



Marital and Fertility Decision-making

The Lived Experiences of Adolescents and
Young Married Couples in Andhra Pradesh
and Telangana, India

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The images throughout our publications are of children living in circumstances and communities similar to the children within our study sample. © Young Lives 2018.

Research highlights

- Adolescent girls continue to have limited choice in who and when they marry.
- Sex education in schools is failing young people.
- Adolescent girls and their spouses enter marital life with limited knowledge about modern contraceptive choices.
- Although contraceptive options are available, they are not reaching the young married couples who want or need them.
- Contraceptive use is very low among young married couples.
- Sterilisation of women in their early twenties is common after they have had children.
- Boys and young men are marginalised from sexual and reproductive health services.
- Although girls who marry in early adolescence are particularly vulnerable, marrying over the age of 18 does not guarantee improved freedoms and choice in marital and fertility decision-making.

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Executive summary

Adolescent girls continue to have little say in who and when they marry or the timing of their sexual debut. Even after marrying, other people garner considerable authority over young women's bodies, roles and reproductive trajectories. Major decisions affecting their reproductive health and trajectories are made by, in consultation with, or in consideration of significant others in their lives – their husbands, in-laws, natal families and health workers – and in light of the perceived role of destiny in determining fertility fates. Improved access to schooling is not translating to improved reproductive choice. Girls alone will not shift the entrenched norms and economic conditions that contribute to their social marginalisation. Strategies must include girls and boys, their families, other gatekeepers, and their wider communities. Girls and women's social value needs to be broadened beyond their roles as wives, mothers and mothers-in-law.

One in three girls married in childhood worldwide live in India.¹ The timing of childbearing is linked to the timing of marriage, so that marrying young increases the likelihood of early childbearing.² In India, as elsewhere, the main focus is on the prevention and delay of girls' marriage under the age of 18. India's government has a long history of legislating, policymaking, and programme development to affect and improve child marriage and adolescent sexual and reproductive health (SRH) outcomes. However, the pace of change is slow. Much less attention is directed toward understanding the everyday lives of adolescent married girls in the early phases of marital life, including their capacity to negotiate decisions affecting their fertility outcomes and their reproductive trajectories over time.

This report presents findings from a qualitative sub-study exploring adolescent girls and young couples' experiences of marital and fertility decision-making in two southern Indian states (Andhra Pradesh and Telangana). Andhra Pradesh and Telangana are among the top states reporting high adolescent fertility: 12 and 11 per cent of young women age 15-19 in Andhra Pradesh and Telangana, respectively, were already mothers or pregnant when surveyed in 2015/16.³

This research was carried out as part of Young Lives, a longitudinal study of childhood poverty that traced the life trajectories of 3,000 children (in two age groups) and their households located in these states, over a 15-year period. By age 18, around 30 per cent of girls in the Young Lives study had married, and 23 per cent of these married girls had also become mothers.

The study objectives were:

- Generate rich qualitative information about early experiences of marital life.
- Deepen understanding of the influencers of fertility decisions among young married couples.
- Ascertain the services and support available to married young women and couples.
- Produce research findings for use by policymakers that amplify the views and opinions of marginalised girls and women.

Overall findings

This report highlights the mutually reinforcing influences of families, service providers, economic circumstances, and gendered cultural and social expectations that shaped and constrained the agency and choices of girls and young women as they moved from being 'daughters' to 'daughters-in-law', 'wives' and first-time 'mothers'.

1. Gender-age norms discourage adolescent girls before and after marriage from seeking out information about sexual and reproductive health. Girls are deterred by the fear that asking about sex would be an indication of sexual interest and therefore a risk to their social reputations. The stakes are high for unmarried girls who risk accusations of misconduct, since girls and young women rely heavily on the protection provided by their households, and girls' future well-being is intertwined with their marriageability.
 2. Schools were a potentially important platform for communicating information about family planning and reproductive health to adolescents prior to marriage, particularly for those who stayed in school until Grades 8, 9 and 10. In practice, the quality of teaching (as well as young people's retention of information covered in lessons) was very low. Little to no information appears to have been taught about forms of contraception.
 3. The actual experiences of married life differed among our participants; some enjoyed improved standards of living, increased independence, and a greater sense of being cared for and supported. For others, marriage entailed the weakening of social ties to home and constrained physical mobility, so that their well-being in the transition to marital life pivoted critically on the protection, patience and consideration of husbands and in-laws. The most vulnerable young women were those who failed to fulfil their expected marital roles (e.g. housework, bearing the right number and correct sex of children) and who lacked a strong network of social support. Although the vulnerability of girls who married in early adolescence was particularly acute, marrying over the age of 18 was not a guarantee of improved freedoms and choice in marital and fertility decisions.
 4. Most newlyweds transitioned to marital life with limited knowledge of sex or contraception. For girls, this lack of knowledge underpinned narratives of first sexual encounters characterised by feelings of being frightened, unknowledgeable, powerless, and with no one to turn to. Most couples had had limited verbal exchanges prior to and during their wedding ceremonies, and there was not open discussion about their individual expectations for the first night or for their longer-term fertility preferences. Young married couples reported that during the early phase of marital life they did not use or discuss contraceptive options, and none of the couples reported using contraception during their first sexual encounter. Most couples did not use contraception between the time of their first sexual encounter and the time of their first pregnancy either. Low contraceptive awareness combined with strong social expectations to conceive within the first year of marriage meant most couples did not use modern contraception, including couples who expressed a preference for waiting at least a year before having their first child.
 5. Several barriers impeded young married couples' capacity to make informed fertility decisions, particularly in the early phases of marital life. Poor communication, imbalanced power relations, misconceptions about birth control, and cultural beliefs were some of the main types of barriers affecting couples' fertility decision-making and mediating their access to services. Concerns about encountering fertility problems in the future as a result of using birth control or accessing abortion were particularly influential. In this study, women were somewhat more likely to make suggestions about family planning with their spouses, though they never made the final decision. Husbands' (and other family members') concerns over the potential long-term effects on women's chances of conceiving often over-rode women's desires to delay becoming pregnant. Negotiating family planning was commonly a family affair, and even when couples were in agreement regarding their fertility preferences, they were highly influenced by the opinions of senior family members.
 6. Individuals' and couples' attitudes and actions were dynamic across the early years of marital life, particularly in response to changing circumstances, such as the birth of a child, ill health, and the availability of childcare. Prior to confirming their first pregnancy, the space for fertility
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decision-making was relatively constrained; communication between couples was limited and interaction with services was weak. However, subsequent to pregnancy and childbirth, there was an increase in the intentionality in couples' actions to shape fertility outcomes. In general, communication opened up between husbands and wives on matters that were previously too embarrassing or taboo to discuss.

7. Spacing births was widely acknowledged to make life easier on parents. Considerations around the timing of a second child were influenced by whether their household circumstances could support a second child, including whether they could afford to expand their family and whether they could count on mothers and in-laws to provide care. Giving a gap was for some couples a way to protect young women and to prevent worsening of their health, particularly following caesarean births, which were common in the study communities. Despite widespread consensus on the benefits of spacing children, most couples did not use contraception, and, by far, couples' preferred method for creating a birthing gap between their first two pregnancies was to abstain from sexual contact.
8. There was a strong preference among young couples for having two children, ideally one girl and one boy, followed swiftly by sterilisation. Son preference did not appear prominent among the younger married generation (in contrast to views sometimes held by older family members), with many couples explaining that they did not mind whether they had sons or daughters, and some specifically hoped for girls – particularly where there had been a limited number of girl children born in the wider family. There was overwhelming consensus about getting sterilised after the second child, an option supported frequently by both younger and older generations. We heard of no husbands getting sterilised; the norm substantially rests on female sterilisation, with the main incentive being to avoid costs associated with having a third child.

Conclusions

The realities

- This study confirmed the importance of supporting girls across the life course and through particular periods of transition, from being students and daughters, to becoming wives and mothers, each change in status introducing the potential for new risks, vulnerabilities and opportunities. Targeting child marriage in isolation does not address other areas of girls' and young women's lives where they lack agency, and efforts to improve married young women's roles in fertility decision-making need to begin well before those decisions are made, enhancing girls' status and the spaces in which they can exercise their agency, prior and leading up to marriage.
 - The well-being and mental health of married adolescent girls require urgent attention. Young women's personal accounts of sexual debut included the portrayal of non-consensual sexual relations involving young, frightened, poorly informed adolescent girls. In the transition to married life, their main duty was submission – to husbands and in-laws, and to cultural convention; compliance and conformity were among their few coping strategies.
 - Adolescent boys and young men were marginalised from sexual and reproductive health services and information access, since most services were aimed at young women who were assigned the responsibility to communicate pertinent information to their husbands. Yet husbands wielded greater fertility decision-making power compared to their wives, including on matters directly relating to women's bodies, such as female contraception, childbirth, abortion and female sterilisation.
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- Young couples were poorly served by healthcare providers, with few options for family planning beyond sterilisation. Those who had difficulty conceiving had almost no access to support or information, despite the personal cost to them.

The promises

- Although girls' and young women's social roles remain largely limited to those of wife, daughter-in-law and mother, young people's preferences appear to have changed away from early childbearing and son preference. Yet social pressures exerted on newlywed couples to prove their fertility early on in their marriage and to produce a male child do not appear to have diminished for the younger generation. We need to better understand how to support those adolescents, couples, families and communities who are willing to change, so that breaking a social norm does not lead to shame or social isolation.
- Patriarchal and gerontocratic norms persist in situating adolescent girls on the lowest rungs of power within their households both before and after marriage, affording them limited say in important decisions affecting their current and future well-being. Girls alone will not shift the norms that contribute to their social marginalisation, and entrenched gender norms continue to influence young women's reproductive choices and trajectories after marriage. Cultural norms governing communication between genders and generations need to shift in ways that improve dialogue across more and less powerful social groups.
- Schools are a promising platform for breaking down some of the fundamental communication barriers observed in this study. It is important that a full suite of topics related to sexuality, consent, relationships and contraception are covered prior to marriage in ways that are culturally-, gender- and age-sensitive, that the value of imparting this information is understood by adolescents, teachers, families and communities, and that out-of-school youth have alternative ways for accessing this information.
- Increased agency of highly educated girls was more a question of degree rather than a foregone certainty. No matter their educational attainment, nearly all married couples in the early phases of marital life found it very difficult and embarrassing to discuss sex, fertility preferences and contraception.

Life does not end for girls who marry or who become mothers in childhood. It is crucially important to pay attention to the lived experiences of married adolescent girls, young mothers, and their partners, to better understand what motivates, weakens and supports their marital and fertility decision-making. This includes respect for their diverse experiences, motivations and aspirations. Programme interventions aimed to improve fertility decision-making among young married couples should reflect the hopes that married young women have for themselves and their families but that they may feel are out of reach. Practical assistance with childcare, flexible schooling, training and livelihoods, and good quality health care, should be part of efforts to support the well-being and reproductive health and rights of married young women.



**Part One:
Introduction and background**

1. Introduction

This report presents findings from a qualitative study exploring married adolescent girls and young couples' experiences of fertility decision-making in the context of early marital life, in two southern Indian states (Andhra Pradesh and Telanaga).⁴ The research was carried out as part of Young Lives, a longitudinal study of childhood poverty that traced the life trajectories of 3,000 children and their households located in these states, over a 15-year period. By age 18, around 30 per cent of girls in the Young Lives study had married, and 23 per cent of these married girls had also become mothers.

The young women who participated in this study lived the whole of their adolescence under the Millennium Development Goals (MDGs) which promised them improvements in education, health and gender equality. They are part of the largest cohort of young people (aged 10-24 years old) in human history. In India, young people aged 10-24 years represent around one third of the country's population, and United Andhra Pradesh claims one of the largest female adolescent populations in the country.⁵

Compared to their mothers and grandmothers, this generation of young women are transitioning to adulthood while being better educated and in better health, and they are marrying and starting their families later. Cultural definitions of childhood and the place of schooling, marriage and parenthood within this life phase are in flux. Indeed, the social norms influencing how young people start their sexual and married lives are changing,⁶ but these changes are uneven and the pace of change is slow. In many contexts, adolescent girls continue to have little say in who and when they marry or the timing of their sexual debut. Even after marrying, other people garner considerable authority over young women's bodies, roles and reproductive trajectories.

What we have learnt from the girls and young women in this study is that their well-being and sexual and reproductive health are deeply intertwined with their social relationships and the hierarchies of power that underpin them. Major decisions affecting their reproductive health and trajectories are made by, in consultation with, or in consideration of significant others in their lives – their husbands, in-laws, natal families and health workers – and in light of the perceived role of destiny in determining fertility fates.

The conceptual framework of the study reflects a socio-ecological understanding of these multiple and interacting layers of influence that shape individuals' lives, life chances and trajectories across the life course, from the personal and familial, through to the social, economic, political and historical.⁷

The data generated through the current study are rich in biographical detail; however, the study did not focus on adolescent married girls and young women in isolation. We also sought to capture the views of husbands, senior family members and service providers; their involvement in the research reflected our interest in the everyday influences on decision-making processes affecting young women's well-being in the context of their marital and reproductive lives.

1.1. Organisation of this report

The report is organised in four parts. **Part One** includes this introduction and provides a summary of child marriage and adolescent fertility trends at global, national and state levels, as well as of the legal and policy framework in India. **Part Two** moves into the current study – its research design, sample and methodology, and a snapshot of Young Lives survey findings on marriage and fertility – providing a broad context in which to situate the qualitative research findings that follow. **Part Three** presents findings from the qualitative study and gives voice to the lived experiences of married girls, young women and couples. The findings section is organised

to reflect young women's marital and reproductive trajectories across time, beginning with life before marriage and marital decision-making, then to the transition to marriage and sexual debut, followed by fertility decision-making in the early phase of marital life, on to childbearing and beyond. **Part Four** concludes the report with key reflections and implications for improving young people's sexual and reproductive health and rights.

2. Background

2.1. Adolescent pregnancy and childbirth are major global health concerns

Ninety-five per cent of adolescent pregnancies occur in developing countries, where nearly one in five adolescent girls become pregnant before the age of 18.⁸ Early childbearing is associated with a multitude of social and health risks for young mothers and their babies, including greater maternal and infant mortality rates.⁹ Early and closely spaced pregnancies affect the capacity of young mothers to continue in or return to school, limits their economic opportunities, and threatens their sexual rights and health, thus contributing to intergenerational cycles of poverty and gender inequality early in the life course.¹⁰ Becoming a first-time mother at a young age enlarges adolescent girls' fertility span, and young married women (15-24 years old) are less likely to use contraception and maternal health services compared to older women (25-29 years old).¹¹ Evidence from India suggests that younger adolescent pregnancies (under 16 years old) are at higher risk of negative reproductive health outcomes when compared to older adolescent pregnancies, such that negative outcomes for older adolescent mothers have less to do with biology and more to do with poverty and poor quality services.¹² Such age-disaggregated findings indicate the need to take into account the varied risks and experiences among the female adolescent population.

2.2. Child marriage and young married couples

Most adolescent pregnancies in developing countries occur within marriage,¹³ although there are likely to be data gaps due to the social stigma associated with childbirth outside of wedlock. The combination of married adolescent girls' 'age, lack of education, limited social agency, power imbalance and inadequate negotiation skills in their marital relationships and their economic dependence trap them in a cycle of poverty with rapid and repeat childbearing'.¹⁴

Global campaigning to delay and prevent child marriage is motivated by a range of related concerns: child protection, rights, health, human capital, empowerment and gender equality. The elimination of 'child, early and forced marriage' by 2030 is one of the targets (number 5.3) of the Sustainable Development Goal (SDG) on gender equality. SDG 3 on health aims to ensure universal access to sexual and reproductive healthcare services, including for family planning. Family Planning 2020 (FP2020) is a global partnership that 'supports the rights of women and girls to decide, freely, and for themselves, whether, when, and how many children they want to have,' with an important focus on adolescents, youth and family planning.¹⁵

While considerable attention is given to the delay and prevention of child marriage, young married couples remain overlooked by policies and are not being reached by programmes.¹⁶ Reproductive health programmes have traditionally focused on adult married women to the relative neglect of young married women and couples. Similarly, supporting young couples to delay their first pregnancy is a neglected area compared to the greater focus on birth spacing among adult married women.¹⁷

2.3. The Indian context

One in three girls married in childhood worldwide live in India.¹⁸ The trend for child marriage is declining at the national level, although the pace of change is slow,¹⁹ and the absolute number of girls marrying before the age of 18 is still significant (with 12.1 million child marriages reported by the 2011 Census of India).²⁰ A recent report analysing 2011 census data found that the median age of marriage for both women and men increased between 2001 and 2011: for women, from 18.2 to 19.2 years and for men, from 22.6 to 23.5 years.²¹ In 2011, around 20 per cent of adolescent girls were married by the age of 19, compared to 5 per cent of boys; 12.9 per cent of the girls got married between 10-17 years.²²

Child marriage 'adds a layer of vulnerability to women that leads to poor fertility control and fertility-related outcomes, and low maternal health care use';²³ it hinders educational attainment, weakens peer relations, restricts geographical mobility and increases the risk of marital violence for girls.²⁴

Although the legal age of marriage for girls is 18 years old, 22 per cent of all Indian young women reported to already have given birth by that age.²⁵ Social norms discourage a long gap between marriage and first childbirth, and the expectation is for newlywed couples to conceive their first child one to two years into marriage.²⁶ Owing to imbalanced power relations based on sex and age, adolescent married girls find it difficult to counter pressures from in-laws and husbands to become pregnant,²⁷ and uptake of modern contraception by those who marry in adolescence is low.²⁸

Married young women do not have autonomy over decisions affecting their reproductive health and trajectories. A study by Godha and colleagues (2013) found that only 40 per cent of married 15-19 year olds said that they had sole say over their own health care or made such decisions jointly with their husband; the remaining 60 per cent reported that their health care was not in their control.

2.4. Andhra Pradesh and Telangana

According to the 2011 Census, the incidence of child marriage of girls and boys in United Andhra Pradesh is higher than the national average.²⁹ The latest state-level NFHS-4 data from 2015-16 show that 36.2 per cent of women age 18-29 in Andhra Pradesh were married by age 18, and 30.8 per cent in Telangana – both higher than the 27.9 per cent national average for India.³⁰

Marriage below age 18 was more prevalent among girls in rural areas – 38.9 per cent of women age 18-29 were married by age 18 in rural Andhra Pradesh compared to 30.4 per cent of those in urban areas, and 40.1 per cent of those in rural Telangana compared to 21.2 per cent in urban areas.³¹ Moreover, rural young women had a greater percentage of births among 15-19 year olds – in Andhra Pradesh, 13.2 per cent of rural 15-19 year olds were already mothers or pregnant, compared to 8.8 per cent of those in urban areas, and in Telangana, the figures were 13.8 per cent for young women in rural areas compared to 6.5 per cent of those in urban.³² Likewise, among men age 25-29, marriage below 21 years old (the legal minimum age for boys) was more prevalent among those in rural areas, compared to their urban counterparts (18.9 per cent and 22.9 per cent in rural areas for Andhra Pradesh and Telangana, respectively, compared to 9.3 per cent and 12.7 per cent in urban areas).³³

Andhra Pradesh and Telangana are among the top states reporting high adolescent fertility: 12 and 11 per cent of young women age 15-19 in Andhra Pradesh and Telangana, respectively, were already mothers or pregnant when surveyed in 2015/16.³⁴ Analysis of the District Level Household and Facility Survey (DLHS-3) carried out between 2007-08 covering all districts in India showed that only 6 per cent of currently married adolescent women (15-19 years) in United Andhra Pradesh reported using any form of contraception.³⁵

Andhra Pradesh has the highest rates of female sterilisation in India, with 65.6 per cent of currently married women age 15–49 years in Andhra Pradesh, and 54.9 per cent in Telangana, reporting sterilisation, compared to an all-India rate of 35.7 per cent.³⁶ The gender disparity is enormous, as only 0.6 per cent of men in Andhra Pradesh and 1.6 per cent of men in Telangana were sterilised.³⁷

3. Policy and legal context

3.1. Law

India's government has a long history of legislating, policymaking, and programme development to affect and improve child marriage and adolescent sexual and reproductive health (SRH) outcomes. Some of the key pieces of law are summarised here, making use of more detailed work by UNICEF (2011) and DASRA (2017), as well as a mapping exercise conducted by Young Lives in 2015.

Marriage for girls below the age of 15 and boys below 18 has been prohibited in India since 1929, under the Child Marriage Restraint Act (CMRA). Since then, age limits have been raised to 18 for girls and 21 for boys. However, CMRA faced criticism for its low prosecution rate and weak implementation and was replaced in 2006 by the Prohibition of Child Marriage Act (PCMA). This increased sentencing options for those convicted of contracting, performing, directing, abetting or solemnising a marriage with a child. It also provides that a child marriage can be annulled at any time up to two years after the child obtains their majority – that is, 20 years old for a girl and 23 for a boy.

The giving, taking or abetting of dowry has been prohibited since the Dowry Prohibition Act of 1961, though it still allows for 'presents which are given at the time of a marriage to the bride ... [or] to the bridegroom (without any demand having been made in that behalf)'.³⁸ Under a variety of acts, registration of marriages was compulsory for all apart from Hindu marriages (under the Hindu Marriage Act 1955), until recently when the Supreme Court directed all states to create rules for the compulsory registration of marriages, irrespective of religion.

With regards to sexual and reproductive health, DASRA highlight the key role played by the Right of Children to Free and Compulsory Education Act 2009 in ensuring and encouraging access for children aged 6-14 to public schools. In theory, this could facilitate 'the dissemination of accurate and relevant SRHR information to youth across India',³⁹ although this is not currently occurring in practice. Other key pieces of legislation regarding adolescent sexual and reproductive health and rights include the Protection of Children from Sexual Offences Bill (2012) and the Preconception and Pre-natal Diagnostics Techniques Act (1994) which sought to reduce sex-selective abortion and thus address declining sex ratios across Indian states (with long-term implications for son preference and gender discrimination).

More recently, in 2017, the Supreme Court ruled that sexual intercourse or sexual acts with a minor (girl under 18 years old) should be considered rape, reading down Exception 2 to Section 375 of the Indian Penal Code, 1860, which previously held that sexual acts committed with a girl aged 15 years or above would not be considered as rape if she were married to the perpetrator.

3.2. Policy

Table 1 shows the national policies of relevance to child marriage and adolescent SRH, compiled as part of a Young Lives mapping exercise in 2015.⁴⁰

Table 1. National policies relevant to child marriage and early childbearing, 2000-16

Policy	Relevance to child marriage/early childbearing
National Population Policy, 2000	Aimed to achieve 100 per cent registration of births, deaths, marriage and pregnancies by 2010.
National Policy for Empowerment of Women, 2001	Conceived to introduce interventions and special programmes to encourage delaying the age of marriage so that by 2010 child marriage was eliminated.
National AIDS Prevention and Control Policy, 2002	Aims to promote a better understanding of HIV infection and safer sex practices among the young.
The National Youth Policy, 2014	Emphasises the multiple needs of the young and identifies 11 priority areas and multipronged actions, with specific strategies to address the needs of adolescents in a holistic manner.
National Plan of Action for Children, 2005	Aimed to achieve 100 per cent registration of births, deaths, marriages and pregnancies by 2010, elimination of child marriages by 2010, and stopping the sale of children and all forms of child trafficking, including for marriage.
National Rural Health Policy, 2005	'Establishes a fully functional, community owned, decentralised health delivery system with convergence at all levels to ensure action on a wide range of determinants of health such as water, sanitation, education, nutrition, social and gender equality.' ⁴¹

3.3. Programmes

There are a large number of programmes working to affect marriage and sexual and reproductive health outcomes for young people across India. We outline some of the most relevant here and greater detail can be found in DASRA (2017). First, the Adolescent Education Programme (AEP), a national initiative established in 2005, develops and trains teachers to deliver curriculum based on 'understanding changes during adolescence and being comfortable with them, establishing and maintaining positive and responsible relationships, understanding and challenging stereotypes and discrimination related to gender and sexuality, recognizing and reporting abuse and violation, prevention of substance misuse and HIV/AIDS'.⁴² It has, however, met with some controversy in the past for allegedly 'promoting risky behaviour among adolescents, containing graphic pictorial depictions and degrading Indian values'.⁴³

Second, the National Adolescent Health Programme (the Rashtriya Kishor Swasthya Karyakram (RKSK)) was launched by the Ministry of Health and Family Welfare (MoHFW) in 2014. It was designed to improve the health of adolescents age 10-14 and 15-19 through a paradigmatic shift away from 'existing clinic-based curative approaches to focus on a more holistic model ... based on a continuum of care for adolescent health and development needs, including the provision of information, commodities and services at the community level'.⁴⁴ Much of the strategy aims to engage adolescents through community-based service providers such as teachers, ASHAs (accredited social health activists), ANMs (auxiliary nurse midwives), Anganwadi workers and peer educators, as well as through adolescent-friendly health clinics (AFHCs). It aims to address adolescent health in six domains: nutrition, sexual and reproductive health, mental health, injuries and violence including gender-based violence, substance misuse, and non-communicable diseases (NCDs), and is guided by four key principles: adolescent participation and leadership, equity and inclusion, gender equity, and strategic partnerships. Since the programme is still relatively young, there are little evaluation data available, though some qualitative reviews report positive results.⁴⁵ The peer educator element of the programme has been heralded as particularly progressive. Early February 2017 saw the release of the Saathiya Resource Kit, Saathiya Salah (a mobile app) and plans to engage 160,000 teenagers across India as peer educators to answer questions and deliver content about issues such as menstruation, contraception, abortion, gender roles, and same-sex attraction. This element of the programme is in its infancy, so no data currently exist exploring its implementation or efficacy.

