Why Gender Transformative Programs on Contraceptive use should focus on Early and Middle Adolescents?
A Mix Methods Evaluation Study from Rural India

Introduction and Objective:
The demand for contraception to delay first pregnancy is high but largely unmet among young married rural women in India (NHFS, 2015-2016). Gender and cultural norms in India discourage contraceptive use early in marriage, and girls and women have limited reproductive decision making autonomy (Santhya and Jejeebhoy, 2014, ICRW, 2012). Boys and young men's gender attitudes on family planning have a strong influence on contraceptive use. Engagement of men is highly recommended to help contend with the gender issues and masculinity norms around contraceptive use and early child bearing (Mishra et al., Reproductive Health 2014). However, there are very few interventions that engage boys and young men along with girls to promote partner support and gender equity in family planning programs in India (Anita Raj et al, Reproductive Health, 2016). In light of this limitation, a community based intervention was developed using gender transformative approach (engaging with both boys and girls) for delaying first pregnancy among most marginalized adolescents in selected districts of Rajasthan and Madhya Pradesh where prevalence of child marriage is high among both girls and boys (between 56-62%) and unmet need for family planning among is very high (between 25-30%) (NFHS, 2015-2016, DLHS, 2007-2008)

This paper presents baseline evaluation findings to inform this community based intervention using a mixed method approach. The specific objectives of the paper are: 1. to explore gender variation on knowledge, awareness and use of contraceptive and early fertility preference and, b: to examine gender attitudes and cultural norms associated with contraceptive use, c: to identify determinants for contraceptive use among adolescent boys and girls in rural India.

Data and Methods
Survey data was derived from a household survey from a quasi-experimental study conducted in rural communities in Rajasthan and Madhya Pradesh with high prevalence of early marriage and adolescent pregnancy. The population of the study covered married adolescent girls and boys aged 14-21 years. Two districts from each state were selected. A stratified random sampling procedure was adopted in selecting blocks; and villages from each block on the basis of proportion of socio-economically weaker subgroup population (SC/ST, poverty etc.) Married adolescents constituted 33% of total study population in which more than 30 % were Scheduled Tribes (ST). This paper is based on the subsample analyses of married adolescents living in marital home aged 14 to 21 (N=407). Survey data assess the determinants of contraceptive use among men and women.

Quantitative Methods
Bivariate percentage distribution by caste and gender (Chi test) and Logistic regression is used to model the effects of selected covariates on contraceptive use. Logistic regression was also used to assess the main effects and interaction effects. Interaction effects were tested by including the cross-product in the regression model that included the two corresponding main-effects (age and selected gender statement and between education and selected gender statement).

Qualitative Methods
A total of 40 in-depth interviews and were conducted among married boys and girls their parents (fathers and mothers) and health workers. Data was organized using Atlas-ti software following a deductive content analysis approach. Themes emerging during review of the transcripts were sorted and grouped according to key categories.

Results:

The study districts are marked by high rates of child marriage among both girls and boys. More than two-thirds (70%) of girls and more than half of boys (58%) are married before their legal age. Gender gaps in knowledge exist about modern contraceptive methods among boys and girls. High majority of girls were aware of oral contraceptive pill, however only one fourth of girls were aware of condoms (chi, $p<0.001$). Bivariate results indicate significant association between fertility preference (intentions for early child bearing) and gender (chi, $p<0.001$). More adolescent boys (68%) expressed desire for having a child within one/two year of marriage than girls (26%). Despite this contraceptive use among women was less (10%) than boys (20%), indicating less decision making of women towards contraceptive use. The exposure to media through mobile/internet was less among girls (51%) as compared to boys (64.5).

