

Immediate childbearing post-marriage in Nepal: miscommunication, migration, conflicting desires and the impact on family planning use

Abstract: It is accepted as the norm that newly married couples in South Asia begin childbearing immediately after marriage, and, even if they would like to delay, that household members desire early childbearing and pressure young couples. We explore this assumption using in-depth interviews of intact triads of newly married women, their husbands, and mothers-in-laws, combined with quantitative data from 200 newly married women in rural Nepal. We find that most newly married women and men want to delay the first birth, but have not communicated about this in early in marriage and feel pressured by in-laws and society to bear children soon. Couples who had love marriages and have been married longer are more likely to be using a method. Contrary to expectation, some mothers-in-law support delaying the first birth so the young women can mature physically, or continue education and wage-earning, but also perceive societal pressure and are thus conflicted. Male out-migration for work abroad is also leading to early childbearing pressure qualitatively, but not supported by the quantitative data. Helping young couples to sort through conflicting fertility desires and norms may be important in order to delay the first birth as desired.

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Background

Fertility is falling in South Asia, and this has mostly been achieved through family planning methods that help couples limit (sterilization), and, to some extent, space, their children. However, little movement has been made on delaying the first birth. In Nepal, as is other parts of South Asia, most women become pregnant soon after marriage (Kim Choe, Thapa, and Mishra 2005). The most recent Demographic and Health Survey in Nepal found that about 50% of newly married women become pregnant in the first year of marriage (Ministry of Health and New ERA/Nepal, ICF, n.d.). Delaying the first birth, especially in the context of low age at marriage, is important for improving maternal and child health outcomes, as well as reducing overall fertility (Yu et al. 2016; Ganchimeg et al. 2013; Gibbs et al. 2012). Furthermore, delaying the first birth may give young women the opportunity to continue their studying and participate in the labor force, potentially increasing their household and community status and level of empowerment.

Past literature in Nepal, and other parts of South Asia, has suggested that young women feel powerless in acting on their desires in terms of the timing of childbearing, and end up having more children than desired (Nepal Family Health Program II and New ERA 2010). Women in this setting often perceive that they must prove their fertility and establish ties within their husbands' family through childbearing (especially in areas with high co-residence) (Paudel and Budhathoki 2011; Bhandari and Joshi 2017). For example, research has shown that families, husbands, and the community pressure women to bear children early. Studies have identified opposition from husbands, family members, and the community as reasons for decreased contraceptive use (Nepal Family Health Program II and New ERA 2010; Hossain, Phillips, and Mozumder 2007). Women with higher levels of education, older age, and in nuclear households are more likely to have increased autonomy and participate in decisions about family planning (Nepal Family Health Program II and New ERA 2010; Hossain, Phillips, and Mozumder 2007; Stash 1999; Diamond-Smith et al. 2017).

Family planning programs work to increase access to family planning for women and men across their life course. Given the presumed household pressure and societal norms of bearing children early in marriage, much of the focus of family planning programs has been on spacing between births and limiting fertility after the childbearing is complete (Daniel, Masilamani, and Rahman 2008).

Little research has been conducted on newly married couples in South Asia about their fertility desires and intentions; family planning knowledge and use; or specific facilitators and barriers to using family planning. Furthermore, few studies have included men's or other family members perspectives on childbearing timing. Men, as well as other family members, primarily the mother-in-law, are important decision-makers about fertility timing and family planning use in much of South Asia, including Nepal (Chapagain 2005; Diamond-Smith, Campbell, and Madan 2012). Past research in Nepal has found that communication about family planning between couples was associated with contraception use, and that communication about family planning is associated with use of other maternal and health care services (Link 2011; Furuta and Salway 2006). Son preference exists in Nepal, and past studies have shown it to be an important factor

in decision-making about family planning uptake, especially among husbands and other household members (Dahal, Padmadas, and Hinde 2008).

However, Nepal is rapidly developing and changing, with delays in age at marriage, increasing education levels, and changing roles of women more broadly in society. It is possible that increasing education levels, age at marriage, female labor force participation, and a trend towards more couples involvement in the marriage decision-making process, is creating greater interest and opportunity for newly married couples to delay their first birth. Little evidence to date has explored this possibility in detail (Acharya et al. 2010).

