



PATHFINDER



Pathfinder YUVAA Qualitative Assessment

Phase 3

Sustainability of Behavioral Change under YUVAA

OCTOBER 2022

Busara Center for Behavioral Economics

Acknowledgements

We would like to express our sincere gratitude to the Pathfinder field team in Bihar and Maharashtra for their support in making this research possible. We would like to thank Mr. Debabrata Bhuniya (State Program Manager, Bihar) and Dr. Balaram Jadhav (State Program Manager, Maharashtra) as well as the respective DPCs Mr. Rishi Gautam (DPC Patna), Mr. Shashikant Kumar (DPC Nalanda), Dr. Sushmita Kamble (DPC Satara), Mr. Sagar Khandekar (DPC Kolhapur) along with TCMs and ELs at the district level who facilitated our field work. Further, we would like to thank the NYAS team (Mr. Shailendra and respective field officers) for their research and data collection support. Our sincere gratitude also goes out to all the research participants who took the time to share their views and life experiences with us.

Contents

What makes a YUVAakar?	9
YUVAakar Identity	9
Who is a YUVAakar and how are they recruited?	9
How do YUVAAkars identify themselves?	11
YUVAakar Motivation	13
What motivates a YUVAakar?	14
Roles and Responsibilities of a YUVAakar (Intervention Delivery)	18
One-on-one counseling sessions	18
Group counseling	19
Couples counseling	20
Product basket	21
Innovative strategies are employed to reach users and to sell products	23
SBCC tools employed by YUVAAkars	24
What determines the success of a YUVAakar?	27
How do Mentees function in their role?	35
Trends from Private Health Providers	35
How are YMCs faring under YUVAA?	40
YMCs and YUVAAkars: A “safal” interaction	40
Young married women and their Agency	43
Role of Men	46
Contraceptive Use and the Product Basket	49
Which norms influence family planning decisions?	55
Normative expectations around family planning - gender and social norms	55
How do household and community members influence family planning?	62
How do households influence family planning?	62
What role does the community play in family planning?	66
Thematic Summary of Implications	84
Conclusion	90
Methodology	92

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

Over the years, multiple private partners, non-governmental organizations and government campaigns have tried to raise awareness around family planning practices such as delaying, spacing and contraceptive use. While we can witness a change in Indian society, which is slowly becoming more conducive to conversations around and the adoption of these methods, effective use of this awareness is still a challenge. This challenge does not solve itself at the point where the awareness or the access is generated, rather these obstacles persist even when attempting to create a behavioral shift towards the implementation of family planning practices.

To address this, it is imperative that awareness and access are generated closer to the intention of adopting these practices and finally, at the point of action of continued use of family planning methods that positively affect sexual and reproductive health.

The previous phases of this assessment identified multiple key levers and barriers to adoption of family planning. These were determined through interactions with YUVAAkars, Young Married Couples and relevant actors in their immediate environments like MILs and ASHAs. The themes covered included program delivery, couple dynamics, family's role in couple decision-making and community perceptions around the use of contraceptives. Keeping in mind factors that affect the effective behavioral shift in the adoption of family planning, in Phase 3 of this project, we involved stakeholders from both ends of the spectrum, i.e, the supply and demand sides to understand and ascertain the factors that determine or influence the sustainability of behavior change among Young Married couples, their families and actors in the enabling environment, such as the Mother in Laws, through the YUVAA program.

This report presents the research findings across three sections. The first section addresses stakeholders on the supply side, such as the YUVAAkars and the PHP mentees, to understand a YUVAakar's identity as a social worker and entrepreneur, their motivations, knowledge and their skills to navigate through challenges in the extended family or community, all factors which could hinder intervention delivery and a sustainable shift in mindsets around family planning or contraceptives at large. It further explores Private Health Professionals in order to understand the channel of communication between them and Young Married Couples seeking maternal healthcare or support for contraceptive use.

The second section focuses on the end beneficiaries of the YUVAA program - the Young Married Couples. The aim is to understand how Young Married Couples have been faring under the YUVAA program, the effectiveness of their interactions with YUVAAkars, the level of agency that Young Married Women have or have built in their household over the years, the

role of men in family planning while emphasizing on the levers that we identify as effective and finally, the factors that have contributed towards shaping the demand for contraceptives, specifically from the product basket.

The third section addressed the key actors that create an environment, enabling or otherwise, for the Young Married Couples to practice family planning. This includes members of the household, mainly Mother in Laws, who play an active and essential role in decision-making and the effects of normative expectations set by the household and community members, which influence family planning decisions.

Finally, the report identifies some key lessons we learnt from the field and their implications for the YUVAA program and the family planning scenario in rural Maharashtra and Bihar at large, in order to determine pathways for sustained behavior change across stakeholders involved in the process.



Supply-Side Insights

What makes a YUVAAkars?

YUVAAkars Identity

1. YUVAAkars come from a varied socio-economic background including occupation and earning status.
2. YUVAAkars have between 0-4 number of children and did not have sufficient information on family planning practices prior to becoming a YUVAAkars. This indicates that there is no prerequisite for becoming a YUVAAkars.
3. 40% YUVAAkars in Bihar do not have an alternate source of income; making their identity more dependent on their role as a YUVAAkars
4. Females in Maharashtra have a stronger YUVAAkars identity than men
5. To some extent, the YUVA training itself can be seen to shift normative perceptions about family planning successfully

Who is a YUVAAkars and how are they recruited?

YUVAAkars are married couples between the ages of 18-40 years old. In Maharashtra, YUVAAkars have been recruited from varied economic roles, ranging from farm work to shopkeeping to a salaried job. This is more true for male YUVAAkars, who are the primary breadwinners of the household, while some women also have other roles like running self help groups, managing the village administration as part of a 'sarpanch' family, etc.

YUVAAkars hail from a diverse mix of

backgrounds

Similarly, in Bihar, YUVA Akars came from diverse socio-economic backgrounds, however, around 40% of the YUVA Akars included in this study did not have any other source of income apart from the YUVA program.

Those who did have alternative incomes were employed as government teachers, working public/private health clinics or had their own businesses. However, unlike in Maharashtra, the majority of YUVA Akars did not have an alternative source of income and were highly dependent on the YUVA program to run their households.

Sample Characteristics				
	Maharashtra		Bihar	
	YC (n=12)	YMC (n=34)	YC (n=15)	YMC (n=30)
Age [in years]	35	24	29	25
Service [in years] for YCs	2.25	-	1.6	-
Education	Uneducated - 0 High school - 6 Senior Secondary - 3 Graduate - 2 Post Graduation - 1	Uneducated - 0 High school - 11 Senior Secondary - 11 Graduate - 9 Post Graduate - 2	Uneducated - 0 High school - 3 Senior Secondary - 2 Graduation - 7 Post Graduation - 3	Uneducated - 4 High school - 8 Senior Secondary - 5 Graduate - 13 Post Graduate - 0

YUVAAkars were recruited through a snowballing technique, where TCMs and ELs would enter a village and gauge interest in the programme. Often, YUVAAkars who had worked in community roles in the past, such as in PHCs, JEEViKA or even with DharmaLife, were approached first. A large majority of YUVAAkars came from Hindu communities, and often lived in joint families.

It was observed that YUVAAkars could have anywhere between 0-4 children, suggesting that there was no prerequisite requirement of using family planning methods (delaying, spacing or contraceptive use) in order to become a YUVAakar. Many YUVAAkars said they did not know about family planning before their YUVAA training, which could mean that knowledge about or attitudes towards family planning was not considered during the recruitment process.

How do YUVAAkars identify themselves?

Nearly all male YUVAAkars in Maharashtra invariably identified with their primary profession like 'Driver', 'Landowner-Farmer', 'Tailor / Shopkeeper', 'Salaried Job' and 'Clerk' instead of as YUVAAkars, relegating the latter to a secondary identity point. Despite this, male YUVAAkars take pride in being addressed as a YUVAakar, or more specifically, as someone who the community can reach out to for advice around family planning decisions. This holds true even in situations where people in the community do not necessarily recognize them as "YUVAAkars".

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. For many of them, the YUVAA work seems to fit in well with their existing social position in the village through established social networks. The key difference between the strength of male

and female identity seems rooted in the economic role of the male YUVAakar who has to hold on to a higher income job as the primary subsistence of the household.

In Bihar, most male YUVAAkars had no other source of income so their YUVAakar identity was as strong as female YUVAAkars

Unlike in Maharashtra, the distinction between male and female self-identification as YUVAAkars in Bihar was not as strong. The reason for this could be that a large proportion of male YUVAAkars did not have an alternative source of income, hence, they did not identify with anything other than with being a YUVAakar. As a result, both male and female YUVAAkars strongly identified with being a YUVAakar as that was their dominant economic role.

However, in a few instances, female YUVAAkars were seen to take on more responsibility. This higher investment in their role as a YUVAakar could stem from normative gender roles, where the responsibility of family planning disproportionately falls on women. This was especially true for those YUVAAkars where the woman was first recruited and then had to convince her husband to join the program.

Yuvaakars further distinguish themselves from the other couples in their community after participating in the program. In both States, Given the discrete nature of discussions around sexual and reproductive health, couples previously unexposed to the YUVAA program were not very well informed about the various family planning methods available. This was also true for YUVAAkars.

Knowledge around Family Planning is the differentiating factor between YUVAAkars and

Young Married Couples - and YUVAAkars acknowledge the difference

YUVAAkars attribute their increased and now in-depth knowledge about family planning to the YUVAA program. In one instance, a female YUVAakar ascribed the shift in her husband's (a male YUVAakar) beliefs about family planning and contraceptives to the YUVAA program.

"I have one son and four daughters. That's why there should be coordination between husband and wife. But my husband said, 'No, I want one more boy'. I was having a vasectomy after two kids only. I pre-decided from the marriage itself, I want only one boy and one daughter... But my husband did not agree with me. If I had done the operation we wouldn't have had any problem. Now [after YUVAA training] he feels I was telling the right thing." - Female YC, 34, Bihar

To some extent, the YUVAA training itself can be seen to shift normative perceptions about family planning successfully. It is this new gained knowledge, which they now imparted in young married couples across communities and villages, which further helps YUVAAkars set themselves apart from the rest of the community as agents of information dissemination and knowledge sharing.

"The difference between them [young married couples] and us [YUVAAkars] is that we can tell you information whenever you ask us, even if you ask us in sleep we can tell them the methods of contraceptive to be used, our family and neighbors have benefited from the information that we have." - Female YC, 40, Maharashtra

YUVAakar Motivation

1. Along with social good, additional income generated from the program adds significantly to the motivation of YUVAAkars

2. The value proposition for women who do not have an additional source of income is much higher than that for men
3. 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
4. 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
5. 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

What motivates a YUVAakar?

In Bihar and Maharashtra, income generated from the YUVAakar social entrepreneurship model and profits from counseling sessions are seen as a significant additional income that helps run households, and YUVAAkars actively engage in meeting their targets to capture this income. This is especially true for those who are economically disadvantaged or have no prior experience in working in the social sector. During post-COVID months, income from YUVAA was considered a major boon as other income sources dried up due to lockdown measures and economic downturn. This was the primary motivation for many couples to join the program at the time. Since then, as other income sources have grown again, there has been some crowding out of motivation, especially for male YUVAAkars whose additional responsibilities have increased.

Even though this income is welcomed by YUVAAkars, on its own, income from the program is not sufficient for the subsistence of a household. This is invariably true across all YUVAAkars, irrespective of economic background. In Maharashtra, YUVAAkars were often involved in other professions while considering their YUVAA work as an additional source of income or a side job. In Bihar, since YUVAAkars have no supplementary source of income, they often said the monetary compensation was not enough to sustain them. Without any other strong motivating factor, once these YUVAAkars reached their target number of YMCs they had no reason to continue working.

Though YUVAA income is highly valued as a supplementary source of income in Maharashtra, it is insufficient as the only source of subsistence for YUVAAkars in Bihar

Many YUVAAkars in Bihar further stated that the financial benefits of being a YUVVAAkar was not equivalent to the amount of effort they were putting into the program. YUVAAkars have to regularly travel far and wide to meet their targets and spend a lot of time with YMCs during each counseling session. For a YUVAAkars, the compensation received is often unmatched to the time and financial constraints this puts on them. As a result, YUVAAkars end up spending money out of their own pockets to match these demands.

“The money we get as YUVAAkars is of great importance to us but we are not getting enough according to our efforts...” - Female YC, 24, Bihar.

For women, who may not have full time work, the value proposition of YUVAA work is far stronger than for men. It is also easier for them to engage in these activities due the attribution of family planning considerations to women as per existing gender norms. Even men appreciate the additional income, though they need to navigate between other work commitments.

“It works well as a side business. The work is good and best and there is no doubt about it and you can say it as a side business only, means while we look after our outside work” -Male YC, 30, Maharashtra

Respect and recognition within communities act as an additional motivating factor for YUVAAkars

YUVAAkars who had prior experience in social work seemed to be more motivated by gaining respect and social recognition within their communities. By acting as perceived agents of social change, YUVAAkars repeatedly mentioned the fact that people in the community recognised them, either by their names or as “DharmaLife workers”, and spoke highly of them. Being a part of the YUVAA program meant that these YUVAAkars could set themselves apart from other couples within their community and create a unique identity for themselves. On the whole, this was a point of pride for all YUVAAkars spoken to for this study.