Lastly, the Beti Bachao, Beti Padhao scheme (meaning 'Save a girl child, Educate a girl child') was launched in 2015 and aims to address declining child sex ratios, which are seen as a 'major indicator of [female] disempowerment'. The overriding aims of the programme are to 'celebrate the girl child and enable her education' through the following objectives: the prevention of gender-biased sex-selective elimination; ensuring the survival and protection of the girl child; and ensuring education and participation of the girl child.⁴⁶ Among others, it targets newly married couples, pregnant women and youth/adolescents. While the programme has important implications for both reducing child marriage and early childbearing, there has been some criticism in the press for its limited success in improving child sex ratios, as well as for incomplete implementation, some diversions of funds, as well as poor monitoring mechanisms.⁴⁷

To meet the challenge of dramatically improving equitable access to secondary education, as well as the quality of the education provided, the Government of India launched a centrally sponsored scheme for secondary education, Rashtriya Madhyamik Shiksha Abhiyan (RMSA).⁴⁸ However, secondary education has not been seen as a fundamental right, since the Right to Education Act (RtE Act) only considered children in the 6-14 years age group, which covered elementary education. The government is currently considering extending the RtE Act to age 16 so that secondary education also becomes a fundamental right.



**Part Two:
Study design and context**

4. Young Lives and current study

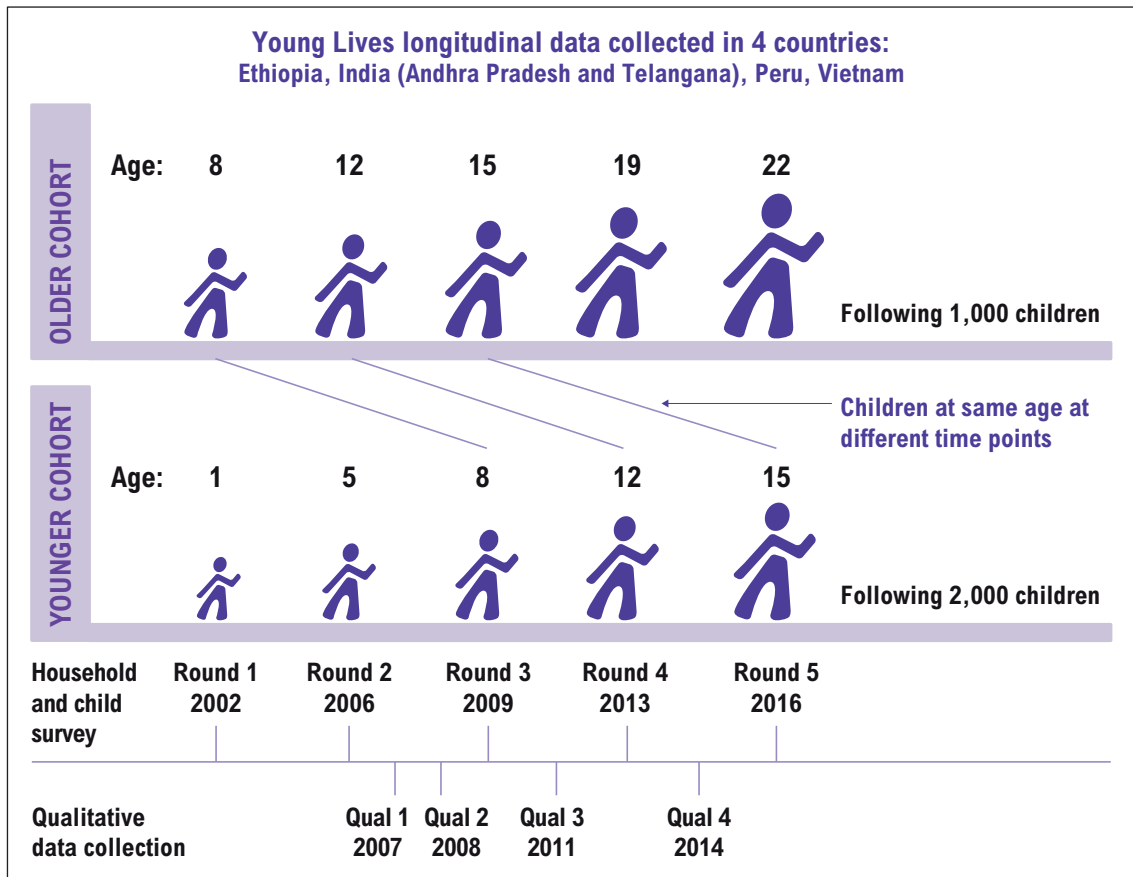
Young Lives adopted a qualitative, person-centred approach to reflect its principal interest in eliciting marriage and fertility narratives from married girls and young women/mothers, in their own words. In addition, the study sought the views of a selection of husbands, in-laws and service providers to build a wider picture of the relationships and contexts in which young women negotiate fertility decisions in the early years of marital life.

This study is a qualitative sub-study of Young Lives, and it drew its sample of research sites and participants from the Young Lives sample in India.

4.1. Young Lives

Young Lives is an international study of childhood poverty following the lives of 12,000 children and their households over 15 years in Ethiopia, India (in the states of Andhra Pradesh and Telangana), Peru and Vietnam. Since 2002, the study has collected five rounds of child/household/community survey data in India, following two age cohorts of children – a ‘Younger Cohort’ of 2,000 children born in 2001 and an ‘Older Cohort’ of 1,000 children born in 1994. The sample is pro-poor, meaning that the wealthiest households were excluded from participation, and while the sample is not strictly representative, it covers the diversity of children in the two states in a wide variety of attributes and experiences.^{49 50}

Figure 1. Young Lives study outline



Young Lives' longitudinal design was flexible and responsive to new research and policy questions that arose over the years as the children in the study grew older. It is important to note that Young Lives is not a direct study of child marriage or of SRH. Its strength is in its long-term design, thus providing a wealth of data relating to young people's inter-related pathways through childhood and adolescence, including their transitions through schooling, work, marriage and parenthood. It by no means provides exhaustive assessment of all the relevant drivers of child marriage and the factors that might protect against it, such as the impact of the law or of particular programmatic interventions.

In the Indian sample, child marriage emerged from mid-adolescence onwards as a vital theme in the survey warranting analysis and further investigation. Several research papers have reported on child marriage and, to a lesser degree, fertility trends using these data.⁵¹ A review of this evidence identified the need for a focused qualitative study to deepen understanding of the experiences of married girls and of their fertility decision-making.

4.2. Current study

A qualitative sub-study was carried out in four Young Lives sites in India: Bolangir (a rural *mandal* in the heart of the Rayalaseema region) and Raipur (an urban site in a well-developed coastal district) in Andhra Pradesh, and Kotagiri (rural) and Poompuhar (urban) located in the northern and southern parts of Telangana, respectively.⁵² The period of data collection was from October to December 2016.

4.2.1. Research objectives

The study objectives were:

- Generate rich qualitative information about early experiences of marital life.
- Deepen understanding of the influencers of fertility decisions among young married couples.
- Ascertain the services and supports available to married young women and couples.
- Produce research findings for use by policymakers that amplify the views and opinions of marginalised girls and women.

4.2.2. Research questions

This report addresses the following five research questions:

- a. What affects decision-making in relation to adolescent marriage, and who decides?
- b. What SRH knowledge do individuals and couples have when they transition to marital life?
- c. Where do adolescent girls and young couples obtain their information about family planning, what are the available services, and what affects their use of information and services, including barriers/enablers?
- d. What affects decision-making in relation to adolescent married girls' SRH and fertility, and who decides?
- e. How does couples' fertility decision-making change over time?

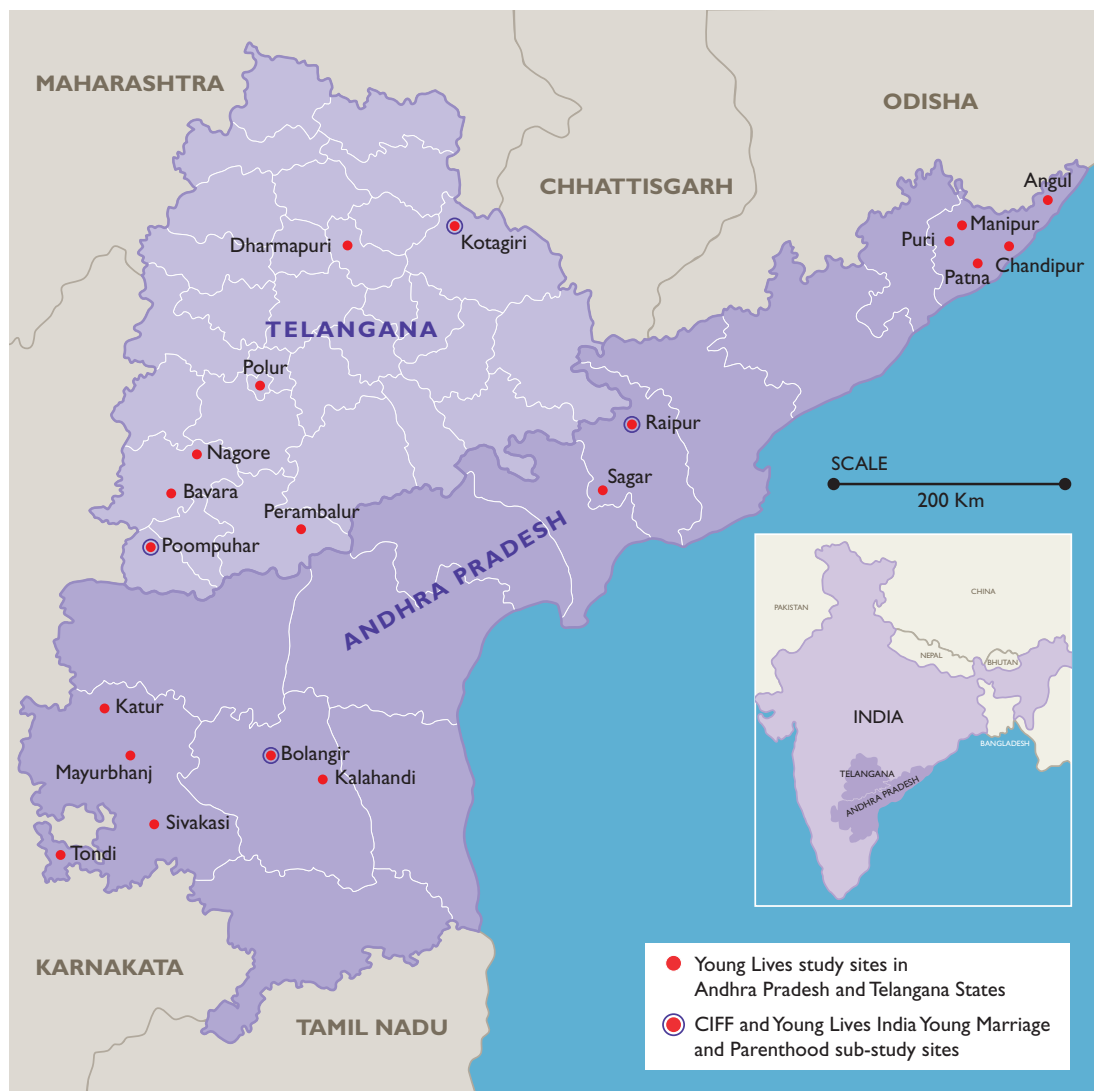
4.2.3 Selection of research sites

Site selection involved consideration of a number of characteristics, including location (to include rural and urban), prevalence of child marriage and parenthood (prioritising high prevalence), and age at marriage (considering sites reporting marriage in early adolescence). Selection was

carried out at the site-level which meant that individuals were sometimes drawn from different communities located within a site.

- First, Young Lives quantitative researchers in India produced summary survey reports detailing community-level prevalence of child marriage and parenthood, and child-level outcomes of married individuals (age at marriage, number of children, age at childbirths).
- Second, with researchers from Young Lives in Oxford, the team agreed and discussed a shortlist of eight communities based on the team's wider knowledge of the communities (e.g. rates of schooling).
- Finally, the team selected one rural and one urban community in each of the two states.

Figure 2. Map of research sites in India



4.2.4. Selection of research participants

As of March 2016, the study's tracking data indicated that 69 children/young people had married across the four communities, and it was anticipated that the number would increase by the time of data collection (October 2016), warranting some degree of flexibility in the sampling approach in the field. Although the selection process sought to capture a diversity of marital and fertility experiences, the study prioritised individuals who had married before the age of 18. Some

individuals were included on the basis that they had potentially interesting biographies to explore, such as married girls who were enrolled in school, or those who had married before age 15.

The aim was to secure the participation of a core set of up to 40 married girls/young women (10 per site), and to involve a wider set of perspectives, including from husbands, mothers- and fathers-in-law, unmarried girls and service providers. Appendix B lists the key characteristics of the core set of married girls and young in the study.

4.2.5. Methods for generating data

Reflecting the study's socio-ecological life-course approach, the aim of data collection was to layer rich contextual information around the core group of married girls/women to understand the personal, familial and community-level factors and dynamics influencing their experiences of early marital life and of fertility decision-making. Data were generated to gain an understanding of changes across time, from before marriage, to the transitions to marriage and to parenthood, and beyond.

Young Lives researchers in Oxford and in India developed a fieldwork manual containing interview questions and prompts for each target group (see Appendix A for a topic guide to the interviews).

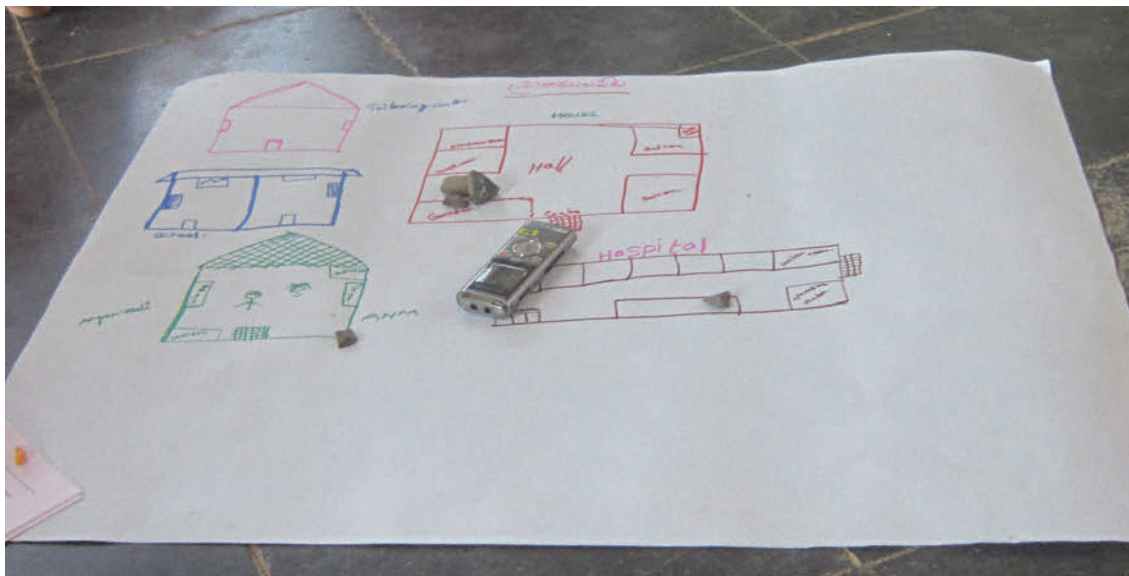
The generation of qualitative data was undertaken in both individual and group settings. **Semi-structured interviews** sought rich biographical information from *married young women* and from their *husbands*. A special module was developed to explore experiences of *young motherhood*, and this was administered with a selection of the married young women. Individual interviews were carried out with relevant *service providers* in each locality, including: auxiliary nurse midwife (ANM), secondary school teacher, Anganwadi worker and accredited social health activist (ASHA). Table 2 outlines their roles in the community.

Table 2. Roles of service providers in the community

Anganwadis	Community-based frontline workers mainly responsible for delivering integrated child development services (ICDS). Anganwadi workers are responsible for antenatal and postnatal care for women; immunisations and nutrition for children under 6, pregnant women and new mothers; provision of pre-school education; and provision of nutritional, health and life education to teenage girls. ⁵³
Accredited social health activists (ASHAs)	Female community health volunteers, selected by and resident in the communities they serve. They act as the interface between the community and the public health system, and are responsible for promoting universal immunisation; providing referral and escort services for reproductive and child health; raising awareness about nutrition, hygiene, healthy living and working, and the utilisation of health services; and delivering first-contact healthcare to the community – particularly those considered most deprived. ⁵⁴
Registered medical practitioners (RMPs)	Private medical practitioners who generally provide medical treatment at a community level after registering as a medical practitioner. The RMP does not necessarily have medical training.
Secondary school teachers	Teachers who work at secondary school level (Grades 8 to 10 in Andhra Pradesh and Telangana), either government or private.
Auxiliary nurse midwives (ANMs)	Multipurpose health workers with responsibilities in areas of: health education, maternal and child health, nutrition, immunisation, record keeping, minor ailments, and family planning. They are also responsible for training and guiding the work of the ASHAs. ⁵⁵

Group discussions turned the focus away from individual experiences and towards a focus on norms, expectations and practices at the community level. Discussions with mothers- and fathers-in-law sought information about the role of elders in shaping couples' fertility outcomes; researchers aided each group in generating *life-course timelines* to elicit information about

generational change and continuity. Separate group discussions with married young women, young mothers and unmarried adolescent girls were aided by use of a *community mapping* tool developed to elicit information about knowledge of and access to SRH services (Table 3).



A map created by a group of young married women to discuss their experiences of local services.

Table 3. Respondent groups and type of participation

	Individual interview	Group discussion
Young married women	39 (of whom 20 married below age 18)	0
Young mothers	(24 as part of above interview)	4 (community mapping)
Husbands	17	-
Service providers	12	-
Unmarried girls	-	4 (community mapping)
Older women/mothers-in-law	-	4 (life-course timelines)
Older men/fathers-in-law	-	3 (life-course timelines)
Total	69 individuals	15 groups

4.2.6. The data

Interviews were audio-recorded, transcribed then translated into English. Researchers produced reports of group discussions with the aid of notes and audio records, following agreed reporting templates. The data are anonymised as fully as possible following Young Lives protocols, and pseudonyms for individuals and sites are used in all resulting publications, including in this report.

4.2.7. Team work and training

Young Lives research and policy staff in India and Oxford collaborated in this study. Prof Uma Vennam at Sri Padmavati Mahila Visvavidyalayam (Women's University) in Tirupati was responsible for data collection, leading a small team of senior qualitative researchers who have previous experience working with Young Lives. Prior to fieldwork, the team held a four-day training session, supported by an Oxford researcher, to finalise sampling decisions, refine the interview guides and reporting formats, discuss ethical considerations and strategies, review

community profiles and logistics, and test field questions in a one-day pilot study in a neighbouring village.

4.2.8. Ethical and practical considerations

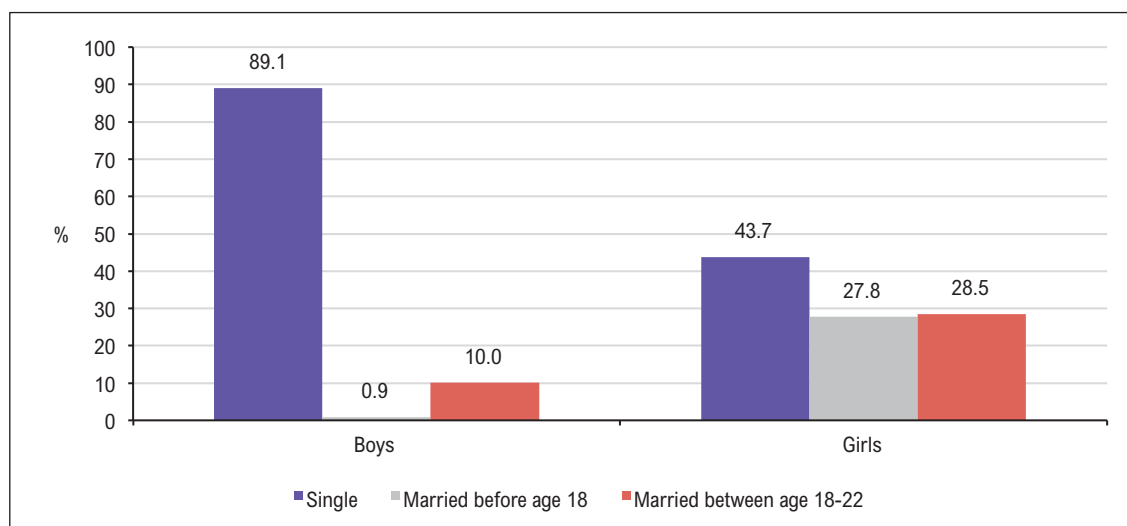
Ethical approval for the study was granted by the University of Oxford's research ethics committee as part of the Young Lives study. Consideration of potential ethical challenges due to the sensitive nature of the research topic was a priority in training and in fieldwork debriefings.⁵⁶ For example, it was important to obtain **informed consent** from all participants, including to audio-record conversations and to take digital photographs, providing assurances that information would be kept confidential and used for research purposes. The field team had to overcome **practical challenges** to carry out interviews in contexts where household space was limited and efforts to secure privacy aroused suspicion. The **sensitive** nature of some of the interview questions caused some participants (female and male) to be guarded in their responses, requiring researchers to skilfully adapt the conversation to avoid embarrassment. Moreover, the study required careful navigation of prevailing **social hierarchies**, particularly when it came to inviting young women to participate; social custom warranted seeking the agreement of husbands and in-laws too. In a few cases, young women were keen to participate despite not securing the agreement of their mothers-in-law, and researchers discussed with the young women the potential personal risks that this might create for them.

4.3. *Young Lives survey: patterns of adolescent marriage and fertility*

Since the time the qualitative data were collected, a further round of survey data became available, so this report is able to refer to the marital and fertility outcomes of the 22 year olds in the study based on the most up-to-date survey analysis.⁵⁷ Although Young Lives did not start out as a study of adolescent marriage or parenthood, its prospective longitudinal design allows the study to capture a variety of important life transitions across childhood, adolescence and into early adulthood. This section of the report summarises what we know from the survey about which girls and boys transitioned to marriage and parenthood, and at what age. These survey data paint a picture of the wider patterns in which the qualitative study's biographical narratives and everyday experiences can be contextualised and understood.

4.3.1. Who gets married?

Girls were much more likely to marry before the age of 18 compared to boys. By age 18 around 30 per cent of girls in the study had married, and by age 22 well over half of the girls were married.⁵⁸ Less than 1 per cent of boys had married before age 18, and this rose to 7 per cent by age 21 (the legal age for boys to marry).⁵⁹

Figure 3. Marital status of girls and boys in Young Lives sample (Older Cohort)

Source: Singh (forthcoming 2018).

What were the characteristics of those girls who were most likely to marry? A recent report of trends within the Young Lives sample cited maternal education, caste and household wealth and location as significant influencers.⁶⁰ Girls living in rural areas (32 per cent) and from poorer households (36 per cent) were more likely to get married compared to their urban (14 per cent) and better-off counterparts (15 per cent). Indeed, girls from households in the poorest wealth tercile were twice as likely to be married by age 18 compared to girls in the top wealth tercile.⁶¹ Only 4 per cent of girls whose mothers had secondary education or above reported marrying before age 18, compared to over 30 per cent of girls whose mothers had no formal education. Further, girls from the Other Caste households (privileged castes) were much less likely to marry before age 18, compared to girls from the Backward and Scheduled castes (less privileged castes).

Girls' family contexts mattered in other ways too. Overall, parents of 12 year olds reported having higher educational aspirations for boys compared to girls; by age 15, girls lowered their aspirations so they fell more in line with their parents' opinions.⁶² Moreover, girls whose parents had low educational aspirations for them at age 12 were twice as likely to report being married before age 18 (39 per cent), compared to girls whose parents had the highest educational aspirations for their daughters (15 per cent).⁶³ Girls with an elder sister were around 6 per cent less likely to be married before age 18, whereas those with an elder brother were 14 per cent more likely to be married before the legal age.⁶⁴

On the whole, boys were 1.8 times more likely to complete secondary education than girls.⁶⁵ However, many girls wanted to go far in their education, and three out of every four girls who aspired (at age 12) to join higher education remained unmarried at age 19.⁶⁶ One study found that enrolment at age 15 had the largest and most significant effect on whether a girl would be married before age 18, such that being enrolled in school decreased the likelihood of being married by 32 per cent.⁶⁷ Meanwhile, 68 per cent of girls who had not completed primary education were married before age 18, compared to 10 per cent of girls who had completed higher secondary education.⁶⁸ Nearly one in three girls who left school before completing upper primary education cited marriage as the reason for discontinuing their studies.⁶⁹

4.3.2. Who do they marry?

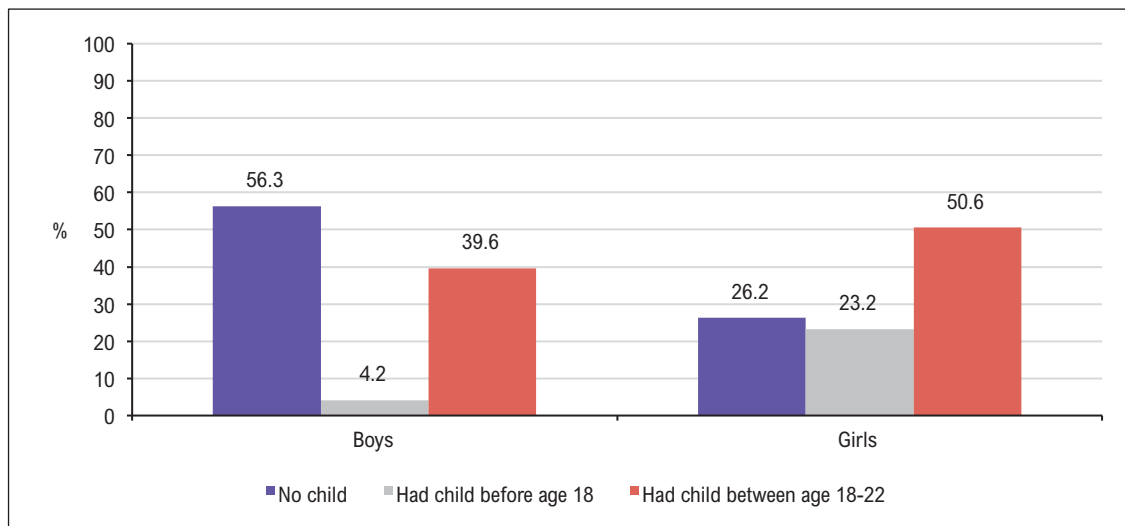
Taking all girls who were married by age 22, on average, they were 6.6 years younger than their husbands. The range in age difference (between their age and their husbands') at the time of marriage was from one year to 38 years. All of the girls married partners who were older in age, by at least one year. These patterns were similar across both rural and urban settings.