We conducted a mixed methods study in Nepal to generate hypotheses about current childbearing dynamics among newly married couples, and to test some of these ideas quantitatively. Our primary area of exploration in this study is fertility desires, and how they vary by household decision-makers. We also assess attitudes and use of family planning among newly married young women, their husbands and their mothers-in-law and intra-household decision-making about childbearing.

Methods

We conducted our study in Nawalparasi district of Nepal, located on the border with India in the Terai region, in 2017-2018. Our study population consisted of newly married households, and we conducted a census mapping of households in two Village Development Committees (now restricted to one rural and one urban municipality) to identify eligible households. Additionally, community leaders, such as health workers and religious leaders, helped identify households with newly married couples.

The study of newly married households consisted of two phases: qualitative with in-depth interviews, followed one year later by quantitative survey research. This research received ethical approvals from the Nepal Health Research Council of Nepal and Institutional Review Board of the University of California, San Francisco.

Qualitative data collection and analysis: We conducted 60 in-depth interviews with newly married women, their husbands, and mothers-in-law (20 intact triads) in February-March, 2017. Eligibility for index female participants included being married within the last 3 months, aged 18-25 years and co-residing with a mother-in-law. Additionally, husbands and mothers-in-law both had to be present. In-depth qualitative interviews and surveys were conducted by trained Nepali interviewers of the same sex as the respondents, after informed consent was obtained (written or thumb print). All interviews were conducted in a private location, usually the respondent's home or field, generally lasted over an hour, and respondents were given a small gift their time. Interviews were tape recorded, transcribed into Nepali and then translated into English. Data were analyzed using a grounded theory approach by three coders using Atlas-ti, version 8.1.2. Prior to coding, the interview team double or triple coded a subset of interviews of each type to develop the codebook fully and ensure consistency across coders. After the initial coding process, triads of interviews (each group of women, their husbands and their mothers-in-laws) were read together and a separate level of coding was conducted to pull out household level patterns and themes.

Quantitative data collection and analysis: A year later, in March-April of 2018, we collected quantitative survey data from 200 newly married women in the same district. Eligibility for index females included being married within the last 6 months, aged 18-25 years and co-residing with

a mother-in-law. Women are followed every 6 months for 18 months (total of 4 rounds of data collection). Again, all survey data was collected by a trained Nepali interviewers of the same sex as the respondents, after verbal informed consent, in a private location of choice to the respondent. Respondents were given a small gift (an umbrella) for their time.

Quantitative data were used in this study for descriptive purposes, to show prevalence of themes emerging from in-depth interviews (StataCorp, 2017). Summary statistics were tabulated and presented, including means, frequencies, and distributions. In addition, a logistic regression model was tabulated to explore factors associated with current family planning use, including, age, education, currently being in school, religion, caste, length of marriage, type of marriage (love/arranged), and if the husband was planning to migrate abroad.

Results:

Demographics of the qualitative sample of the 20 triads in Table 1 show mean age of newly married women was 19, of husbands was 23, and mothers-in-law 48 years. Eight families (triads) were Muslim and 12 Madheshi /Hindu. Husbands were more educated than their wives, and most mothers-in-law were not educated at all. Women in the quantitative survey were, on average, 20.5 years (Table 1). Most had 9-12 years education (54%), with 15% having more than 12 years, 14.5% 6-8 years, 12.5% 1-6 years and only 4% no schooling. Most were Madheshi/Hindu (86%), with 8.5% Muslim and 5.5% other religions. Most were not working or in school (57%), with 29% in school and 14% being in service, trade or small business. Most (70.5%) had arranged marriages.

The themes that emerged in the in-depth interviews were also salient in the survey data and help to illustrate the reasons for strong fertility preferences at the outset of marriage, and yet structural realities and opportunities are leading not only young women, but their husbands and even mothers-in-law in some cases, to consider delaying first birth. These themes also reveal both conflicting and congruent fertility desires. All numbers reported below are from the quantitative survey; no numbers are used to describe the qualitative findings.

Little communication about fertility desires

Very few women reported wanting a child in less than a year from the time of marriage (13%), with most wanting a child from 1-2 years (55%) or 2-3 years (18.5%) (Table 2). The majority (57.5%) of women had not discussed their desired number of children with their husband, however, of those that had, most said they wanted the same number as their husbands (85.6%). The qualitative data showed very little overt communication between spouses about fertility desires, with most couples having not talked about when they wanted children or if they should be using family planning.