*“We feel very nice when people call us respectfully. Now our image has changed after becoming YC.”
Male, 40, Maharashtra*

Motivation fuelled through social recognition may keep YUVAAkars involved after the program, although not as actively

While YUVAAkars are keen to continue being recognized as the torchbearers for change in educating and counseling couples on family planning matters, financial constraints such as travel costs involved in meeting a new couple, delivering products or conducting counseling sessions may be a barrier to them pursuing their role as a YUVAakar or as a social volunteer in a given community as actively as they can do it under a reward program such as YUVAA.

“We also feel nice to counsel people. We came in this field to do social work but everyone expects that they should get some money for the work done. We have to meet the expenses of traveling.” - Female YC, 32, Maharashtra

Increased agency for women through the role of a YUVAakar is a key motivating factor

For many female YUVAAkars, being able to travel outside of their villages or even interact with different members within their community was a key motivating factor. Their increased agency through travel, earning their own income and becoming known across villages went against the traditional gender norms where women would generally stay 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.

"I had not done anything previously, so I thought that through this [YUVAA program] I can get an opportunity to do something." - Female YC, 24, Bihar

Nevertheless, it is important to bear in mind that we do not know what the baseline agency for female YUVAAkars was before joining the program. It could be that those females who had higher agency joined the program in the first place, so we cannot completely attribute the YUVAA program to giving women agency. However, female YUVAAkars mentioned an apparent shift in their position within the household and the community from before and after becoming a YUVAakar. Thus, even though the program may not have created agency in women, it did help women exercise their existing agency and further boost their position within and outside the household.

Female YUVAAkars are more actively involved in the interventions than males

Due to socio-economic considerations previously discussed in this section, female YUVAAkars are more able and willing to give attention to their YUVAakar responsibilities than male counterparts. Traditional gendered social norms, which paint family planning as the sole responsibility of women, make it easier to promote conversations amongst women on this topic. In Maharashtra, male participation, for the most part, is lost due to conflicting priorities such as regular jobs and consequent time constraints. In some instances, male YUVAAkars actively espoused existing gender norms and attributed family planning to their female counterparts. They relied on their wives to deliver family planning messages to women and undervalued the benefits of engaging directly with men and even their own role as

YUVAAkars. In general, it is evident that males are less likely to be motivated to engage in the full YUVAakar role than females.

Roles and Responsibilities of a YUVAakar (Intervention Delivery)

1. 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
2. Traditional gender norms around women being responsible for family planning and work hour commitments for men make it difficult to have conversations with them about family planning
3. 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
4. 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.
5. 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.
6. YUVAAkars adopt innovative strategies to navigate through multiple steps in the process of delivering the right information to couples right from consumer mapping to dealing with barriers that stem from societal gender norms and elders in the family.

One-on-one counseling sessions

One-on-one counseling sessions are those sessions where the female YUVAakar counsels the female YMC and the male YUVAakar does the same with the male YMC.

Female-on-female counseling has been considerably successful as female YUVAAkars find it

easier to talk to women without the husband around. This could be a result of unequal power dynamics between a couple, which prevents a woman from voicing her personal preferences in front of her husband, especially if the views are opposing.

Male-on-male counseling remains a key challenge for YUVAAkars

On the other hand, male-on-male counseling sessions remain a key challenge for YUVAAkars. This is primarily due to the fact that finding a time that fits both the male YUVAakar and the male YMC is tricky. Men tend to leave for work early in the mornings and come back late at night leaving a very small window for these counseling sessions. Secondly, traditional gender norms have instilled the idea that family planning is the domain of women. Thus, male YMCs do not prioritize having these conversations.

“If we meet a new couple, then we need more energy to convince male in the couple and the female needs less energy to convince the female in the couple.” -Male, YC, 40, Maharashtra

Group counseling

Group counseling, in practice, primarily involves female-only conversations between the female YUVAakar and groups of P0 and P1 women. Male group counseling is very rare, due to scheduling constraints and normative gender roles.

Socially, group counseling appears to function as a safe social space for newly married women and first time mothers to be open about their concerns and issues which goes beyond family planning and reflects general camaraderie among the participants. Topics discussed include domestic issues, financial issues and baby care.

Interestingly, women eligible for YUVAA who were not mapped, a few P2+ women and, in rarer cases even MILs, can sometimes join these group discussions and be highly participative as was observed in a few places. 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 (could be positive or negative) motivate these women to attend meetings. In one instance, a MIL, who accompanied her daughter in law to the counseling

session used the opportunity to voice out some of her concerns against LARCs, borne out of negative experiences with healthcare professionals.

Group counseling offers a safe space for women with strong spillover effects for those women not mapped under YUVAA

Group counseling is also a space for MILs to interact with other MILs and share their own experiences and concerns. YUVAAkars have used this as an opportunity to convince MILs who are usually gatekeepers when it comes to decision making around family planning. In some cases, MILs are the ones bringing their newly married daughter in laws to these counseling sessions, revealing a shift in mindsets when it comes to family planning.

Furthermore, by encouraging dialogue within the community on family planning matters, group counseling could help remove stigma around talking about contraceptive use. Young women and even MILs are encouraged to opt into using contraceptives when they see other women within their community doing the same. Consequently, YMCs reference network expands beyond the household to their neighbors and other community members. However, YUVAAkars must have the skills to navigate conversations in group meetings, especially if many YMCs share a concern (such as side-effects to contraceptives), which could reinforce negative norms.

Couples counseling

During a couples counseling session, the YUVAAkar couple speaks with the male and female YMC together. Often this interaction is also split by gender, where the male YUVAAkar speaks separately with the husband while the female YUVAAkar engages with the female. In a few cases, the YMC couple can together engage with the female YUVAAkar but not the male YUVAAkar. It appears that the perceived discomfort of women in interacting with another male on a sensitive topic like family planning is given more weight than if the gender switched.

As identified in previous phases, the key barriers to accessing males are unavailability of males as they are usually busy with their livelihoods and the general gender norm of males not being a part of the family planning conversations beyond the couple unit. Despite this existing situation, there is limited effort on male YUVAakar's part to identify innovative ways of tackling this. This could also be a learned behavior where initial attempts to engage with men were met with resistance.

Product basket

The product basket consists of a mix of family planning products - Condoms and OCPs - and non-FP products like baby powder, shampoo and sanitary pads. The product basket has fared differently with different YUVAAkars and within the product basket different products also fare differently. While the product basket is primarily defined by the marketing and sales skills of YUVAAkars, the sale of products can be dependent on various factors.

One factor influencing sales is the fact that consumer demand may not be consistent for all these products. In Maharashtra, YUVAAkars reported that the baby powders and shampoo were particularly popular and sold quickly as compared to other products, whereas in Bihar, YCs had mostly forgotten about the baby products and did not carry them around.

Sanitary pads are another popular product among women. Interestingly, the last-mile delivery advantage of using YUVAAkars comes to the fore with sanitary napkins, as women find it easy to discreetly access them with YUVAAkars usually at the latter's home. The core FP offerings of the product basket, condoms and pills, face much lower demand as these products are available from ASHAs and the local PHC for free.

Success of the product basket depends on many different factors like demand, popularity of products, product margins and competition with ASHAs

The margins on each project also play a role as YUVAAkars report a preference for higher margin products like the shampoo which sells well and offers them good return on their

investment. FP products do not offer this advantage. In a few cases, YUVAAkars actually gave away FP products from the basket, considering it a positive social service.

Value proposition of the basket remains weak compared to upfront costs borne by YUVAAkars, lowering its impact as an intervention

In many cases, YUVAAkars bought into the product basket once (when they were onboarded) and did not see value in reinvesting in the basket. One of the most cited reasons for this was the upfront costs of the product basket which is borne by YUVAAkars. This is often unaffordable for YUVAAkars as the return on the basket comes over a longer period of time till all products are sold. In Bihar, YUVAAkars mostly carried condoms and OCPs with them; they had little to no recollection about the baby products and hardly carried them around.

YUVAAkars do not have a say in the product basket composition. The product baskets are tied to different denominations, which YUVAAkars can choose from based on their needs (INR 1800, INR 2800 etc.) but the product mix and quantities of each product within a basket are fixed. This means the YUVAAkars are required to buy products they might not be able to successfully sell with more lucrative, high margin products. This lack of flexibility in the product basket composition adds to the existing challenges of low margins and difficulty in selling certain products, crowding out YUVAAkars' risk appetite for taking up the product basket.

Monetary value for the YUVAAkars comes more from the counseling activities than the product basket

The aim of the product basket was to create a social entrepreneurial model, which would supplement a YUVAAkars income. However, YUVAAkars spoken to during this study saw the YUVAA income as a direct consequence of paid activities like consumer mapping, couples counseling, group activities and the like, and rarely added monetary value to the product basket.

As mentioned before, YUVAAkars have had varied success with the product basket, the margin on the products is seen as too low as compared to the upfront costs that the YUVAAkars have to put in to buy those products. Further, YUVAAkars can face difficulties in selling the products due to factors like lack of demand or competition from other retail avenues like pharmacies, government hospitals and ASHAs. As a consequence, some YUVAAkars do not buy products repeatedly after the first batch has been sold out. Overall, it seems that the sustained income from the YUVAA activities is a good enough value proposition for YUVAAkars.

Innovative strategies are employed to reach users and to sell products

Utilizing local champions and snowballing for consumer mapping

In one instance, a YUVAakar has developed a strategy of recruiting existing social networks for faster consumer mapping and better outreach. As a first step, a locally influential and eligible YMC is identified and recruited for consumer mapping. The social network of this couple, often extending to most houses in the immediate vicinity, is then leveraged to recruit other eligible couples. Importantly, the local champion couple is also used as a channel of information to disseminate information to the whole group efficiently.

YUVAAkars recognise the importance of involving family members and spend considerable amount of time in the first meeting talking to hostile elders within the household

One YUVAakar mentioned an instance where she went to a YMCs house and spoke to the MIL who refused to let her enter the house for over half an hour. Over this course of 30 minutes, the YUVAakar used arguments focusing on the health of the daughter-in-law, the baby, and appealed to the MILs own past experiences to convince the MIL to let the YUVAakar speak to the female YMC. Eventually, the MIL agreed and let the YUVAakar into the house. The YUVAakar emphasized the importance of respectfully convincing elders in the house and gaining their support to ensure successful YMC interactions.

Proxy meetings to access hard to reach couples facing strong gatekeeping by household elders

Delivering YUVAA interventions to couples who have to deal with gatekeeping by MILs and other elders is an identified challenge. These couples are often the YMCs who choose to use FP products discreetly without knowledge of household members. In such households, YUVAAs can face active barriers to entry. One YUVAAs 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 YUVAAs was able to counsel multiple YMCs outside their homes. The same channel was used to deliver products to couples, where the YUVAAs dropped them with the friend who delivered it to the couple on their next social call.

“The in-laws tell us that they are okay with the couple using family planning and wait for one or two years, but behind our backs they might be having some discussion. So we discuss it with the couple through mobile.”-Female, YC, 35, Maharashtra

YUVAAs can sometimes share advice and even product basket sales with each other

As experience and marketing skills vary across the cohort, many YUVAAs over common regions have created common channels of communication like WhatsApp groups to discuss issues and seek advice. In one instance, a YUVAAs was able to advise some others in her group on dealing with YMCs who report severe side effects from contraceptives as she had dealt with a similar situation before. This cooperation also extends to sharing of the product basket in cases of YUVAAs who know each other i.e. a YUVAAs who is more successful at selling products can buy products at cost from another YUVAAs who might be struggling to sell and take over both the risk and profit.

SBCC tools employed by YUVAAs

Safal Couple provides a good narrative which works well in some places but falls short of universal appeal

As reported by YUVAAs, the ‘safal couple’ SBCC material provides a good toolbox for YUVAAs to support the key points of delaying, spacing and limiting as well as engages well with couples.

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.

The Safal Couple **videos** have had mixed feedback. Some YUVAAkars report that they find videos useful in their conversations with YMCs while other report that YMCs tune out during the video and are not engaged throughout. From an implementation perspective, the videos also take space on the YUVAAkars mobile and they prefer to use the flipbook over videos for the most part.

Posters at private health clinics are also reportedly effective with YMCs, where mentees reported instances of couples reaching out for questions after seeing one of these posters on display. They are also considered effective tools to communicate different contraceptive options to couples seeking family planning solutions.

However, there were quite a few instances where YMCs had limited recall of the concept of a Safal couple beyond the interaction with the YUVAakar or the key messages around delaying, spacing and limiting. Association of 'safal couple' was specifically made with the material used by YUVAAkars and not as a general message. Further, safal couple, although 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 often want to conform to.

In Bihar, despite recognising the usefulness of teaching-learning materials such as videos and posters to spread knowledge on family planning, YUVAAkars are unable to fully utilize these materials. Firstly, due to network issues and storage shortages on mobile phones, videos are difficult to download. Secondly, these videos are not easily accessible on the YUVAakar app on their phones. The flipbook was often not carried around to counseling sessions and YUVAAkars stated that they do not have enough posters to put up within communities, which limits the impact this material has on YMCs.