Husbands in rural areas reported fewer years of formal education compared to husbands in urban areas. Nearly 28 per cent of urban husbands (of married Young Lives girls) had completed university, compared to 15 per cent of rural husbands.

4.3.3. Who becomes a parent?

In the communities where this study took place, the norm is for children to be conceived within the context of wedlock. The timing of childbearing is linked to the timing of marriage, so that marrying young increases the likelihood of early childbearing.⁷⁰ Twenty-three per cent of married girls had given birth by age 18 and another 51 per cent between ages 18 and 22 (Figure 4).⁷¹

Figure 4. Parenthood by age 22 for young men and women



Note: The analysis related to parenthood includes only married children.
Source: Singh (forthcoming 2018).

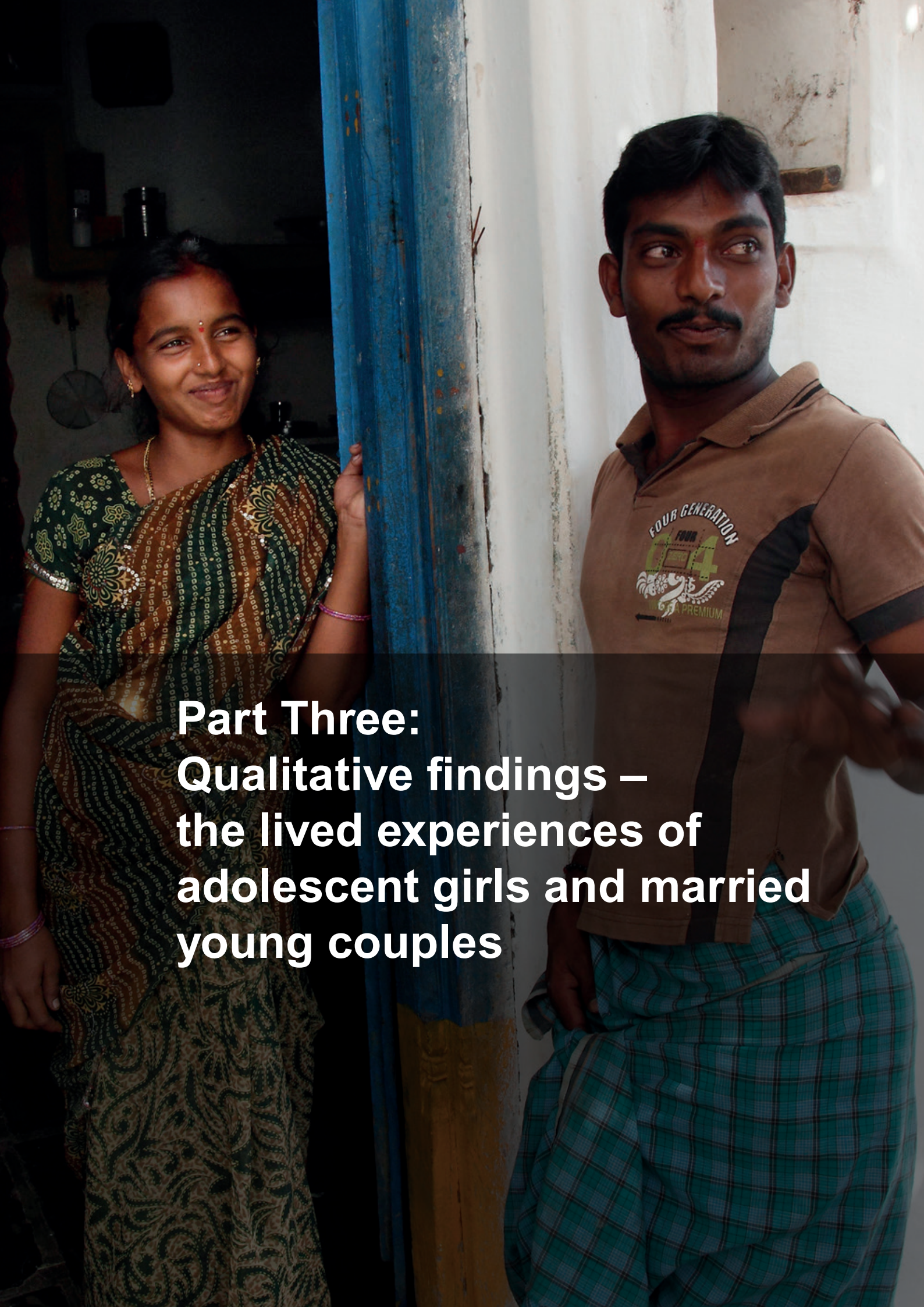
Similar social forces determining child marriage were also at play in determining early childbearing, though additional influences emerged, such as earlier experience of menarche.⁷² Those girls who gave birth by age 19 were more likely to be from rural areas and from the poorest households; their mothers were poorly educated; and they were less likely to have been enrolled in school at ages 12 and 15 (compared to girls who were not mothers by age 19).

4.3.4. Intergenerational change

The adolescent girls and young women in this study are, in many respects, better-off as they transition to marital life and first-time motherhood, compared to the experiences of their mothers and grandmothers before them. The 15-year period surveying their households found their household circumstances were improving and their access to basic services increasing, with some of the greatest improvements recorded by the most marginalised social groups.⁷³ By 2016, access to safe drinking water and electricity was near universal among surveyed households.

Certainly, the younger generation is transitioning to adulthood being better educated than their parents: at age 22, only 0.4 per cent of young women in the Young Lives survey reported not

having any experience of formal education, compared to 60 per cent of their mothers.⁷⁴ Thirty-one per cent had either completed or were pursuing post-secondary education, compared to only 3 per cent of their mothers.



**Part Three:
Qualitative findings –
the lived experiences of
adolescent girls and married
young couples**

5. Life before and leading up to marriage

This section is about unmarried adolescent girls' access to sexual and reproductive health information and services, and decision-making processes leading up to their marriages.

5.1. Unmarried adolescent engagement with sexual and reproductive health services and information

5.1.1. School

For those who stayed in school until Grades 8, 9 and 10, schools were a potentially important platform for communicating information about family planning and reproductive health to adolescents prior to marriage. Teachers explained that students should receive information about the biological facts of reproduction, sexually transmitted diseases, contraception, child marriage, infanticide and menstruation. In practice, the quality of teaching (as well as young people's retention of information covered in lessons) was very low. One student described how, "we had lessons, but I don't remember them" (Latha, urban). Both male and female students recalled being taught about prevention of HIV/AIDS, and some girls spoke of learning about menstrual hygiene. But little to no information appears to have been taught about forms of contraception:

Besides about the periods, they told us that sexual intimacy can lead to AIDS. The transfusion of blood can also lead to AIDS sometimes ... I was told that sexual relationships can lead to HIV and AIDS but we were not told about these family [planning] methods in those classes. (Ramani, rural)

Our research found that teachers were the only professionals giving information (unsolicited) on SRH to unmarried adolescents. Lessons were normally delivered by science teachers, sometimes in mixed classes, but more frequently separately for girls and boys, with girls taught by female teachers and boys by male teachers. One of the (male) teachers described how, because his science class was mixed, he taught solely from the text book and did not linger or expand on any of the topics, nor answer questions. Instead, he directed the girls to speak afterwards to their female physical education teacher, rather than discuss issues with the boys present:

Since both boys and girls sit in the same class room, we might not elaborate the lesson [on reproduction]. We won't explain anything in detail. That's the problem madam. That chapter is taught very briefly because both boys and girls are in the class. When they don't understand something I send the girls to the P.E.T teacher. Some of the boys don't even know what it is when we say girls mature. (Male teacher, rural)

Even so, teachers were the only professionals found to be giving information (unsolicited) on SRH to unmarried adolescents.

5.1.2. Health centres and health workers

Unmarried girls said they did not receive SRH information from Anganwadis, though some had been provided with advice about nutrition and been given foodstuffs at Anganwadi centres. One group remembered an ASHA visiting their school to give injections, tablets and polio drops and said she also gave advice about 'white discharge', but this was the extent of their experience of these services. Anganwadi workers, ANMs and ASHAs spoke of raising awareness among unmarried girls of the importance of nutrition and the dangers associated with child marriage,

early childbearing and pre-marital relationships; however, none felt it was part of their role to discuss matters of sexual and reproductive health. Some of the health worker professionals we spoke to thought that it was the responsibility of other health workers, not them, to speak to young people about SRH. One Anganwadi explained that ANMs were responsible for teaching in school about SRH, but the ANM from that location stated that instead she provided materials on SRH for the teachers to deliver. Health workers thought that family members would talk to young people about sex or pregnancy just before marriage, and that it would only be appropriate for them as professionals to speak with girls about contraception and fertility after they were married:

Like when we go into the field we also speak about childhood marriages, early pregnancies and the disadvantages about that. We tell them the consequences of getting pregnant without being physically mature ... we tell them to get married only after 18 years of age. Then to those children who are married we tell them about contraceptive, oral pills, albidozer tablets and deliveries, we talk about all these, only after their marriages not before the marriage. (ANM, rural)

In the event of unmarried girls having an SRH-related question or concern, health workers thought that girls would feel able to approach them directly, for example, to talk about menstrual problems. But from discussions with girls themselves, this seemed unlikely. Social norms discourage adolescent girls before and after marriage from seeking out information about sexual and reproductive health. "Nobody told me and I did not ask anybody", explained Durga (urban). A main deterrent was girls' fears that asking about sex would be an indication of their sexual interest and therefore a risk to their social reputations.

Madam, the thing is we generally don't ask others. We cannot ask them ... they might even say, 'Oh my, look at this girl, she wants to know and she is asking about all such issues. Where is the need for her to know all this?' This is what they might be thinking. (Sirisha, rural)

The stakes are high for unmarried girls who risk accusations of misconduct, since girls and young women rely heavily on the protection provided by their households, and girls' future well-being is intertwined with their marriageability. While boys were thought to gain information about SRH from watching movies and television, from using their mobile phones and the internet, and from discussing such matters with their friends, these were not topics girls would feel able to discuss with their peers, and nor would they be permitted to look online, since "they will beat us up if we use that facility" (Group discussion, unmarried girls, rural Bolangir).

However, though boys may have been permitted greater access to media, neither Anganwadi workers, ASHAs nor ANMs felt responsible for providing information or services for boys at all, and they agreed that boys were extremely unlikely to approach any of them for information relating to SRH. It was thought that boys were more likely to ask male health assistants, but that these were scarce. In fact, one ANM described how boys were unlikely to find anyone other than private doctors to approach, since they would struggle to find a village doctor or RMP in their locality at the time they needed them to speak to. She said they would have to travel by bicycle to the nearest private doctor instead. Some unmarried young men opted to engage in unprotected sex rather than risk embarrassment by making their intentions known to local service providers. For example, Srividya's husband, Vishal, admitted having unprotected sex when he was younger, although he had heard about Nirodh condoms, but had never used them, for fear of being judged or interrogated by the Anganwadi teachers who dispensed them in his locality.

If we go and ask the [Anganwadi teachers] will probe for the purpose, so I was inhibited by that. At that time, [condoms] were not available in shops.

A small number of health workers were also under the impression that there were differences in service provision and information for unmarried young people according to location. They thought that young people in urban areas would be better informed about SRH, with one ANM explaining

that they have created more physical services for young people in towns but not yet in the villages:

In towns they have set up youth clinics, they give condoms and tell them about these topics but here in villages they have not started. (ANM, rural)

However, this was at odds with the descriptions girls themselves gave of their exposure to services and information – descriptions which varied little between urban and rural settings.

5.1.3. Information about menstruation

Alongside teachers, unmarried girls talked of receiving information from mothers about menarche and menstrual hygiene, though usually only once they had had their first period. In general, girls were still attending school while on their periods and used sanitary pads rather than the cloths their mothers' generation had used. Girls did miss school during their first period in accordance with customary practices, and occasionally subsequently owing to period pain. But they also talked of being able to visit doctors for pain relief medication. Girls expressed feeling embarrassed when buying sanitary items from local shops, and one group explained that disposing of used pads can be problematic. Their school had advised them not to discard the pads carelessly, as dogs might eat them or small children and snakes might go near them (the latter being a sin because snakes are considered divine). Hence girls were disposing of pads by throwing them into trees, burning them, burying them, throwing them far away from the village, or tying them with stones and leaving them in flowing drainage water.

5.2. Marital decision-making

5.2.1. Adolescent girls' limited involvement

Among the older generation of married male and female participants, there was a strong sense that marital practices had changed since their own youth, particularly the way in which alliances were formed. They described the increased control young men and young women had over spouse selection – in being allowed to meet and talk with the person beforehand, and being able to veto proposals they were unhappy with. They felt it had become increasingly important for young people to marry someone they liked, an option that had been unavailable during their own experiences of marriage:

Researcher: 'How were the marriage alliances fixed during your time? Did the girls marry whomever your parent selected?'

It was like that during our time, madam.

Now, the girl and boy have to like each other and they have to talk to each other before marriage.

They both go into the room and talk. They discuss whether they like each other or not. It was not like that when we were younger. Our parents told us to marry and we married.

If they don't like or if we don't allow them to talk they will say that they don't like him and don't want to marry.

They bluntly say that they do not like him.

If we object, they say that it is they who have to live with him for the rest of their life so they want to talk to him before marrying.

We have to marry them to the person they like.

(Group discussion, mothers-in-law, rural Bolangir)

Consistent with this, some of our participants were asked for their preferences to help guide their parents' spouse selection and 17 of our 39 young women said they had been asked whether they were happy with the match or not (12 of who were married below age 18). One such young woman from rural Bolangir was married at 16 years old; however, her parents did seek her consent before agreeing to the marriage:

My parents told me: 'Look, if you are willing for this proposal we too would like that and we are willing for that. And if you don't want this proposal then we will not force you because your life and [future] career are very important. They told me in this way. (Sirisha, rural)⁷⁵

In a couple of instances, young women had also been asked by their future spouses (after they were engaged) whether they were willing to marry them – checking to make sure they were not being coerced. A small number of young women from the urban sites were emphatic that they were not pressured or coerced into marrying, and other young people stated they had felt able to voice their objections to proposed alliances. Two young women, for instance, described having been able to reject previous proposals – though both had subsequently gone on to marry before reaching age 18. In focus group discussions, some young women described how girls' involvement in marital decision-making differed along lines of poverty and employment. Girls whose families were poorer were more likely to marry "whomsoever their parents suggest", while girls who were in paid employment (a garment company in this instance) were thought to have more scope to influence decisions about the timing of their marriage:

When the girl stays at the garment company and works, she is the one who decided when she would get married. If the girl stays at home not working then the parents make the decision about her marriage. They decide themselves when they want to get married because they are earning money. (Group discussion, unmarried girls, rural Bolangir)

Nevertheless, the majority of the young female participants felt that they and their peers had little involvement in the decision-making process. Alliances were overwhelmingly identified and fixed by family members – mostly by mothers, fathers, uncles and aunts – with those getting married frequently feeling reluctant or unable to vocalise their objections owing to rigid social norms around deference to one's elders. These observations are corroborated by the wider Young Lives survey that also found that many girls who married in childhood had little influence over decisions regarding their marriage arrangements.⁷⁶ Of those girls who married before the age of 18, 45 per cent had no say in choosing their spouse; 45 per cent made the decision together with their parents or other relatives; and 10 per cent were able to choose themselves.

In our qualitative study, even where some girls had been asked about their preferences, it did not necessarily mean they felt able to assert their wishes, and were instead more likely to reflect the decision back to their parents. The young woman above from Bolangir, for example, responded to her parents' question with the following:

And I told them, 'If you are willing then I don't mind and you may please go ahead with that and I am also willing for that.' I told them like this. I told them that I was willing.

Not only was it clearly very important to adhere to their elder's wishes, but by agreeing to a proposed alliance, young women explained that they would secure the future support of their family should any problems arise in the course of their marriage. In opposing their parents' choice of spouse, the potential for this support was thought to be compromised:

They asked me one day before the engagement whether I would like to marry him. I said I will accept their decision. I also said that in future if I have any problem with him they have to stand up for me and they have to take the responsibility. They agreed and the marriage took place.

Being asked for consent to an alliance often appeared to be less about elders relinquishing decision-making power to young women (or young men), and more of a tokenistic gesture, made with the self-assurance that children were extremely unlikely to dissent. Indeed, young women did not necessarily feel able to refuse and frequently parents had already agreed to an alliance before asking their daughter if she was willing to go ahead with it. We heard comments such as: “We never dare to express such things. We would face dire consequences by expressing such things or bringing it to the notice of my parents.” Those young women who went against the prevailing norms and voiced their objections were often then either ignored or were persuaded, cajoled or coerced into agreement. Two young women from rural Bolangir, for example, had both wanted to delay getting married in order to continue in education, but were persuaded to do so by the warning that they may not receive other proposals of similar calibre in future:

My parents agreed and my father asked my opinion. I said let's see since I am still studying my 10th class ... my father said if we tell our opinion they will look for someone else but in future we may not get like this alliance ... in the aspect of wealth but character so we have to think. Then I agreed, so after that they waited for one year until I finished my 10th class, and married me. (Vimala, rural Bolangir)

Some had objected because they felt too young, but they too had been overruled or ignored:

I knew I was young and not of the right age to get married. I told them that I did not want to get married so early and I wanted to wait for a few years and then get married. I told them this but in spite of this they got me married. (Nagaraj, rural Bolangir)

In contrast, young men appeared to have slightly more influence over these processes. They were able to say ‘yes’ or ‘no’ to a match more easily than their female peers. Certainly in focus groups, young unmarried women perceived young men to have “much more freedom and say in decisions” than themselves, with one young woman claiming: “Boys are asked and girls are not asked” (Group discussion, unmarried girls, urban Raipur).

5.2.2. Arranged and love marriages

Despite numerous reports from both young men and young women of not wholly agreeing with the timing or spouse selection for their marriage, for the most part, young people said they preferred to have an alliance arranged for them by their family rather than to seek a love marriage. Parents were seen as better qualified to make this important life decision and were trusted by their children to choose more wisely than they would themselves, guided by their child's best interests. As one young woman explained, “I did not tell my parents that I don't want to get married ... I thought they are elders and they know better. So I left it to their decision.” Moreover, in contracting a love marriage, it was felt that girls might forfeit the guarantee of future familial support should problems arise in their marriage. Love marriages were clearly still stigmatised, particularly where they occurred between people from different castes. Nevertheless, there were still some incidents of couples arranging to marry according to their own wishes, and against those of their families. There were two cases where young couples went ahead with their marriage despite objections from their families. In one, the in-laws opposed the match because they had wanted their son to receive a dowry – something the young woman's family were not in a position to offer. Despite his parents' objections, the elders of the community performed this couple's marriage, though the girl commented that “if his parents had agreed, it would have been celebrated better”. In the other case, it was the young woman's parents who had the most objections – though both sets of parents disapproved. The girl's parents wanted her to wait as her older siblings should marry before her, but she felt she could not. There were some arguments with her in-laws but they also looked after her and let her stay with them, and even her own parents were happy about the proposal to a certain extent, just not how early it was since she was married at age 14.

5.2.3. Reasons to marry at that time

For most, the timing of one's marriage was determined by parents. Young women generally thought that the ideal age to marry was somewhere between 21-25 years old, with very few having felt ready to marry at the time of their own marriage. There were some instances where male spouses had been ready to marry, but the women they were proposing to were not. In one instance, even the girl's parents were not ready for her to be married, feeling that at 16 she was still too young, but the elders convinced her parents because the young man was ready:

The elders in our launderer's community [dhobi caste] told them to agree to the marriage since they have to marry her at some time or other anyway. They said since I am ready to marry her immediately, it is better to perform the wedding. (Nagaraj, Maheswari's husband, married at age 20)

More frequent, however, were reports from young male and female participants that neither party had felt ready. Some young women spoke of feeling too young or of wanting to continue with their studies, while a couple of young men had wanted to wait until they had more financial security before contracting a marriage.

Nevertheless, in some ways young men appeared to have greater influence over the timing of their marriages than young women – in three cases, young men who had not felt ready had been able to delay the date of their marriages, one young man standing up to continued pressure from his future father-in-law because he wanted to become more financially stable before becoming a husband. In the end, he married the youngest rather than the eldest of the man's three daughters:

I was around 25 years old when my future father-in-law started pressurising me to marry his daughter. I told him that I would marry her after some time since I don't have anything. I told him that I will earn and save some money before marrying. I kept postponing till I could save enough and then married her. He wanted me to marry his eldest daughter but I was not ready. And then he asked me to marry the second daughter but that also did not happen. They both got married by the time I was ready. Ultimately I married his last daughter. (Prakash, rural)

One of the main motivating factors for getting married appeared to be that a good alliance had presented itself and either the family were worried about losing it should they delay, or worried that no equally good offer would present itself in the future because of some issue with the family's circumstances. Factors such as the death of a parent or (as in one case) alcoholism were thought to diminish marriageability, so that families and young people were more likely to acquiesce to an acceptable proposal:

My mother said since I don't have a father it will be difficult to find [an] alliance. She said there is nobody else but my brother to bear the burden. She convinced me to marry due to the circumstances. She cried with helplessness. So I agreed to marry ... I don't have father ... he passed away. It will be difficult to search for alliances when a girl doesn't have a father. When my husband's proposal came they married me. (Udaya, rural)

Another factor motivating both young men and young women to marry earlier than they would have preferred was the need for another woman in a household to fulfil caring duties. For a couple of young women, the death of a married sister or brother-in-law had hastened their own marriage into the same 'in-law' family, in order to take up caring responsibility for a motherless child or as a means to protect a widowed sister. For others, marriages were hastened by the knowledge that their mothers needed support with the household chores or in-laws' deteriorating health and wished to see their sons or daughters married off.

Timing for some had been influenced by sibling order – one young woman told her parents that she wanted to continue studying, but they had instead got her married because she had two younger sisters also reaching marriageable age. In other instances, elders from the community

had played an influential role in the timing of girls' marriages, encouraging parents to marry a daughter younger than they would do otherwise, especially where a good alliance presented itself. Parents may also feel pressure from other members of the community in general. One girl explained that her parents started to look for an alliance for her from age 15 due to worrying about incurring the censure of other members of the community:

My parents used to feel bad that people might gossip and find faults if I am not married early. (Kalyani, rural)

Two young women felt that the timing of their marriages had been influenced by the rising cost of their dowry as they grew older and more educated:

You see, we have to give more dowry as my age and qualifications increase. My parents have to search for a boy having higher qualifications and age. We came across this alliance who are also related to us. My elder brother told us about this alliance. And that's how I got married. (Prema, married at 19, urban Kotagari)

Neither experienced a child marriage, though for one, her marriage at 18 meant the end of her education. In the group discussions with mothers-in-law, a number of women commented that dowry had increased in importance between their generation and the next. Indeed, some families had chosen to marry their daughters to relatives as a way to circumvent the almost ubiquitous requirement for dowry payment.

Young women also mentioned the age they achieved puberty as if it may have been an influencing factor in their age of marriage. A few said that they had been married six months to a year after 'maturing', and not being matured appears to have been a cause for delaying the age of marriage.

Encouragingly, a number of girls and young women spoke individually and in focus groups of community members raising objections to child marriages that were arranged in their villages. One young woman talked of more educated families trying to persuade neighbours not to marry their daughters too young, and another young mother explained that most people in her area, "would not keep quiet" if an early marriage was proposed in the area (Group discussion, young mothers, rural Chapadu). However, in some cases, such protective processes were weak and adults failed in their official duties to prevent girls from marrying. Such was the case for Sirisha who, at age 16, married 24-year-old Rahul, in rural Bolangir. Rahul recalled how members of Sirisha's extended family attempted to prevent the marriage on account of Sirisha's age:

Rahul: They said it is not right to marry a minor. They the police. They prevented me from tying the necklace of marriage symbol to her ... [S]he is 16 and a half years old, madam. The police said we can go and marry in our temple itself.

Researcher: The police told you that?

Rahul: Yes. He assured me that he would talk to those people [Sirisha's relatives] and told me to go ahead with the marriage. So we got married ... in our village temple.

5.2.4. Role of education

There were clear signs of intergenerational change across the sites with regards to girls' increased access to education. Girls were staying in school for longer as well as marrying later than in previous generations, which is consistent with hypotheses from other sources about the protective role education can play in delaying girls' marriage. Indeed, some participants referenced direct ways in which education may play a role in preventing child marriage, like the practice of teachers filing a complaint if a girl's parents tried to get her married young – though it was thought that in reality they were unlikely to do so:

The village elders won't let such a thing happen. The elders will go to the Sirs [teachers] and pacify them and see that they don't lodge the complaint. (Group discussion, married young women, rural Poompohar)

One girl was also advised by her teachers not to marry and to focus on her studies instead, since she was excelling at school. But due to her mother's concern to secure her future welfare as circumstances at home had worsened, the family accepted an alliance once she'd completed her intermediate exams. This young woman did not experience a child marriage – she married at 18, but alongside her teachers' attempts to keep her in school, she was also teased by her classmates for marrying, interactions which may indicate a change in attitudes around girls' education and age of marriage. Perhaps as a direct result of their lengthier enrolment, girls among our participants who spent longer in school also were more likely to mention having discontinued their education because of marriage, whereas those who left school at younger ages were often working in the home or in the fields by the time their marriage alliance was formed. This demonstrates that even where girls had been supported to continue for longer in education, families found it difficult to refuse an attractive marriage proposal. The young woman's story also highlights that it is not only girls who marry below age 18 who experience disruption to their education and limited control over their futures.