Table 1: Selected demographic characteristics, knowledge on contraception and pregnancy, reproductive preferences and contraceptive use among girls (255) and boys (152) aged 14 to 21

	Girls	Boys
Mean age at marriage	14.48	16.41
Mean age at *Gauna* (cohabitation)	16.67	17.13
Knowledge/Awareness on pregnancy ***		
Knew that a girl can become pregnant on the very first time she had sexual intercourse	48%	53%
Awareness of any modern contraceptive methods		
Oral Contraceptive Pill ***	88.2%	73.7%
Condom***	25.9%	61.8%
Contraceptive use		
Currently using any method **	11%	20.4%
Reasons for not using* **		
Lack of knowledge	20%	24%
Planning to conceive	21%	70.9%
Fear of side effects	13%	2%
Spouse opposed	6.8%	1%
Planning for child* **		
Within one year	16%	20%
Within two year	9.4%	48.2%
Don't know/Can't say	37.3%	.7%
Exposure		
Mobile/ Internet**	51%	64.5%
Note: Chi test *p<0.05, **p<0.01, ***p<0.001;		

Gender Attitudes towards Contraceptive Use:

We examined gender attitudes of boys and girls to understand gender and cultural barriers in decision making towards contraceptive use. Overall, the findings highlight that men perceive that they have greater role and family support in decisions to use to contraceptive than women. Majority of boys (67.1%) strongly agree that '*It is the man who should decide whether to use contraceptives*' this was perceived by less than one-third of women (31%) (chi<0.001). Similarly, cultural and family norms are stringent more for girls than boys. Less than 10 per cent girls said that their *family will approve use of contraceptives* whereas this was said by more than 40 per cent of boys (chi<0.001). The gender differentials are very pronounced with regard to internalised shame for couple

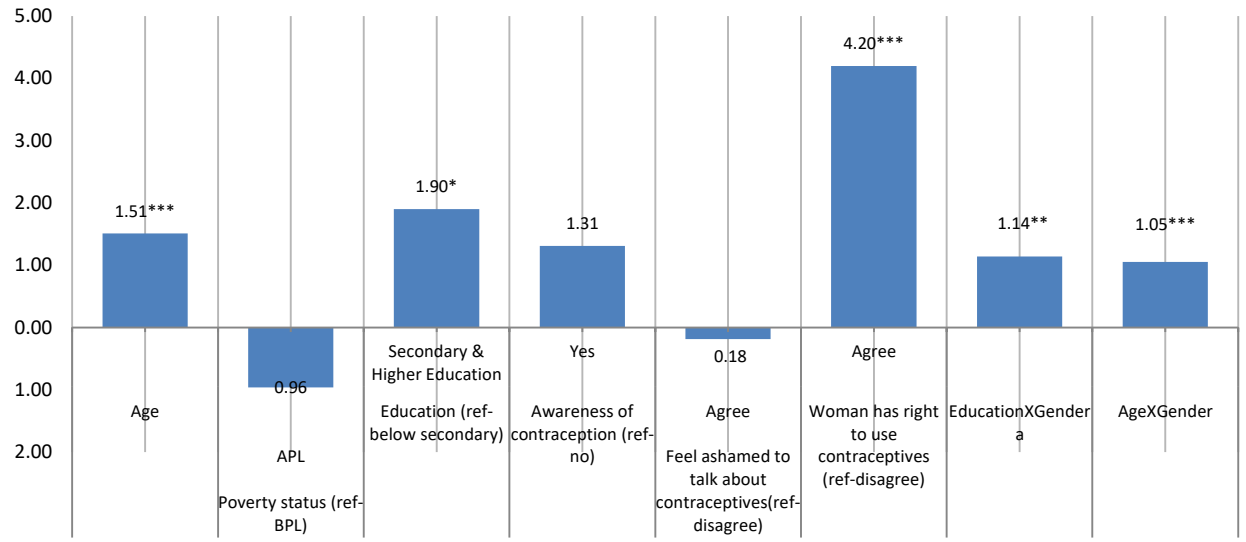
communication regarding contraceptive use. A high majority of girls (40%) strongly agreed that they *feel ashamed to discuss contraceptives with their husband* than boys (11%) (chi<0.001). Also, more women than men strongly support women's rights use contraceptives.