Case Study: Navigating gatekeeping and personal attitudes to convince non-users

In one illuminating example, a YUVAakar convinced a non-user couple with two children to build intention towards using contraceptives and consider LARCs and sterilization. When the couple was initially mapped, they were P1 and had refused to use contraceptives and wanted to have another child. Both the MIL as well as the couple, including the wife, wanted at least 3 children and at least 1 son. These attitudes were borne out of a mix of perceived risk of mortality, socially conditioned preferences and son preference. To navigate around this, the YUVAakar adopted three strategies;

Leverage MILs to influence household attitudes

The YUVAakar had to convince the MIL to get the YMC consumer mapped, though in this case even the wife wanted to have 3 or more children. Gatekeeping can exist irrespective of YMC attitudes. Despite unfavorable attitudes of the household towards family planning, they signed up for the program primarily because the YUVAakar was known to the MIL locally.

Help YMCs connect the burden of economic hardships with family planning outcomes

As seen in previous phases, economic realities and financial hardships are a key motivator behind YMCs adopting HTSP practices. YUVAakars are able to help YMCs and MILs realize the connection between sound management of household finances and the need for planning children. In this case, the household faced financial difficulties and the YUVAakar was able to leverage this to convince both the MIL and the couple to give up their aspirations for a third child.

Most importantly, utilize persistent communication over a long period of time

The YUVAakar engaged with the household consistently even since the second wave of COVID in mid-2021. YUVAakar leveraged her relationship with the MIL to hold repeated conversations despite limited success in the initial few months. Even in face of enabling factors 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.

What determines the success of a YUVAakar?

1. Existing social networks and recognition formed due to previous experiences in the domain increase the likelihood of success for YUVAakers
2. In Bihar, relatability with YUVAakers in terms of age increases the ease of interaction between them and Young Married Couples
3. Being highly communicative and people-oriented is important in faring well as a YUVAakar
4. YUVAakers are seen as authorities on family planning advice and in some cases, couples actively seek them out for both advice and products
5. ASHAs serve as champions for trust building between YMCs and YCs in Maharashtra
6. YUVAakers and ASHAs form a mutually beneficial relationship to deliver family planning services in the community

The success for a YUVAakar is seen along two dimensions - their ability to engage with YMCs over family planning issues and their success in selling the YUVAA product basket. On both these approaches, YUVAakar performance has been very varied with some being very successful at both while others struggle to meet counseling targets or sell products (or both). In this section, we will explore the factors that determine a YUVAakar's success and how this link impacts the sustainability of behavior change.

Prior experience in community engagement and door-to-door sales predict YUVAakar success

In both Bihar and Maharashtra, YUVAakers who have previously engaged with the community in general seem to be much more successful with couple centric activities like one-on-one and group counseling. This is particularly true for female YUVAakers in Maharashtra who show a marked variation in success as a group. Some of the most

successful female YUVAAs in this study had prior experience as an ASHA worker or village sarpanch in Maharashtra. The underlying factor seems to be the presence of an existing social network which they can tap into for engagement outcomes along with experience in dealing with health issues. They are also more likely to be previously known in the village, improving their likelihood of enrolling new households into the YUVA program. In one instance, a successful YUVA, previously an ASHA, was able to leverage her existing social networks in the region, developed during her ASHA work, to engage successfully with YMCs.

This was also observed in Bihar, where YUVAAs who had been involved with the JEEViKA program (women's self help group), DharmaLife or other social development programmes had better interpersonal skills and were more willing to travel to different communities. YUVAAs who were teachers or worked in the healthcare systems such as "public health centers" or "PHCs" also had more knowledge about family planning and contraceptives and could navigate conversations around these topics better.

Prior experience with door to door sales is a good indicator of success with the product basket, especially for YUVAAs who have worked on DL's sales projects. Similarly, those YUVAAs who were previously employed in entrepreneurship models, such as selling SIM cards or other products in neighboring villages, were familiar with the product basket entrepreneurship model and could, thus, emulate it better. However, there is no evidence to suggest that being good with the product basket correlates with being good at family planning counseling.

In Bihar, a YUVA's age and practice of Family Planning also plays a role in determining their success

While previous engagement experiences play an important role in the success of a YUVA, interactions from Bihar suggest that relatability with the couples increases ease of interaction. Most successful YUVAAs in Bihar were within the ages of 21-26 years and were practicing family planning techniques themselves, such as spacing, delaying and using

contraceptives. Since the target age group for YMCs is 15-27 years, having YUVAakar's within a similar age bracket could possibly make YMCs more likely to relate to what YUVAakar's were saying. YUVAakar's who were going through similar life stages as the YMCs could employ better techniques to convince YMCs based on their own experiences. Furthermore, YMCs were more likely to trust those YUVAakar's who were using contraceptives and could explain side effects through personal anecdotes.

"I give YMCs examples of myself. I tell YMCs that I have also conceived my daughter after 4 years of marriage."- Female YC, 24, Bihar

By practicing family planning themselves, YUVAAkars have higher investment in the family planning message they are propagating. Rather than simply meeting targets, such YUVAAkars are seen to take greater interest in ensuring successful counseling sessions with YMCs as they have seen first hand the benefits of family planning.

"Till the attachment is not there a YC will not ask any question and just pass information on to others. He will just be concerned about how the 1000 [target] is completed. For me, I am not concerned about it, I am concerned about what question you are putting to me, what you are giving me, the question you throw, I know to take a shot of it. I can answer you completely." - Male YC, 24, Bihar.

Multiple YUVAAkars have identified good communication skills and being people oriented as essential requirements that make a successful YUVAakar. If a YUVAakar is unable to adequately convey information about family planning or unable to convince YMCs then the principal aim of the YUVAA program will not be met. Thus, it is imperative to make sure that YUVAAkars are highly communicative and can improvise and adapt information, taught to them during training, to a variety of situations in order to reach couples efficiently and effectively.

YUVAAkars who display skills such as being highly communicative and people oriented are more successful in reaching people

YUVAAkars identify being highly communicative and people oriented as important skills required to reach couples more effectively. This ties into their previous experience of working

as an ASHA or in other people-facing roles. However, a lack of understanding among YUVAAs around colloquial words, especially for specific contraceptives, are seen to hinder communication between the YUVAAs and the couple, unless they have external aid such as the flipbook.

Case in point: A woman with parity 1, while being counseled by a YUVAAs for the first time, repeatedly denied the use of condoms by her or her husband. However, when YUVAAs used a flipbook to explain different contraceptive methods, the woman recognized condoms from the image in the flipbook and mentioned that her husband uses them.

As one female YUVAAs (24) said in Bihar,

“A good Yuvkar should have the qualities that can make a person understand, portray a good image and can talk to them [couples] openly and in whichever languages the opposite person is comfortable with.”

Perceived identity as ‘YUVAAs’ is strong in some communities, conferring legitimacy and respectability on YUVAAs couples

The role of YUVAAs comes with strong ties to being perceived by the community as a person providing social good for the community. YUVAAs are seen as authorities on family planning advice and in some cases, couples actively seek them out for both advice and products. In a few instances, YUVAAs were considered with the same prestige as ASHA workers as they often worked together in identification of YMCs and intervention delivery (See below). Most ASHAs also look favorably on the YUVAAs role and confer legitimacy within the community by referring couples to the program.

Relationship with other healthcare providers such as ASHA didi’s also impacts the success

of a YUVAakar

In Maharashtra, there is substantial engagement between ASHAs and YUVAAkars, where ASHAs are involved in all areas of YMC engagement. Starting by sharing lists of young married couples with YUVAAkars, directly helping out with consumer mapping. As seen in prior phases, they serve as a champion for trust for YMCs to engage with new YUVAAkars. In some cases, they can also accompany YUVAAkars in house calls to support rapport building. They also help YUVAAkars in navigating around gatekeeping by MILs and household elders as they are better positioned to do so. Interestingly, there were also a few instances where ASHAs directly interacted with YMCs as part of the group counseling sessions, where they de-facto co-led the session along with the YUVAAkars.

“Asha worker also helps us and supports us.” Female, YC, 40, Maharashtra

“In the beginning for one and a half years we needed help from asha. We used to feel that we would not get any work without help from asha. And now people know that we are doing this work so now we don't have any problem as such.” -Female, YC, 35, Maharashtra

ASHAs hold the YUVAA program in good regard, despite overlap with their own roles

Despite the potential perceived threat of encroachment of a YUVAakar on their role and responsibilities, ASHAs reportedly see YUVAAkars as a helpful addition to family planning outreach in communities. An important factor for this could also be that YUVAakar activities do not take away from the income that family planning represents for ASHAs. On the contrary, they add to it.

“It is only when the children of the house learn and change, will the house progress. When one household changes their ways, there will be a change in the community; when the community adapts to this positive change, the change will slowly reach the rest of the world” - ASHA, Maharashtra

Most referrals from the YUVAakar activities go to the ASHA worker in Maharashtra, though the relationship is more complementary in Bihar

ASHAs receive the bulk of the referrals for IUDs, injections and surgeries generated from YUVAakar activity. YUVAakars represent an additional distribution channel for them where they are able to gain all new revenue from it. In cases where a Young Married couple through their interaction with a YUVAakar decides to adopt a family planning method beyond the use of condoms such as getting a Copper-T fixed, the couple is referred to an ASHA by the YUVAakar and the ASHA then refers them to a clinic where she receives remuneration post the completion of the process. Thus, ASHAs see the value in encouraging YMCs to interact with YUVAakars. In this manner, YUVAakars and ASHAs form a mutually beneficial relationship to deliver family planning services in the community.

Case Study: Providing condoms to men

ASHA worker in Maharashtra teamed up with the local salon to deliver FO products to men discreetly

ASHAs face difficulties in engaging with men directly due to existing attitudes barring male-female interaction on family planning outside of a married couple. To work around this, an ASHA reportedly leveraged the local salon where men often get together for social conversations while getting services from the barber. She convinced the barber to discreetly distribute her stock of free condoms to customers and the social patrons of his salon. This strategy was successful in ensuring last mile access to condoms for men. Importantly, this also helped men navigate the possible social costs of being seen buying contraceptives at the pharmacy by allowing them to access condoms discreetly which was seen as a key barrier in the previous phases.

ASHAs strongly engage with YUVAakars in Maharashtra, though the trend is not as strong in Bihar

In Bihar, ASHA's do not engage with YUVAakars to the same extent as in Maharashtra. It is common to see YUVAakars taking on the responsibilities of an ASHA within communities, such as accompanying YMCs to public or private health clinics for check ups or procedures. Some community members even referred to YUVAakars as "ASHA didi" or "ASHA bhaiya", not knowing the difference between an ASHA worker and a YUVAakar. Around half of the YUVAakars spoken to in Bihar said that they did not receive support from ASHAs. They said that ASHAs were ineffective when it came to

family planning, overburdened with work and would at times spread misinformation about the side effects of contraceptives.

ASHAs predominantly interact with women, in turn reinforcing gender norms where women carry most of the burden of family planning

Furthermore, men would not approach an ASHA for family planning information, as ASHAs would predominantly interact with women. This further reinforced gender norms that situate family planning solely on the shoulders of women. In comparison, the YUVAA program gives men a chance to be a part of the family planning conversation through counseling sessions, group counseling and normalizing the use of male contraceptives. This absence of effective ASHAs in Bihar could be due to the fact that ASHAs become ASHAs out of compulsion and a need for money, rather than an inherent desire to become one. One ASHA said that she became an ASHA in order to sustain herself after the death of her husband. This absence of effective ASHAs could explain the success of YUVAAs in certain communities. In one case, after realizing the ineffectiveness of the local ASHA, a YUVAAskar eventually applied to become an ASHA herself.

Case Study: YC who became an ASHA

A female YUVAakar, 34, reported instances where the ASHA did not have time to take YMCs to a clinic. In such cases, the YUVAakar would be the ones taking the YMCs to the clinic, usually paying for transportation costs out of her own pockets. The YUVAakar felt like she was not being paid enough to take on the responsibility of the ASHA nor was she getting the due acknowledgement for this work.

The YUVAakar further observed that the ASHA was spreading misinformation about contraceptives and was encouraging women to get vasectomies, rather than use non-permanent contraceptives such as OCP or injections. ASHA's get more money from vasectomies than if a couple opts for the injection or other contraceptive methods. For the YUVAakar, monetary compensation led to the ASHA encouraging vasectomies rather than seeing which method suits the YMC's needs and can help with the betterment of their lives.

"Asha was saying with regards to the operation. By applying this [copper-T] it will catch a big disease, so it is better not to get an injection and rather do the operation. The lady was saying that I will not do the operation, I too want a child. So they were not willing to avail the facility of Asha."

Female YC, 34, Bihar

Ultimately, the YUVAakar applied to become an ASHA herself.

How do Mentees function in their role?

Trends from Private Health Providers

1. Dedicated space for family planning offers a safe space for couples to discuss issues
2. Couples are opting for LARCs more frequently over the long run
3. There is a certain level of trust between YMCs and healthcare workers, which could make women feel more empowered to make decisions regarding their own bodies in secret. However, this is not a common practice for women in Bihar
4. Low financial importance to family planning matters and financial constraints especially in Bihar lead couples to choose Public Health Centers over Private Health Providers
5. Mentees who work as YUVAAkars are highly successful due to their extensive knowledge and experience in Family Planning

The marginal effect of the YUVAA program is tough to gauge from the PHPs as there is limited tracking of who comes to PHPs from YUVAA referrals. However, as mentees are usually nurses who have been working for 10-15 years or more, they are able to provide a good sense of long term changes in FP trends.