Well, whom should I talk with, my husband is always busy. I feel shy to talk about these things with my mother-in-law and father-in-law. My husband does not stay together with me much so I am not able to talk with him about these matters. Till now I have not talked with anyone regarding giving birth to a child. (Shova, age 21, 12 years of school)

The lack of communication led to misunderstanding between spouses about desires and less attention to the women's desires. For example, one woman reported not wanting a child at this time, but that she thought that her husband did want a child right away. However, her husband actually described also not wanting a baby right away. When asked about when she wanted a

child, the woman described wanting to wait as long as 5 years, citing financial concerns and the belief that there are fewer problems in childbirth when women are older.

Desire to delay childbearing

The survey data showed that almost a third (29%) of women said that it would be inconvenient to have a child at this time, and of those, most said they would keep the baby if they were to get pregnant (65.5%), with 17.2% saying they would end the pregnancy, and 17.2% that did not know what they would do. When asked why it would be inconvenient to have a child at this time, reasons mentioned by at least 5 or more respondents included: lack of money (N=30), currently studying (N=17), health concerns or that they were of too young an age (N=14), too much extra work or they couldn't handle a child (N=6), and fear of pregnancy (N=5). This echoed the qualitative voices of the newly married women, as in the quote above, where financial and health concerns were the primary reasons women wanted to delay.

Husbands also cited similar reasons for wanting to delay having the first birth, including financial concerns, which came up frequently.

I want to earn some money and keep some money as a saving so that our child won't have much problem during their growth....I want my child to eat adequate food. Unlike when we were growing up, I want my child to go to a good school and get enough exposure....We were very poor. Due to lack of money, we couldn't get an education. And as we couldn't get an education, we are still living a poor life. (Barsa Devi's husband, age 26, 9 years of school)

One husband discussed wanting to spend more time with his new wife, to get to know each other better. The theme of physical, as well as mental "maturity" came up repeatedly when talking about delaying childbirth. In this context, and translation, the word "maturity" is used to encompass being an "adult", making decisions alone, being able to make judgments about right and wrong, and also, being physically developed enough to have a child. This was true not only in husbands' views of their wives, but also husbands' views of themselves, as described by the husband below:

R: We're young and not that mature. I feel that we should become responsible at first before giving birth to a child. I want to wait until we both get more mature. I have started to work and have been learning many things. I think I will become mature with time. My wife also is new to this family and is learning many things. Therefore, we can wait for 1 more year or so before giving birth to a child. (Gauri's husband, age 21, 10 years of school)

Despite these desires, young women and men felt pressured to have children earlier than they wished to. One of the main pressures to have children early was husbands' plans to work abroad. For some couples, the husband planning to work abroad led to differences in desires between the husband and wife, as one woman describes below, where she suffered a miscarriage and has actually been advised by a doctor to wait to get pregnant again, however, her husband and his parents are both pressuring her to get pregnant before he leaves to work abroad.

I wish to have a child after my husband comes back from abroad. The doctor also has advised me not to get pregnant for about 6-7 months. So it would be better to have a child later. My body will also be stronger and I can also have adequate rest... I have discussions with my husband at home. But I have not talked to my Mother-in-law about this matter. My husband says that he needs a child now. He is not listening to what the doctor has said. It has only been a month since I had miscarriage so how can I be pregnant so soon. My Mother-in-law also tells her son that I need to get pregnant before he goes abroad. She doesn't tell me directly but tells her son. In this household nobody listens to what women say (Pooja, age 18, 2 years of school)

In some cases, husbands also discussed wishing to delay, but felt pressure by upcoming plans to go abroad, as discussed by the husband below, who worries about his wife and parents happiness, and thus feels compelled to begin childbearing soon.

Actually, I want a child after a year but as I will be flying abroad after a month, my wife will be lonely. My parents also want a grandchild and my wife also will have someone to talk with or get engaged with. So, thinking about this, I have changed my mind and will want a child early. (Sawani devi's husband, age 22, 10 years of school)

Interview data revealed that a primary driver of early childbearing is the fact that many men in this region migrate for work abroad (temporary migration, that can be as long as 2-3 years). Newly married couples felt that it would be better if women were became pregnant before the husband went abroad, and this was pressuring women and men to try to get pregnant as soon as possible. Quantitatively, 53% of women reported that their husbands either worked abroad currently (5%), in the past (27%), or planned to in the future (21%).