Many young people are still leaving school for the same reasons as have been reported in the past. Most frequently they left for financial reasons – for young men, impoverished circumstances at home often meant them leaving school early to work and provide income support for their household, while young women were more likely to leave to provide support with caring or unpaid tasks. Some young women – particularly those in rural areas – were not able to continue in education because of the distance between their home and their school or college. Some said that if there had been a school in their village then they would have been able to continue, but as a girl it was not possible to commute. Some social norms around marriage do appear to be changing, however, such as those around the importance of education for marriageability. A number of husbands commented that they had been keen to have an educated wife as it could be of future potential benefit to their family. In 14 of the 36 couples for whom we have complete educational achievement data, the wife in the couple had more years of education than the husband. Many husbands claimed to have wanted a more educated wife, since this would mitigate the effects of their own lack of education.

Same ... if a good girl is available ... who is educated ... better than me. Any way I haven't studied ... it would be better if a girl comes who studied more. (Sravan, Satyavathi's husband)

In a focus group with young mothers, one young woman explained that families wanted their son to marry someone who can manage the family – someone with good character and educated up to Grade 10 so that she can help her future children with their studies.

The data also showed that a number of husbands supported their wives' ongoing (or return to) education after their marriage. In some ways this may be facilitating young women's greater access to education, but in others it may be acting as a motivating factor towards marrying earlier, since by promising continued access to education after marriage, some of the drawbacks associated with early marriage are overcome. However, even though some girls did return to education, others found that their new responsibilities as a wife prevented them from continuing their studies, and others became pregnant so soon after marriage that plans to return to education had to be shelved:

I had no mother and if days pass by we may not get a good alliance and we may face difficulties so I got married and wanted to study after my marriage. But after marriage I got pregnant with my daughter and it was not good to get aborted for the first child, so I had to discontinue my studies. It all happened like that. (Rajitha, rural)

Case study: Married, but continuing with education (Sirisha)

For young women like Sirisha, getting married did not necessarily mean the end of their education. Sirisha grew up in rural Bolangir as an only child. When we spoke with her, she was 16 years old and recently married to the older brother of her uncle's wife. She explained that, "he was coming over here to see his younger sister ... and we would talk to each other and slowly there was some intimacy and he developed some liking for me." Her husband was 24 years old and a Mattam (priest) in the local temple when they married. Rahul, Sirisha's husband, had taken up this role at a young age after his father (the previous Mattam) passed away. Because his own education had been cut short (he left school in Grade 4), he had hoped to marry a girl educated to at least 10th class. He explained that, "I could not continue studies because of my circumstances. That's why I wanted at least my wife should be educated. I don't know a single word. I have to go to somebody to ask to read for me if there is anything. If my wife is educated I don't have to go to somebody else to read for me."

Instead of marrying at 16, Sirisha had initially wanted to wait two or three years and continue her education, but Rahul's mother's health was poor and she had been keen to see her youngest son married as soon as possible. Sirisha's husband knew she wanted to marry someone who would allow her to continue in education, and so he told her he would financially support her continued education: "I talked with her directly. I said that her parents are saying that she wants to marry who allow you to continue studies, and assured her that I will educate her. She said alright."

Sirisha said her parents had sought her consent to the alliance, emphasising their support for her further education and career, "My parents told me 'look, if you are willing for this proposal we too would like that and we are willing for that. And if you don't want this proposal then we will not force you because your life and career are very important.' They told me in this way. And I told them, 'If you are willing then I don't mind and you may please go ahead with that and I am also willing for that.' I told them like this. I told them that I was willing." Hence, even though Sirisha originally hoped to marry later, she agreed to marry at age 16.

Although recently married, for the time being, Sirisha has been able to continue with her education – she is in the first year of college, having joined just before getting married. However, now that she is married, her parents have become less supportive of her continued education: "My parents want me to stop going to college because I am married. Had I not been married then I would have gone to college daily." Moreover, she increasingly feels pressured by her in-laws to conceive. She had wanted to wait for a year before having her first child because of the added caring responsibilities. However, since her sister and brother-in-law have been married for five years without conceiving, she and her husband feel under pressure to have a child themselves. She explained: "When I told them that I don't want to have any children for one year then they blame me. She says, 'Don't you want to be a mother? Don't you want to have children?' That is what they say madam." Neither she nor her husband are using contraception. And while they have not conceived yet, and both want her to finish her education and move into paid employment, Sirisha states that should she become pregnant now, she would have to discontinue her studies.

5.2.5. Reason for alliance

In forming an alliance, one of the key determining factors for choosing a young man was that he had a good character, that is, they were a good person, had a good job, was of the right religion, and had no bad habits like drinking or smoking. For a couple of families from urban sites, it was also important that the husband would not be likely to send his wife to do work outside of the home. One young woman from Kataram, for instance, refused the first alliance proposed to her because she would have been sent to do daily wage labour. A number of young women from

across the sites stated that their ideal husband would have been someone that would not have sent them out to work. At the same time, some of the older generation of women felt that increasingly husbands preferred for their wives to not have to work outside in the fields, or other forms of paid work – perhaps as a sign of status. For young men choosing a wife, character was also important, though for them the ability to ‘mingle well’ with her future in-laws and other people – to be nice and respectful – were the key factors.

Equally as important, if not more important for some, was that the young man came from a good family who were likely to look after their daughter:

We consider the family and their background in terms of whether they are good people or bad people. We can also assess the boy’s character by looking at his family and ancestors. The family background is usually cross-checked by the life histories of their ancestors and also through common friends and well-wishers. My grandfather’s friends told him that the boy’s family is a well-to-do and respectable family. (Ramani, rural)

Many participants mentioned that having prior knowledge of the proposed spouse and their family made them think positively of the alliance. Knowing the family because they lived close by (and thus meaning their daughter would remain living close by after marriage) was a persuasive factor. The importance of being familiar with one’s future in-laws, as well as the strong interdependence among extended families in this context, may contribute to the high incidence of marrying relations – as well as this sometimes meaning a lower expectation for dowry. For one set of parents, marrying their daughter to their nephew not only meant a guarantee of being looked after into their old age when they had no sons of their own, but was in fact expected of them once his parents made it clear they wanted to arrange that alliance.

5.3. Transition to the marital household: becoming a wife and daughter-in-law

5.3.1. Nerves, homesickness and advice

Patrilocal norms see the vast majority of young women in Andhra Pradesh and Telangana move to the homes of their in-laws once married, and our sample was consistent with this trend. Ten of the women we spoke to – nine of whom married under 18 – discussed experiencing fear or anxiety in the initial stages of their married life. There was little advice given to young women about what to expect from marriage and where this was available (mostly from elder females in their families) it was largely focused on the importance of being obedient and submissive to their husbands and in-laws so as to avoid incurring the anger and censure of their new family. Advice from female family members emphasised the need for respect and warned girls against challenging authority within the marital home:

We should stand up in honour of the elders when they come to our house. We should also give respect to the husband and behave obediently with the elders. (Prema, urban)

None of our male participants expressed similar feelings of apprehension, likely owing (at least in part) to them being able to remain in their family homes. For many of the young women, their initial fears subsided after the first few months as they adjusted to their new lives and were treated with kindness by their new husbands and in-laws. A couple of participants felt better for being able to visit with their natal family frequently, while others appear to have overcome their feelings of homesickness over time. While older generations talked of many differences in marital norms and practices between their own marriages and those happening contemporarily, other practices appear to be maintained through intergenerational expectation and advice; as one young woman (who married at age 17) explained, her mother and aunts encouraged her to ‘get used to’ her new life as they had had to do so before her:

Researcher	How did you feel when you came to your in-laws' house for the first time?
Udaya	Everybody was new and I used to feel little scared. I used to remember my mother and brothers a lot.
Researcher	Did you cry?
Udaya	Yes, I would cry. My brother used to come and take me home. My husband would also take me to my mother often.
Researcher	How were your in-laws with you?
Udaya	They were very nice with me. They treated me well.
Researcher	How did you overcome the fear?
Udaya	They took care of me very well. And also, my mother and aunts explained that I would be living there permanently so I should get used to it. They said they all were once like me and they got used to the new life. They told my in-laws to take care of me since I am still young. As it is my in-laws were very nice with me.

5.3.2. Comparing life before and after marriage

The actual experiences of married life differed among our participants; some enjoyed improved standards of living, increased independence and a greater sense of being cared for and supported, while relatively equal numbers of others experienced physical and mental strain of weightier responsibility, felt more isolated from friends and family, and were exposed to more household conflict. Of the nine women who explicitly stated that their lives had improved, there was an even mix of those married above and below age 18. The main reason young women thought their lives had improved was because of better financial circumstances – their husbands and in-laws had more lucrative jobs and/or more land, and they were able to eat better: “We did not have enough to eat at my parent’s house. Here I have enough to eat”. Contrastingly, the young men who spoke of their lives being improved since marriage talked of their homes being neater and cleaner, and of enjoying having another person in their family, especially where an elderly mother-in-law had been in need of support with the household chores: “my mother is old and she is young so she keeps things clean” (Munishankar, Lalitha’s husband).

For those who felt their lives were worse, there was a sense of having more responsibility while at the same time having less freedom to choose how to spend their time and to express themselves. As one young woman, married at age 17, described:

Life was good before marriage. I would eat whatever is there and play with friends. I had no responsibilities. Now I have to shoulder all the responsibilities. I must bear whatever people say to me. I am compromising about everything. I have no choice but to compromise. I have to eat what they give, take what they give and make do with whatever I have. That's it. My likes and dislikes don't matter. (Pratibha, urban)

The increased work responsibilities were accompanied for many by feeling less cared for in their new families than they had been in their natal home. Some received limited sympathy from their mothers-in-law in times when they felt unwell, and comparisons were made with their natal homes where they would be allowed to miss work and would receive more attention:

- Life is good because we are under our mother.
- They will not say anything even if we don't do work. In-laws won't keep quiet if we miss even a single work.

- We have to be under mother-in-law's thumb and do whatever they tell us to do. We have to listen to and obey the husband.

(Group discussion, young mothers, urban Poompuhar)

A small number of respondents made a direct link between the problems they experienced as married women and mothers and having married at a young age or being less educated. One woman who was married at age 15 and pregnant by 16 felt unable to cope with her new responsibilities. She explained:

- Researcher You are married at very young age. How do you feel about it?
- Sobha I am not happy. It is not good.
- Researcher What is not good?
- Sobha I am still young and I have to struggle with a small child.
- Researcher Why struggle with child? Aren't you happy that you have a child?
- Sobha There is no happiness. I have to struggle with the child and I am not able to manage.
- Researcher What is so hard with children?
- Sobha They cry all the time and I have to wash their clothes and must take care of them all the time. I was happy before marriage.

However, both young women who married above and below age 18 described negative changes resulting from their marriage. Some young women explained that getting married – in particular where child birth followed swiftly after – inhibited their ability to continue with their studies, to see their family and friends, and even changed how they self-identified or were identified by others. Sarawathi was married at age 19 and gave birth at 20:

- Researcher You said everything turned opposite after marriage. What went opposite after getting married?
- Sarawathi I am not able to study even if I wanted to continue studies.
- Researcher Did you go out with friends before your marriage?
- Sarawathi Yes. I can't go out whenever I want to like before.
- Researcher Before people would say that 'Sarawathi is a college girl'. What do they say now?
- Sarawathi They say I am the daughter-in-law of certain people.

Though young men spoke of fewer problems with their marriages, there were a couple who thought their quality of life had been negatively affected. One thought he had missed out on continuing education because he had needed to get married, and another was disappointed in the increased responsibility that came with being a husband: "Prior to marriage will have enjoyment and after marriage will have responsibility ... [of] wife [and] children."

5.3.3. Conflict

Understandably, household conflict with in-laws or with a spouse played a significant role in determining quality of life. There were some couples who spoke of experiencing only "small quarrels", mostly in relation to financial difficulties (which were thought to put a strain on relationships) or where there had been dissatisfaction with the work or cooking by the wife:

When I do something they say that I am not doing it properly and criticise me ... About everything I do. When I sweep the house and yard, they say I did not sweep thoroughly. They say things like that. (Sobha)

While there were also examples of young wives becoming frustrated with their husbands, when they came home late for example, 'small quarrels' appear more commonly to be a matter of husbands becoming frustrated with their wives and exercising power over them, such as in this example, where a young woman married at 18 to a man of 20 explains first of all that she is sometimes scolded and feels sad, while her husband describes being able to allow (or not allow) his wife to visit her natal home:

Sometimes when he scolds me I feel very sad. And often after a while he would forget everything and then come to me and say 'sorry' and try to enliven the situation, then I feel very happy about everything. (Prasuna)

In a separate conversation, Prasuna's husband, Anil, said:

- Anil We don't fight or have misunderstandings. We might have small arguments. If she wants to do something she would tell me. She likes going to her village. Sometimes I might say no when she express a wish to go. But later I will send her anyway. We adjust in small things like that.
- Researcher So you are sensitive to her wishes and act accordingly?
- Anil Yes. I may not agree with all of her wishes but I will agree to 50 per cent of them.

Other problems were classed as more serious issues for relationships. Some young women felt their husbands did not take enough care of their children – did not give them attention or did not provide financially for them. Some young women still had to rely on their parents for financial support for their child, while a larger number felt they themselves were not being cared for well enough by their husband. Some were ignored – were not given attention or affection – and some were not receiving enough financial support. Others felt they lacked the 'good understanding' between husband and wife that made for a successful marriage. Some young women even spoke of experiencing domestic violence, mostly perpetrated by their husbands. Both young women married below and at age 18 experienced being hit by their spouses, usually in association with arguing with their husbands – being 'stubborn', not performing their tasks as expected, or for asserting their own wishes.

- Sunitha He says why I should go to my parent's house, I should not go. He says I should stay in his house only.
- Researcher What happens if you go?
- Sunitha He hits me.
- Researcher What would you do in your parent's house? Why doesn't he send you?
- Sunitha I don't do anything. He says he won't allow me to go.
- Researcher Does he hit you?
- Sunitha Yes.
- Researcher Regarding what issues does he hit you?
- Sunitha If I lay down when I don't feel well he hits me. If there is an argument he hits me.

A very small number of participants had separated (at least temporarily) from their husbands where the relationship had been particularly poor. However, with divorced women still experiencing stigma, their options in these situations were constrained. We were told that while men would re-marry, this would be much more difficult for women – particularly if they had already had children.

Nevertheless, the majority of young people said they enjoyed good relationships with their spouses, with many young women feeling supported and cared for, and young men often standing up for their wives and protecting them from the anger and disapproval of in-laws. Relatively equal numbers of those married above and below age 18 expressed their happiness and/or contentment with their relationships. Some spoke of getting along well with their husband, while others gave examples of how well cared for and looked after they were, particularly in comparison with peers who they saw as less fortunate because of experiences of domestic violence and/or neglect:

- Madhuri I feel that my husband takes care of me better than anybody.
- Researcher Why do you think your husband is better?
- Madhuri I saw them beating their wives.
- Researcher Your husband doesn't beat you?
- Madhuri No, he doesn't beat me ... I don't feel anything when I see anybody. My husband and I joke with each other and we are very friendly and close to each other.

Members of the older generation even commented on changes in male-female relations so that the current generation of husbands were thought to take better care of their wives than previous generations had experienced, and were treating their wives with greater love and care, and by comparison, the wives were freer from the difficulties and hardships of their own marriages.

At the same time, it was more commonly conflicts with in-laws that young women found challenging in their married lives. Some felt harangued about chores by their mothers-in-law, others felt looked down upon because of their less affluent origins or felt they were being harassed because of issues with a lack of (or limited) dowry. Some husbands had poor relationships with their own parents, but more common were descriptions of arguments between wives and their mothers-in-law. Indeed, one group of older married women described feeling that while it used to be mothers-in-law scolding their daughters-in-law, things had now reversed, while the young married women told of an opposite situation. Young wives also experienced conflict at times with their sisters-in-law, and one group of fathers-in-law explained that parents try to reduce the likelihood of this happening by seeking marriage alliances with boys who have no siblings:

The parents of the girls are choosing mostly the boy for marriage who has no siblings. This is to see that the girl will not have any harassment from the sisters of her husband and also to reduce the responsibilities like taking care of expenses of marriage for the siblings of her husband. (Group discussion with fathers-in-law, rural Bolangir)

Some young women were fortunate and were well taken care of by their new families, but this was seen as slightly unusual. A couple of young women explained that in-laws often treated their own daughters and sons well, but tended to mistreat their daughters-in-law. This meant they felt fortunate in comparison to their peers:

I feel very happy, like if we see in the society, in-laws are not like my in-laws, they will be helping their daughter or their son, they don't care properly for their daughter-in-law, they ill-treat her, my in-laws are not like that. They care for me, my husband supports me nicely. (Vimala, rural)

Where families experienced conflict, a number of young married couples had decided to live separately. This was seen as a growing trend among the younger generation, and one that was disapproved of by the older generation. Mothers-in-law felt that daughters-in-law had it much easier than they did, and fathers-in-law were sad for their sons in missing out on the joint family experience. However, members of the older generation also said that couples experienced fewer problems through not being part of joint families and that husbands took better care of their wives by ignoring their elders:

As they used to be in joint families, they used to have more problems in being united in those days. Their husbands did not take care of them and left them with the mothers-in-law. Mothers-in-law used to scold and beat the daughters-in-law and the daughters-in-law remained silent. Now, the present generation do not have any respect and fear towards in-laws and they're asking to live in nuclear families by leaving the in-laws. (Mothers-in-law, rural Kotagiri)

5.3.4. Agency, opportunity and constraint

Decision-making among couples conformed to patriarchal and gerontocratic norms, so that it was husbands, fathers-in-law and mothers-in-law who most commonly made household and financial decisions, sometimes together, but most commonly husbands held final decision-making power. There were a small number of cases where couples or wider families made decisions together, and one woman felt that she held the majority of decision-making power. However, often 'joint decision-making' meant that wives and other family members were consulted or included in the discussion of a matter, but the final decision was made by one person – someone other than the wife. One man explained that he and his wife discuss and come to a decision on things together, but in his explanation he describes having final say:

We both sit down and talk about it. She tells me what the issue is and she tells me her opinion. I will think about it and if I don't like her opinion I won't follow it. If her suggestions are good then I follow her suggestions. (Prakesh, Rani's husband)

There were a few examples where husbands did appear to be listening to their wives in household decisions - one man mentioned deferring to his wife's judgement if she disagreed with something, but far more commonly young women had little power over household or financial decisions, regardless of their age at marriage. One young woman explained the limited control she has in determining her daily activities:

- | | |
|------------|--|
| Researcher | Do you decide whether to go to the farm on your own or does your husband tell you? |
| Lokeswari | My husband tells me. |
| Researcher | Is there anything which your husband tells you to do and you don't like to do? |
| Lokeswari | There is nothing like that. ... |
| Researcher | Do you follow whatever he says? |
| Lokeswari | Yes. |
| Researcher | Do you do it willingly or unwillingly? |
| Lokeswari | I have to do it even if I don't like doing it. There is no choice. |

Husbands usually made the decisions about how household income was spent, and would look after their own and others' earnings – giving out what was needed for household or personal purchases to members of the family on a case-by-case basis. Some young women found their husbands and mothers-in-law unwilling to provide the items they needed, under which circumstances they often spoke of relying on their natal family to provide money for things for the

children or for their own personal needs. Thus, while the power they had over their own household finances was limited, their social network of familial support enabled them to be agentive via other channels:

They talk as if they are irritated by us. They snap for no reason at all. If I ask them to bring something, they snappishly ask whether it is necessary and why do I need it etc. That's why I don't even feel like asking for anything. They are like that even when it comes to children's food items. I don't ask them for anything. My mother gives me little bit of money whenever I visit her, I don't give that to my husband. I save it and use it to buy small things for my children. (Pratibha, urban)

There were other women who maintained their own paid work activities – one of whom appeared to gain some financial freedom by doing so:

Oh yes madam, I want to take up after constructing the house. I can even live happily from the earnings I get from tailoring. (Radha, rural)

In spite of having little control in general, there were around eight young men and young women who described making financial decisions together with their spouse or explained that the wife held control over the finances. A number of women said they were the ones who kept hold of the family income, telling their husbands what they needed. However, making the financial decisions does not seem to affect their ability to influence household decisions in general, as described by Pratibha's husband, Vivek:

Researcher Ok, now if there has to be important decision to be taken in the family about anything, among you both, who decides it?

Vivek I will take.

Researcher Now the money you all earn, under whose control will it be?

Vivek In wife's control.

5.3.5. Sources of support

For most young women, their natal family still plays an enormously important role in supporting them both emotionally and financially after marriage and on through motherhood. However, a number of them felt restricted in their ability to visit or maintain contact with them as regularly as they would like. The limited power some young women experienced in their marital homes was demonstrated by their inability to visit or speak to their own families as much as they would have liked – they explained that they now “answered to their in-laws”, had to come up with good enough reasons in order to make the visit, or were fobbed off with weak excuses for why they could not speak to them more frequently:

I used to talk to them once in a week after the marriage. And now my husband comes out with all lame excuses of not enough balance in his cell phone. I now talk once in three to five months ... I just keep quiet because he says there is no enough balance. He will scold me if I keep on asking him. He would become serious and scold me for not obeying him. (Satyavathi)

At the same time, many of our participants described feeling supported by their husbands and in-laws – and where there were problems with the latter, often husbands were said to defend and protect their wives. Few had continued old friendships after getting married, likely due at least in part to friends either continuing in education or moving away as they themselves got married.



6. Young married couples: physical intimacy and fertility trajectories over time

This next section, and the remainder of the report, focuses on fertility preferences and decision-making among married couples and families, over time.⁷⁷ It looks at contraceptive knowledge, use and services, beginning with couples' accounts of their earliest physical encounters.

6.1. 'The first night' – vulnerability and fear

Girls' narratives of their first sexual encounters in marriage were characterised by feelings of being frightened, unknowledgeable, powerless, and with no one to turn to. Their lack of sexual knowledge fuelled their fears.

I was uncomfortable and scared. (Sarawathi, urban)

Elder sisters, sisters-in-law, aunts and mothers advised newlywed young wives to submit to their husband's will and to remain quiet.

"Whatever happens, you should not shout and yell loudly", advised Shakila's aunt.

"I should not get upset or scared if he does anything", said Pratibha's female cousin.

"I should not say anything whatever my husband does", instructed Revathi's aunt.

My cousin sister told me ... She told me to talk nicely. (Varalakshmi)

"Be submissive to the husband and silent", was the advice received by Radha from her aunt.

Some girls did not have a clear memory of what the first night was like, such as this young woman who married at the age of 14:

Everyone cried and did all sort of things. I don't know and I don't remember what they told me that day. (Bharathi, urban)

Others reflected back on their first sexual encounter in a matter-of-fact way:

It just happened. That's all. (Bindu, rural)

But for most girls looking back, it had been a difficult experience. One girl from urban Kotagari recalled:

Thulasi I was literally shocked and damn scared. The first night was arranged immediately on the first and second days following the marriage ... It all happened without my involvement and while I was sleeping.

Researcher Didn't you feel like discussing the details of the first night with others? Has your husband cooperated with you on first night?

Thulasi I couldn't dare to do so. He didn't even talk to me.

It was generally inappropriate for girls to share their fears or to ask questions ahead of their wedding nights. Most couples had had limited verbal exchanges prior to and during their wedding ceremonies, and there was not open discussion about their individual expectations for the first night or for their longer-term fertility preferences. In most cases, girls and their husbands reported no discussion during their first sexual encounter:

- Sridevi We did not say anything. I was very scared. I used to feel scared even to talk to him.
- Researcher Did he talk to you?
- Sridevi He said 'why I am so scared of him?' He told me that I should be free and should not be scared. I said I am scared and I want to go to my mother. He said that we are married and I have him now and I don't have to be scared of him. But I was still scared and did not talk to him.

Some girls sympathised with their husbands for whom it might also have been their first sexual experience; in some cases, the husband's lack of experience generated mutual understanding between the couple:

You know it's also his first night and he's new to it. So he could easily understand my feelings ... [E]ven my husband was very tense. (Ramani, rural)

Indeed, most young men entered marital life with limited sexual knowledge and experience. One of the husbands who married aged 19 reluctantly received advice from his aunt before his wedding night.

I didn't ask her anything about it. I just listened to her ... It was not of any help ... I didn't follow her suggestions ... I just slept on the cot. That's all. (Pavan, urban)

When asked by the researcher what it was that his aunt had told him, he responded, "It is very embarrassing to let you know what all she told me ... She told me about the process of first night". So entrenched is the shame surrounding talk about sex that offers of new and potentially useful information are sometimes rejected, reinforcing the couple's collective lack of sexual and reproductive knowledge.

6.2. Factors influencing the timing of couple's first sexual encounter

6.2.1. Family and community influences

Social norms in the study communities dictate that a marriage should be consummated soon after the wedding, usually within a few days of the ceremony. Senior members of the family (e.g. in-laws) play an important role in deciding the appropriate time and location, and the couple are expected to comply with the family's arrangements for them.

Families also seek advice from *panchangam* (priests) to determine auspicious dates for the wedding and for the couple's 'first night'. Fixing the dates in this way limits the scope for couples to influence the timing. One of the husbands said that he had not given the dates any thought because "the priest has fixed the auspicious day ... that time was very good", and it was his family's tradition to fix auspicious times for these occasions (Revathi, urban). However, in practice, there was flexibility in the timing of the first sexual encounter. In several cases, female family members lobbied girls' in-laws to delay consummation of marriage, particularly in the case of "small girls" who married at young ages and were considered too immature for sexual debut. The way Sobha explained it, "girls would crack when married at a young age", meaning if they got pregnant, their bodies could not withstand childbirth.

6.2.2. Adolescent girls' influence

The majority of adolescent girls in this study were effective in delaying the timing of their first marital sexual encounter, sometimes by days, and weeks, and in a few rare, cases, by months,

despite lacking agency in many other aspects of marital decision-making. Many of them influenced the timing of the 'first night', despite family pressures.

Madhuri, from rural Bolangir, actively avoided her husband for 15 days after their wedding on account of her fear of sexual intimacy. Her aunt and sister explained to her what should happen, which assuaged some of her fears, and she finally gave in.