Dedicated space for family planning offers a safe space for couples to discuss issues

The 'family planning corner' space designated for family planning advice and conversations is reported to be beneficial for couples wanting to discuss family planning. This could free up the doctor's time as well as allow the PHP clinic to give due attention to couples and strengthen their communication strategy.

Couples are opting for LARCs more frequently over the long run

Most mentees report that couples are increasingly adopting LARC and sterilization practices, and reported a clear increase in the last 5-10 years. Instances of both IUCD and female sterilization have gone up significantly from 1-2 cases a month to 4-5 for IUCDs. ASHAs report a similar trend where they see YMCs becoming more open to long-acting contraceptives along with an increase in general willingness to talk about family planning and contraception.

Some women come to PHPs for procedures without informing their families, but this is not a common trend

Mentees also reported instances of women coming into the clinic without the knowledge of their husbands or their MILs. In one interaction with a mentee in Bihar, the conversation was cut short because the mentee wanted to have a private discussion with the YMC, away from

her MIL, before she left the clinic. After speaking to the YMC in private, the mentee revealed that the YMC's MIL did not know that she had an IUCD inserted, hence, she had to talk to her in private. There is a certain level of trust between YMCs and healthcare workers, which could make women feel more empowered to make decisions regarding their own bodies. The mentee further told us that most of the women who came without informing their families opted for injections or IUCDs. However, having a procedure without the knowledge of a YMC's family is not a common trend for female YMCs in Bihar. This was usually in rare cases when women felt that they had no other option, especially if having another child was impacting her health or the financial situation in her household.

Couples in rural Bihar opt to visit Public Health Centers over Private Health Providers

Due to financial constraints, couples in rural Bihar opt to visit Public Healthcare Centres rather than Private Health Providers. Public Healthcare Centres offer free contraceptives and subsidized procedures, which boost their appeal amongst those YMCs who do not place much financial importance on family planning matters and cannot afford a huge sum of disposable income for these procedures. As a result, mentees in PHPs in rural Bihar have little to no knowledge about the YUVAA program apart from the informational posters put up in clinics about different types of contraceptives.

Mentees who are also YUVAAkars are more successful in integrating the YUVAA program in PHPs

Mentees in PHPs can also become YUVAAkars. One such case was observed in Bihar where a female mentee (39) was also a YUVAAkar. According to DharmaLife DPCs and ELs, she was the most successful YUVAAkar due to her past experience in the field. Her knowledge of

family planning acquired through her role as a mentee meant that she could comprehend topics discussed in the YUVAA training more thoroughly and easily. The fact that she understood the material could also determine her ability to conduct successful counseling sessions as she could navigate conversations with YMCs more effectively. When asked whether YMCs are concerned about side-effects, the mentee explained:

“Yes, they ask what is the side effect of injection, so our training told us that the injection does not suit thyroid patients and some might have bleeding issues. These people can come to the hospital and meet me.”

Her knowledge about thyroid issues set her apart from other YUVAAkars we interacted with who did not mention this as a barrier. Moreover, the fact that a YMC can come and meet her in a hospital if they face any issues makes it easier for YMCs as there is no hassle of interacting with multiple people in their family planning journey.



Demand-Side Insights

How are YMCs faring under YUVVAA?

YMCs and YUVVAAkars: A “safal” interaction

1. Not all eligible couples get access to YUVVAA services even within the regions covered by YUVVAA due to the current consumer mapping strategy
2. The most vulnerable YMCs remain out of YUVVAA’s reach due to convenience sampling for consumer mapping
3. Caste and economic security can play a role in both the ease of access to couples as well as the adoption of family planning
4. Due to scarcity of bandwidth, YMCs may process information in silos and not be able to effectively put together the information they receive from various sources.

YMCs are selected by YUVVAAkars through a consumer mapping strategy. YUVVAAkars implement the YUVVAA intervention only to consumer mapped couples who are selected based on targets of 500 - 1000 individuals per YUVVAAkar, spread over the entire region under the YUVVAAkar. Therefore, not all eligible couples get access to YUVVAA services even within the regions covered by YUVVAA. As a result, consumer mapping could leave out a key demographic of YMCs who would benefit from the YUVVAA program.

The most vulnerable YMCs remain out of YUVVAA’s reach due to convenience sampling

for consumer mapping

Since YUVAAkars are working towards meeting a target of 500-1000 individuals, this could institute a “first come first serve” attitude where only the first few hundred couples who agree to join the program get roped in and YUVAAkars do not take the extra effort to include more couples. This possibly serves as a selection bias as people more willing to sign up for YUVAA would be people with more favorable attitudes towards family planning. Those couples who are more vulnerable and have unmet needs but are hesitant to openly engage with YUVAA are left out. YUVAAkars have reported a few instances of couples refusing to take part in consumer mapping due to these reasons.

This problem is more acute in Bihar where issues like religion play a strong role in YC-YMC interaction, leaving entire communities left behind. In Bihar, underlying stereotypes against certain religious communities, in particular Muslims, plays a role in who is included in the consumer mapping. YUVAAkars often disclosed that Muslim communities were harder to access and did not want to be a part of the YUVAA program. However, we cannot say if these are facts or simply YUVAAkars perceptions, since YUVAAkards did not make the effort to include couples from these communities in the first place. These perceptions have further led to the ghettoisation of such communities, making it even harder to include them in such programs.

Apart from religion, caste and economic security also play a role in YMCs attitudes towards family planning. In Maharashtra, certain lower castes are more susceptible to archaic attitudes towards child marriage, having children at a younger age and having more children. Though YUVAAkars did not mention any strong barriers in accessing couples from these castes, it can be inferred that they would be more unwilling to be consumer mapped and, hence, be a part of the YUVAA interventions.

Caste and economic security can play a role in both the ease of access to couples as well as

the adoption of family planning

YUVAAkars attributed these caste specific preferences to lower education and awareness among the community members and limited social mobility as most of these communities are clustered together with limited interaction with other castes. Often, this stops the confluence of new ideas. Caste also goes hand in hand with economic wealth and access to healthcare. In some limited pockets, lower economic wealth still correlates with instances of risk perceptions around infant and child mortalities, leading couples to prefer having more children to ensure a higher survival rate. However, this is not a dominant trend. In the long run, these factors will hinder the effectiveness of YUVAA on a larger scale as marginalized YMCs remain outside the YUVAA program's reach.

YMCs may not be able to effectively put together the information they receive from various sources

Young Married Couples receive information from YUVAAkars, ASHAs, and seminars around malnutrition in children that are conducted for parents in anganwadis. The nature of each piece of information that comes from each source, though targeting child health, is different. In such cases, according to an Anganwadi worker, Young Married Couples are not able to effectively connect the dots. For example, when one learns about malnutrition in a session conducted at a nearby anganwadi, they may be able to connect it with insufficient nutrition and not necessarily with the insufficient gap between two children that is largely addressed by YUVAAkars separately. This may be attributed to reasons such as scarcity of bandwidth to connect the dots that leads them to process each piece of information in silos rather than crafting a story from it. However, since this observation is not direct and is through an anganwadi worker, the reasons behind why Young Married Couples are unable to piece information together cannot be stated with certainty. In general, it will be beneficial for

YUVAA to try to integrate these multiple sources of information for the ease of a YMC's understanding of health and family planning concepts.

Young married women and their Agency

1. The level of agency for women in Maharashtra and Bihar is different due to varying social and gender norms
2. While women 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
3. In Bihar, male YMCs and MIL retain the power of family planning decision making - women gain more agency after first child
4. YUVAAkars in Bihar often follow the status quo in terms of reaching women who are less educated or heavily influenced by social norms, excluding them from the program.

Due to regional and cultural differences impacting normative gender roles and intra-couple power dynamics, women have varying levels of agency in Bihar and Maharashtra.

Most women in Maharashtra reported that they find it easy to convince their husband on issues of family planning and contraception. In fact, some find it harder to convince their husbands to attend family planning counseling than engaging in family planning practices. The said-unsaid rule among women and even YUVAAkars is “convince the woman, you’ll convince the couple”. Though this attitude symbolizes an increase in women’s agency within intra-couple dynamics, it also serves as a latent justification for excluding men from the conversation or rather weakens the rationale for YUVAAkars to go out of their way to reach out to men. However, this agency of women only stretches as far as the husband. In most cases, they are not able to overcome objections by the MIL.

In Maharashtra, women take ownership of

family planning decision and usually feel confident in convincing the husband but not the MIL

"I go and meet a female, I convince them and they also feel that they were not aware about it, and after we leave they talk to their husband. Then I contact them after 2-3 days and ask them whether they spoke to their husband or not, and should we come to meet them." -Female, YC, 32, Maharashtra

Unlike in Maharashtra, in Bihar, women are unable to engage with the husband and convince him to use contraceptives. This should be seen within the wider context of gender norms where women in rural Bihar do not make any decisions without consulting their husbands, right from asking permission to leave the house to what to cook for dinner. Even though there is increased inter-spousal communication, women often shied away from debating with their husbands, who were the final decision makers. These women do not have the power to negotiate the decision making. In cases where the husband does not agree to use contraceptives, women found it easier to ask the male YUVAakar to talk to their husband rather than try to convince the husband herself. Since this happened often, there seemed to be better integration of men in the YUVAA program in Bihar, when it came to couples counseling, as more women would ask male YUVAakers to speak to their husbands and involve them in the program.

In Bihar, male YMCs and MIL retain the power of family planning decision making - women gain more agency after first child

Since most couples live in joint families, female YMCs also said they preferred not to start any disagreements with their MIL, because they have to live together, and, thus, would usually give in to pressures of having children. With low levels of agency to begin with, the cognitive

strain of planning a visit to a clinic or interacting with a YUVAakar could further prevent female YMCs from taking actions related to family planning. For such women, there are multiple factors to consider: the husband, the MIL, the community. This could lead them feeling overwhelmed, and this “hassle factor” could restrict women from exercising even the little agency that they have.

However, as seen in previous phases, agency is correlated to parity. Hence, these women tended to gain more confidence after having their first child, especially if having more children was a risk to their health. With this increased agency to push back against family, P1 women are more willing to make their own decisions regarding family planning even if the MIL/husband does not agree. This could be due to the fact that after the first child, women gain more credibility within the household as fertility concerns become less salient. In both states, YUVAakar’s, thus, express greater success rates with P1 women.

Women who are heavily influenced by gender norms are at times excluded by YUVAAkars, who make limited effort to challenge the status quo

In many low-income areas in Bihar with strict gender norms, female YMCs have the intention to practice family planning but certain barriers prevent them from taking action. A crucial barrier is the lack of education, where women are usually taken out of school at a young age. In such cases, YUVAAkars find it difficult to convey family planning messages and often make limited effort beyond the initial conversation. It was observed that these women would ask questions and the YUVAakar would dismiss them by saying they are uneducated and would not understand the answer. YUVAAkars can, therefore, be seen to simply obey the status quo. Given that it is hard to challenge established gender norms and practices, YUVAAkars at times give-in more to those YMCs who are easier to reach, in turn excluding people at the extensive margin.

In many low-income areas in Bihar with strict gender norms, female YMCs have the intention to practice family planning but certain barriers prevent them from taking action. This includes educational background

Role of Men

1. 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. This is also true in times when the couple has to raise any concerns to YUVAAkars since it's mostly women who do so.
2. In Maharashtra, fear of side effects or pride in practicing "control" lead men to usually rely on using natural methods
3. In general, men who had some form of formal higher education were more likely to practice family planning.

Men play a crucial role in the family planning ecosystem but often get sidelined in discussions around these topics. This section will explore the role of men in the YUVA program, barriers, and enabling factors to increase their involvement in contraceptive use and family planning techniques.

Male YMCs predominantly respond to linking family planning with rising expenses

In light of normative gender roles, which heavily lay responsibility of family planning on women, in this study we observed that male YMCs are more responsive to YUVAAkars who explain family planning through the lens of finances, rather than health. Men remain the primary breadwinners of a household, so the question of finances directly impacts them. When asked, male YMCs stated their motivation for practicing family planning stemmed from financial concerns and rising expenses.

“In between marriage and kids I wanted to complete my studies and have a job... whether I eat 1 roti or 2 rotis, I should be able to complete my study and get a job. I have to achieve this and once I do it then I will make my road map. This is how I thought. I had no desire for kid.”- Male YMC, Bihar, 24

“Copper -T is the right decision as we have to spend once only and our body has to undergo once only and we are not harming our body whereas medicines or condoms are there which would spend their money... The condoms are not going to harm us but the medicines are.”- Male YMC, 28, Bihar

Hence, YUVAAkars are able to engage men, but on a limited scale. Despite YUVAAkars generating interest in learning about contraceptives in male YMCs, more often than not the burden of contraceptives remains on the shoulders of women. The information given out by YUVAAkars is also heavily focused on women, and certain questions such as skin reactions to condoms for men do not get covered. This could lead to men losing interest in a YUVAakar’s counseling sessions, as they feel it does not concern them too much.