One of the primary reasons that newly married men and women felt the need to have a baby sooner than they would have planned was perceived pressure from family members, generally the husband's parents. One newly married woman described how this was rooted in their fear that she would require expensive fertility treatment or health care expenses if she delayed pregnancy.

The doctor has told me not to get pregnant for next 6 months. But my family members want to have a child very soon. They say that it may require lot of money for treatment if I give birth very late. My husband is about to leave for abroad in a week so all my family members and my husband wish to have a baby soon. (Sawani devi, age 20, 8 years of school)

Often, this pressure hadn't even been explicitly voiced by the husband's parents, but was assumed by the newly married couple, or subtly suggested. As one husband described "Yes, they (his parents) jokingly have said that they want a child. But directly they haven't said anything like that." (Sabitri devi's husband, age 21, bachelors education).

Another husband described how he wanted to wait, again to reach "maturity" for both him and his wife, and also to allow her to continue her education. However, he felt his parents wanted to follow the societal expectations of immediate childbearing.

No, I don't want to have children but my family members are pressuring me. No matter how much pressure they may create, I do not want to have any children for 2-3

years....This is because I am still a student. I am not even earning any money and my wife is a student. We are financially very poor at this stage as both of us are students. Therefore, I think that if my wife becomes a mother, her entire time will be spent in nourishing her child. She won't have any time for her education. We also will be a little mature in 2-3 years time. I tell my wife not to be under any pressure and to study as long as she wants to....My parents are uneducated and the trend in this village is to give birth immediately after getting married. My parents want me to follow the trend. If my wife doesn't get pregnant, people will start talking against her and may question her fertility. (Rita Kumari's husband, age 21, 10 years of school)

There were a handful of mothers-in-law who felt strongly that their son and daughter-in-law should begin childbearing as soon as possible, due to similar reasons as mentioned by the young couples, including husbands soon working abroad and fears of infertility if the daughter-in-law became too old. Fears of people "talking" (badly) about daughters-in-law were brought up by a large portion of these mothers-in-law. Interestingly, the role of having a child in solidifying the women's position and sense of belonging in the new, husband's household was also brought up as an important reason for her to have a child.

R: I want her to have child within this year. My son will go to abroad and will return only after 2 years. If she gets pregnant now, then the child will be grown up at the time he returns. My daughter in law will also have a reason to live in this house. We have a joint family, we all will help her to raise the child. Right now, my son is abroad and earning so we are able to afford food. That's why I want a child soon.

I: What happens if a child is born late?

R: Here in Dehat (plain area) if you get pregnant late then people start talking . They say someone's daughter- in- law has been married for long but has not given birth, she must have some problem. If you give birth early, then everyone's mouth is shut. If a child is born then we can play with our grandchild. My daughter-in- law will also forget her sorrows looking at the child. If a child is born early then the child grows early and the family enlarges. (Nirmala's mother-in-law, age 48, literate)

Conflicting desires

However, despite young men and women's perceptions, some mothers-in-law actually had much more complex feelings about their fertility. Some mothers-in-law felt that it would be better if their daughters-in-law waited until they were older and healthier to have a child, referring to their daughters-in-laws as "teenagers" who were not ready to have children. Other mothers-in-law discussed the importance of their daughters-in-law being able to finish their educations and contribute to the household income through work. One mother-in-law believed that if her daughter-in-law was able to own on her own she could raise her children better, in addition to adding to their household income, and stated that she (the mother-in-law) could take care of the household to allow her daughter to work.

However, even some mothers-in-law who acknowledged the health risks or early childbearing, also had perceptions that society thought women should bear children early and this pressure trumped their other views about the timing of their daughter-in-law childbearing.

If they are young, then there is difficulty in giving birth to child. Excessive bleeding can occur. The child can also be lean and thin....What do I do, people talk if childbirth occurs late. It's better to give birth rather than listening to others' gossip. If people talk then you feel bad. That's why I want my daughter-in-law to give birth early. (Nirmala's mother-in-law, age 48, illiterate)

Another Mother-in-law expressed similar feelings, balancing conflicting views about waiting to begin childbearing with societal pressure. As is clear below, she personally is excited about having grandchildren, and believes that other people will begin to talk about her daughter-in-law and presume she is infertile if she does not have a baby soon.

