Past experience of leading community-wide engagement initiatives is also a solid indication of the attributes and skill sets needed by a good performing YUVAAkar. **2. Pre-existing beliefs and intrinsic motivation for social good:** YUVAAkars with past experience using modern contraceptives were able to navigate concerns such as side effects effectively by bringing in their own experiences, comforting and reassuring anxious YMCs. Moreover, YUVAAkars who cared about family planning outcomes beyond generating income from counseling sessions did better than those who were purely driven by monetary outcomes. This indicates that filtering for motivation, through these attributes (past experience in FP use, beliefs about FP and desire for social good), in potential candidates can lead to a more robust cadre. **3. Targeting male YUVAAkars:** While screening male candidates for the YUVAAkar position, willingness of the man to participate in the program should be focussed on. While men are more interested in the monetary rewards from the position, their willingness to actively engage in issues of family planning through counseling sessions with men/couples should be made clear and central to the recruitment criteria. **4. Diversifying the demographic pool of YUVAAkars to reach vulnerable populations:**

	The recruitment model needs to ensure that YUVAAkars come from diverse castes and religions, especially in communal societies such as Bihar. Due to social dynamics and individual prejudices, YUVAAkars do not offer services to couples from vulnerable castes and/or religions. Ensuring representation in the cadre will help overcome social barriers and expand reach to a wider section of society. **5. Relatability of YUVAAkars - Age, existing FP use and proximity to MILs:** YUVAAkars can have a stronger influence on YMCs if they are seen as being relatable to the lived experiences of YMCs. YUVAAkars who are similar in age to YMCs and follow HTSP practices themselves were seen as more relatable. However, YUVAAkars who had close ties to gatekeepers such as MILs or family elders were also deemed more effective in bypassing these authority figures. The YUVAA program needs to balance between these two needs to identify YUVAAkars that are relatable and command social influence in the communities.
YUVAAkar training	**1. Content needs to be tailored beyond basic FP knowledge:** The training should have a two-fold objective: i) build comprehensive knowledge of YUVAAkars related to FP such as: the importance of practicing HTSPs, the different types of contraceptive methods available, how and when to use them and coping strategies for side effects; and ii) provide YUVAAkars with strategies to navigate common concerns, criticisms and social norms that dissuade HTSP and contraceptive use. While the existing training curriculum focuses on building basic FP knowledge, it does not provide YUVAAkars with the skills, knowledge and confidence to deal with challenging situations such as navigating conversations around side effects. **2. State-specific needs should be accounted for in the training material:** Differences in the social fabric between Bihar and Maharashtra led to the use of different strategies by YUVAAkars. For instance, in Bihar, involvement of men in the counseling sessions was deemed essential to change behavior among YMCs. In this case, efficacy of male YUVAAkars and engagement of male YMCs became essential to the success of the program. Training materials in Bihar should therefore be tailored to sensitize male YUVAAkars to engage in their roles appropriately and provide them with specific strategies to reach out to and persuade male community members to participate in FP

	behaviors. Training curriculum should be sensitive to the local context and factor in the social realities and barriers specific to the community or region to equip YUVAAkars with the right arsenal to maneuver tough situations. **3. Pedagogical methods should include practical learning methods:** YUVAAkar training should put more focus on practical sessions and field demonstrations to train YUVAAkars on the different types of interactions they can have when they go into the field. Since the role of YUVAAkars is interpersonal, preparing them for the different types of people and environments they can interact with can help build their confidence to deal with unfamiliar and challenging situations. **4. Job Aides should be provided to navigate tough situations:** YUVAAkars should be made aware of the local strategies that have proven successful in reaching and persuading YMCs and their families to adopt HTSP and contraceptives in similar communities. Given the predictability and universality of roadblocks faced YUVAAkars (e.g. concerns around side effects, unsupportive MILs, low bargaining power of women), a handbook that collates best practices to navigate these barriers from other YUVAAkars and frontline workers could be a useful resource to spread innovation and increase success. This handbook could be updated every few years to include new innovations and adaptations from subsequent cohorts of YUVAA. The job aide can also motivate YUVAAkars to drive change outside of their normative environment by providing social proof of how other YUVAAkars navigated these struggles.
Consumer mapping	**1. Targeting people at the intensive margin and more vulnerable groups** The approach to consumer mapping needs to be rethought to improve coverage of the program among communities that are left out. Consumer mapping should be made more inclusive which can be done by assigning specific targets for vulnerable groups or higher reward for mapping pre-identified vulnerable populations in an area. This mirrors the relative reward system for ASHAs who receive a higher payoff for referring males for sterilization (which rarely happens, as seen in Phase 2) as compared to females.