In Maharashtra, men usually rely on women to raise any concerns with the YUVAAkars, usually only the female YUVAakar

Similarly, in Maharashtra, when men have concerns or questions around family planning, the preferred route for seeking advice seems to be reaching out to wives and using them as a proxy to gain information from female YUVAAkars and ASHAs. The alternative route established by YUVA for engaging with male YUVAAkars is utilized by a few but is not the first choice for men. This pattern is heavily influenced by negative normative perceptions of men towards being seen as seeking family planning advice directly. However, in the few cases where men are open about seeking family planning advice, interacting with male YUVAAkars is not a constraint. In fact, in such cases the male YUVAakar becomes the primary source of condoms. Such men are in marriages with a high degree of inter-couple communication and openness around family planning, often having selected their partners on their own.

In spite of knowledge on contraceptives and their benefits, many male YMCs talk about “controlling”/using natural methods

This lack of responsibility when it comes to family planning is further evident in conversations with those male YMCs who have successfully avoided pregnancy by exerting “control”. “Control” can refer to both abstinence and withdrawal. As seen earlier, male YMCs are able to recognise the benefits of contraceptives, such as condoms, however, those men who exert “control” are less likely to use modern contraceptive methods of family planning due to the apparent efficacy of exerting “control”. Interestingly, when asked which contraceptives they would use if they had to, the majority of male YMCs identified condoms. The fact that they do not act upon this knowledge could speak to an underlying lack of trust in contraceptives when it comes to health benefits.

“The prakriti is natural...The medicines which are there are very harmful but people use it for some time and do not face any problem. People take the injections and all but it is very harmful on our body. For example there is a tree and it is growing but if we burn that tree with medicines then there would be lots of losses, and this is our body made by nature. If we try to stop it then there will be problems.” - Male YMC, 28, Bihar

As seen above, misinformation about the side-effects of contraceptives is still very prevalent, which could explain why male YMCs prefer to use natural family planning methods as opposed to anything else. Social and cultural norms instill a reluctance to use any external element that will modify the natural way the human body works.

There is also a sense of pride in male YMCs who practice “control” in terms of restraint. This could be attributed to cultural norms, where sex remains a taboo subject and is simply seen as a way of procreating, rather than for pleasure. As one male YMC said in Bihar, “Instead of using any of those [contraceptives], you should have control over yourself.” In this instance, the male YMC was implying that the husband and wife should practice abstinence, thus eliminating the need for contraceptives, till they want to have a child. The intonation in his voice was one of pride and made it seem that sexual activities are to be restrained and

“controlled”. YUVAAkars were not seen addressing these issues, and struggled to work with men who believed in restraint.

Educational background of male YMCs plays a role in who is more responsive to the YUVAA program

One factor that determines contraceptive use by men is their educational background. In general, men who have some form of formal higher education are more likely to practice family planning. They have more awareness about family planning and are better able to link it with long term educational and financial gains. As one male YMC (28) who worked in a government medical clinic said:

“I want two children because I have to think about their education also and we would prefer to stay within our limits. And no one knows one’s future. If I have two children then the problem will be less as their educational burden would be less.” - Male YMC, 28, Bihar

“I want to provide a good education to my daughter. If my financial condition is not good now, then I should make my financial condition better to give her a better education. Whatever I did not get, my child should get that.” -Male YMC, 26, Maharashtra

YUVAAkars understand this link between receptive male YMCs and educational qualifications and often state that formal education is a precursor for counseling sessions to be successful.

Contraceptive Use and the Product Basket

1. 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
2. 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

3. In a few cases where advertisements influence choices, there is a demand for greater diversity in the type of condoms
4. Increased interaction with couples that successfully use contraceptives and higher education positively influence a YMCs decision-making around contraceptive uptake
5. YUVAAkars with experience in using contraceptives are better at helping YMCs navigate through side effects

Within the YUVAakar product basket, demand for childcare items is higher than family planning products

Products aimed at P1 have higher demand both due to intelligent matching of products based on need and limited availability of alternative products, sold at a lower or no cost rate. These products mainly cover baby care items like baby powder and shampoos. YUVAAkars also find higher margins on these products and are naturally incentivised to promote these products.

Preferences for where to purchase contraceptives depends on rural versus urban settings and economic status of a YMC

YMCs who want to hide it from their community or family members that they are using contraceptives tend to prefer to buy contraceptives from YUVAAkars. However, usually in rural areas, price acts as a bigger deterrent as products are available for free through other channels e.g., government centers and the ASHA/Anganwadi centers. As a result, YMCs with

financial constraints prefer to buy contraceptives from government clinics for free or not buy them at all. This profitability or “faida” of purchasing contraceptives and practicing family planning was a concept that was repeatedly mentioned by YUVAAkars as a concern by YMCs.

“Then he [YMC] asked what are the benefits, if we know the benefits then only we can work over it. They [YMCs] want everything for free - even the medicines which I showed them they want for free.”, Female YC, 24, Bihar

In some instances in Bihar, YUVAAkars also find it hard to establish trust amongst YMCs in rural areas. YMCs would assume that YUVAAkars are attempting to defraud them by taking their personal information such as phone numbers and Aadhar card numbers. This lack of trust was even more pertinent in areas where there was a history of similar fraudulent cases where people lost considerable amounts of money by giving up personal information. The resulting hesitancy to trust YUVAAkars could explain why YMCs prefer going to government clinics for their family planning needs rather than to YUVAAkars.

“People used to think that we are frauds and they would get in trouble because we asked for their number, age and aadhar card. That’s the way it is in villages... So we had to explain that this is for their benefit.” - Female YC, 34, Bihar

How easily accessible products are in terms of monetary benefits also influence where YMCs purchase products from. For example, if a nearby government clinic gives access to free condoms, a YMC might opt for that against accessing it through a YUVAakar or any other source.

In contrast, YMCs in urban areas or even villages around a big city like Patna, Bihar tend to be quite wary of the quality of healthcare in government clinics, hence, are more willing to buy from YUVAAkars. YUVAAkars have expressed a greater success rate in these areas as there are no other viable alternatives for YMCs to go to.

Potential demand for diversity of products like condoms due to TV advertisements

In some instances, having just one type of condom in the product basket is also seen as a drawback. Both Yuvaakars and male YMCs report that the condoms offered by the YUVAakar are low quality and have basic designs. Due to the proliferation of TV and the internet, YMCs are exposed to the possible variety of condoms available in the market through advertisements and can seek such alternatives. As one YUVAakar said:

“I feel we [YUVA] can still do a better job. Like presently we have Chhaya [OCP] and we have said that we want something else in Chhaya, so the others can use it. So if I have that instrument then they can only use that.” - Female YUVAakar, 34, Bihar

YUVAakars need to go beyond the uses of contraceptives to include points about pleasure and proper disposal

YUVA further needs to go beyond providing contraceptives and information on how to use them to talking about disposal of said contraceptives and even include points about pleasure. Often a barrier that was mentioned by female YMCs was that their husbands refused to use condoms due to decreased pleasure. They were also unsure of how to dispose of condoms discreetly and hygienically, thus preventing these YMCs from using them.

Community interaction and education further influence a YMCs decisions on contraceptive use

A YMC's awareness is further influenced by the level of interaction they have with other members of their community.

“Since we have friends and everyone is close, we can open up to each other and speak freely should we need anything. I generally ask them if I should use this thing, how to use it, and for what duration.”-Male YMC, 26, Maharashtra

Women who do not step out of their house do not know what is happening in other households, discussions and awareness about contraceptive use are limited. Inter-households conversations around the use of contraceptives is uncommon and in such environments isolated incidents of negative side-effects often gain traction. Apart from YUVAA's group counseling sessions, there are no common spaces where women can congregate to discuss these issues and aid the process of dispelling these myths. The taboo surrounding conversations around family planning also disincentivize women who use contraceptives from advertising that they are using and promote their benefits.

Side effects strongly influence the preference order for contraceptives, often overshadowing long-run vs. short-run preferences

In Bihar, one of the principal reasons that women were hesitant to use contraceptives was the fear of negative side effects. Women often said they had heard from other women in their communities about harmful side effects of copper-T, injection, pills, etc. As a result, the risk of taking contraceptives seemed greater to them than not taking contraceptives.

YUVAAkars are unable to navigate these conversations within group discussions and find it hard to dispel myths surrounding side effects. Usually, YUVAAkars who had used contraceptives themselves were better able to convince YMCs as compared to those who had no experience in using any of these methods. YUVAAkars further remarked that they struggled with those women who were uneducated and, hence, did not understand their arguments dispelling myths against side-effects and that some women even refused to believe them. However, our observations showed that in group discussions most YMCs were curious to learn but nevertheless harbored deep concerns when it came to side-effects. YMCs would repeatedly ask which method is best and how to avoid side effects.



Enabling Environment Insights

Which norms influence family planning decisions?

Normative expectations around family planning - gender and social norms

1. Between-Gender communication norms strongly influence the YUVAakar-YMC touch points, leaving woman to woman interactions more successful than any other.
2. 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
3. Low education, suboptimal gender norms influencing women who get married at adolescence translate directly into ineffective family planning decision making.
4. 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
5. Household income and regional preferences can promote deviance in adhering to the two child recommendation
6. 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
7. Although high economic costs of raising a child have brought down son preference, conversations around son preference and its influence on family planning decisions

depends on household dynamics relating to bargaining power and agency in the household.

Gender norms strongly influence the success of the touch points between YUVAAkars and YMCs. One way these norms influence the success of YUVAA is the fact that YUVAAkars are subject to the same gender norms as the couples they interact with. Consequently, they can often knowingly and unknowingly reflect them in their interactions.

Gender matching strongly influences the success of the touch points with YMCs

One of the most common ways gender norms come up in YUVAA is through gender matching of YMCs with a male or female YUVAAkars. This is apparent in YC-YMC interactions, where conversations around family planning remain subject to strong gender taboos, with the dominant social etiquette discouraging males or females to interact with each other openly on these topics, beyond the privacy of a married couple. YUVAAkars tend to adhere to these rules with male YUVAAkars interacting with the males and female YUVAAkars interacting with females. While in a few instances male YMCs have been reported to interact with the female YUVAakar, the other way around is unheard of.

These communication norms strongly influence the YUVAakar-YMC touch points where gender matched counseling, especially group discussions among women, seem to be highly successful and enjoy strong engagement from participants but sessions which deal with cross-gender conversations like couples counseling are more challenging.

In a few cases, male YUVAAkars can also be custodians of gender norms which can limit

their efficacy as change agents

A small minority of male YUVAAkars themselves viewed family planning to be the domain of women and refrained from actively engaging with women. They further made limited special accommodations for engaging with men. Some male YUVAAkars have withdrawn from active involvement in counseling activities, instead managing the administrative side of the YUVAakar role, such as managing app data. Paired with the already struggling role of men in family planning and the need for innovative methods to engage with men, this strongly limits the impact that male YUVAAkars can have on the men in their community as change agents.

Family planning outcomes are strongly tied to gender norms around girl education and early marriage

Education and time of marriage of women further heavily influence a YMCs decision-making around family planning outcomes, like delaying and spacing. Firstly, education is highly indicative of agency developed by girls during their formative adolescent years. Better education is seen to be bundled with formation of stronger personal goals and intention to follow through. Secondly, early marriage can place young girls under pressures of having children soon and completing the family at an age where their agency is not yet completely formed. There further remains a strong preference for high female fertility, thus, young brides feel pressured to have children immediately after marriage as proof of their fertility. Lastly, and most importantly, low levels of girl education and higher incidence of early marriage can be indicative of communities which were left behind in the drive for improving social and gender norms for young and adolescent girls.

In such communities, the gender imbalance remains very strong and more archaic family planning preferences remain active. In one instance, a YUVAakar identified such communities by some casts belonging to the Nomadic Tribe (NT) category. Through a domino effect,

suboptimal gender norms at adolescence translate directly into ineffective family planning decision making. Unfortunately, YUVAAkars do not have a solution for how to deal with these strong gender imbalances, especially in communities with lower levels of education.

While anchoring the minimum age of childbirth promotes delaying in cases of early marriage, it has limited impact outside of this context, which YUVAAkars also struggle to influence directly

As seen in previous phases, mostly the age of childbirth is anchored to 20 for young married women. This has reduced instances of early childbearing, especially among girls who are married early, primarily due to maternal health concerns. This was uniformly reported by most stakeholders, including mothers-in-law. Both YUVAAkars and ASHAs reported that the health argument works well in promoting delaying.

However, the impact of this rule of thumb is limited to this context and does not match with other ideals of the social context. If married at an appropriate age (after 20 years of age), the newly wed woman does not get this blanket protection for delaying and faces pressure for having children immediately after marriage. Even within the case of early marriage, the impact of anchoring is tapered as the anchor of 20 years is used to anchor the actual birth of the child, which means that young couples often start trying to get pregnant when the woman is 19. This is reflective of tremendous mental pressure on new brides at a young age, usually within the first year of marriage.

YUVAAkars try to mention concerns like adjusting in a new household and financial management of the couple, however, these are usually not strong enough to influence this pressure. Thus, YUVAAkars struggle to move the needle on delaying outside of the very specific context of early marriage with young brides. It comes down to the independence and agency of the couple as well as the influence of the household members, like MILs, to influence this outcome. Nevertheless, as seen before, this is usually not in favor of the couple and the couple can face social sanctions for deviating from the norm.