From one point of view, if she gives birth early, I can see my grandchildren early. But if she gives birth late then her body will be fully mature and she will have strength in her body to give birth to a child, her body will be healthy. But if she gives birth early she might not have enough strength in her body. It might be difficult for both the mother and the child. If she gives birth late then the people will talk about her saying that she is infertile so she does not have any child till now. I feel that it would be good if she gives birth within a year. Also, everyone at home is able to work now. So, it will be easier to take care of the child. It will be easy to raise the child together. This is why I want her to give birth early. (Barsa devi's mother-in-law, age 62, illiterate)

Family planning use

In the quantitative data, of those that said they did not want a child at this time (N=48), most (85.4%, N=41) reported that they were using a family planning method (Table 1). Of these, 43.9% (N=18) were using condoms, 2.4 % (N=1) the pill, and the remaining withdrawal (41.5%, N=17) or periodic abstinence (12.2%, N=5). Most respondents reported that using contraception was a joint decision (82.9%), and the only woman who reported that her husband did not know she was using a method was the one woman using the pill. When asked about future family planning use, 86% reported that they planned to use family planning in the future.

In the qualitative interviews, where women wanted to delay and husbands did not, women felt powerless and men were against using contraception.

Well, I wish to give birth after 1.5 or 2 years. Also, I am just 18 what would I do giving birth to a child this soon. But my husband insists that he wants a child now... I am not allowed to go anywhere outside. I have not used any measures of family planning. My husband wants a child so he is not willing to use any methods of birth control. We have not used any family planning. (Barsa devi, age 18, 8 years of school)

Access to family planning and knowledge about what methods to use or family planning in general was brought up by a few respondents as factors impeding use. Also, a few respondents discussed husband's alcohol use leading to refusals to use condoms and religious beliefs that were barriers to family planning (almost half of the qualitative sample was Muslim).

Associations with family planning use

We next explored factors associated with current family planning use, influenced by findings from the qualitative data on the role of education, migration, and relationships. Being currently in school was strongly associated with increased odds of women currently using family planning

(OR=13.9, $p<0.000$). Having an arranged marriage (OR=0.24, $p=0.002$) and being married longer (OR=0.64, $p=0.024$) were associated with lower odds of currently using family planning. Husband planning to work abroad in the future was not associated, nor was religion, age or educational status.

Discussion

These mixed-methods findings suggest that newly married women, their husbands and even in some cases, their mothers-in-laws, are interested in delaying the first birth and not beginning childbearing immediately after marriage. Newly married women in this setting overwhelmingly report wanting to delay their first birth, however, they feel powerless to achieve this desire when faced with perceived family and husband and community pressure. However, contrary to many of their wives' beliefs, not all husbands want to conceive immediately either. This discrepancy is due to the fact that few couples discuss childbearing desires or family planning with each other. Many of these couples had only recently been married, and due to the practice of arranged marriage (about 70% of the quantitative respondents), might not know each other well enough to have these discussions. This was supported by the quantitative findings that having a love marriage was associated with increased odds of current family planning use, if we assume that couples with a love marriage might know each other better and thus be better able to communicate in early marriage. Thus, with time, some of these discussions may occur, and, past evidence has found that couples communication is associated with increased use of family planning in Nepal (Link 2011). However, longer marriage duration, which we might expect would give couples more time to talk about these issues, was associated with decreased family planning use. This may be a reflection of increasing pressure to bear children as the marriage progresses, cancelling out any benefit from time in union to get to know each other. Regardless, misperceptions clearly exist about partner's childbearing timing desires, perhaps leading to childbearing sooner than both spouses desire. Even if eventually couples will discuss desires, even a few months delay leaves open a time for a mistimed pregnancy. Our findings highlight desires to delay first birth in recently married people, and suggest this population as a key area of focus.