Table 2: Gender attitudes and Perceptions towards contraceptive use among child couples			
	Girls (N=255)	**Boys (N=142)**	
Statements	Agree	Agree	P-value
I would feel ashamed to talk about contraceptives to my partner	40.4 %	11.8%	<0.001
It is the man who should decide whether to use contraceptives	31.8%	67.1%	
Woman can suggest using contraceptives just like a man	72.2%	41.4%	<0.001
A woman has the right to use contraceptives, even if her husband doesn't agree	26%	8.6%	<0.001
Husband should have greater say in taking **decisions** to use contraceptives	3.8%	25%	<0.001
Family will approve of modern contraceptive methods adopted by a couple	8.9%	41.4%	<0.001

Adjusted Model: Logistic Regression for Contraceptive Use

The likelihood of contraceptive use among married adolescents was most influenced by gender equitable attitudes supporting women's decision making and couple communication for contraceptive use. As shown in figure 1, after controlling for caste, district, media exposure, adolescent girls and boys who stated that *'Women has a right to use contraceptives even if her husband disagrees'* were four times more likely to use contraceptives. Similarly, those who agreed with statement that *'I would feel ashamed to talk about contraceptives to my partner'* were 80 per cent less likely to use contraceptives than those who disagreed with these statements. Contraceptive use was significantly associated with age; it increased by 50 % with every year of increase in age of adolescent (p<0.001). Results also suggest that higher level of education was influencing contraception use among adolescents (OR=1.9, p<0.1). However primary and secondary education did not make any difference. Interaction analyses also revealed that the odds of contraceptive use was significantly increased with higher age along with higher perception of gender equality norms on family planning (OR=1.05, p<.001).

Figure 1.Odds ratio from Logistic regression of Contraceptive Use controlling for caste, district, exposure



* Significant at P<0.1
** Significant at P<0.001
a: woman has right to use contraceptives if her husband disagrees.

The qualitative investigation also confirms and explains various gender and cultural factors influencing contraceptive use to delay first pregnancy among married girls and boys in study areas. Women's decision making to use contraceptives is influenced most by her husband and also marital family. Many women shared that there is a strong family pressure on them to conceive early especially for the first child. As shared emphatically by a married tribal girl (19):

I: What will you do if you don't want to have a child now?
R: I/my husband will have to use birth control methods
I: Will you face any difficulty in using contraceptives?
R: My in-laws can stop me; they will say we want to have a grandchild now
I: What will you do? What support would you need?
R: would definitely need my husband's support to refuse to have any child now. If my husband wants then then I will have to conceive and deliver a child, and if he doesn't want then I will not conceive

From the interviews it emerged that girls were under pressure to prove their fertility and many did not have demand for contraception. The early preference for the first child after marriage and its negative consequences on women was also spoken by many boys and health worker too….

I think that the first child should be borne early. One year is enough to conceive a child after marriage. If a child is not born in one or two years then it's a problem. The woman is taunted as infertile (baanjh), and is taken to doctors, priests and temples, and is sometimes abandoned also.
Married boy (19 Y), Scheduled Tribe

Mostly no girls take any pill or use any method to delay first pregnancy. Why will she take it? For the first child no contraceptives is used (no pill is taken). First child everyone wants in one or second year
Community health worker (Female, 34 Y)

Spousal communication about contraceptive use was found limited. Few married girls expressed that not wanting to have child in the first year of marriage; however could not talk to their husband.

I want to have child after 2 years but my husband wants to have the child now. I have not spoken to him about when to have first child. In our family we do not have such conversations with husbands.
Married girl (Scheduled Tribe, 17)

Some adolescent boys also said that they were averse to using contraceptive methods or condoms. As shared by a married tribal boy (18 years): *No I have not used condom, and I also don't know how to use it. In fact I will never use, I looks horrible to me.*

Note: Further quantitative analysis of gender attitude by younger and older age cohort of adolescents for family planning and contraceptive use is on-going, and also qualitative analysis.

Discussion and Conclusion:

Early and middle adolescents are at an influential age, but few gender-focused programs have specifically tried to reach them. The preliminary findings suggest that gender attitudes among younger boys are a cause of concern. More boys have worse attitudes than girls regarding women's decisions making towards contraceptive use. Older adolescents with higher perception of gender equality norms on family planning were more likely to use contraceptives than younger adolescents with low perception of gender equality. With these findings, family planning programs should consider targeting boys (especially younger adolescents) in both school and community settings to shift gender norms towards greater equitability for promoting couple communication and partner support. Equally critical is to build communication skills of girls (esp. younger ones) so that they are able express fertility preferences and demand contraceptive use.