Although majority of respondents adhere to the two-child recommendation, low income and regional preferences can promote deviance

In both Bihar and Maharashtra, the norm of having two children is well established in most regions and couples tend to deviate from this in a very limited manner, such as in cases where there is a preference for a son. However, the child per couple norm is strictly weak among communities defined along income and regional lines.

Among communities with really low income, the risk of infant and child mortality is really high. Lack of access to quality healthcare exacerbates this problem as community members may not trust the health system to support them. Preference for more than two children is, thus, seen more as a safety net against infant mortality risks. In one instance in Maharashtra, even an accidental case of losing an adult family member, which left the MIL with just one son, resulted in her pressuring the second daughter-in-law for more children, just to be on the safe side.

Similarly, there are some regions where the dominant social norms promote having more than two children even among young women. In Maharashtra, some areas and regional identities tied with border regions of Karnataka were particularly prone to have preferences for more than two children. In Bihar, this was seen more amongst OBC caste groups in rural areas far from any major cities.

While maternal health and financial concerns promote spacing, there is limited social push in it's favor

Financial constraints, personal goals and maternal health concerns confer solid bargaining power on couples who are able to identify with and use these levers to promote spacing. The agency boost received by women on having a first child, especially a son, also enables them to stand up to social expectations in favor of spacing.

However, there is no clear social norm at play in support of spacing decisions and this remains the domain of couple-household interactions and bargaining power. As a result, spacing is highly dependent on how the couple navigates this dialogue and the ensuing pressure. While community health workers promote spacing and lend support to couples engaging with their households, there are strong voices, prominently MILs, promoting to have kids early on in married life as well. They conflate the idea of marriage with that of a complete family - implying the need for having children soon and completing the family unit as the mark of a successful couple. Though the 'safal couple' SBCC intervention does target this among couples, there is little motivation for the broader community to identify with this new definition of a successful couple.

Buffeted by high economic costs and pro-girl child promotion, son preference is coming down in the long run but remains persistent

Additionally, son preference remains entrenched in most areas under the study, manifesting itself through expectations and pressure on the young bride, social value attributed to mothers with a male child, and the need to deviate from the two child norm in case both children are girls. This has remained persistent throughout this study and reflects one of the few areas which YUVAAkars do not directly address uniformly, but more on a situational basis.

Interestingly, high economic costs of raising a child as well as improving norms around gender selection have brought down son preference in the longer run, as reported by ASHAs and mentees. There have been instances where couples have opted for sterilization after having two girls and the ASHA reporting these instances marked it as an important indicator of the

changing times. However, similar to spacing, there are no clear social norms against son preference at play in the community. The pro-girl child preferences which have seen success in community seem to apply more suitably to improving the attention given to upbringing of girls and not as much to crowding out son preference in the community, as judged by the persistent presence. Conversations around son preference and its influence on family planning decisions again comes down to negotiations at the couple and household level, where factors such as agency and bargaining power at the couple level come into play.

How do household and community members influence family planning?

How do households influence family planning?

1. 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
2. The quality of intra-couple communication is higher in socially acceptable love marriages that are increasingly common in Maharashtra
3. 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
4. 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

Living in joint families limits a YMCs autonomy to make decisions about family planning for themselves, especially in cases of arranged

marriages

In Bihar, there is a high prevalence of arranged marriages, where parents and the extended family determine spousal matches. Arranged marriages often mean that a couple has to build their relationship from scratch when they get married. This could potentially result in weak intra-couple communication, in turn, limiting opportunities, especially for women, to discuss matters related to family planning.

With parents being invested since the beginning of a couple's relationship in an arranged marriage, the parents, to some extent, exercise their ownership over the couple's marriage and in determining its success. This is even more pronounced in joint families, which is a common trend across the state.

Joint families constitute hierarchies, where decisions are made by the elders of the household or those who are the financial providers. For young married couples, this power is exercised by the parents in the household, whose permission and approval YMC's often need before making any major life decisions, especially related to the future of the household. Family planning is one such decision, as parents feel that it reflects on their own social status and future within the household and in the outside community. Hence, those YUVAAkars who successfully negotiate these family hierarchies, and have gone so far as to include household elders such as the MIL in group discussions, are more likely to complete counseling sessions with couples and see better family planning outcomes.

MIL heavily influences family planning decisions, especially for P0

Living in a joint family further acts as a barrier with the presence of a strong MIL. In Bihar, as one YUVAakar put it, the MIL is seen as the "god of the house". Since women do not step out of the house regularly, their reference network is limited to their family members rather than the community. The MIL acts as a "role model" for younger brides, who enter the household at

a young, impressionable age. Thus, the control MILs exert over these young women is immense, which could explain why most of the YMCs said they would ask their MILs for any advice related to important matters such as family planning and value her opinion as the correct one.

Similarly, in cases where there is a single daughter-in-law, the mother-in-law exerts more influence on the couples family planning decision making as she is the only source of information for the daughter-in-law. In cases where there are multiple daughter-in-laws, however, there seems to be a stronger united front due to an increase in their bargaining power. This was observed during a group counseling session where the MIL wanted three children but the three daughter-in-laws were adamant about having only two children each and were comfortable enough to say it in the open that the MIL's preference was outdated.

Unlike in Bihar, in Maharashtra, MILs are the most common gatekeepers in the household but their involvement and influence over family planning decisions is mixed. In some cases, MILs work similar to those in Bihar and actively block a couple from adopting HTSP practices. This was more often true for lower income families from NT or SC families, though not exclusive to this strata. In one instance, a MIL barred the entry of the YUVAakar to the household, where both her daughter-in-laws had married early.

However, one could also observe MILs who are positive role models in the family for daughter-in-laws and support the couple in their family planning decisions. This was especially observed in a household where every woman had been involved in leadership roles or as activists in healthcare services. For example, both of the daughters-in-laws in a household, where the MIL worked as an ASHA, looked up to her as the ideal mother-in-law. This was attributed to various reasons such as the MIL extending her support in one of the DIL's career choices and both the couples' decisions around family planning. The DIL's further indirectly admired the openness of and the flexibility given by the Mother-in-Law to the young married couples, which was lacking in many households.

In some cases in Bihar and Maharashtra, MILs also accompany their daughters-in-law for the YUVA group counseling sessions and actively engage in the conversation. Furthermore, even in cases of unsupportive MILs, there have been instances where wives, with the help of their husbands, YUVAakars and ASHAs have been able to convince MILs, as seen in previous phases.

YUVAAkars who are able to build a good relationship with MILs are more likely to successfully navigate gatekeeping

YUVAAkars report mixed experiences with MILs and a key influence in their ability to successfully conduct all their touch points as well as the referral exercise is their ability to make inroads with the mother-in-law. YUVAAkars are usually mindful of this gatekeeping behavior and do their best to circumvent this. YUVAAkars who are older and closer in age to MILs and household elders have a stronger chance of success as they are looked at as peers. In some cases, younger YUVAAkars were also able to establish relationships with MILs through the ASHAs who introduced them.

Socially acceptable love marriage, increasingly common in Maharashtra, is bringing up the quality of intra-couple communication

While we have seen persistent barriers to intra-couple communication in the previous phases, an interesting exception to this trend was observed among couples in love marriages. The key defining pattern of a love marriage, as opposed to an arranged marriage, in this case is that the partner selection is done independently of family influences and the family is later brought into the picture by the couple. Among such couples, intra-couple communication is already well established before marriage and there is open discussion around family planning and contraceptive use.

Importantly, women in such marriages are more comfortable in revealing their preferences for contraceptives and children and openly report unmet needs, if any. This is in contrast to alternative marriage setups where the couple kicks off their personal interactions post-marriage and there is a possibility of some women not reporting their needs in front of

their husbands and being left out by the family planning ecosystem, including YUVAA. Interestingly, a love marriage might be indicative of a woman with high agency which can explain the better communication skills and joint decision making at the couple level. In such instances, YUVAAs reported higher rates of success but were unable to transform this success into a wider pattern of improved intra-couple communication across the community.

Role models are predominantly limited to family members, thus restricting opportunities for the exchange of new ideas

For both male and female YMCs, strong bonds of kinship mean that very few YMCs look beyond their families to other individuals within their community as role models. This is especially true for women who do not have a lot of interaction with people outside of their households. Male YMCs also prefer to speak to their mothers, brothers or even sister-in-laws over their friends. This could be a potential barrier for YUVAAs trying to involve YMCs during one-on-one or even group counseling sessions, as YMCs are hesitant to discuss these matters in an open setting and with people outside of their families. The lack of opportunities where new ideas can be discussed is limiting, especially in cases where negative perceptions, such as those surrounding family planning, have no space to be debated and dismissed.

What role does the community play in family planning?

1. Linking local traditions such as “gauna” in Bihar with ideas of “delaying” might be beneficial and more effective in the long run for family planning although there is no current link between this
2. Religion and caste play a role in the way communities respond to matters surrounding family planning, especially when it comes to YUVAAs interactions with YMCs in Bihar

Local traditions such as “gauna” in Bihar promote delaying, but there is no apparent link between this tradition and family planning

“Gauna”, practiced in North India, is a traditional ceremony that takes place after a couple is married. This custom was born out of child marriages, where the bride would stay with her natal family till after the “gauna” ceremony. The couple could spend up to 2-3 years apart after the official marriage till the “gauna” took place. More recently, it has become a token ceremony practiced by those who are even married by the official age of marriage.

A few YMCs interviewed for this study said that they delayed having children after marriage due to this custom. Even though this is beneficial for family planning, it does not symbolize a shift in norms or attitudes when it comes to family planning discourse amongst these communities. Linking this tradition with ideas of “delaying” might be beneficial and more effective for YUVAA in the long run.

Strong differences in caste and religion notable in Bihar and to some extent in Maharashtra

In Bihar, 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. Each religious community harbors certain perceptions of other communities; these influence inter-community interactions. Since most YUVAAkars are Hindus and had the impression that “Muslims think differently than Hindus”, they would repeatedly say that Muslim communities are harder to reach due to their opposing views and would not try approaching them.

When it comes to caste, our observations showed that OBC communities are more likely to have traditional family planning views, where many families had more than two children. According to a male YMC (28), this was due to the fact that “...if anyone comes to kill us then they [children] are there to fight against them.” However, these views are slowly changing due to increased education.

In Maharashtra, caste and religion influence family planning decisions as well but not as strongly as seen in Bihar. In terms of religion, the majority of locations covered under this study do not exhibit religious differences in terms of either program delivery or YMC response. YUVAAkars do not hesitate to speak with couples from other religions and the YMCs are usually responsive as well, irrespective of religious differences with the YUVAAkars.

Inter-caste barriers to communication also remain low and YUVAAkars are able to communicate across castes. In some limited cases, communities belonging to certain SC and NT castes were identified as more likely to reject HTSP communications from YUVAAkars. For the most part, this does not reflect a strong barrier for YUVAAkars and instead just appears to be craving stronger conversations.



Key Takeaways: Sustained Behavior Change

This section highlights key takeaways from the core Phase 3 findings which speak to the pathways of sustained behavior change, by bringing together the YUVAA service delivery and the YUVAakar role with the pathways of behavior change explored in previous phases. An important benefit of this lens is that it allows for a consistent analysis framework of the user journey map from Awareness to Sustained use and further enables a coherent assessment of the successes and potential roadblocks of YUVAA program delivery. It further allows for the interpretation of new perspectives gained in this phase of the assessment within a framework consistent with previous phases. The table below provides the key takeaways from this, while the infographic on the next pages places key YUVAA delivery findings (especially around YUVAAkars) on the user journey towards family planning decision making.

1. YUVAakar reflect a strong intention to do social good and fit in harmoniously with the family planning and healthcare ecosystem, which needs to be nourished
2. Heterogeneity in YUVAakar characteristics and behavior offers multiple pathways for success and engagement with YMCs i.e. there is no unique predictor of success
3. YUVAAkars usually conform to existing social norms, making them socially relatable but limiting their influence on gender roles
4. YMCs engage with family planning and YUVAA in a very diverse manner, offering both success stories as well as challenges. Success of interaction varies on a case to case basis and requires diligent and tactical efforts by YUVAAkars.
5. Social differences in Bihar and Maharashtra necessitate different YUVAA strategies and consequently a different approach to social behavior change
6. The key pillars of the YUVAA implementation - the social entrepreneurship model as well as the SBCC strategy show promise and initial success, but need to be enhanced for sustainability

Pathways of Sustained Behavior Change



YUVAakar reflect a strong intention to do social good and fit in harmoniously with family planning and healthcare ecosystem, which needs to be nourished

In both states, YUVAAkars reported a strong motivation to work as YUVAAkars, mostly credited to doing some social good but also to monetary remuneration of counseling services. YUVAAkars who had prior experience in social work seemed to be more motivated by gaining respect and social recognition within their communities. By acting as perceived agents of social change, YUVAAkars repeatedly mentioned the fact that people in the community recognised them. YUVAAkars are keen to continue being recognized as the torchbearers for change in educating and counseling couples on family planning matters.

Within YUVAAkars, there are clear differences between how males and females perceive their roles and identities. While male YUVAAkars are more centered in their economic identity, female YUVAAkars are more likely to be motivated by their social credentials and impact.