Counseling: Couples + group	**1. Effectiveness of couples counseling needs to be weighed in comparison to one-on-one counseling:** Gender matching is essential to ensure the success of counseling sessions. Women YMCs are not comfortable discussing sensitive topics such as FP in the presence of male YUVAAkars, violating the core tenet of the YUVAA program: Couples counseling. At best, the female YUVAAkars are able to counsel the couple together, in the absence of the male YUVAAkar. This jeopardizes the efficacy of couples counseling and YUVAAkars circumvent this problem by counseling men and women separately). These social sensitivities warrant further thought into the design and delivery of couples counseling. **2. Impact of group counseling needs to be leveraged through additional channels:** Group counseling offers a safe space for women to interact with each other, expand their networks beyond the immediate household and discuss several issues beyond family planning that affect them. Group counseling also enables the program to reach participants beyond YUVAA, e.g. P2 women and MILs. Thus, group counseling for women is an important element that can improve the role of YUVAA in changing FP behaviors and social norms. Moreover, connecting women has proven to have spillover effects beyond family planning, indicating the importance of facilitating such connections for women through other digital and physical channels. For men, group counseling has the same potential, however, is fraught with logistical challenges such as scheduling. Targeting men at locations and events they already congregate, e.g. salons, tea stalls, village meetings, etc can be an effective way to mobilize them for group counseling and promote positive peer effects. **3. Incentivizing repeat interactions between YUVAAkars and YMCs:** Numerous examples in this and previous phases have proved the importance of multiple interactions between the YUVAAkars and YMCs to achieve sustained behavior change. However, as YUVAAkars only get paid for five interactions, there is limited incentive to proactively carry out any further interactions here. Further, as the product basket is not re-stocked by YUVAAkars after the first lot, there is limited push from social entrepreneurship priorities to continue the interaction for sales purposes. These issues need to be addressed which can be done by bolstering the value of the product basket for YUVAAkars as well as setting a longer timeframe for

repeated interactions.

4. Engaging male YUVAAkars and YMCs is critical to success:

Male YUVAAkars and male YMCs remain detached from the program due to mental models that prescribe family planning as the woman's domain. Male YUVAAkars need to be targeted from the recruitment stage through training to ensure they are holistically engaging in all aspects of the program. Sensitivity training for male YUVAAkars should aim to change mental models and perceived social norms about family planning to ensure they engage in their roles appropriately.

Moreover, male YMCs, due to disinterest and scheduling conflicts, remain tough to reach for individual and group counseling. This can be addressed by targeting them at places they already congregate, for e.g. tea stalls, salons, village meetings, etc.

5. Overcoming the intention-action gap through counseling:

YUVAAkas are successful in creating intention for FP among those at the extensive margin and sometimes at the intensive margin. However, they have limited success and influence in translating that intention to action. This requires a restructuring of the YUVAA program to ensure YUVAAkars are able to engage with YMCs across multiple stages of the FP journey including awareness, intention, decision, action, support and sustained action. This gap can be rooted in biases like cognitive dissonance and information recall bias and can be designed for using behaviorally informed interventions. Firstly, YUVAAkars can improve the salience of HTSP practices by helping YMCs reflect on the implication of these practices on personal outcomes. For example, for each couple YUVAAkars can help them create specific timelines tied to their year of marriage on a multi-year calendar. Secondly, YUVAAkars can utilize reminder nudges to provide the right information at the right time. Building the calendar example, YUVAAkars can further align counseling touch points according to the calendar defined for each couple to ensure that interactions take place at a time when a couple is considering the next step in the family planning ladder.