In the beginning, I never used to go near my husband ... I was scared ... I never even let him come near me ... I was so scared that I wouldn't even sleep the whole night. Later on, I was alright once I got used to it.

Kavitha married when she was around 14 years old, and her family made a point to caution her in-laws, "the girl is small" (young). Her mother told her what to expect when she got married, that "husband and wife have to become one", but she avoided her husband after they got married, "I was not letting him come beside me". Her mother advised her to "let him come near", "you have to behave properly, you all must not quarrel, you have to become one with your husband ...". Ultimately, there was a year lag before she became physically intimate with her husband. In a separate interview, her husband described increasing social pressure on the couple to have sexual relations so that they could conceive their first child.

We did not maintain any physical intimacy during the first year of our married life. Even people started commenting about me that I didn't have any physical intimacy and not having the children because of that. I often came across these sorts of comments. (Pavan, Kavitha's husband)

He reasoned that both he and his wife were too young when they married: "Even I was young and Kavitha was too ... She openly expressed her feelings that she was too young to go ahead with physical intimacy", and he agreed.

Whether adolescent girls were successful in delaying their first marital sexual encounter was dependent on whether husbands were receptive to their concerns. Many girls reported how their husbands had displayed patience and understanding and had agreed to delay sexual intimacy.

Sarawathi No [he did not force me]. He understood my fear.

Sobha My husband is a good man. So, he agreed to wait [3 months].

Husbands corroborated girls' reports and girls' influence on the timing of the sexual encounter. Rani's husband, Prakash, recalled:

I asked her if we could have sexual intimacy on the first night. She said we would have it when we go to her house. I agreed to her suggestion ... I don't know if she was scared or she might have thought she would feel more comfortable in her parent's house ... We went [to his in-laws house] five days after the wedding.

6.2.3. Couple negotiation and tensions

There was, however, a limit to husbands' patience. In several cases, husbands reported enlisting the aid of female family members to apply pressure on their wives, rather than assuming sole responsibility for initiating the sexual relationship. Shakila, for instance, managed to avoid being physically intimate with her husband for at least one month after their wedding. She said she "didn't allow" him to touch her, but after a month, he began to lose his patience and threatened to inform her parents. He "used to ask whether I got married to him with disinterest", she said.

According to Prasuna's husband, Anil, his family mediated the couple's sexual stalemate, which he was ineffective in breaking on his own.

My wife was mature enough [aged 18 years] to understand the husband and wife relationship ... When I told my uncle about it, his wife and other relatives came and explained to her about the physical intimacy. Her mother scolded her and said I might leave her. (Anil)

Prasuna's family found out that she was avoiding consummating her marriage, after Prasuna had confided in a childhood friend. Her friend told her mother, who told Prasuna's mother, who then rallied the women in the family to confront Prasuna. Her cousin warned her:

'Look, if you shy away from all this and keep your spouse away physically then he shall seek relief elsewhere. They are more likely to go astray.' She said, 'we too had to undergo all this ordeal and somehow we put up with all this and you too have to bear it.' She told me, 'we had borne all this and you too have to bear it for a while.' She also told me that in the course of time I will get used to all this and told me to go ahead with all this. (Prasuna)

Her cousin's words were a comfort since she came to understand that her individual experience was part of a common female experience of shared suffering, and this reduced her anxieties.

I thought to myself, 'Oh I am not the only one who is doing this. There are many women in this world who have also been doing like this.' Slowly I came to this realisation and I went to him. (Prasuna)

Aunts and cousins are particularly instrumental in persuading hesitant young brides to 'get close' to their husbands by appealing to reasons related to wider family well-being, such that family considerations take precedent over the preferences and well-being of the individual girls. A major reason why girls yield to their husband's sexual advances is to avoid bringing shame on their families should they be judged as misbehaving, including in their intimate relations. Subhashini received advice from her cousin, who spoke confidently from her experience of recently getting married:

[S]he told me it is not good to be far, it is good to be close to each other, if you are far from each other then the situation will lead to separation, it will be like we disgrace our parents ... our husbands will look for someone else, and we will get divorced. So even though I don't like it, I am having intercourse. (Subhashini)

6.2.4. 'The husbands need us'

A widespread perception that men 'naturally' need sex, and that women should make themselves available to fulfil men's physical needs, added pressures on adolescent girls to have sexual relations, even when they did not want to.

We will simply reconcile with the situation and adjust ourselves with the circumstances. Whenever there is a demand for sex, we simply learn to put up and adjust ourselves ... I mean the husbands need us ... If we are not near then there might also be some problems because of that because they need to have sex. We should be near and be available to them and if we are not there might be conflicts because of that. (Sirisha)

Society did not acknowledge adolescent girls' sexual needs, desires or concerns within the marital relationship. The notion that men's sexual wants and needs were 'natural' and biologically-determined combined with family pressures on adolescent girls and young women to be compliant, thus making it difficult for girls to negotiate sexual relations on their terms. There was little space for them to formulate, communicate, defend and plan for their fertility decisions or fulfilment of their sexual needs and desires, as they entered marital life.

6.3. Sexual and reproductive health information and services in the transition to marital life

6.3.1. Family

As mentioned earlier, the advice and information offered to girls on the threshold of marriage tended to focus on the expected behaviours and duties of being a wife and daughter-in-law in the marital household, rather than on advice that might reduce anxieties regarding their sexual debut with husbands; promote their sexual health; or stimulate a discussion on family planning. There was shame in open discussions between mothers and daughters about sex, and girls were expected to 'read between the lines' when given advice, as in this case:

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| Researcher | Have you ever talked about these things [sex] with anybody? |
| Rani | No, I never talked about them. But my mother told me before marriage that I should not object when my husband touches me and I should not get scared. I understood a few things by the way she mentioned them. |

Some girls married at an early age received unsolicited pre-marital advice on account of being 'small' (young) and therefore especially vulnerable. For example, Nirmala was 16 years old when she married, warranting advice from her elder sister, "because I was still a small girl, that's why she told me". She felt it would have been improper had she been the one to ask her sister for advice. Female friends who had already married did not play an important role as sources of information for soon-to-be-married friends; in many cases, friends had moved away after marrying, creating barriers to communication. Radha explained, "My friends were not here". Those friends who remained local were likely unmarried so were not in a position to provide advice from their experience.

6.3.2. 'Chitchat' and eavesdropping

Fear of shame meant many adolescent girls and young married women learnt what little they did know informally and indirectly, through 'chitchat' and eavesdropping, as older generations of women casually pass on information to younger generations in everyday social settings. For example, Kalyani realised that she was pregnant on the basis of information she overheard earlier: "When elder women sit and chitchat such topics come up ... I heard people talking that periods would stop if pregnant". She said, "Young girls would sit with them and listen to their conversations and come to know such things." When she missed her period, she knew she could be pregnant, so told her husband. Later, "it was confirmed that I was pregnant". Residing in an extended household meant girls frequently overheard others' conversations whether or not they were directed towards them.

Other married adolescent girls claimed that they simply learnt over time and from experience about family planning, rather than directly from others. Latha said she "came to know through normal everyday life", as she "went through these changes in life". Bhudevi insisted that, "Nobody told me. I came to know slowly after marriage."

6.3.3. Spouses

In the early phase of marital life, young married couples reported that they did not discuss contraceptive options together, and there appeared to be at least three reasons for this: (a) the topic was too embarrassing; (b) they lacked awareness of their options; and (c) they did not intend to actively prevent pregnancy so did not need to discuss birth control. Several young wives reported learning from their husbands over time; in fact, for some young women they were their main source of information:

I did not learn from anybody. My husband told me everything ... Whatever I know I learnt from my husband. (Kalyani, urban)

Cultural restrictions that discouraged wives from seeking out sexual and reproductive health information reinforced the assumption that their husbands were more knowledgeable than they were on the topic, although our interviews with husbands revealed that wives frequently overestimated the extent of their husbands' knowledge.

6.3.4. Media

Aside from information gleaned during adolescence from school, television, popular movies, internet, newspapers and books were also potential sources of information about family planning, reproductive health and sex for young couples in both rural and urban settings. Several individuals mentioned that they got most of the basic information they had from these sources.

The television programmes made me realise that the physical intimacy between a wife and husband leads to pregnancy and baby birth. These issues are also shown regularly in movies. (Ramani, rural)

Newspapers and books were also important sources of information for some of the young people who could read, and several girls mentioned reading special features of the Sunday newspaper in which, according to one girl, they provide "full details about all these things". The Sunday paper was a socially acceptable source of information for girls, though the content might be limited. Married young women did not report accessing the internet for information related to sex, family planning or reproductive health, and some husbands reported using phones to access sex-related information, possibly pornography. Some young men were confident that they learnt everything they needed to know about sex from their phones, even before marriage, which they felt made their generation more sexually knowledgeable compared to earlier generations.

Before marriage ... now everyone in the present generation knows ... after these phones have come ... they come to know through them ... there is nothing which I don't know. I know almost everything. (Venkatesh, Praveen's husband)

6.3.5. Workplace

Similarly, more husbands compared to wives obtained information about family planning or reproductive health in their places of work. The majority of young wives in our study did not work outside the home. One of the husbands, for example, was a priest, so became privy to the use of 'tablets' as a form of emergency contraception, something he learnt from conversations with temple visitors, while another husband said that he became knowledgeable on account of his training as an RMP doctor.

6.3.6. Doctors, nurses and Anganwadis

While doctors had not been a source of information before marriage, once married, couples received advice from them on such issues as delaying their first pregnancy, although this appeared to be limited. Many adolescent married girls and young women were aware that Anganwadi teachers and ANMs were sources of family planning and reproductive health information in their communities; however, even when the information and services were available, adolescent girls and young women did not actively seek them out. Living in a small community meant that there was a risk of neighbourhood gossip as to the purpose of girls' and couples' health visits.

Researcher Did [the] Anganwadi teacher in your village ever conduct classes for adolescent girls about sex and physical intimacy between husband and wife? Did she call all the adolescent girls for the class?

Sridevi Yes, she called. But I did not go.

Once young women were married, Anganwadis, ASHAs and ANMs said they started to talk to them about contraception and fertility. However, contact was minimal prior to becoming pregnant. Anganwadi teachers, for instance, had a limited role in raising awareness about contraceptive options prior to the conception of the couple's first child and their relevance increased only once girls became pregnant and thereafter; in fact, they were important sources of prenatal support and, eventually, family planning advice. In urban Kotagari, the Anganwadi teacher organised monthly meetings with mothers. Bharathi recalled a meeting in which they were told "not to have children in close intervals, like until the first child is three years old not [to] go for second child". The meetings were conducted on the nine of each month in the local hospital. Bharathi said, "they take us and do the tests and say how we are and they give medicines, and tell us what precautions to be taken..."

Similar to unmarried young men, husbands did not appear to have much contact with health workers. Anganwadis, ASHAs and ANMs did not provide services, nor speak to, married men about SRH. Instead they relied upon wives relaying information to their husbands about contraception, or husbands visiting male assistants separately. A female ANM from rural Bolangir explained:

When we go talk to the ladies ... the gents will not be there, they will have gone out. We tell the ladies not to get pregnant too soon, to use condoms to avoid early pregnancy. We tell them to tell it to their husbands. But we will not tell the gents. They will not ask. [W]herever there are male assistants in the sub-centres there the gents go and take what they need ... they will not ask me.

6.4. Contraceptive knowledge

Young married couples reported that they had limited knowledge of birth control options when they got married. Some of them knew about condoms, but condoms were not considered a way to prevent pregnancy in the context of marital relations. Rather, they associated condoms with prevention of HIV infection and other sexually transmitted diseases. Although condoms had become available in shops, the participants in this study did not use them in marriage.

Contraceptive knowledge improved somewhat over time, but it remained limited. For example, young women's responses to questions about their contraceptive knowledge revealed a degree of confusion, as many of them conflated 'contraception' with emergency contraception used to terminate (not prevent) unwanted pregnancy (discussed later). Mention of 'injections' and 'tablets' was usually in reference to emergency contraception. One group of young mothers from explained that:

We know that we can get sterilisation operation to stop having children. We don't know any other methods apart from that. (Group discussion, young mothers, urban Kotagari)

They said they were not advised about other methods (besides sterilisation) by doctors and nurses. Knowledge of contraceptive options remained low even among those couples who had been married for years and who had given birth to one or more children, and among those who wanted to delay a second pregnancy. A few women mentioned knowing about injectable birth control (but did not use it) and one woman mentioned the rhythm method (which she practiced) as a way to avoid becoming pregnant. Some women mentioned traditional methods, such as the belief that eating papaya prevented women from getting pregnant. But on the whole, young

married couples had sparse information about contraceptive options and the surrounding sociocultural environment disabled rather than enabled their capacity to seek out or respond to offers of improved knowledge.

6.5. Contraceptive use and limitations

None of the couples reported using contraception during their first sexual encounter, and most couples did not use contraception between the time of their first sexual encounter and the time of their first pregnancy. Low contraceptive awareness combined with strong social expectations to conceive within the first year of marriage meant most couples did not use modern contraception, including couples who expressed a preference for waiting at least a year before having their first child. However, over time, and particularly following the birth of the first child, some couples became more open and interested to explore ways to control their fertility outcomes. A group of young mothers from Bolangir discussed how people in their village were using tablets (from the nurse) and the loop (from the doctor) for birth-spacing. Tablets appeared to be more popular:

They say that [the] loop doesn't suit everybody. That's why some of them use tablets. My doctor asked if I want to have [the] loop. I said no. (Group discussion, young mothers, rural Bolangir)

The most common approach for preventing pregnancy was sexual abstinence, especially in the period following childbirth, and, to a lesser degree, as a way to delay first pregnancy. One woman reported using a rhythm method with her husband, and another woman used birth control pills.

Clandestine use of contraceptive methods was not widely reported in the study. It may be that women feared potential reprisal from their families, so underreported, or clandestine use may actually be low. Only one woman in the study reported using birth control pills without her husband's knowledge.

6.5.1. Birth control pills for regulating periods

There were both medical and social reasons making use of birth control pills acceptable under particular circumstances. Some women reported using birth control pills to address irregular or painful periods, or to control their timing. For example, Maheswari, from rural Bolangir, said that women in her village buy pills in "shops, across the counters" for the specific purpose of overcoming social restrictions that prohibit menstruating women from participating in religious ceremonies.

- | | |
|------------|---|
| Maheswari | Whenever we need to attend some event or any religious function and this menstrual cycle gets in the way ... We have to attend and we cannot attend during this time. So we buy these tablets and have them so that the cycle is postponed ... Then we go and attend these events and we get our cycles after that. |
| Researcher | Do you know about any medicines to be taken to avoid begetting children? |
| Maheswari | No, I don't know. |
| Researcher | But you have not used anything so far? |
| Maheswari | No, we have not used anything. Actually, we wanted to have children madam. |

In one case, a woman turned to birth control pills to *help* her to become pregnant. She and her husband wanted to have a second child but the doctors told her that she was unable to conceive and that if she were to become pregnant it would end in miscarriage. She started using birth control pills in an effort to regularise her periods to improve her chances of becoming pregnant.

We thought I would not get pregnant at all. I did not get periods till one year after my first daughter's birth. Even then they used to be very irregular. I never could make out if I am pregnant or it [was] just irregular periods ... I used to take tablets to regularise periods ... I got pregnant the second time when my elder daughter was one and half years old.

(Pratibha, urban)

Birth control pills were not, however, a common form of birth control among young married couples in this study.

6.6. Factors affecting decisions around the timing and delay of the first pregnancy

For the newlywed couples in this study, the question was not *whether* they would have children, rather *when*, and most of them, across both rural and urban settings, felt the weight of social pressures to conceive within the first year of marriage. Despite social expectations to prove couples' fertility and to produce a child soon after marrying, many couples preferred to delay the timing of their first pregnancy.

The most recent Young Lives survey with 22 year olds asked all young women who were married by that age (n= 241) what 'is the best age for a woman to have children?'; the average ideal age was a little older than 22 years old. Our qualitative study found that many factors influenced the preferred timing, or delay, of couple's first pregnancy, as outlined below.

6.6.1. 'I will continue her studies'

Many girls wished to continue their studies after marrying, so their preference was to delay their first pregnancy. Whether they were able to continue studying depended on the agreement and support of their husbands and in-laws, since decisions to delay pregnancy and to continue studying were not theirs alone to take. In the following example, a husband's assertion that 'I will continue her studies' is an indication of young women's limited agency within the marital relation: In rural Bolangir, Sirisha and her husband, Rahul, had been married for less than a year, when the researcher asked about their intentions to have children.

- | | |
|------------|--|
| Rahul | I want to wait until she completes her education before having children. |
| Researcher | What are you going to do if she conceives meanwhile? |
| Rahul | We can't do anything if she gets pregnant. We will have the baby. |
| Researcher | Would you stop her education if she gets pregnant and becomes a mother? |
| Rahul | I will continue her studies madam. |

The couple did not use contraception despite their wish to delay pregnancy so Sirisha could continue her education.

Many young women were surprised to discover that they were pregnant even though they did not take precautions to prevent pregnancy, as in the following case of Thulasi who unexpectedly conceived her first child one month into her marriage.

- | | |
|------------|--|
| Thulasi | My son is one and half years old. I got pregnant immediately after one month of marriage. I was very shocked about it ... I was planning to continue my studies and tried to convince my family but they were trying to convince me to stop studying. I didn't like being pregnant. It would be more difficult after giving birth to child ... I didn't even have any interest in having children. |
| Researcher | Did you inform your husband that you are not interested to have children immediately after the marriage? |

Thulasi I told them [my family] so. But my mother was interested to see me get pregnant. She advised me strongly to not use any family planning methods. She told me to not take any injections or tablets to avoid pregnancy.

Although Thulasi wanted to terminate the pregnancy, her husband forbade her from doing so, since “he wanted to have children and his legal heir”. So she gave birth to their son.

6.6.2. ‘Let it happen when it happens’

As above, many couples who were not looking to conceive immediately opted to let nature take its course, rather than using contraception to prevent pregnancy. Ramani wanted to wait two years before conceiving her first child, explaining, “We thought that we being newly married would need around two years to understand each other. That’s why we wanted to wait for two years and then go for children.” However, she and her husband did not use contraception. Similarly, Varalakshmi wanted to wait five or six years before getting pregnant, but she and her husband were not using contraception. When asked whether she was aware of contraceptive methods she said, “I don’t know about them and I did not ask anybody and I did not go anywhere”. Her husband wanted to find out information about family planning but she refused to go with him to find out about their options.

I said let it happen when it happens. I didn’t want to do anything in relation to getting pregnant. (Varalakshmi)

She had her first child, a boy, around a year into her marriage and her daughter two years later.

6.6.3. Characteristics of girls and household circumstances

Other reasons why couples wanted to delay their first child centred on characteristics of the young wife, such as the need to avoid pregnancy when girls were married at a young age and were deemed physically, emotionally and socially immature.

Having children at a young age is a problem. At that age the body cannot take the pregnancy and childbirth. If they are around 20 years old then the body can handle it ... Girls would crack when married at a young age. (Sobha, rural)

Sunitha was married at the age of 13 and wanted to delay getting pregnant for two years, but her husband did not agree. She said,

I thought if we had children two years after marriage it would be good because [at the age] a girl will be stronger and able to bear childbirth well ... I have seen others and realised. (Sunitha, rural)

Others reasoned that very young wives lacked experience and knowledge so they needed time to mature in preparation for assuming childcare responsibilities. Sridevi looked favourably upon her own experience when compared to other girls her age in the community since, unlike them, she did not get pregnant immediately after marrying:

They got pregnant at a younger age when they didn’t know anything about pregnancy and childbirth. I had my son after I learnt a few things. (Sridevi, urban)

Sobha reasoned that young wives would find it difficult to balance their workloads with the responsibilities of “having a husband and then children”. Hence, household circumstances also influenced wishes to delay pregnancy, and many young married women expressed concern that financial problems meant they could not afford the costs of raising children. For instance, Varalakshmi married at the age of 17 and her marital household was in debt partly due to her husband having taken out a loan for their wedding. They were living in a rented house and her husband was the only one working. For these reasons, Varalakshmi wanted to wait five or six

years to get pregnant until their financial circumstances improved. Her husband agreed to wait one year, by which time he expected he could pay back the loan.

The availability of family members willing and capable of providing child care was another major consideration affecting preferences to delay first pregnancy, and caring for a newborn baby was frequently considered a collective family endeavour rather than resting solely on the shoulders of the young mother. The presence, health and availability of mothers and mothers-in-law were important factors in determining preferred timing of first pregnancy for young married women.

For example, Sirisha was keen to wait at least a year before getting pregnant, having married at age 16. She was aware that her preference to delay pregnancy was at odds with wider social expectations. At the time of the interview, she had not yet conceived. She explained:

Generally it is convention to have children immediately after we are married but I don't want to have children now but only one year after marriage. I thought that there must be a gap of one year between marriage and child ... The reason why I want to have a gap is, as it is, there is no one prepared to support and to take care of the child now. After the child is born, it has to be taken care of properly. The child has to be given a bath and looked after well, and here we do not have any such facilities now.

Sirisha lived in an extended family so theoretically would have other women to call on for help should she give birth. However, her mother-in-law was ill so required care herself, “[a]nd my husband's brother's wife is very lazy”, she explained further. She and her husband viewed other members of the household as dependent on them rather than as dependable sources of support should they have a child, confirming their desire to delay their first pregnancy.

Case study: Age and agency over fertility decisions (Sunitha)

Sunitha was 16 years old when we spoke with her, living with her husband, 10-month-old son, and mother-in-law. She had been married at age 13, which she thought was much too young. She also felt strongly that women should not become pregnant as young as she had, instead waiting until they were around 24, by which time they would strong enough to handle the pregnancy and childbirth. She had tried to negotiate with her husband to delay her own first pregnancy, but had not been successful.

Sunitha grew up in Poompohar as the eldest of three daughters. She studied up until Grade 3, at which point she left school in order to help work on their own cotton farm, and to work for daily wages doing chilli picking, weeding and cotton flower picking on other people's land. At the time she had been missing school regularly. Her parents had wanted her to attend school, and took her there themselves, but she would subsequently leave and return home. Sunitha explained that this was because she was scared of being hit by her teachers:

My parent's used to leave me at school. But I was scared that the sir would hit [me]. So we used to come back home ... They would hit us to make us write the lessons. We would neglect lessons and play all the time. So our parents said we won't go to school anyway and stopped school for all of us once for all.

At age 13, Sunitha had not felt ready to marry. However, she had also not felt able to go against the wishes of her elders, fearing that they would be angry if she disobeyed them:

I said I am too young to marry. I was scared that they would get angry and tell me to go away from home. That's why I was ready to marry whom they selected.

Out of four marriage proposals, her now husband was the only man whose birth chart had matched with her own. The other proposals were thus considered unsuitable. Her family asked her if she was happy to marry him, and she said yes, aligning her wishes with those of her elders:

My elders decided this marriage for me and they conducted it well. When they are happy at my alliance and marriage, I was happy too.

Sunitha entered into marriage with very little knowledge or advice about married life. She was told by her mother to “not talk back or argue”, and to behave as she (her mother) behaved with her father. She was not told anything about sexual intimacy, nor had she been taught anything about contraception or delaying pregnancy. Her husband also did not talk to her about these issues once they were married. Indeed, on her wedding night, she and her husband did not speak to each other, they just had sex.

Upon moving to her mother-in-law’s home, she said, “Everything felt new. People are new, the house is new and I felt lost”. She described a living situation in which she appears to hold little power or influence over household decisions, her own mobility, or her reproductive choices. Her husband makes the financial decisions for the household and he and her mother-in-law decide together about the division of household labour. Compared with her parents’ house, she feels less able to go out:

After the girl goes to [the] in-law’s house, they won’t let the girl go out. When I was at my mother’s house I could go even if they say no, because they are my parents. But the in-laws would question the reason for going out. Once a girl becomes a wife she can’t go against her husband’s and in-laws’ wishes.

Her husband particularly dislikes her visiting her family, and has hit her for talking about this or for going against his wishes on the matter. He has been violent for other reasons also:

Researcher What would you do in your parent’s house? Why doesn’t he send you?

Sunitha I don’t do anything. He says he won’t allow me to go.

Researcher Does he hit you?

Sunitha Yes.

Researcher Regarding what issues does he hit you?

Sunitha If I lay down when I don’t feel well he hits me. If there is an argument he hits me.

Once married, Sunitha wanted to delay getting pregnant for two years, owing to her very young age. She spoke to her husband about it, saying,

I thought if we had children two years after marriage it would be good because [at the age] a girl will be stronger and able to bear childbirth well ... I have seen others and realised.

Her husband paid little attention to her request. He did not agree, and appears to have disregarded the suggestion about her health:

I told my husband that we should not have children as yet. He did not listen ... I told him that we are still very young and we should wait to have children ... I told him two months after the marriage ... He said if I eat good food nothing will happen and I will be able to handle it.

As a very young woman living in the marital and household context described above, Sunitha found herself with little ability to influence the timing of her first pregnancy. Sunitha became pregnant five to six months after getting married. After the birth of her first child, her mother and mother-in-law were able to impose a period of abstinence on the couple by saying she should not have sex whilst breast feeding, for the sake of the child. She now hopes to maintain a gap of another year before having her second child, but the advised period of abstinence has ended and the couple are not using contraception.

6.6.4. 'One year is over and she has no children'

Social norms encouraging pregnancy soon after marriage meant that remaining childless beyond the first year of marriage risked placing young couples 'off-track' from their socially expected fertility trajectory. However, each couple was embedded within a particular set of family and community relationships and we found considerable variation in the degree of pressure exerted on couples to conceive their first child. External pressures generally mounted a year into the marriage. Bharathi, for example, in urban Kotagari, did not initially experience pressure to conceive; however, when neighbours began questioning the couple's fertility, they were prompted to take action.

I was not worried about children not being born but when I went out for work people started to say 'one year is over and she has no children' ... they use to talk in the place where I went for work ... I told my husband and he was worried and really hurt. They used to say these things in front of us, 'why don't you all have children?' ... we started to consult the doctors. (Bharathi)

Bharathi began to compare herself to others and developed an increasing sense that she was 'late' in having children.