Motivation is especially high for YUVAAkars who have previously been a part of community engagement initiatives. They actively utilize existing social networks and proactively seek out collaborations with ASHAs in Maharashtra and to some extent in Bihar to establish their position in society. Almost every YUVAakar observed as part of this assessment had created a close knit network of YMCs (mostly females) who actively engaged in conversations around family planning and child bearing in a group and looked up to the YUVAakar for guidance. At the same time, YUVAAkars saw themselves as different from other community members due to the knowledge around family planning they've accumulated through their role, adding a sense of pride to their identity as a YUVAakar

However, this intention can potentially remain untranslated into action for some due to lack of detailed understanding of the family planning content and an inability to operate under challenging situations. For the most part, YUVAAkars are able to communicate basic knowledge around family planning effectively like HTSP principles and contraceptive use along with utilizing standard arguments like health and financial concerns. However, it was seen that YUVAAkars find it tougher to navigate conversations beyond these basic paradigms when they come across issues like side-effects where they are only able to give limited information, navigating contraceptive choice where they often redirect YMCs to ASHAs and healthcare centers, and engaging with men where more often than not, they give up before trying engaging

solutions. There is a sense of underconfidence in the face of unfamiliar and challenging situations that are bound to come up in their roles.

An important factor to consider here would be the initial training imparted to YUVAAkars. For most of the original cohort, training was given online due to the COVID-19 pandemic, with limited in-person training and demonstrations. This could be an underlying factor for those without prior community engagement to feel unprepared or underconfident to deal with the ups and downs of their roles beyond standard functions of counseling, which limits them from achieving the full potential of their roles

Implications

YUVAakar's intention should be nourished by placing more emphasis on their role as agents of social change. It was observed that YUVAAkars with purely monetary motivations focussed more on getting their numbers up than on the quality of interactions, when compared to YUVAAkars with social motivations. As male YUVAakar are more rooted in economic returns from their roles, it follows that any drop in monetary returns from YUVAA may further discourage participation and crowd-out their motivation to participate in YUVAA activities, thereby pushing the onus mostly on female YCs. This highlights the need to maintain the level of monetary rewards as well as preventing any payment delays, as were reported in a few cases. **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. Utilizing a performance-based reward system can also boost YUVAakar engagement.

YUVAAKars need to be better equipped to translate this intention into action through practical training specifically targeting engaging with men and navigating social norms. Training should put more focus on **practical sessions and field demonstrations** for all interactions when YUVAAkars first go into the field. Their first few interactions (of all levels) can be monitored and mentored directly by the training staff. Training and workshops should be repeated periodically with the cohort to address unique and challenging situations that can come up.

Heterogeneity in YUVAakar characteristics and behavior offers multiple pathways for success and engagement with YMCs i.e. there is no unique predictor of success

YUVAAkars hail from very diverse backgrounds spread across socio-economic demographics which results in different self-identities and motivation across cohorts and regions. Though they are given similar guidance and training, they bring unique lived experiences and mindsets to their work, which is evident in the novel approaches they have developed in order to succeed in their role, as tailored to their respective regions and problems. In one instance, a YUVAakar, who was previously an ASHA, relied heavily on her pre-existing social networks and connections to engage with YMCs in her current role. Another, from a financially well-off family combined her YUVAA work with the women self-help groups she runs to efficiently disseminate information on HTSP practices and conservatives. An experienced salesperson-turned-YUVAakar combined the product basket sales with the consumer mapping exercise to realize profit at the earliest. Yet another, faced with a strong gatekeeping and interference from household elders in her low income locality established an indirect network of YMCs and their friends to secretly deliver products to them and counsel them. A YUVAakar who struggled with technology eschewed the safal couple video in favor of the more effective SBCC flipbook.

The common thread which binds together these different backgrounds, motivations and approaches together is the goal oriented approach under YUVAA. YUVAAkars are paid for completing five interactions with each YMC they have mapped, reflecting a quantitative target metric for success and income generation. This approach is quite successful in nudging YUVAAkars to develop their unique approaches to engaging with YMCs, though it masks the quality of interactions which can in turn vary greatly as well.

Considering the quality of interactions, 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. YUVAAkars with good communication skills and people oriented nature also do well. Further, the ability to build relationships with MILs and effectively navigate around them (or including them) is highly indicative of success. Such YUVAAkars can function as more effective change agents in light of strong social position held by MILs

Implications

As a model, YUVAA is portable across different regions and backgrounds as YUVAAs have the freedom to implement their personal strategies for engagement. This can be encouraged on the ground by offering YUVAAs **ad-hoc operational support** based on the situation. Some evidence was already observed in the field where the implementation team advised YUVAAs on setting up relationships with ASHAs in their region and redistributing product baskets among YUVAAs who struggle with sales.

Qualitative indicators of success are required in conjunction with quantitative measures to develop a **well rounded view of 'success'** for a YUVA who can enable sustained behavior change. Further, there is a need for a feedback loop into the recruitment of YUVAAs to ensure selection of candidates with higher likelihood of success, with a minimum desired skill set (communication skills, people oriented) and intention to lead social change.

YUVAAs usually conform to existing social norms, making them socially relatable but limiting their efficacy in challenging perverse gender norms

YUVAAs function in a socially sensitive environment due to the nature of their role which aims to influence deeply entrenched social values, rules and preferences. They have to selectively utilize their social bargaining power to navigate this landscape and exert influence when they see an opportunity to do so. High awareness of existing social dynamics is a must in these situations as a major part of their power comes from their own conformity with social norms. For example, female YUVAAs take advantage of gender roles ascribing the family planning role to women to create a safe space for group counseling. Similarly, high performing YUVAAs are successfully able to navigate social relationships to set up synergistic relationships with ASHAs and others in the healthcare ecosystem.

However, this can sometimes lead them to enshrine the very same social and gender norms that they are required to challenge. One major way this gets reflected is in the motivational dichotomy between male vs. female YUVAAs. While not economically

sufficient in most cases, YUVAakar income is seen as supplementary income suitable for women who are often not involved in other full time work. Men tend to typically undervalue it compared to their primary economic role, not prioritizing the role in spirit. These rigid gender norms were also reflected in YUVAA recruitments where it was easier to find willing female volunteers for this role rather than couples as it was difficult to showcase the value of this role to men.

This also gets reflected in a big way in the attitude of a few active male YUVAAkars who leave the YUVAA counseling to their wives as they do not consider it to be their concern. They only take passive interest in the family planning activities, focussing instead on operational concerns and income. This also 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”.

Implications

YUVAAkars should be **willing to act as change agents** beyond the normative environment that they operate in. As such, they should be couples who have the ability to develop influence over other YMCs, maintain good relationships with MILs and other gatekeepers, and ideally care about family planning outcomes in line with values espoused by YUVAA. Specific training and resources on navigating social situations can also help. For example, having situation-based training and mock-interaction sessions along with a handbook with different possible strategies, arguments and framings to overcome normative influences can significantly help improve YUVAakar efficacy in challenging situations. Such resources can be co-developed with YUVAAkars themselves, highlighting positive case studies and giving them participatory recognition.

While screening for YUVAakar volunteers, **willingness of the male YUVAakar** should be focussed on. In a few instances, male YUVAAkars reported limited buy-in towards family planning and the involvement of men and resistance to being recruited in the first place. Most of them engaged with the program for monetary rewards. To address this, male YUVAAkars can be given sensitivity training to engage in their roles appropriately. Some ways of improving efficacy from male YUVAAkars can be:

- Utilize the YUVAakar training as an intervention to nudge male YUVAAkars to challenge gender norms around family planning by male-specific training
- Appoint supervisors who oversee and supervise the work of other male YUVAAkars. Ideally, these supervisors can be high-performing male YUVAAkars who also serve as **social referents for other YUVAAkars**. If ELs or DPCs serve this purpose, then they can be directed to provide specific support, supervision, and guidance to male YUVAAkars.
- Create **male-engagement specific targets** to encourage male YUVAAkars to participate in the family planning counseling process.

In addition to these, a clear way to improve male YUVAakar performance would be to establish appropriate filters at the time of selection. As many male YUVAAkars have other jobs, the selection criteria should definitely give due consideration to whether prospective candidates can give enough time to the program, beyond other commitments.

YCs are able to build intention among those at the extensive margin, however, have limited success in translating intention to action. Success at the intensive margin varies on a case by case basis and requires diligent and tactical efforts by the YC

YMCs covered under the YUVAA program do not report uniform interaction or outcomes which can be a result of myriad factors like efficacy of the YUVAakar they are dealing with (qualitatively), their immediate environment, as well as personal attitudes and beliefs. A large proportion of success stories for family planning decisions stem from a realization among YMCs of economic and health priorities and their direct dependency on family planning outcomes. This is also the most common strategy employed by YUVAAkars to convince YMCs about the benefits of HTSP. The universal appeal of these arguments ensure that these are applicable across socio-economic strata.

However, even though the appeal is sound in principle, its connection with action is not absolute. As seen in the previous phases, while health and financial priorities work well for spacing, moving the needle on delaying is much more challenging. Absence of a social push towards delaying, beyond the age and economic arguments - i.e. limited encouragement from the community for waiting for the first child after marriage - limit YMCs intention as well as YUVAAkars' ability to influence the outcome Even among

those at the extensive margin, like highly agentic women who are more likely to engage in FP related conversations with their partners and follow HTSP, there seems to be an intention / decision - action gap, where they are unable or unwilling to translate their unmet need into contraceptive use. 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, effectively turning a blind eye to their actions. Another factor could be a kind of **information recall bias**, where women are not able to recall the right information at the time of decision making, leading to inconsistent decision making.

Furthermore, as convenience sampling is used for consumer mapping, the inherent selection bias in offering YUVAA only to YMCs more receptive to family planning benefits in the first place crowds out the motivation to reach the most vulnerable YMCs due to higher search costs involved in recruiting them into the program. They are also more likely to opt out of consumer mapping and resist family planning messages even if YUVAAs reach out to them.

Similarly, engaging with men has been a persistent challenge throughout the program implementation due to perceived gender roles and personal attitudes held by men. However, there are some indications of success here as well. Educated men are more likely to engage with YUVAA and partake in decision making around family planning. Moreover, in some cases men do engage in motivated information seeking but only at the time of decision making and they might specifically seek out a trusted confidant or a healthcare professional instead of reaching out to the YUVAAs.

Implications

It is clear that YMCs require different levels of support and direction in their journey to behavior change. Issues like the intention - action gap among highly agentic women seem to come up when YUVAAs enable them to develop agency and enable decision-making but are not able to support them with acting at the right time. In order to ensure sustained behavior change, **YUVAAs need to engage with YMCs across multiple stages** and provide support at the right stage and the right time to tackle barriers at each stage of the decision journey. Some examples of this could be:

- Awareness: Provide information at the right time and in an accessible format to

enable effective decision making.

- Intention and Decision: Support with individual concerns like side effects as well as social concerns, such as navigating with intra-couple communication or removing the taboo around family planning conversations.
- Action: Help YMCs overcome the intention-action gap by identifying the specific barriers and guiding them.
- Support: Enable easy access to support structures like healthcare ecosystems, counseling for alternative contraceptives in case the first preference doesn't work, etc.
- Sustained Use: Encourage YMCs to challenge perverse gender and social norms via leading-by-example.

While YUVAAkars are already implementing some of these to an extent, there is a need for targeted application by building these engagement touchpoints into the YUVAakar training and equipping them for a stage-by-stage intervention for sustained behavior change. Furthermore, YUVAAkars should be trained to recognise the decision stage of the YMCs they target.

The recruitment model can also be modified to enable **more inclusive participation from vulnerable populations**.

The onus is on YUVAAkars to establish strong connections especially with men and find innovative pathways to behavior change. Accessing men at pre-existing social gatherings and borrowing the existing support network used by them could be some possible ways to do so, as learned from success stories shared by ASHAs. ASHAs represent a key source of learning as they have been dealing with gender roles and male-female dynamics for quite some time. Also, male YUVAAkars in particular need to **act as social referents** for male YMCs in their social networks, leading by example and proactively showcasing their own success stories for other men to emulate.

Social differences in Bihar and Maharashtra necessitate different YUVA strategies and consequently a different approach to social and behavior change

YUVAAs in Bihar and Maharashtra face very different realities due to the vastly different social contexts in these two states. According to the gender equality index tracked by the NITI Aayog, Bihar was placed amongst the lowest states, scoring 24 compared to 43 for Maharashtra which was even above the national average of 36¹. Similarly, education (often treated as a proxy for awareness by respondents) reflects sharp differences in literacy rate between the two states, with Bihar at 62% compared to 82% in Maharashtra². 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 YUVA interventions get delivered by influencing the bargaining power of YUVA actors, primarily YUVAAs.