Family planning use was very low in our study sample, and was largely comprised of short-term methods (ex: condoms and traditional methods) – exposing them for risk of unwanted pregnancy). The most recent Demographic and Health Survey in Nepal (2016) found that modern family planning use had stagnated at 43% since the last 10 years, suggesting a need to re-strategize family planning programs (Ministry of Health and New ERA/Nepal, ICF, n.d.). The factor most strongly associated with family planning use in this study was the woman being currently in school, suggesting that being in school might provide bargaining power to women to delay the first birth. We find support for this in our qualitative findings, where all participant-types discussed the value of women being more educated to the household and her own future, and that this was a reason for delaying the first birth (and in conflict with other pressures). The non-physical aspects of “maturity”, as discussed by respondents, are likely tied closely with educational attainment (being able to have good judgment, make decisions, potentially contribute to household income).

Most young couples, both husbands and wives, feel pressured by their mothers-in-law or the broader husband's family to begin childbearing early. Young couples also felt broader pressure from society in general. However, some mothers-in-laws in fact have conflicting feelings about their daughter-in-law's childbearing timing, and seem to also feel pressured by society to

encourage early childbearing, while actually thinking that delaying the first birth could be beneficial for a number of reasons. Our findings contradict previous studies that suggested that the practice of immediate childbearing post marriage was desired by all members of the household, and especially by husbands and in-laws (if not by women) (Nepal Family Health Program II and New ERA 2010; Hossain, Phillips, and Mozumder 2007). Misperceptions about other family members or community member's views on early childbearing appear to be a driving force behind the persistence of this practice.

Past research in Nepal found some evidence of inner conflict in another topic related to childbearing—son preference—with young women wanting to reject the tradition of son preference, but feeling the societal pressure, especially due to the influence of co-residing with her husband's family (Brunson 2010). That study, however, found that the older generation of women (of the age group of the mothers-in-law in our study) did hold strong to the traditional norms regarding son preference. Our findings that even older generation women, who represent the "social pressure", are experiencing inner conflict related to the societal importance early childbearing is a new finding in this specific area, and perhaps more broadly in the field. It is possible that this is reflective of change among older generations generally, and potentially encompassing other topics accepted as immutable norms (such as on preference) or, it could be evidence of the lack of research and engagement of these important decision makers. Future research needs to consider the voices of all household decision-makers to understand why and how decisions are made, and what opportunities for intervention and change exist. Programs and policies that engage all decision-makers, and encourage individuals, households, and communities to discuss their perceptions and complex feelings could help break down the assumptions held about what "must" or "should" be done because of what others "believe".

Another important qualitative finding is that husband's planned temporary labor migration is adding pressure for all household members to circle back to the "norm" of early childbearing. Previous research in Nepal has found that temporary migration is contributing to less contraceptive use (as couples see less of a need to use longer-term methods), but also potentially contributing to fertility decline (Stash 1999; Ban et al. 2012). However, to our knowledge, this is the first study to highlight the pressure that migration puts on newly married couples to have a baby earlier than they would desire. Interestingly, our quantitative data did not find an association between husband's planned migration and current family planning use. Our question might not have adequately captured the timing of migration plans that would actually impact family planning use.

Respondents were vague about the reasons why women should have a child before her husband leaves, mentioning that she would be "lonely" otherwise. However, anecdotally, community members explained that this is to ensure that the child is actually from the husband, a fear that is so deep that it is the norm for newly married women to not be permitted to leave the house until they bear a child (50% of respondents had not left the house since marriage). Additionally, in many Nepali communities, maternal family members (her father and mother) do not eat anything in their daughter's house until she has her first birth. These two factors might be indirectly contributing to young women who would, in other circumstances, prefer not to begin childbearing soon, be more incentivized to have a baby soon in order to have more physical freedom and see their own parents. These factors also highlight another theme that arose around the importance childbearing for solidifying the new family structure, and the woman's role in her new husband's home.

This study has limitations. Both the qualitative and quantitative data were collected from one district in Nepal and therefore are not generalizable to the whole of Nepal or other countries. However, given the proximity to India and similar population characteristics, these findings are likely applicable to parts of Northern India, as well as the rest of the Terai region of Nepal. Additionally, the qualitative and quantitative samples were recruited about one year apart, and have slightly different characteristics, although no striking differences emerged. Overall, the triadic nature of the qualitative sample, along with the focus on an understudied population (newly married women and households), and the mixed methods approach makes these findings a valuable and novel contribution to the literature.