Like when everyone is having children, why is it not happening to me? Why is everyone talking about me? I was hurt and worried. Later I got treated and now I am on par with others [having given birth]. (Bharathi)

Similarly, two month's into Prema's marriage, relatives and neighbours began questioning why she hadn't gotten pregnant. She was bothered that "they would ask very loudly the reasons for not having children so far". At the same time, they were advised to wait to have children, creating conflicting messages. "These questions hurt me", she recalled. Over time, she "realised that it is the way of life and these people consider it quite normal asking these questions. It's a sort of social norm". Some of her relatives took on a consoling role when she expressed her distress from the pressure, with Prema saying "they pumped more courage into me."

6.6.5. 'Questions of fertility and virility'

Couples who failed to bear children in a timely manner feared being the targets of social judgement, and many of them resolved to enact multiple strategies to overcome fertility problems (described below). Women were typically held accountable for fertility problems, no matter the actual source of the problem. The possibility of not bearing children was therefore a serious concern for them, not least because of the social stigma attached to women labelled as 'barren'. Lokeswari (rural Poompohar), for example, even when only eight months into her marriage was worried that she would suffer a similar fate as her sister. She explained:

I don't want to end up like my sister. I want to have children. Her in-laws are cursing and abusing her because she doesn't have children. I am scared that my in-laws will also curse me if I don't have children.

Her sister had since returned to her mother's home to escape mounting conflict with her in-laws over her fertility.

My sister's father-in-law says nasty things. That's why she came back to my parent's house ... They say that she is a barren woman. They curse her. She could not take all the things they say.

However, husbands also came under pressure to explain why they hadn't had children within the first few years of marriage, and protecting husbands' masculine reputations factored into couples' fertility decision-making. One of the reasons why Radha and her husband (rural Bolangir)

intentionally rejected contraceptive use was to avoid the risk of shame that besets men who are unable to demonstrate their virility through producing offspring: “to avoid embarrassing situations where people would question my husband for not having children while his elder and younger brothers already have children.” That her husband’s brothers already had children added pressure on him to produce a child, since his mother “would feel more happy and satisfied to play with her second son’s children too”, reasoned Radha.

When Maheswari struggled to get pregnant her husband crafted a socially-acceptable reason to tell others that avoiding calling into question his virility:

Other launderers in our village asked me why I don’t have children even after so many years after marriage. I told them that my wife is dehydrated and was not well ... They started [asking] two years after the marriage. (Nagaraj, Maheswari’s husband, urban Kotagari)

In fact, doctors had confirmed that he had a low sperm count, a detail which he and his wife hid from others, to protect his reputation. A caring gesture, Maheswari was prepared to take the blame from her mother-in-law for having not conceived a child, knowingly putting herself in the line of fire for gossip and accusations.

It is between us. Only he and I know about this ... People will be wagging their tongues and gossip about us, so I did not tell anyone. On the other hand, he boasts about his virility to others and his parents and brands me as frigid. Whatever it is, I am prepared to take these accusations and I don’t mind being called frigid. My mother-in-law blames me for all this. She always finds faults with me and tells me to cut down on tea and other dietary stuff. She blames me for everything. (Maheswari)

Desperate to have children, the couple tried to take out a loan so that they could afford to purchase pills they saw advertised on television to aid conception, but the cost of the pills was prohibitive.

6.6.6. Fears regarding compromised fertility

Concerns about encountering fertility problems in the future greatly affected fertility decision-making, particularly following medical scares or miscarriages. Many couples who perceived their chances of conceiving as compromised (due to poor health or a history of miscarriage) forewent birth control to leave open the possibility of getting pregnant. Doctors and nurses advised couples to give a gap before trying to conceive again following a miscarriage. Most couples reported abstaining from sex, rather than using contraception, to avoid becoming pregnant.

After experiencing a miscarriage, Udaya was advised by the doctor to wait six months before trying to conceive. One year on, she was still not pregnant. She explained, “That’s why we did not want to start using the tablets as yet.”

Researcher Are you worried that something might happen again if you use the tablets?

Udaya Yes.

Researcher You are not using tablets but you are having physical intimacy. Aren’t you worried that you might conceive? How are you planning to avoid pregnancy?

Udaya I don’t want to use tablets.

Researcher If you get pregnant will you have the baby?

Udaya Yes.

Similarly, some young couples were led to believe that having an abortion compromised future chances of getting pregnant, as in the case of Varalakshmi, in urban Kotagari, who became pregnant a year into her marriage. She and her husband did not want to get pregnant, although

they had not been using contraception. When Varalakshmi found out she was pregnant she tried to convince her husband to allow her to get an abortion, but he refused.

I told my husband that we should not have children immediately. He didn't listen ... He told me to keep it. Everybody said if I don't get pregnant again, it will be a problem.
(Varalakshmi)

6.6.7. 'We wanted children'

Finally, a major factor affecting couples' preferred timing of first pregnancy was a basic desire to have children combined with the absence of any reasons to delay, in which cases, birth control was considered unnecessary. Indeed, some girls preferred to 'get it over with' early since they considered childbirth an inevitable aspect of married life.

6.7. Barriers to informed fertility decision-making in the early years of marital life

Several barriers impeded young married couples' capacity to make informed fertility decisions, particularly in the early phases of marital life. Poor communication, imbalanced power relations, misconceptions about birth control, and cultural beliefs were some of the main types of barriers affecting couples' fertility decision-making and mediating their access to services.

6.7.1. Communication constraints

'Matters never discussed'

There was a lot of shame and embarrassment in discussing fertility preferences and planning early in the marriage, so most young couples avoided these topics. Bindu, in rural Bolangir, was emphatic: "No, no. Neither did we talk about wanting to have children nor about not wanting to have children. We did not talk about this." Couples may feel ill-equipped to engage each other in an informed discussion when neither is perceived as knowledgeable. Madhuri did not feel in a position to share what little she knew about family planning with her husband, explaining:

As it is, I don't know any such things. And my husband did not even know the little bit I know. He is worse than me ... He doesn't know anything, poor fellow! (Madhuri, rural)

As Pratibha's husband put it, the "topic never came up" with his wife (urban).

'She doesn't want to listen'

In other cases, husbands tried to broach the topic of family planning with their wives, but their wives refused to listen, as in the case of Prasuna's husband who was keen to share information he had learnt at school and from peers with his wife: "She doesn't want to listen when I talk about such things. She scolds me if I try to talk about it." He reasoned that his wife was not "mentally mature", so "she just refuses to hear ... she told me point blank that she doesn't want to hear such things and not to talk to her about them."

'I also don't ask'

In general, young men avoided bringing up topics related to intimacy and fertility with their wives. Praveen's husband explained, "She never asks me anything deeply. She never asks or discusses. I also don't tell her ... I also don't ask." (Venkatesh, urban)

Neither was being highly educated a guarantee for more open communication between couples. In Sirisha's case, her husband was eight years her senior and a university graduate; however, when it came to discussing sexual matters with his wife, he admitted, "I can't ask." Similarly,

Maheswari's husband, Nagaraj, explained why he had never sought out information about delaying the first pregnancy:

We don't ask anybody. We keep such things within our hearts. No one talks or asks such things ... People would misunderstand if we discuss such things. (Nagaraj, rural)

Some young men were embarrassed to engage in conversations with male peers who were intent on offering sexual advice, because they found it embarrassing. Sirisha's husband, Rahul, said that his friends tried to give him advice but he was not interested in what they had to say:

Even if they talk about such things I don't pay attention ... They try to tell me such things but I say that I am late getting to the temple and I go away from them ... Whenever they see me, they would call me to sit with them to talk and I refuse.

'They will know more'

Another barrier to informed fertility decision-making stemmed from the assumptions made about what others did or did not know with regard to sexual and reproductive health. The older generation assumed the younger generation was better informed about sexual and fertility matters since they were more educated. Parents, elders and husbands assumed that girls who had been educated up to Grade 10 had acquired basic knowledge about sexual and reproductive health on the basis that they would have received sex education lessons in school; they were under the impression that girls' needs for sex education had been met by the time they left school.

Like 'she is educated, she knows', they thought. (Vimala, rural Bolangir, educated to Grade 10)

She would have [this knowledge] since she was a degree student ... I never asked her, but since she is a degree student I thought she would have known because it's compulsory. (Husband of Prema, who continued to study in college after marriage, urban, Kotagari)

Sirisha's husband had a university degree and lived in the city with his wife, who he described as "educated", explaining:

She is a degree student. She will know all these things ... from junior college or tenth class ... It's compulsory ... they [educated girls] will ... know. (Rahul, Sirisha's husband, rural)

Meanwhile, most young wives assumed their husbands knew more than they did, as in the case of Vimala, who was educated up to Grade 10, and her husband, who was university educated:

Yes, he would have studied Biology and he is a lecturer. He goes out and meets people and reads many things ... if we [women] think and know so many things they will know more than us ... They will know more. (Vimala, rural)

Spouses often did not possess the knowledge that their husbands/wives assumed that they did, but such matters were infrequently discussed, even among educated couples, thus reinforcing barriers to informed fertility decision-making.

'There is no point in talking or discussing with him'

Poor marital relations were another barrier to discussing family planning. When communication between the couple was generally poor, broaching the topic of fertility planning was unlikely. In cases of marital discord, young women relocated to their natal household (to be with their mothers), temporarily living apart from their husbands. In the following case, from urban Raipur, physical distance combined with strained marital relations meant communication between the couple was limited.

Researcher Did you and your husband think of family planning during that time?

Pratibha No. I never lived here continuously. I used stay at my mother's house most of the time. My husband never takes any responsibility. Even now he does what he wants to do. He doesn't care about anybody else. He doesn't listen to anybody.

In such circumstances, young women turned to their mothers or other family members for solace and advice, particularly when they felt they could not rely on their husbands for support. Pratibha tried to open up a conversation about family planning and delaying first pregnancy with her husband, but she became discouraged by his unresponsiveness.

No. We did not talk about that. He never talked to me. When he did not respond to my conversation I left it at that. I also did not bother to talk to him.

The researcher followed up by asking whether the couple had a discussion about their second pregnancy, to which Prathiba responded: "No. There is no point in talking or discussing with him."

6.7.2. Imbalanced power relations

'I am scared he will scold me'

Marital relations were generally imbalanced in power; they favoured husbands over wives and family elders over family juniors. Adherence to these power structures perpetuated a culture of deference and of constrained action when it came to young women and their capacity to influence their reproductive trajectories. Married girls and young women feared challenging the status quo since they occupied a low status in their households and their well-being depended heavily on the support of other family members; they muted their voices in an effort to avoid social transgression. Lokeswari in rural Poompuhar dared not tell anyone that she preferred to delay getting pregnant. She explained:

Lokeswari I am scared that he [husband] will scold me.

Researcher Did you tell anybody else?

Lokeswari I did not tell anybody.

Researcher Why didn't you tell your sister or somebody close to you?

Lokeswari I think they also would scold me if I tell them I don't want to have children so soon.

Negotiating family planning was commonly a family affair, and even when couples were in agreement regarding their fertility preferences, they were highly influenced by the opinions of elder family members. Young couples feared being 'scolded' by family members, so frequently buckled to others' advice. Sometimes they received conflicting advice, so they had to decide whose scorn they most needed to avoid. In the following example, a husband describes choosing his father's advice over the doctor's, resulting in his wife's pregnancy.

She did not conceive for one year. I took her to the doctor. The doctor said she has to use tablets. My father scolded us and told us not use any tablets. My wife conceived in the second year of our marriage. (Pradeep, Saroja's husband)

In urban Raipur, Durga sought advice about delaying pregnancy from someone she trusted from the community who worked as an ASHA worker. She recalled:

I asked a lady who works in the hospital about delaying pregnancy. I call[ed] her sister since I know her well ... [I] went to the hospital to talk to her about it ... [S]he told me about the tablets. But the elders scolded me not to use anything. They did not know that I was using them. But they scolded me not to use them.

Her husband had supported the idea of Durga going to talk to the ASHA worker, but once the elders intervened, he aligned with their view.

I got the tablets after talking to her [ASHA worker]. But he asked me not to use them since all these people said not to use them.

Many young married women expressed the sentiment that “I have no choice but to listen to them”, referring to feeling powerless to the opinions and decisions of their in-laws and of other elder family members.

Contrastingly, there was some discussion in the focus groups with unmarried young women of the greater influence educated women from more advantaged backgrounds have over fertility decision-making than their less-educated peers. One young woman described how having an education and being employed meant that she was much more likely to be listened to:

“If they are educated ... for a few years ... if they are from poor family, there won't be any such decision. In case she has a job, she will have the capacity and others will listen to her.”
(Group discussion, unmarried girls, urban Raipur)

6.7.3. Misconceptions and risks

Many misperceptions abounded in couples' understandings of contraception and reproductive health. Misperceptions and inaccurate information about the uses and effects of particular contraceptive methods informed many of their fertility decisions. Condoms, for example, were associated with the prevention of HIV/AIDS and with men having sexual relations with ‘outside ladies’ (prostitutes). Condom use within the context of marriage was therefore shameful.

‘From the beginning we wanted to have a child’

Many couples believed that contraception was something used by couples who did not wish to have children. A general desire to have children made couples wary of adopting contraceptive methods. Venkatesh, Praveen's husband, was aware that multiple contraceptive methods could be accessed through the doctors, explaining, “if we don't want children we will use medicine”. Although he had learnt about these methods by seeing them advertised on television, he never used them.

Likewise, Durga's husband, Rudrapani, claimed that having children after marriage “is compulsory” and that is why the couple did not use contraception, to not compromise their chances of conceiving.

‘She can get rid of the pregnancy if she takes a tablet’

When study participants talked about ‘tablets’ they frequently referred to emergency contraception, rather than birth control pills used to prevent pregnancy. When Revathi was asked what she knew about contraceptives, she replied, “I don't know anything about them”. The researcher asked what her husband knew about contraceptives:

He also doesn't know anything. I know that they remove pregnancy. But I don't know what to use not to get pregnant. (Revathi, urban)

Sirisha reported that she and her husband were not using contraception, and she believed it was something you took after the pregnancy was confirmed, not before. She had more questions than answers for the researcher.

Madam, actually we need to use something only after it is confirmed? Should we use it only after confirmation? So far, nothing has happened and I have not become pregnant. (Sirisha, rural)

The researcher asked what is it that they use after the pregnancy is confirmed, to which Sirisha replied, “They use tablets it seems”. In fact, Sirisha knew more than most girls her age prior to marriage on account of having a female cousin who worked in a medical lab. One of the cautionary tales her cousin told her was about the reckless sexual exploits of local college students who consulted the hospital to prevent becoming pregnant. That is why, she said, “Even before I was married I knew all that”.

[My cousin] told me about some youth who [indulged in sex and] committed a mistake while studying in college. Then the conception took place and it was confirmed. And then they go to hospital to take tablets and injection. (Sirisha, rural)

In a separate interview, her husband, a priest, also mentioned tablets as emergency contraception. Referring to his wife, he said, “I know that she can get rid of the pregnancy if she takes a tablet”. But he had no intention of using such tablets. Indeed, awareness of emergency contraception was prevalent among young women and men, even though their use was apparently much less common or acceptable.

I heard about them, but we did not use any of the contraceptives ... I heard ladies talking about them. They say that there are injections and tablets which will induce abortion. (Srividya, rural)

I know that some people take pills to terminate the pregnancies. (Satyavathi, rural)

‘In the future we may face problems’

A major barrier to contraceptive use was widespread belief that use of contraceptives created fertility problems, so would compromise couples’ chances of having children in the future. The association between contraceptive use and compromised fertility was particularly strong among rural couples, but was also prevalent in urban areas, including among the better-educated girls.

For example, Vimala, from rural Bolangir, had been educated to Grade 10, yet she held a belief in the negative effects of contraception.

Like, we never went for all this ‘planning’ and medicines because if we use all these our health will spoil; it will have an effect on health. Actually ... there will be side effects if we use medicines. Due to abortion also there will be problems in future. We thought about all these things and never went for any of them.

Jaya, from rural Poompuhar, was educated to Grade 12, and she wanted to delay her first pregnancy for around five years after getting married. She discussed the possible risks associated with using contraceptives, and worried:

We may get into some problems, so we never took any precautions.

She suggested to her husband that she get injectable birth control but her husband did not agree to it. He was fine with the idea of giving a five-year gap, but not with the proposed method for achieving it.

‘Let it happen as it is ... if we go for all that we may get into health problems’, he said. (Jaya’s husband, rural)

They resolved not to use any birth control methods instead.

In this study, women were somewhat more likely to make suggestions about family planning with their spouses, though they never made the final decision. But husbands’ (and other family members’) concerns over the potential long-term effects on their chances of conceiving often over-rode women’s desires to delay becoming pregnant. As one husband put it, “In future we may face problems, so we don’t want to go for that”.

Such fears were based on hearsay, and they were echoed by many young men and women in both rural and urban settings. Pratibha's husband, Vivek, in urban Raipur, said his fears were based on what he had heard others saying:

Many of them were talking, I heard it ... 'You shouldn't use medicines, this type and that type' ... 'you'll have some issues', they said.

Young women also reported hearing "people talking about it", such as Revathi, in urban Raipur: "They say that if we use any family planning methods we won't conceive later". Family elders perpetuated fears about the negative consequences of contraceptive use, and young couples were rarely strong enough to stand up against their elders, even in contexts where contraceptives were theoretically easily accessible. In one village, even the ANM described how neither she nor the doctors would recommend newly married women to use oral contraception, only condoms, for fear of damaging their health and fertility:

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| ANM | They use condoms, the oral pills they use less because hormones imbalance happens so they use condoms. |
| Researcher | Ok, boys are using this, what about the girls are they using any other methods? |
| ANM | I don't think so ... Oral pills [have the] hormones issue so the doctor also will not recommend. |
| Researcher | Do you say not to use? |
| ANM | We also tell, even the doctors also say so. |
| Researcher | They say, so you don't give a preference, is that it? |
| ANM | Yes we don't give preference, like if she is a mother of a child then she can use the oral pills but for newlyweds we suggest condoms. |

6.7.4. Fertility outcomes as the result of destiny

'People get pregnant only if God wills'

The belief that fertility outcomes were out of the hands of human agency and in the hands of God and destiny was an important factor constraining contraceptive use among young married couples. Many couples considered 'family planning' futile on account of their fertility outcomes being outside their control and in the control of God. "It's in the hands of destiny, so what can we do?" asked Lakshmi, who had a long gap of five years between her wedding and the birth of her first child, despite not using contraception.

Sirisha's husband said that he would accept whatever God decided for him and his wife, and although he was aware of the availability of emergency contraception, he insisted he would not use it.

[I] think God will take care of everything and whatever God decides I will accept it. If he gives children I will take it as Divine Blessing.

One of the couples in rural Poompuhar was keen for a gap after the birth of their first child, but they began having sexual relations five months after the birth and they did not use contraception. When the researcher asked Shobha what she would do if she got pregnant, she said, "We can't do anything. It is the will of the God". She went on to explain that, "People get pregnant only if God wills. Won't God know what all happened?"



7. Fertility preferences and efforts to influence fertility outcomes over time: birthing gaps, sterilisation and abortion

This report has so far described a generally passive approach taken by young newlywed couples to their fertility preferences and reproductive choices. The combination of material and sociocultural environments contributed to individuals' and couples' limited agency and unmet needs. However, their attitudes and actions were dynamic across the early years of marital life, particularly in response to changing circumstances, such as the birth of a child, ill health, and the availability of childcare.

7.1. Birth spacing

Following the birth of their first child, the majority of couples considered the length of gap they wanted to give before becoming pregnant again. The Young Lives survey asked all those girls and young women who were married by age 22 what they thought was 'the ideal period between births', and found the average ideal age to be 2.75 years ($n = 243$). By far the most frequent response was a gap of three years, across both rural and urban sites.

Our qualitative study found that the first birth catalysed a shift for many couples. Prior to confirming their first pregnancy, the space for fertility decision-making was relatively constrained; communication between couples was limited and interaction with services was weak. However, subsequent to pregnancy and childbirth, there was an increase in the intentionality in couples' actions to shape fertility outcomes. In general, communication opened up between husbands and wives on matters that were previously too embarrassing or taboo to discuss. In many cases, family members (such as married sisters-in-law) who had previously withheld family planning information became more vocal in their advice. Moreover, young women were in increasing contact with health care professionals who became more forthcoming with family planning advice.

[My mother] took me to the doctor one year after my daughter's birth. They told me that I should have next child after three years. (Srividya, rural)

The doctors explained the need to maintain the gap so that the mothers would be healthy and fit enough to take care of their first child. Similarly, they said [that a] gap also helps bringing up the second child in a befitting manner. (Ramani, rural)

But more information and improved communication did not necessarily lead to behaviour change. Most couples did not take up contraceptives, regardless of their preferences when it came to spacing their first and second pregnancies.

Ramani learnt about 'the loop' from female neighbours and from her doctor after she had already become pregnant with her first child. She wanted to give a two-year gap between her first and second pregnancies, but concerns about side effects persuaded her against using contraception.

Ramani I came to know about these things only after becoming pregnant and again during my second pregnancy. The doctor also told me these things during my second pregnancy ... I was not aware of these techniques before marriage ... Even he [my husband] was not aware of the family planning methods.

The importance of avoiding becoming pregnant too soon following childbirth was widely acknowledged. Family members and medical practitioners advised couples to avoid sexual contact for specific lengths of time (at least six months) and to give a gap (of around 18 months to two years) before becoming pregnant again. However, according to most couples, they were the ones who ultimately decided on how long they would wait before trying for a second pregnancy, and it was a matter they discussed and agreed together.

Young women frequently mentioned wanting (or having wanted) to leave a gap between giving birth – mostly between one to three years, though a small number talked of four to five-year gaps. Some of the most frequently cited reasons included wanting their first child to be old enough for them to “look after themselves”, or to make caring for them less onerous for family members, or for mothers themselves caring for both children at the same time. Indeed, one young mother explained that she had wanted to wait four or five years before having a second child, so that her son would be in school before she needed to care for another. She had had an abortion a year prior to the interview because of this reason:

I thought about it because if my son grows up and is old enough then it would be better for me. I thought like this; I thought that he would be going to school and then I can easily take care of two children. If both the children are very small then it would be difficult for me to look after them at [the same] time. So I had this in mind. (Prasuna, rural)

Ongoing health concerns of existing children weighed on couples' decision-making regarding timing of subsequent pregnancies.

My first born had health problems. We went through a lot of stress and worries. I thought if I have one more child immediately, it will be difficult to take care of both of them. And in case the second child also develops some complications, I won't be able to cope. That's why I wished for the gap between pregnancies. (Rani, rural)

Spacing births was widely acknowledged to make life easier on parents.

The first child grows up ... These kids can then take care of themselves. That way, even we would not be having any difficulties and problems bringing them up ... Yes, they can take care of themselves from one to two years onwards. (Prema, urban)

Some couples considered whether their household circumstances could support a second child, including whether they could afford to expand their family and whether they could count on mothers and in-laws to provide care.

My mother asked me casually about it [a second child], and I told her that my first child was still a toddler and let him grow up ... let me wait for another four to five years ... I reasoned with her that I cannot afford to have another child soon. (Prasuna, rural)

Indeed, most of the reasons for wanting to create a gap between children had to do with avoiding potentially negative impacts on the young mother. In one case, a young mother had intentions to return to school, so she was keen to avoid a second pregnancy. Although such aspirations were rare in this study, Thulasi's example demonstrates the pressures faced by some young mothers to balance multiple responsibilities against their own aspirations:

I have several obligations and responsibilities to fulfil. I have to take care of my son. I want to continue my studies. I have to look after the house. But you see It's not just because of these domestic and household duties. I somehow don't like having more children ... It's quite hard and difficult handling two children. I can't handle two children. (Thulasi, urban)

In several cases, the rationale for waiting to become pregnant again was based on concerns for the welfare of young mothers who were perceived to be too physically weak to endure pregnancy

and childbirth. Such was the case for Prasuna from rural Bolangir, who abstained from sexual relations for two years to avoid becoming pregnant. Her husband explained:

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| Husband | We are giving a gap. We don't want to have another child immediately ... Both of us learnt in school about childbirth, so we know why it is important to give gap. And also if there is no gap between the children my wife will have hard time. |
| Researcher | Why a hard time? |
| Husband | She is weak as it is and she might get much weaker if she gets pregnant immediately ... We wanted to give three years' gap. Now it has been four years since we had our son. |
| Researcher | Have you decided to give three years' gap based on her health or is there any other reason? |
| Husband | There are no other reasons. It is true that she is weak. And she wanted to give the gap. Somebody told her that it is good to give a gap between children. |
| Researcher | It is she who wanted to give the gap? |
| Husband | Yes. She wanted it and I also thought it will be good for the child also if there is a gap ... He will grow up healthy and my wife can take care of him properly. If we have two children one after another without a gap, it will be difficult to give attention to them. |

Although they lived together, they avoided sexual contact for two years, before trying for a second child.

Yes, she lived here, but she used to keep me away. That's why there was no necessity for contraceptives. (Anil, Prasuna's husband)

Thus, giving a gap was for some couples a way to protect young women and to prevent worsening of their health, particularly following caesarean births, which were common in the study communities.

We talked and decided that it will be good if we can avoid sexual intimacy ... We decided to give the gap because I had two caesarean operations already ... It was because of my health we have decided to give this gap ... [W]e have decided to give four years' gap so that the sutures can heal properly ... [The nurse] just said it will be good if one or two years' gap is given between children. (Bhudevi, urban)

They told me that it is not good to have a child immediately when I had the caesarean operation. The sutures would dry well in one year's time. That's why we have to wait three years to have another child. (Sobha, rural)

Despite widespread consensus on the benefits of spacing children, most couples did not use contraception. A common view was that birthing gaps occur naturally, or according to God's will, even when couples continue to engage in sexual activity. Some young women were led to believe that women are unable to get pregnant as long as they are breastfeeding.