Considering gender roles, while women in Maharashtra report strong agency in family planning decisions and influence over husbands on these matters, the case of Bihar is opposite where male dominance in decision-making persists. Considering these differences in gender norms, YUVAAs in Maharashtra reported that often it is 'enough' to get the message across to women to influence the couple as a whole. A YMC interaction is mostly considered successful if the female YUVA is able to convince the female YMC. However, in Bihar, getting the buy-in from males is imperative to influencing YMCs. Thus, in Bihar, transforming rigid gender roles and involving men in the YUVA program is central to success. Similarly, mobility of women is also more restricted in Bihar as compared to Maharashtra, creating barriers to access information and family planning facilities. With restricted inter-community interaction for women in Bihar, there is limited space for negative myths around family planning methods to get dispelled or to acquire new information. These differences necessitate a specialized skill set for YUVAAs in each YUVA location, which is receptive to the social landscape of their region.

Additionally, social organization is heavily divided along caste and religious lines in Bihar and consequently counseling activities are divided along caste and religion. On the other hand, corresponding barriers in Maharashtra are weaker and there is higher interaction across these lines. This reflects a markedly different ground level experience of the YUVA implementation in the two states. YUVAAs in Maharashtra find it easier to access YMCs from other castes and religions than in Bihar. Group counseling sessions can have a mix of religions and castes while YUVAAs can visit localities and

1

<https://www.downtoearth.org.in/news/governance/almost-all-states-in-red-zone-on-gender-equality-niti-aayog-62592>

2 <https://www.indiacensus.net/literacy-rate.php>

households across this strata as well. In stark contrast, both these cases are very rare in Bihar, where YUVAAkars are restricted to engaging YMCs from their own castes and religion, both out of their own volition as well as because of social dynamics.

Implications

It can be surmised here that both regions require different approaches to interventions and delivery mechanisms in YUVAA. One way this can manifest is in the **choice of 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. This could also mean that YUVAAkars who are MILs could hypothetically be more effective than YMC YUVAAkars by virtue of having a more influential peer group network when it comes to family planning decisions.

While field actors may adjust their effective intervention and counseling delivery tactics at the ground level for these differences, there may be a need to **define unique strategies and behavioral targets** for YUVAAkars as tailored to specific regions and front load this on the training given to YUVAAkars. For example, YUVAAkars in Bihar can harness local traditions like "gauna" to promote spacing.

The key pillars of the YUVAA implementation - the social entrepreneurship model as well as the SBCC strategy show promise and initial success, but need to be enhanced for sustainability

The social entrepreneurship model usually works well for non-FP products and for YMC counseling activities. Non-FP products aimed at P1 YMCs, such as baby products, have higher demand and margins than FP products, making them more lucrative and attractive for YUVAAkars.. Counseling also works well as it reflects a steady source of

income for YUVAAkars and importantly, this income is easily calculable and salient for YUVAAkars, who know exactly how much they will be paid for each interaction. Similarly, the Safal Couple SBCC framework also 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.

However, both these pillars need to be reinforced to be made sustainable in the long run. Beyond the income-generating activities from YUVAA, there is little economic motivation for YUVAAkars to continue YMC interactions. Once the counseling targets are met, there is little reason for YUVAAkars to continue counseling. Further, entrepreneurship considerations like upfront costs, profit, popularity of products and lack of choice over product can crowd out the appeal of the product basket for YUVAAkars. These challenges are also compounded by the lack of differentiation between YUVAA's product basket and what YMCs get for free from public health facilities and ASHAs. It is, thus, common for YUVAAkars not to invest in a new product basket once the initial one is successfully sold. Similarly, while the SBCC strategy makes a strong argument for opting in to FP practices and products, its definition of a "safal couple" excludes attributes given to a general definition of a successful couple which extend household responsibilities and supporting parents.

There are also other factors at play in defining sustainability of YUVAA. First, YUVAA's position in the local FP ecosystem varies in terms of popularity, which can impact the sustainability of the program in the long run. For example, there seems to be some evidence from Bihar that YUVAAkars are particularly successful in areas where ASHAs are not as active. Furthermore, repeated interactions with YMCs consolidate YUVAAkars image as the go-to resource for family planning advice, contraceptive use and side effects even beyond YUVAA. The success of YUVAAkars as family planning resources further depends on their motivation, past experience with YMC-YUVAAkars interaction and access to alternatives like ASHAs and primary health centers.

Implications

To ensure YUVAA remains sustainable in the long run, the value proposition of the product basket needs to be bolstered, especially for FP products, by addressing

challenges like low differentiation of products from ASHAs / PHCs. Some recommendations to bolster value include;

- Allowing YUVA Akars to curate the products they want to sell based on local demand
- Offering more attractive FP products, e.g. flavored condoms or premium quality products to drive a comparative advantage against free products provided by government clinics/ASHAs
- Improving margins on the products sold by YUVA Akars

Similarly, the quality of counseling sessions is as important as quantity. While the program metrics do focus on quantity of interactions, five sessions may not be enough to establish YUVA Akars as the go-to resource for FP among YMCs, especially when the quality of these interactions can vary significantly. At the same time, there is limited focus on the quality of interactions in place, which is mostly gleaned through YUVA Aakar feedback. There is a need to establish a clear evaluative framework to measure the success of interactions. Some suggestions for this could be:

- Define interactions in terms of overall duration of cumulative interactions. Say, interactions should be evenly spaced out over a one year period. As seen from some success stories, repeated interactions over a long period can promote sustained behavior change.
- Similarly, increased frequency of group counseling for both men and women can also bolster sustained behavior change. Group counseling has been effective in driving community-level change in attitudes. Due to its demonstrated success, such interactions should continue to be a core part of the YUVAA service delivery model. They are also a good way to engage men by tapping into existing social gatherings and events where men congregate.

On the SBCC side, 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. Safal couple material (posters, etc), featuring this new hybrid image can be utilized to reinforce the idea of a safal couple within the community along with leveraging existing ideas of an ideal behavior among

community members.

Thematic Summary of Implications

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	<p>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.</p> <p>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.</p> <p>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.</p> <p>4. Diversifying the demographic pool of YUVAAkars to reach vulnerable populations: The recruitment model needs to ensure that YUVAAkars come from diverse castes</p>

	<p>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.</p> <p>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.</p>
<p>YUVAAkars training</p>	<p>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.</p> <p>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.</p> <p>3. Pedagogical methods should include practical learning methods: YUVAAkars 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.</p> <p>4. Job Aides should be provided to navigate tough situations:</p>

	<p>YUVAAskars 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 YUVAAskars (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 YUVAAskars 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 YUVAAskars to drive change outside of their normative environment by providing social proof of how other YUVAAskars navigated these struggles.</p>
<p>Consumer mapping</p>	<p>1. Targeting people at the intensive margin and more vulnerable groups</p> <p>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.</p>
<p>Counseling: Couples + group</p>	<p>1. Effectiveness of couples counseling needs to be weighed in comparison to one-on-one counseling:</p> <p>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 YUVAAskars, violating the core tenet of the YUVAA program: Couples counseling. At best, the female YUVAAskars are able to counsel the couple together, in the absence of the male YUVAAskar. This jeopardizes the efficacy of couples counseling and YUVAAskars circumvent this problem by counseling men and women separately). These social sensitivities warrant further thought into the design and delivery of couples counseling.</p> <p>2. Impact of group counseling needs to be leveraged through additional channels:</p> <p>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.</p>

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:

YUVAAkars 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 YUVA 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 YUVA 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

	<p>into the YUVAA program will be instrumental to success.</p> <p>7. Different strategies for Bihar and Maharashtra</p> <p>There is a need to define unique strategies and behavioral targets for YUVA Akars as tailored to specific regions and front load this in the training sessions and job aides.</p>
<p>Social entrepreneurship model</p>	<p>1. Rethinking the economic incentives:</p> <p>The social entrepreneurship model shows merit in theory, however, needs to be bolstered for YUVA Akars to reap its full potential. In most cases, monetary gains from being a YUVA Akar 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 YUVA Akars. The product basket has limited profitability for YUVA Akars (see below).</p> <p>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 YUVA Akars who are driven by gaining social influence and repute. Further, utilizing a performance-based reward system can also boost YUVA Akar engagement.</p> <p>2. Reshaping the product basket:</p> <p>Once YUVA Akars 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 YUVA Akars. There is a need to drive up monetary gains from the product basket so that it contributes a significant portion of the YUVA Akar revenue,</p> <p>One way to increase the monetary benefits for YUVA Akars is to make the product basket more lucrative. Firstly, YUVA Akars should be able to curate their own basket, selecting products that are more likely to sell based on local demand. Secondly, YUVA A 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.</p>
<p>SBCC Strategy</p>	<p>1. The flipbook is a successful strategy to create awareness and knowledge</p> <p>The flipbook was regarded as an easy and effective aid to help YUVA Akars communicate information to YMCs. The YUVA Akars attested that the flipbook is easy to follow and understand for the YMCs. The format of the flipbook allows YUVA Akars to carry it everywhere they go, including one-on-one and group</p>

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 YUVA Akars 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 YUVA Akars 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 YUVA 'safal couple' with YMCs' perception of the values of an ideal couple.

Conclusion

The Phase 3 report has tried to ascertain factors which influence the sustainability of behavioral change with regard to the YUVAA program. Phase 3 has built on the previous phases to understand not only young married couples' decision making journeys but further look at YUVAAs, their intervention delivery, PHPs and the surrounding enabling environment (family dynamics and the community) to paint a comprehensive picture of YUVAA in Bihar and Maharashtra. The report ends with key takeaways and implications of these findings on YUVAA and recommendations for future improvements to the program.

The next and final phase of the YUVAA assessment will take the insights collected so far from Phases 1-3 to provide a concluding commentary on family planning outcomes and the influence of YUVAA in the target areas of the study. To answer these questions, we will look 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 have been developed using insights from Phases 1-3, open research areas and their roles in the SEED model.

Similar to Phase 3, Phase 4 will provide insights and recommendations that will strengthen YUVAA's implementation. The aim is to place insights from all phases in a final assessment, which will be accessible to both current and future researchers and implementers of family planning initiatives.



Appendix

Methodology

We conducted In Depth interviews with YUVAAkars, Young Married Couples and held conversations with PHP mentees, Mothers-in-Law and ASHA workers to understand the implementation and sustainability of the YUVAA program. Further, we conducted qualitative shadowing activities for interactions between YUVAAkars and Young Married Couples in Bihar and Maharashtra.

Semi-structured In-Depth Interviews were conducted to understand certain levers and get a deeper understanding of the barriers we've identified in the research so far and cement those findings to identify the areas to focus on to ensure sustainable behavior change.

Interviews were conducted with three groups of respondents:

YUVAAkars - To explore a new area of YUVAAkars through YC identity, motivation and mental models as social entrepreneurs and gain insights on their ways to navigate through bottlenecks in intervention delivery.

Young Married Couples - To gain a deeper understanding of their characteristics as enabling factors in accepting and following through the social and behavioral change in family planning, their Role Models and how they may influence their decision-making around the subject, the actors in the Enabling Environment that allow sustainable shifts in behaviors around family planning and finally, the adoption of products in the product basket containing contraceptives.

Private Health Professionals - The primary lens of inquiry for PHCs focuses on their relationship with YUVAAkars and YMCs and their role within the YUVAA ecosystem. In this phase, we intend to capture the role, attitudes and reflections of PHPs in order to add depth to our analysis.

Further, **unstructured conversations** were held with Mothers in Law and ASHAs to directly understand the factors from the external environment that affect couple decision-making around family planning.

Qualitative shadowing was conducted to capture YUVAakar-Young Married Couple interactions in their natural setting during counseling activities.

Sample Size

YCs					
	Maharashtra		Bihar		
	Satara	Kolhapur	Patna	Nalanda	Total
Male	0	4	4	1	9
Female	3	5	6	4	18
Young Married Couples					
	Satara	Kolhapur	Patna	Nalanda	Total
Male	8	4	10	5	27
Female	16	6	10	5	37
Healthcare providers					
PHPs	Maharashtra		Bihar		
	2		3		5
				Total	96

Sample Description

Sample Characteristics					
	Maharashtra		Bihar		
	YC (n=12)	YMC (n=34)	YC (n=15)	YMC (n=30)	Total Sample
Age [in years]	35	24	29	25	28.25
Service [in years] for YCs	2.25	-	1.6	-	1.89
Education	Uneducated - 0 High school - 6 Senior Secondary - 3 Graduate - 2 Post Graduation - 1	Uneducated - 0 High school - 11 Senior Secondary - 11 Graduate - 9 Post Graduate - 2	Uneducated - 0 High school - 3 Senior Secondary - 2 Graduation - 7 Post Graduation - 3	Uneducated - 4 High school - 8 Senior Secondary - 5 Graduate - 13 Post Graduate - 0	

Disclaimer

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

Acknowledgements

The authors would like to acknowledge all participants of the YUVAA program, DharmaLife field staff and members of Pathfinder field implementation teams responsible for delivering the YUVAA program on the ground.

Key Contributors

Pathfinder International

Lopamudra Paul
Manish Mitra
Pravinkumar Shirsat
K Laxmi Rao

Busara Center for Behavioral Economics

Aditya Jagati
Jaspreet Singh
Pooja Gupta
Ritika Divekar
Zeena Oberoi

Suggested Citation: *Pathfinder International (2022). Sustainability of Behavioral Change under YUVAA*



www.pathfinder.org

For more information email us at yuvaainfo@pathfinder.org

Connect with us on Facebook, Instagram, LinkedIn, Twitter and YouTube

www.busaracenter.org

contact@busaracenter.org

Connect with us on Facebook, Twitter and LinkedIn