Conclusion

Our findings suggest that, despite the predominant view of norms for immediate childbearing after marriage, there may in fact be a window to delay the age at first birth, and respond to individual desires by providing family planning services to newly married couples. Family planning programs should actively provide family planning to newly married couples, even longer-term methods like IUDs. However, competing pressures to bear a child early due to husband's migration, are more complex. Migration may be impacting fertility, especially timing, in this setting in previously undocumented ways. Given that childbearing timing in this setting is often a household level decision, facilitating conversations early in marriage for all household members may be key to couples being able to time (delay) their pregnancies in the way that they desire. Finally, addressing community level norms about the importance of early childbearing, and encouraging community leaders who may believe in the value of delaying the first birth to speak openly about this could help assuage fears and dismantle misperceptions about the broader community's views on early childbearing. If more people in communities were aware that their neighbors, friends, leaders, and family members, also had shifting and broader views about delaying the first birth, newly married women and men might have the opportunity to have their first births when they want them (later), potentially opening the door for increased education or labor force participation, or more time to build relationships (between couples, as well as with the larger household) and feel ready to form a family.

Table 1: Demographics of the qualitative and quantitative samples

	Qualitative			Quantitative
	Newly Married women	Newly married husbands	Mothers-in-laws	N(%)
Age: mean (range)	19 (18-22)	23 (18-31)	48 (36-63)	20.5 (19-25)
Education				
Illiterate/informal	1	0	13	8 (4)
1-5/literate	6	3	6	25 (12.5)
6-8	5	4	0	29 (14.5)
9-12	7	8	1	108 (54)
More than 12	1	4	0	30 (15)
Ethnicity/religion				
Muslim	8	8	8	17 (8.5)
Madhesi/HINDU	12	12	12	172 (86)
Other	-	-	-	11 (5.5)
Occupation				
Homemaker/unemployed	16	3	8	114 (57)
Student	4	3	0	58 (29)
Agriculture/daily wage	0	3	10	0
Small business/teacher/other	0	11	2	28 (14)
Husband Migration Status				
Never				94 (47)
Past				10 (5)
Current				54 (27)
Planned				42 (21)

Table 2: Survey responses to fertility related questions (N=200)

	No.	%
Ideal Time Between Marriage and First Child		
Less than 1 year	26	13
From 1 to 2 years	110	55
From 2 to 3 years	37	18.5
From 3 to 4 years	15	7.5
More than 4 years	9	4.5
Don't know	3	1.5
Discussed with Husband How Many Children Desired		
No	115	57.5
Yes	85	42.5
Number of Children Husband Wants Compared with Number Wife Wants		
Same number	73	85.9
More children	6	7.1
Fewer Children	6	7.1
Inconvenient to Have Another Child Right Now		
No	140	70
Yes	58	29
Not Sure	2	1
What Participant Would Do if Pregnant		
End the pregnancy	10	17.2
Have the baby	38	65.5
Don't Know	10	17.2
Currently Using a Contraceptive Method (of those who do not want a child at this time)		
No	7	14.6
Yes	41	85.4
Current Contraceptive Method (1 or more)		
Pill	1	2.4
Condom	18	43.9
Periodic abstinence	5	12.2
Withdrawal	17	41.5
Husband Knows that Respondent is Using Family Planning		
No	1	2.4
Yes	40	97.6
Whose Decision to use Contraception		
Mainly respondent	2	4.9
Mainly husband	5	12.2
Joint decision	34	82.9
It is wrong to use contraceptives or other means to prevent pregnancy		
Strongly agree	8	4

Agree	27	13.5
Are neutral	8	4
Disagree	32	16
Strongly Disagree	125	62.5
Will use a Contraceptive Method in the Future		
No	18	9
Yes	172	86
Don't know	10	5

Table 3: Factors associated with any current family planning use

	Odds Ratio (Standard error)	p-value
Age (in years)	0.89 (0.11)	0.290
Education (in years)	1.12 (.10)	0.200
Currently in school (yes/no)	13.90 (7.96)	0.000
Religion (Hindu vs others)	0.32 (0.22)	0.096
Marriage type (arranged vs love)	0.24 (0.11)	0.002
Length of marriage (in months)	0.64 (0.12)	0.024
Husband planning to work abroad	0.49 (0.27)	0.200

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