The doctor told me that I would not conceive because of the breast feeding of my son. That's why I didn't follow any family planning methods. (Ramani, rural)

Others avoided consumption of traditional aids known to improve fertility, such as a local leaf that is used to help women conceive.

We did not plan the gap. I didn't eat the leaf for my second pregnancy. I ate that leaf [before] because I did not get pregnant for two years ... I did not eat it afterwards. (Madhuri, rural)

Most couples knew that they eventually wanted (at least) two children, and young mothers preferred to get their pregnancies out of the way. In their minds, there was little incentive for creating more than a two-year age gap between children. A sense of the inevitability of a second pregnancy drove their approach to birth spacing.

Sooner or later I would have a second child. I thought it would be better to have the second and be done with it. What can I do? (Varalakshmi, urban)

By far, couples' preferred method for creating a birthing gap between their first two pregnancies was to abstain from sexual contact. Multiple sources, including family members, friends and health professionals, advised couples to avoid sexual relations for at least six months following childbirth, and most couples reported adhering to their advice, sometimes for much longer periods of time. Satyavathi was advised by relatives to purposefully make herself unattractive to her husband to minimise the risk of sexual intimacy following the birth of their first child.

They told me to avoid sex for six months after the delivery. The husband can come and meet his wife at her mother's place and should not indulge in sex ... They have also advised me to avoid wearing neat dresses ... they told me to be shabby so that the husband would not come close to me.

Avoiding sexual contact beyond the minimum advised period posed challenges, and a few couples reported using a form of rhythm method to avoid pregnancy. According to many couples, they were the ones to make decisions regarding birth spacing. However, the apparent agency in this aspect of fertility decision-making did not necessarily guarantee their preferred outcomes. Indeed, there was a mismatch between their preferences (to delay second pregnancy) and their actions, since most couples could not sustain years of avoiding sexual contact. The case of 23-year-old Revathi, mother of one daughter, in urban Raipur, is illustrative:

- Researcher When do you and your husband want to have a second child?
- Revathi We want to have a second baby after five years.
- Researcher What is the reason for giving such a long gap?
- Revathi My daughter will grow up in five years.
- Researcher Did anybody tell you to give this long gap or have you decided on your own?
- Revathi We have decided on our own.
- Researcher How do you know that it is good to give gap and your child will be a little bigger when the second child is born?
- Revathi If our daughter will be a little bigger it will be easier for our elders to take care of her.
- Researcher Are you planning on following family planning methods to give the gap?
- Revathi No.
- Researcher Then how are you going to avoid pregnancy for five years?
- Revathi We want avoid sexual intimacy.
- Researcher For five years? Will it be possible?
- Revathi We talked about giving the gap but we did not discuss how to go about it.
- Researcher Are you going to take advice from the doctor about family planning?
- Revathi No. We don't want to follow any methods.

7.2. Strong preference for two children, ideally one girl and one boy, followed swiftly by sterilisation

There was a strong preference among our participants (22 young women and 13 husbands) for having two children. One was felt to be too few, with some explaining that it would be lonely for the child to be without siblings, and others explaining that more than two would be too expensive. As this young woman described:

I have been all alone and so on some issues I feel very guilty because I was all alone ... I was an only child but children need company. And a child also needs another child at home to share and play. Children need company ... so I want two children. They should not get the feeling of being lonely. (Sirisha, rural)

A small number of couples wanted to have more than two children, either because they were waiting to have a child of the opposite sex (e.g. if they had two girls they might try again for a boy, or vice versa), or because they were concerned that something might happen to one of their existing children, and they didn't want one child to be left on their own. In some cases, family pressure played a role in pushing couples to have another child against their own preferences. As this young woman explained:

Researcher Why don't you talk to your husband about whether you want more children or not?

Madhuri I talk. When I had one daughter and son, I wanted to have sterilisation surgery done. But my in-laws wanted more children ... But I felt two children are enough.

Researcher Then why didn't you have the sterilisation surgery done?

Madhuri These people didn't agree.

Researcher Who are 'these' people?

Madhuri My mother in-law, my husband.

There were some situations where relatives were hoping for more males or females in the family. Young couples then had the option of giving one of their children to another family member to be raised, should they be unsuccessful in giving birth to a child of the desired sex. Circulating children in this way was meant to fill gaps in relatives' households that were lacking children. Such was the case for Kavitha, in rural Poompuhar, who was pregnant with her fourth child in the hope of having a son that she would give to her brother to raise since he had four daughters and no sons. Her husband, who already had a son, explained:

[W]e will give the boy to my brother-in-law so that he would have a boy with him. I will have one son and my brother-in-law would also have one son.

He said it was his father-in-law's decision for Annapurna to have a fourth child for this purpose, and he agreed.

Similarly, although Nirmala (rural) ultimately decided with her husband to get sterilised after her second child, she and her husband ideally wanted to have three children. Had Nirmala had a girl she intended to give her to be raised by her elder sister, so that both she and her sister would each have one daughter.

Frequently, however, both young women and men explained that they wanted two children regardless of what sex they were:

We wanted to have two children, either girls or boys. Whoever it is we want to have two children. (Pradeep, Sarajo's husband)

Indeed, in the focus group with mothers-in-law (MIL) in rural Bolangir, they confirmed that couples nowadays often aim for two children followed by sterilisation, regardless of the sex of the children:

- MIL 21 They are not thinking of delaying until they have two children.
- Researcher They are not thinking about any such thing until they have two children?
- MIL 25 They are getting sterilisation surgery after two children.
- MIL 19 Irrespective of whether they have only daughters or boys they stop having children after two?
- MIL 23 Everybody is saying two children are enough.

Son preference did not appear prominent among the younger married generation, with many couples explaining that they did not mind whether they had sons or daughters, and some specifically hoped for girls – particularly where there had been a limited number of girl children borne in the wider family. However, where girls were desired, this did not go against rigid conceptions of gender roles demarcating household and caring work as the domain of daughters, and attributing responsibility for income generation and financial support for elders to sons. A substantial proportion of couples stated that they hoped to have a girl and a boy. As one husband explained:

Boy is an heir and girl is good for the house. That's why there should be one girl and one boy. (Nagaraj, Maheswari's husband)

A few participants also said they wanted a daughter because of the aesthetic beauty daughters bring to the household and the enjoyment to be gained from dressing them in nice clothing. Some young people stated their preference for male children – one husband explained that he wanted two sons so that one doesn't have to "look after his work alone", and in the focus groups, both young mothers and unmarried young women felt that son preference still existed quite strongly in their communities, with the older generation more inclined to prefer male progeny.

If we have a boy first it doesn't matter which baby we have the second time ... We will have peace of mind and we won't have any tension ... If we have a daughter the first time, we will be worrying when we get pregnant the second time that we might have a daughter again ... We will start having hardships and difficulties from our in-laws if we don't give birth to a male child. The in-laws would threaten the girl that if she gives birth to two or three daughters they would make their son marry another girl. That's why girls get scared. (Group discussion, young mothers, rural Poompuhar)

These preferences sometimes affected couples' decisions about having more than the desired two children, though others knew of their in-laws' wishes but went ahead with sterilisation after two daughters regardless:

- Researcher You got the sterilisation operation done after the second daughter. What did your mother-in-law say about it?
- Durga My mother-in-law told me to wait for a son. I did not want to have a third child. I thought I would have a boy when I was pregnant the second time. I said I don't want to take the chance and end up with a third daughter. I got the sterilisation operation done after the second baby.
- Researcher What was your mother-in-law's reaction about your operation?
- Durga She did not say anything.
- Researcher What was her reaction when you had a daughter the second time also?
- Durga She did not say anything seriously. She doesn't have daughters. That's why she did not say anything. She loves my husband very much.

It appears that for many young couples, the preference for two children was stronger than their desire to adhere to their families' wishes or to have a male child.

7.3. 'Fertility scripts' – a typical trajectory

The accounts of fertility preferences and practices among married young women in this study bore many similarities across both rural and urban settings, making possible the identification of an overarching 'fertility script' representing a 'typical' fertility trajectory among the study participants. Compared to their mothers and grandmothers, the direction of change was towards a desire for smaller families (two children), a weakened belief in boy preference (generally preferring one girl and one boy) and use of permanent contraception (sterilisation) marking the end of female childbearing.

7.4. Sterilisation – 'surely, operation'

There was almost complete consensus about getting sterilised after the second child, an option supported frequently by both younger and older generations. We heard of no husbands getting sterilised, the norm substantially rests on female sterilisation, with the main incentive being to avoid costs associated with having a third child. In some instances, family preferences played a role, as with Ramesh, Shakila's husband, "From their side and from my side, they told us to go for operation", though largely the decision seems to have been made by the couples themselves.

Sterilisation was a common feature of young women's reproductive trajectories. Wives, husbands, their families and communities considered female sterilisation an acceptable method for avoiding future pregnancies, particularly following the birth of a second child.⁷⁸ Several women reported getting sterilised as part of their caesarean deliveries.

I had sterilisation operation [during second childbirth]. I had caesarean delivery. So they did sterilisation surgery also at the same time. (Varalakshmi, urban)

Young married couples frequently equated sterilisation with 'family planning'.

Researcher What should be done for avoiding child birth?

Nirmala One should undergo operation.

As with other fertility decisions, a number of factors influenced whether and when women underwent sterilisation, including their health status, whether they could afford to raise more children, the number and gender composition of their offspring, and the needs of wider kin network. Despite widespread agreement that sterilisation was an acceptable form of controlling fertility outcomes, disagreement frequently arose over the timing of the procedure. Young women sometimes felt pressured by husbands, in-laws and medical professionals regarding when they would get sterilised, and women's agency and role in decision-making was constrained by the weight of others' preferences. Srividya claimed, "My husband and my father-in-law decided".

Indeed, 'we' and 'us' were terms frequently used to describe fertility decision-making, such that the female 'I' was overshadowed by more powerful actors ostensibly representing the collective interests of family. For example, Madhuri was prepared to get sterilised after giving birth to her second child on the basis that "two children are enough", but her in-laws wanted more grandchildren. She said, "these people didn't agree" to the sterilisation surgery. When asked who these people were, she replied, "My mother-in-law, my husband". Similarly, Rudrapani, Durga's husband, was asked about who decided when they would stop having children. "Just us", he said, meaning "me, my mother and my wife".

A major consideration regarding sterilisation was women's health status and whether they were deemed physically well enough to continue bearing children. In rural Bolangir, Rani wanted to try

for a girl after having given birth to two boys; however, her husband judged Rani to be too weak to survive a third pregnancy, so urged sterilisation.

Rani: Since I am weak, my husband doesn't want to take chances. But I wanted to have one more baby to see if I can have a daughter. My husband said if God wanted us to have a daughter He would have given. He has given us two sons and we should be happy with them.

Researcher: Did your in-laws and parents agree for you to have sterilisation surgery?

Rani: Everybody agreed. I am very thin and weak. So they all agreed that we should stop after two children.

Another major factor influencing sterilisation decisions was whether the couple had already produced a desired number and sex of children, and most couples were keen to stop after two children, no matter the sex.

We thought whoever the child might be we wanted to get sterilisation surgery done. So I kept the pregnancy. (Varalakshmi, urban)

We were ready for any child, whether it is a boy or a girl it hardly mattered. And we decided to get an operation done on me after this child. (Prasuna, rural)

Varalakshmi in urban Kotagari was convinced by her mother and doctor to get sterilised after giving birth to her second son, even though she wanted to try for a girl. She was led to believe that she had little chance of conceiving a girl, and that sterilisation was the best option.

Varalakshmi: They said that I wouldn't have a girl baby till my eighth pregnancy. They said I would have six or seven boys before I would have a girl ... My mother asked the doctors and they told her. She asked them whether I will have a girl. They said I will have girl baby only after seven sons.

Researcher: How does the doctor know that?

Varalakshmi: I don't know how he knows about it.

In urban Raipur, Pratibha's sterilisation experience was an act of resistance, since she went against her in-laws' wishes for her to give birth to a third child. She had two daughters but hadn't been sterilised. Pregnant with her third child, her in-laws wanted her to give her second daughter to their married daughter, and her husband agreed with their proposal. However, Pratibha refused and decided to terminate the pregnancy rather than give her child away, and then underwent sterilisation. In her words,

[K]nowing my husband, it is not possible for [him to take care of more than two children. And we have two girls. I got pregnant after my second daughter. My sister-in-law has only one son who is 14 years old. So they asked me to keep the pregnancy and give my second daughter to them to raise her. While raising her, if they scolded her or hit her for some reason, I wouldn't be able to handle it. That's why I refused to give my second daughter to them and I got rid of my pregnancy and had the sterilisation operation done. My husband agreed to give [our daughter] but I refused to give her.

Undergoing sterilisation did not carry any stigma or shame for women or their families. Indeed, some communities organised 'family planning camps' where women could access a variety of family planning services, including sterilisation, but such camps were only occasionally run. One of the husbands in urban Kotagari explained:

Researcher: Do you want to have more children or do you want to go for family planning operation?

Munishankar: We want to go for operation ... when they conduct the camp ... they have to conduct the camp.

Researcher: The family planning camp ... do they do it for everyone all at the same time?

Munishankar: Yes, in another two to three months [they will do it].

Munishankar went on to explain that both sides of the family (his and her parents) agreed that his wife, Lalitha, should be sterilised, but that ultimately, it was the couple's decision: "Our decision, both of us".

In discussions with health workers, it became clearer that female sterilisation is often preferred by women and couples as it is seen as more reliable. Social norms dictated that women rather than men got sterilised, and it was not something that was openly questioned. Health workers described cases in the past of women becoming pregnant again after their husbands had undergone a vasectomy, posing substantial risk to women's reputations:

Health worker: Yes, they are happening. [We d]on't know the reason behind it; we cannot blame the doctor alone and is it from the patient side we do not know about it, cannot say anything to the wife and husband. Cannot blame the doctor also, cannot blame anyone, but there are two or three incidents where pregnancy has occurred even after the operation. So people say that even after operation pregnancy occurred, we cannot say that the operation was failure or anything about extramarital relations. Cannot say that doctor did not perform well, at that point the woman feels sad about that.

Researcher: So which method they are choosing and adopting?

Health worker: Even then they are undergoing operation, but in two or three cases it happened like that.

Researcher: Had children even after operation?

Health worker: One woman had two daughters and after operation again she gave birth to girl and she is innocent. She doesn't converse with any one unless there is a necessity. And if she troubled due to that, what will be her situation? If someone is talkative they may be blamed; such situations are taking place.

In addition, it was also thought by some that after undergoing a vasectomy, men would be unable to work as hard – would not be able to do the heavy manual work their household incomes depended upon. So for both reliability, and for health and financial reasons, female sterilisation was strongly preferred:

Tubectomy operations, we are insisting husbands should undergo operations. But they feel that husbands cannot do work properly after operation, tubectomy is preferred mostly. Because men have to carry heavy weights, that's the reason. But we are saying that men should undergo operations. And because even [after] men were getting operated, women are having pregnancies, so women are undergoing operation[s]. (Female Anganwadi worker, rural Kotagiri)

7.5. Abortion and managing unwanted pregnancies

Not all pregnancies were welcomed, though few pregnancies were terminated. Some couples were surprised, and even disappointed, by news of pregnancy. In Kalyani's case, in urban Kotagari, news of her pregnancy was a distinct source of conflict with her husband, who did not want to have children so soon after getting married, although they were not using contraception. She described her husband's reaction to her pregnancy:

Before we realised that I was pregnant, I was laying down saying that 'I am not feeling well'. He said I might be pregnant and started arguing with me that he doesn't want children so soon. We used to have arguments regarding that issue. We used to have these arguments after everybody went to bed. I said to him he shouldn't have married and he shouldn't have been physically intimate with me if he didn't want to have children. (Kalyani)

Kalyani, on the other hand, was happy to discover that she was expecting a child, and her sister-in-law took her to the hospital to confirm her pregnancy. Her husband, however, remained unhelpful and argumentative. Kalyani turned to her parents for support and they covered all of the prenatal and childbirth costs, despite already being heavily in debt. Kalyani resented her in-laws for not helping. She went to stay with her parents when she was eight months into her pregnancy and was cared for by her mother.

Kalyani was aware of methods for terminating pregnancies, but she did not want to. Indeed, most young women and men knew about abortion services, and many of them mentioned the availability of 'tablets' that women used to terminate pregnancies.

Attitudes towards terminating pregnancies varied depending on the reasons for doing it. Elective abortions were generally regarded with disdain and moral judgement. Pushpa, in urban Kotagari, described the way people judge abortions they consider to be unnecessary.

They abuse and scold them ... why would they do this when God is giving?

Fear of moral judgement was enough for Durga to keep her pregnancy, though she did not want to be pregnant so soon after marrying (urban Raipur).

[My daughter] was born one year after my marriage ... I didn't want to have children immediately after marriage. I was nervous that I might not be able to take care of the child properly. But I got pregnant and somebody said to me that it is wrong to get rid of pregnancy. That's why I kept it.

Some people believed that elective abortion was a 'sin' and so should be avoided at all costs. Shakila, in urban Raipur, for example, experienced severe vomiting during her pregnancy, and both she and her mother-in-law believed that terminating the pregnancy was a good solution. However, her mother did not agree, saying, "God will gift children to few", so Shakila should not refuse such a gift.

I said I wanted to have an abortion because of the continuous vomiting. I had pain in my stomach ... I couldn't bear the pain due to the vomiting and I cried before my mother to have an abortion. My mother said that I should not go for an abortion, it's a sin.

In some cases, medical professionals were the ones to persuade couples against terminating their pregnancies.

Durga, in urban Raipur, attempted to terminate her second pregnancy. She and her husband were advised by neighbours to avoid the government hospital because staff there had a reputation for persuading couples against abortion. Instead, on advice from Durga's sister-in-law, they went to private 'Hospital L'. However, once at Hospital L, the doctor "refused to prescribe the tablets and refused to do the abortion". Durga said, "I had no option but to keep the pregnancy". Her sister-in-law had a similar experience with her second pregnancy, which she wanted to terminate. She first tried traditional methods to induce an abortion, by eating papaya. Once that did not work, she went to Hospital L. Durga explained, "That doctor told [my sister-in-law] to keep the pregnancy and she continued the pregnancy. The doctor told me also to keep the pregnancy." Eight months into Durga's pregnancy, her mother-in-law found about their failed attempt at terminating the pregnancy, for which she scolded the couple, that they "should not do such a thing without consulting anybody."

Health workers explained that no place provided free abortions, and that government hospitals were unlikely to provide them at all. Invariably couples and health workers spoke of needing to attend a private hospital for an abortion, and even there, the practice was stigmatised unless considered to be for a 'good' reason, that is, relating to the health of the unborn child or mother. One young woman spoke of an instance of hearing doctors shouting at a woman asking to have an abortion for what was considered to be a 'bad' reason – elective rather than for health reasons.

Abortions for medical reasons were generally accepted as necessary; they did not carry stigma or shame and could be justified when the survival of the foetus or of the woman was at serious risk. Prasuna, in rural Bolangir, for example, discovered that her pregnancy was not viable:

I had an abortion one year ago ... It happened during the fourth month of my pregnancy. The foetus was aborted. They said that the foetus was malformed and it had to be terminated. There was a heavy blood loss.

Young women who terminate pregnancies under these circumstances were said to garner pity and sympathy. Pushpa, in urban Kotagari, for example, felt down after undergoing an abortion, saying she was "very much hurt and worried" and that people felt sad for her. Similarly, Jaya said that people took pity on her after having an abortion. She went to stay with her mother so that she could recuperate:

I had to be careful, so I never used to do any work ... I was there for three months ... I was on rest, and I used to be given nice and good food.

Some young women who wanted elective abortions reported meeting resistance from family members. Vimala, in rural Bolangir, for example, wanted to terminate her first pregnancy so that she could continue with her schooling, and her husband agreed. However, her family convinced her against an abortion on the grounds that it might compromise her future chances of conceiving, and she eventually stopped schooling and gave birth to her daughter.

Indeed, young married women might see abortion as a fall-back option should they become pregnant too soon or at an inopportune moment. In Radha's case, she and her husband did not use contraception, and she wanted to wait until the construction of their house was completed before getting pregnant.

Researcher So, you want to construct the house and then think of pregnancy and children? What will you do if you conceive while the house is being constructed?

Radha What should I do if I conceive! I will go for abortion if I conceive during the construction of the house, but I am sure that I will not conceive. Otherwise, I will prefer abortion.

Durga and her husband went to the hospital to terminate Durga's second pregnancy because they wanted to wait before having another child, though they were not using contraception. However, they were persuaded by the doctor to go through with the pregnancy.

Durga Yes, we discussed it and we wanted to give the gap. We went to the hospital for advice when I conceived the second time. But she said since our first daughter would be almost 3 years old by the time of the second's birth, it was not necessary to get an abortion.

Researcher You went to the hospital to get rid of the pregnancy. But you did not think of family planning when your first child was born?

Durga We did not use any tablets to avoid pregnancy.

In Varalakshmi's case (urban Kotagari), she and her husband did not use contraception, and she became pregnant one year into her marriage. She wanted to terminate the pregnancy but her husband did not agree.

I told him that we should not have children immediately. He didn't listen. I wanted to have an abortion when I got pregnant. But he did not allow me. He told me to keep it.

Neither did she know where she could get help.

I don't know where they go [to get an abortion]. When I got pregnant I said to my husband that we should not have children yet, but he said we will keep the pregnancy.

Consulting the wider family meant couples were wont to be persuaded by their opinions too, so sometimes couples tried to limit the amount of information that leaked to the wider family. When Varalakshmi's family learnt she and her husband were considering terminating the pregnancy, they warned her that if she had an abortion she might not be able to get pregnant in the future. Similarly, two young women in Bolangir were persuaded against having abortions by their in-laws:

[W]hen I was pregnant with my daughter, I told my husband and he too agreed ... we didn't want the pregnancy ... [M]y in-laws, they never said anything. They told us to do as we wanted, but my father and my maternal uncle said it is difficult to have children nowadays so to keep the pregnancy whether it is a boy or girl. So I kept the pregnancy and ... I was not able to continue my studies. (Vimala, rural)

It was possible, though rare, for couples to act on their accord, and not consult the wider family. In some cases, they attempted to keep decision-making about abortion a matter between themselves to avoid being pressured by senior relatives to take a different course of action. For example, Thulasi and her husband, in urban Kotagari, made the decision on their own to terminate Thulasi's second pregnancy, explaining:

You see my son was hardly 1 year old. That's the main reason. We didn't inform anyone about it ... [M]y husband brought them ... He brought tablets.

Case study: Negotiating abortion (Ramani)

Unusual among those who considered having an abortion were cases of couples who involved their families in decision-making, yet went against their families' advice. Such was the case for Ramani and her husband, who decided to terminate their third pregnancy contrary to their families' opinions.

Ramani grew up in Bolangir. She studied up to Grade 10 in a government school in her village, and then continued into intermediate education in a college in Tirupati. Her father and brother were both well educated, and her father was particularly supportive of her ongoing education: "My father strongly believed that education provides you a very bright future. So my father sent us to school and college". By 19, she had studied up to the first year of degree level and aspired to become a teacher. Up until that moment, Ramani and her family had given little thought to marriage, "No one had ideas about marriage. Even my parents ... were simply encouraging me [to be] studying and did not bother about the marriage." However, during the summer holidays of that year, she was learning computer skills in her grandmother's village when an alliance was formed. She described how: "They liked me and wanted to go for marriage immediately ... And everything changed all of a sudden when we had this alliance. They considered it a very good and worthy alliance and went ahead with the marriage." Initially, Ramani said no, she was not willing to marry, since she wanted to continue with her studies, but her parents and other elders convinced her to agree, arguing that it was a good alliance and another of similar calibre may not present itself in future. They said that she would be able to continue her studies even after marriage.

Ramani agreed and was married at age 19. Her husband was 29 years old, well-educated with an MBA, and employed as a relationship manager in a security organisation. Describing her relationship now, Ramani commented that her husband is supportive and that they are a happy couple together.

Initially after marrying, Ramani had been able to continue attending school. However, she became pregnant with her first child within the first year of marriage, and was subsequently forced to leave education:

Everyone considered the alliance a worthy one and approved it. These elders also advised me to continue education after the marriage. So education was not an issue but for the pregnancy. I had to give up education because of the pregnancy. Otherwise I would have certainly continued my studies.

Nevertheless, both Ramani and her husband were very happy to become pregnant with their first child. They hoped to have one boy and one girl, and were pleased with the birth of their first son. However, when Ramani became pregnant again soon after her first birth (having not used contraception) and they discovered that their second child was male, they were disappointed. They were desperate for a girl.

You know dress the girls very nicely, decorating them with nice ornaments and dresses and pony tails ... We longed to have a girl ... I prayed to several gods to bless me with a daughter ... You know, my husband likes girls very much because these girls look cute wearing a variety of dresses, ornaments. These girls make the whole family alive and bring lots of happiness. Even I enjoy dressing up the girls and putting ornaments on them. That's why we both preferred having a daughter ... We both were disappointed having a second son. My husband couldn't digest it for many days.

When Ramani became pregnant for a third time, they decided to terminate the third pregnancy regardless of the gender, since they did not feel financially able to support the education of a third child, and preferred to stop at two. Ramani was aware that by terminating the pregnancy she went against her family's wishes and the prevailing social norms, since most girls in the village only went for terminations on medical grounds. She explained:

When I was pregnant, I decided to go for medical termination which was accepted by my husband. And I got the pregnancy medically terminated ... it was the third pregnancy ... [My parents] did not support our decision. They wanted us to continue the pregnancy and go for the family planning operation after the delivery. But we didn't accept that ... Even my in-laws and my husband's sisters did not accept our decision ... Some of them advised me to continue with the pregnancy, while one of them supported our decision.

In Ramani's case, she had been on birth control pills following her second birth. However, she began to experience side effects from the pills, so decided to go off the pills and plan for sterilisation in the coming month.

I took tablets prescribed by a doctor who practices in our neighbourhood. By taking these tablets I suffered from leg pains and hand pains. I also faced some other problems. I thought of going for the family planning operation in the next month. And I did not take tablets during that month, which led to the third pregnancy.