6. Develop support networks through robust connections with ASHAs and public service delivery

The YUVAA program has benefited deeply from strong connections with ASHA networks and other public health modalities. ASHAs represent a key source of learning as they have been dealing with gender roles and male-female dynamics for quite some time. Leveraging these networks and

	knowledge and building them into the YUVAA program will be instrumental to success. **7. Different strategies for Bihar and Maharashtra** There is a need to define unique strategies and behavioral targets for YUVAAkars as tailored to specific regions and front load this in the training sessions and job aides.
Social entrepreneurship model	**1. Rethinking the economic incentives:** The social entrepreneurship model shows merit in theory, however, needs to be bolstered for YUVAAkars to reap its full potential. In most cases, monetary gains from being a YUVAAkar are not enough to provide a solid and stable income source. Money from counseling sessions, consumer mapping and other activities constitutes a major source of the monetary benefits for YUVAAkars. The product basket has limited profitability for YUVAAkars (see below). Providing recognition over and above existing rewards along with boosting monetary rewards can bolster their motivations to address family planning in general rather than just aiming to complete counseling targets. For example, in addition to economic incentives, the program can leverage social recognition beyond existing monetary rewards. This can help motivate YUVAAkars who are driven by gaining social influence and repute. Further, utilizing a performance-based reward system can also boost YUVAAkar engagement. **2. Reshaping the product basket:** Once YUVAAkars have successfully sold their product basket, they are not incentivized to invest in a new one. This is due to a minimum upfront investment, lack of product choice and limited differentiation from products sold by ASHAs, crowding out the appeal of the basket for YUVAAkars. There is a need to drive up monetary gains from the product basket so that it contributes a significant portion of the YUVAAkar revenue. One way to increase the monetary benefits for YUVAAkars is to make the product basket more lucrative. Firstly, YUVAAkars should be able to curate their own basket, selecting products that are more likely to sell based on local demand. Secondly, YUVAA should offer more diversified and premium FP products in the basket, for e.g., flavored condoms, to drive a competitive advantage against free contraceptives provided by ASHAs and public health

	facilities.
SBCC Strategy	**1. The flipbook is a successful strategy to create awareness and knowledge** The flipbook was regarded as an easy and effective aid to help YUVAAkars communicate information to YMCs. The YUVAAkars attested that the flipbook is easy to follow and understand for the YMCs. The format of the flipbook allows YUVAAkars to carry it everywhere they go, including one-on-one and group counselings. Moreover, due to its physical nature, it has universal access and comprehension, making it more appealing than the Safal Couple application. **2. The Safal Couple application did not have the desired effects due to limited relatability and technical issues** The 'Safal Couple' framing and delivery model faced challenges. There is a need to place the SBCC story in the context of the ideal family in terms of household responsibilities and social visibility. The 'Safal Couple' materials, although engaging for some, were not recalled independently by any of the participants. Moreover, structural problems such as lack of connectivity, mobile phones, unaffordability of data and limited storage made it difficult for YUVAAkars to access and deliver this educational content on their phones. There is a need to reexamine the storyline of the Safal Couple messaging campaign to create a universally salient and reliable narrative and identify more accessible ways to deliver the campaign other than offering videos on YUVAAkars phones during the counseling session. The 'family planning as a lifestyle choice' for successful couples approach can be expanded to include the roles and responsibilities of a couple towards their family and the household. These can include contributing to the household income, support in household chores, etc., while still successfully navigating family planning choices. Bucketing pro-family planning priorities with pro-household behaviors can weaken the normative barriers that act against equating the YUVAA 'safal couple' with YMCs' perception of the values of an ideal couple.

Appendix 2: Summary of barriers and levers across contraceptives

	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.

	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

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