That Ramani and her husband agreed on what they wanted for their family made a big difference in supporting her role and agency in decision-making. Ramani was proactive in determining the course of her fertility trajectory, even when it went off track, but she probably couldn't have exercised her agency had her husband not supported her, especially in the face of family opposition.

7.6. Facing difficulties to conceive

Several couples reported difficulties in conceiving, though they yearned to have children. Becoming a mother or a father awarded individuals and couples status within families and society, and some wanted children for the joy they brought to families. Delays in the timing of the first conception could therefore generate anxiety and concern for couples who were keen to demonstrate their fertility.

Bharathi's husband, in urban Kotagari, described the kind of pressure they felt as a couple since they struggled to conceive: "Yes, we were worried. We were hurt, we felt pain". Although nobody asked them why they had not had a child, they nonetheless imagined that they were being judged:

No one asked us, but we felt it, what people might think because we never had children after being married for so many days ... we both were worried.

The worry continued for around six years, when Bharathi finally became pregnant.

Family history and genetics were the main explanations given for the timing of conception and for fertility problems. For example, Geetha, in urban Raipur, gave the following explanation for why she had not yet conceived so many years into her marriage:

[M]y mother-in-law bore children late, after five years of marriage, and my mother bore children after three years of marriage. That's why I am thinking that it will happen similarly for me.

According to Revathi (urban Raipur), it was hereditary for the women in her husband's family to have their first children within the first year of marriage. In Revathi's family, women bore children two to three years after marrying. On this basis, she believed she would get pregnant one to three years into her marriage. Likewise, Maheswari explained her problems getting pregnant with reference to her family history:

Many people say, 'Look, you have your paternal aunt's genes in you.' ... My maternal aunts also underwent the same ordeal. The younger aunt was blessed with a child after ten years and the other lady, my older aunt, was able to beget a child after seven years, seven years after her marriage.

Some couples used the same logic to explain why they were predisposed to conceive children of a particular sex. Nirmala (rural) expressed concern:

Because mother had all three daughters, I thought the same would happen to me.

Couples experiencing fertility problems reported employing a number of strategies, often combining traditional and modern approaches, to increase their chances of getting pregnant. For example, it was common for women to visit both temples and hospitals, to pray to the gods and to take modern medicine, to overcome fertility problems.

Several young women in the rural areas described consuming a particular types of 'leaves' ('Gavvaku') known to increase fertility. For example, Maheswari, in rural Bolangir, ate the leaves on three separate occasions despite the unpleasant side effects:

On the day we eat this leaf, the whole day we become very weak and we will not have any stamina in us. We are not allowed to drink more water ... We have to eat only curry rice with ghee ... it is so repulsive and while eating it we feel nauseous. We just feel like vomiting.

In the same village, Madhuri claimed:

I ate that only once and I got pregnant within one month and my daughter was born.

It was also common in rural areas to perform certain rituals to aid fertility. After five years of trying to get pregnant, Maheswari's maternal aunt 'blessed' her by offering 'Vodi Biyamma'. 'Vodi'

means 'lap' and 'biyyam' means 'raw rice', referring to the way the woman is made to sit cross-legged and her sari is filled with raw rice, an auspicious fertility ritual.

Many women and their family members tried to overcome fertility problems by making vows to particular gods, offering certain rituals called 'vratam' (in rural Bolangir). After a series of miscarriages, Radha prayed and made offerings to Lord Venkataya Swamy (Lord Balaji of Tirupathi). She said, "I gave birth to the boy after the pilgrimage". Such accounts of the efficacy of appealing to the divine perpetuated the practice. In a similar story, Saroja was told by her family to make a vow to Annavaram, after which her son was born. Apparently, her husband's parents had taken a vow to the same god when they struggled to conceive, and she said, "that is how my husband was born".

In the same village, Saroja's husband had made a vow to the gods to return should his wife get pregnant, so after Saroja became pregnant, he went back to the temple to fulfil his promise. Similar promises were made with gods to influence the sex of babies. Vimala's in-laws wanted her to produce a boy, so she promised the gods that she wouldn't sin if she were given a boy. She cut off her long hair and other family members shaved their heads to supplicate the gods. In Poompuhar village, Satyavathi wanted a son after she had her daughter, so she made an oath to Lord Anjaneya to visit the temple should she have a boy.

Indeed, relatives acted both as sources of unwanted pressure and as sources of comfort and consolation. For example, when Prema was struggling to conceive, her husband and in-laws tried to ease her sense of pressure.

He advised me not to hurry myself and wait for a while ... My mother-in-law was not worried about it and she was cool. She simply told me to wait till it happens and that there was nothing there to worry about it. (Prema, urban)

Husbands and wives might experience family pressures differently. For example, Maheswari's husband, Nagaraj (rural Bolangir), described his parents as being supportive and patient as he and his wife struggled to conceive.

They assured us that we will have children in one or two years and not to worry about it.

Meanwhile, Maheswari described a threatening and impatient mother-in-law, very different from the one described by her husband.

My mother-in-law told me, 'I will do a second marriage for my son because you have not conceived.' I was told about this by my husband, but he said 'leave it, she's always like that'.

Sometimes couples united to withstand family and community pressures to get pregnant before they felt ready to. Sridevi's husband (urban Kotagari) felt he and his wife were in a better position to resist family pressure on account of living separately from them, as a nuclear unit. Sridevi reported, "Whenever they said something about children my husband would say 'that's how people talk' and we should not mind what they say since we are a separate family".

Most young married women did not feel empowered to stand up to their in-laws in the face of fertility pressures. For example, Sirisha's mother-in-law (rural Bolangir) lacked sympathy for Sirishi and her husband's struggles to conceive. Her mother-in-law asked her, "Don't you want to be a mother? 'Don't you want to have children?'" Mounting pressure saw the in-laws withholding gifts from Sirisha until she could produce a child. Sirisha described visiting her in-laws during a festival, a time when she normally could have expected to receive gifts.

As we celebrate these festivals I wanted a new sari for myself. I wanted to ask for it but I was told that until a child, a son or a daughter, was born to me, I was not supposed to take any clothes from them. I was told to follow this ... Although I wanted a sari very much, I still did not ask them for that. I did not ask because these people had told me not to ask.

Actions like this reflected an assumption that it was within young women's power to will a pregnancy to occur, and it was young women within the couple who were more likely to be blamed for fertility problems.



Part Four

8. Conclusions

Our research has highlighted the lived experiences of adolescent girls and couples as they navigate the transition to marriage and fertility decision-making in the early years of marital life. In particular, we focused on the mutually reinforcing influences of families, service providers, economic circumstances and gendered cultural and social expectations that shaped and constrained the agency and choices of girls and young women as they moved from being 'daughters' to 'daughters-in-law', 'wives' and first-time 'mothers'.

In this concluding section, rather than provide a comprehensive summary of the findings, we highlight a few key areas representing promising leads for future research and policy directions.

Supporting girls and young women across the life course

The life-course approach taken in this study confirmed the importance of supporting girls across the life course and through particular periods of transition, from being students and daughters, to becoming wives and mothers, each change in status introducing the potential for new risks, vulnerability and opportunities.

Targeting child marriage in isolation does not address other areas of girls' and young women's lives where they lack agency, and efforts to improve young women's roles in fertility decision-making need to begin well before those decisions are made, enhancing girls' status and the spaces in which they can exercise their agency, prior and leading up to marriage. This requires identifying and being attuned and responsive to the context-specific, multiple critical moments across girls' early life trajectories that potentially increase vulnerability, risk or opportunity – such as menarche, school holiday periods, parental death, and the point at which alliances are negotiated; as well as those following marriage, such as the couples' first sexual encounter ('the first night') through to their first pregnancy, since this period was frequently characterised by limited couple communication, minimal interaction with services and low contraceptive use, despite the desire of many newlywed adolescent girls to postpone motherhood.

Identifying the most vulnerable girls

The well-being and mental health of married adolescent girls require urgent attention. Young women's personal accounts of sexual debut included the portrayal of non-consensual sexual relations involving young, frightened, poorly informed adolescent girls. In the transition to married life, their main duty was submission – to husbands and in-laws, and to cultural convention; compliance and conformity were among their few coping strategies.

For most young women, marriage entailed the weakening of social ties to home and constrained physical mobility, so that their well-being in the transition to marital life pivoted critically on the protection, patience and consideration of husbands and in-laws. There was much variation in their experiences. For some newlyweds, the early phase of marital life was characterised by conflict with in-laws who overburdened them with household chores and pressured them to conceive children straightaway, contrary to girls' wishes. For others, the transition to marital life was made easier by caring and sympathetic in-laws who eased girls' homesickness and their insertion into new household roles; and by husbands who made good on promises to continue wives' education after marriage, and who facilitated their visits to and communication with their natal households.

It is important to underscore those cases in our study of young women who described their marital relationships in tender terms and their husbands as household allies who demonstrated care, consideration and compassion. Generally, over time, and after the first childbirth, familiarity

increased the openness with which couples discussed fertility decisions, and some couples were effective in uniting against pressures exerted by senior family members with which they disagreed. The most vulnerable young women were those who failed to fulfil their expected marital roles (e.g. housework, bearing the right number and correct sex of children) and who lacked a strong network of social support.

Reaching out beyond the 'child bride'

In theory, once married, there was a plethora of potential sources of sexual and reproductive health information and advice available from local health service providers and from married female relatives. However, when it came to reaching out to young newlyweds with information that might help them to control or to postpone the timing of their first pregnancy (should they wish to), both family and health care providers relinquished primary responsibility, placing the onus for communication on other members in the community. In some cases, there appeared to be a society-wide collusion to prevent young married couples from delaying their first pregnancy. Much of what young women had learnt about sexual and reproductive health prior to and in the early phases of marital life they had learnt informally through eavesdropping, or from female family members and neighbours with whom they could relate and identify.

Likewise, we found that many young men transitioned to marital life poorly informed of contraceptive options and they were ill-prepared to initiate or engage in dialogue with their young wives about their respective desires and fertility preferences. Adolescent boys and young men were marginalised from sexual and reproductive health services and information access, since most services were aimed at young women who were assigned the responsibility to communicate pertinent information to their husbands. And yet, husbands wielded greater fertility decision-making power compared to their wives, including on matters directly relating to women's bodies, as in female contraception, childbirth, abortion and female sterilisation.

Young couples were poorly served by health providers, with few options for family planning beyond sterilisation. Those who had difficulty conceiving had almost no access to support or information, despite the personal cost to them.

Building on promising social change

Social change affecting marriage and fertility norms is uneven, characterised by flux and incongruence rather than uniformity. Although girls' and young women's social roles remain largely limited to those of wife, daughter-in-law and mother, young people's preferences appear to have changed away from early childbearing and son preference. Yet social pressures exerted on newlywed couples to prove their fertility early on in their marriage and to produce a male child do not appear to have diminished for the younger generation. It is very difficult for young couples to stand up to family and social pressures. We need to better understand how to support those adolescents, couples, families and communities who are willing to change, so that breaking a social norm does not lead to shame or social isolation.

In the contexts where this study took place, patriarchal and gerontocratic norms persist in situating adolescent girls on the lowest rungs of power within their households both before and after marriage, affording them limited say in important decisions affecting their current and future well-being. The expectation remains that wives obey their husbands, as junior family members are expected to defer to their elders; within this configuration of power, the needs and opinions of young women who married in adolescence were often secondary to the needs and opinions of the significant others in lives. Indeed, it was striking how many young women had internalised a sense of a lack of autonomy from the time they were young, such that many of them struggled to

grasp the notion of girls having a 'choice' regarding who and when to marry, or of being the key decision-makers with respect to their own bodies and fertility outcomes.

Yet we also found promising indications that cracks are appearing in rigid gender attitudes: the most recent survey with 15 and 22 year olds showed that young women reported more egalitarian gender attitudes compared to young men the same age, particularly in relation to their attitudes towards girls' rights and capabilities in schooling, and their leadership and intellectual potential.⁷⁹

Girls alone will not shift the norms that contribute to their social marginalisation. Changing the 'profoundly rooted norms that relate to gender, age and social position requires a strategy that addresses girls, their families, other gatekeepers and communities at large ... individuals whose opinions on girls' schooling, domestic roles, safety, religious practice, sexual relations and place in society determine the timing and nature of those girls' marriage',⁸⁰ and that continue to influence young women's reproductive choices and trajectories after marriage.

The older generation communicated a sense of social change too, convinced that the younger generation was more knowledgeable about matters relating to sexual and reproductive health, including contraception, than they had been at their age; they judged younger married couples to be more egalitarian than couples of their generation. Likewise, young wives generally assumed that their husbands were more knowledgeable than they were on matters of sex and contraception. Meanwhile, husbands of educated wives assumed their wives were well-informed on sexual and reproductive health because they must have learnt these things in school. Our interviews with young wives and husbands revealed that these inter- and intra-generational assumptions were often unfounded and unchallenged, and because they were beyond the realm of discussion, were a silent barrier to fertility decision-making. Cultural norms governing communication between genders and generations need to shift in ways that improve dialogue across more and less powerful social groups.

The potential of schools

Schools are a promising platform for breaking down some of these fundamental communication barriers. Schools should be well-placed to deliver sex and relationship education to adolescents, and it is widely assumed and expected that schools are already playing this role and delivering basic information to their pupils. However, teaching quality on these topics was poor and teachers were hesitant to move the topics for discussion beyond disease prevention and menstrual hygiene, rather than also addressing topics related to sexuality, consent, relationships and contraception. It is important that a full suite of topics are covered prior to marriage in ways that are culturally-, gender- and age- sensitive, that the value of imparting this information is understood by adolescents, teachers, families and communities, and that out-of-school youth have alternative ways for accessing this information.

Moreover, further in-depth research is needed to determine the extent to which girls' and boys' education equips them with greater decision-making power for marriage and family life. Our findings were mixed, showing that even girls educated up to Grade 10 frequently lacked agency in deciding when and who to marry, whether or not to continue in education, and how to control their fertility. Increased agency of highly educated girls was more a question of degree rather than a foregone certainty. No matter their educational attainment, nearly all married couples in the early phases of marital life found it very difficult and embarrassing to discuss sex, fertility preferences and contraception. Yet limited couple communication did not result in girls' and young women's heightened autonomy over their sexual and reproductive lives; in fact, they had very little autonomy over reproductive decisions.⁸¹

Hope

Life does not end for girls who marry or who become mothers in childhood. Policies place greater emphasis on the delay and prevention of child marriage, although these are not being effectively implemented on the ground. It is crucially important to pay attention to the lived experiences of married adolescent girls, young mothers, and their partners, to better understand what motivates, weakens and supports their marital and fertility decision-making. This includes respect for their diverse experiences, motivations and aspirations. Despite their experiences of hardship in marriage, many married adolescent girls and young mothers remained hopeful – some of them wanted to return to school and finish exams; they had plans to open small businesses or to learn a trade once their youngest children grew older; and they wanted to educate their children and give them good futures. Financial hardship and lack of practical support meant putting plans on hold, and tempering hope with the realities of poverty and the daily needs of the household. Programme interventions aimed to improve fertility decision-making among young married couples should reflect the hopes that married young women have for themselves and their families but that they may feel are out of reach. Practical assistance with childcare, flexible schooling, training and livelihoods, and good quality health care, should be part of efforts to support the well-being and the reproductive health and rights of married young women.

Endnotes

- 1 UNICEF 2014
 - 2 Roest 2016
 - 3 IIPS and ICF 2017
 - 4 For the purposes of this report, we refer to the former United Andhra Pradesh before bifurcation of the state in June 2014 which led to the new Andhra Pradesh and the newly formed state of Telangana.
 - 5 Moore et al. 2009: 7
 - 6 Moore et al. 2009
 - 7 Bronfenbrenner 1979
 - 8 Greene and Merrick 2015: 4
 - 9 Fatusi 2016; Greene and Merrick 2015; Mokdad et al. 2016
 - 10 Greene and Merrick 2015: 23
 - 11 Sarkar et al. 2015: 2
 - 12 Aparna 2013; Godha et al. 2013
 - 13 Sarkar et al. 2015: 1
 - 14 Sarkar et al. 2015: 2; see also Grépin and Klugmen 2013; Santhya and Jejeebhoy 2003
 - 15 Family Planning 2020 (2018)
 - 16 Sarkar et al. 2015; Svanemyr et al. 2015
 - 17 Sarkar et al. 2015
 - 18 UNICEF 2014
 - 19 Moore et al. 2009
 - 20 Singh 2017
 - 21 Singh 2017: 7
 - 22 Singh 2017: 11
 - 23 Godha et al. 2013: 552
 - 24 cf. Moore et al. 2009; Raj et al. 2010; Sahoo 2011; Santhya and Jejeebhoy 2003
 - 25 Moore et al. 2009: 13
 - 26 Moore et al. 2009; Sahoo 2011
 - 27 Moore et al. 2009; Santhya and Jejeebhoy 2003
 - 28 Godha et al. 2013: 552
 - 29 Singh 2017: 44
 - 30 IIPS and ICF 2017
 - 31 IIPS 2016a, 2016b
 - 32 Ibid
 - 33 Ibid
 - 34 IIPS and ICF 2017
 - 35 Sahoo 2011: 25
 - 36 IIPS and ICF 2017
 - 37 IIPS 2016a, 2016b
 - 38 Dowry Prohibition Act 1961: Article 3, Section 1a and 1b
 - 39 DASRA 2017: 126
 - 40 Roest 2016
 - 41 Dasra 2017: 27
 - 42 NCERT and UNFPA 2018
 - 43 Dasra 2017: 30
 - 44 Government of India and MoHFW 2014: 22
 - 45 Dasra 2017
 - 46 MWCD 2018
 - 47 Kapur 2017
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- 48 MHRD 2009
- 49 Kumra 2008: 3
- 50 To complement the survey, between 2007 and 2014, a nested sample of 48 children from both age cohorts (in four Young Lives communities) took part in four rounds of qualitative data collection covering a wide range of topics related to their everyday experiences growing up in poverty. One of these communities was included in the current study, providing additional qualitative data from which to draw for case study analysis, where required.
- 51 Roest 2016; Singh and Espinoza 2016; Singh and Vennam 2016; Vennam et al. 2016
- 52 The names of research sites and individual participants have been changed to maintain confidentiality.
- 53 Humairah 2011
- 54 National Health Mission 2013
- 55 Malik 2009
- 56 We reflect on the ethical, methodological and practical learning from this study in a separate, forthcoming, paper.
- 57 Singh forthcoming 2018
- 58 Ibid
- 59 Singh et al. 2018a
- 60 Singh forthcoming 2018
- 61 Ibid
- 62 Dercon and Singh 2013
- 63 Singh and Espinoza 2016
- 64 Roest 2016
- 65 Singh and Mukherjee 2015
- 66 Singh forthcoming 2018
- 67 Singh and Espinoza 2016
- 68 Ibid
- 69 Singh and Mukherjee 2017: 12
- 70 Roest 2016
- 71 Singh forthcoming 2018
- 72 Singh and Espinoza 2016
- 73 Singh et al. 2018b
- 74 Singh et al. 2018b
- 75 However, other girls also described how, in the same location, girls were missing out on continued education because their parents were instead sending them to work in the garment factory, when they would have themselves preferred to stay in school.
- 76 Roest 2016: 20
- 77 Qualitative interviews with married adolescent girls and young women did not probe for pre-marital or extra-marital sexual relations.
- 78 A report by Godha et al. (2013) of DHS data (2005-06) on 20-24-year-old women (married, divorced, widowed) found the prevalence of female sterilisation at 13 per cent. Women married in middle adolescence or younger were more likely to have been sterilised, compared to those who married later.
- 79 As part of Round 5 survey, Young Lives administered the Attitudes toward Women Scale for Adolescents (AWSA) with 15 and 22 year olds to get a better understanding of young people's attitudes towards differing aspects of gender equality and rights. They were given a series of 12 statements and asked how strongly they agreed or disagreed with each.
- 80 Greene 2014: 13
- 81 Cf. Santhya and Jeejeeboy 2003
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Appendices

Appendix A: Interview topic guide by respondent group and interview type

Individual interviews	
Married adolescents/young women	
<ul style="list-style-type: none"> Decision-making leading to adolescent marriage (partner choices, negotiating proposal, pressures and alternatives) and fertility choices; parenting/child care practices and approaches The influence of significant others in fertility decisions; girls' agency in decision-making 	<ul style="list-style-type: none"> Social norms and values influencing fertility preferences and decisions; child-rearing and parenting practices Sources of SRH information and support and experiences of services
Adolescent mothers	
<ul style="list-style-type: none"> Experiences of motherhood and parenting Division of childcare and support between mother, partner, family, others 	<ul style="list-style-type: none"> Use of services and programmes Comparison of parenting with peers and older generation The needs of younger and older mothers Reflections and plans for the future
Spouse (husbands)	
<ul style="list-style-type: none"> Marriage and fertility expectations and experiences Husband's role in decision-making around marriage and fertility; child rearing and parenting 	<ul style="list-style-type: none"> Sources of information and advice received Experiences of services (his own and as a couple) Reflections and hopes for the future
Services providers: auxiliary nurse midwife (ANM); secondary school teacher; Anganwadi worker; accredited social health activist (ASHA)	
<ul style="list-style-type: none"> Sources of information about family planning and related services Community-specific dynamics and issues 	<ul style="list-style-type: none"> Differences in reproductive health needs of married adolescent boys, married adolescent girls and married couples
Group interviews	
Adult women/mothers-in-law	
<ul style="list-style-type: none"> Marriage and fertility norms and expectations for couple Changes in transitions to adulthood for boys and girls, comparing older and younger generations 	<ul style="list-style-type: none"> Influence over couple's marriage, fertility, service use and parenting practices
Adult men/fathers-in-law	
<ul style="list-style-type: none"> Marriage and fertility norms and expectations for couple Changes in transitions to adulthood for boys and girls, comparing older and younger generations 	<ul style="list-style-type: none"> Influence over couple's marriage, fertility and service use
Married young women	
<ul style="list-style-type: none"> The expectations, norms, and values relating to marriage and motherhood in adolescence in their locality Where young mothers get their information about sexual and reproductive health (SRH) 	<ul style="list-style-type: none"> Their access to and experience of SRH services
Young mothers	
<ul style="list-style-type: none"> Norms in the community related to parenthood, especially as they pertain to young mothers and fathers How having a child impacts on the lives of young people, especially in relation to opportunities for schooling and work, and their relationships 	<ul style="list-style-type: none"> Sources of information and support for new mothers Reflections from the participants on the advice they received and the advice that they would give to others
Unmarried adolescent girls	
<ul style="list-style-type: none"> Expectations, norms, and values relating to marriage and motherhood in adolescence in their locality 	<ul style="list-style-type: none"> How much knowledge young people have around puberty, relationships and sex, where they get their information from, and whether they access services

Appendix B: Key attributes of married female research participants (by site)

Raipur (urban) – Andhra Pradesh

Name of married girl/woman*	Education		Age at marriage (years)		Age at first pregnancy (years)	# Children
	Bride	Groom	Bride	Groom		
Pratibha	10th	'no education'	17	19	18	2
Praveen	5th	7th	20	25	21	1
Geetha	First year intermediate	8th	19	21	-	0
Durga	7th	3rd	18	20	19	2
Sarawathi	First year college	10th	19	23	20	2
Revathi	Degree	Degree	21	24	21	1
Kamala	Intermediate	Intermediate	18	27	20	Pregnant with first child
Shakila	10th	10th	16	20	17	2
Bhudevi	9th	10th	17	20	19	2

Bolangir (rural) – Andhra Pradesh

Name of married girl/woman*	Education		Age at marriage (years)		Age at first pregnancy (years)	# Children
	Bride	Groom	Bride	Groom		
Sirisha	First year Intermediate	4th Grade + priesthood	16	24	-	0
Bindu	7th	(not reported)	15	32	16	1
Madhuri	10th	none	15	20	17	Pregnant with third child
Maheswari	6th	9th	16	20	-	0
Saroja	10th	10th	18	23	21	1
Radha	7th	5th	18	-	19	1
Ramani	First year university	Post-graduate university	19	29	19	2
Prasuna	Intermediate	Some university	18	20	19	1
Rani	6th	9th	16	23	16	2
Vimala	10th	University	16	(not recorded)	16	2

Kotagari (urban) – Telangana

Name of married girl/woman*	Education		Age at marriage (years)		Age at first pregnancy (years)	# Children
	Bride	Groom	Bride	Groom		
Udaya	10th	10th	17	25	17	1
Prema	College	Degree	19	25	19	Pregnant with first child
Lalitha	7th	7th	16	22	16	2
Varalakshmi	9th	7th	17	20	18	2
Kalyani	8th	Intermediate	17	(not recorded)	17	1
Lakshmi	7th	Degree	14	(not recorded)	15	1
Bharathi	10th	'Not educated'	15	20	20	Pregnant with second child
Thulasi	Degree	Degree	18	40	18	1
Sridevi	Intermediate	Degree	20	22	21	1
Pushpa	College	Degree	19	(not recorded)	20	1

Poompuhar (rural) – Telangana

Name of married girl/woman*	Education		Age at marriage (years)		Age at first pregnancy (years)	# Children
	Bride	Groom	Bride	Groom		
Lokeswari	6th	none	she does not know age	23	-	none
Sobha	5th	5th	15	18	16	1
Sunitha	3rd	(not recorded)	13	(not recorded)	13	1
Hamini	7th	Postgraduate	20	23	20	3
Nirmala	5th	none	18	(not recorded)	18	2
Satyavathi	5th	2nd	18	23	19	2
Kavitha	3rd	2nd	13	19	14	Pregnant with fourth child
Srividya	6th	10th	15	17	16	1
Jaya	12th	(not recorded)	19	(not recorded)	20	1
Subhashini	1st	none	19	(not recorded)	20	1

Note: * Pseudonyms are used for all individuals in order to protect their anonymity.

Young Lives is an international study of childhood poverty following the lives of 12,000 children in Ethiopia, India (in the states of Andhra Pradesh and Telangana), Peru and Vietnam over 15 years.

Its aim is to shed light on the drivers and impacts of child poverty, and generate evidence to help policymakers design programmes that make a real difference to poor children and their families.