

Family Ties: Household Influences on Women's Decisions to Attempt Abortions in Madhya Pradesh, India

Jeffrey Edmeades (International Center for Research on Women (ICRW))

Kerry MacQuarrie (University of Washington)

Anju Malhotra (ICRW)

Laura Nyblade (ICRW)

It is widely recognized that women in developing countries are often not the sole decision-makers regarding childbearing, contraceptive use, and abortion. This is especially true in societies based on patriarchal family systems, where women's decision-making power is restricted by social norms governing gender roles, household power dynamics and communication patterns. In this paper, we examine the role of husbands and in-laws in shaping women's abortion behavior in Madhya Pradesh, a poor, largely rural state in central India. We draw on a dataset of individual pregnancies that includes pregnancy-specific information on women's perceptions of the wantedness of the pregnancy, those of her husband, and those of elders in the household to explore this issue. Our analysis examines how each of these influences the decision to seek an abortion, and how they influence one another.

This study has a number of features that distinguish it from prior research exploring female empowerment and its determinants. Firstly, we are able to take advantage of a dataset that is explicitly designed to measure women's empowerment and other characteristics over their entire reproductive life course through the collection of retrospective pregnancy-specific information on women and their intra-household relationships. This allows for a more complex analysis than is feasible using either cross-sectional data or retrospective data gathered for other purposes. The detailed nature of the data on intra-household relationship also allows us to examine the effect of these much more specifically than is typically the case (between women and their husbands, women and in-laws, and between the marital couple and in-laws). Secondly, we focus specifically on abortion, for which the decision-making process is understudied and largely unaddressed in prior research. The results of this study will allow us to better address a number of questions related to the provision of abortion services to women, particularly those in societies where their actions are heavily dependent on other family members.

Household dynamics and women's behavior

Studies that examine the role of others in shaping women's fertility and reproductive behavior focus primarily on the woman's relationship with her sexual partner and his preferences. For instance, the relationship between women's perceptions of their husband's family planning desires and contraceptive use has been widely studied (Casterline, Perez et al. 1997; Viswanathan, Godfrey et al. 1998; El-Zanaty, Way et al. 1999; Stash 1999; Casterline, Sathar et al. 2001). These studies have found that women's use of contraception is highly dependent on her perceptions of her husband's and other family member's attitudes towards contraception. For example, in an examination of conjugal power relations and couple participation in reproductive health decision-making in Nepal, Chapagain (2006) found that while women had high rates of participation in joint contraceptive decision-making, the "husbands' domination is ubiquitous with

respect to all forms of power and gender privileges” and men often directed their wives’ contraceptive use or non-use even when she “participated” in the decision. Perceptions of the decision-making process can also have implications for women’s behavior: if women and their husbands have divergent views of women’s autonomy, this can have consequences for their reproductive health outcomes (Jejeebhoy 2002).

With regard to abortion, Elul (2005) found that a woman’s belief that her husband’s consent is required for abortion negatively correlated with abortion-seeking behavior, particularly in rural areas in Rajasthan, India. Similarly, examining contraceptive use in the Philippines, Biddlecom et al. (1997) found that a relatively large amount of disagreement between couples regarding the importance of contraceptive attributes led to lower levels of contraceptive use and greater conflict regarding future family planning intentions.

While the couple dynamic is of particular importance, other intra-household relationships have also been found to influence women’s ability to make decisions regarding their reproductive health. This is particularly true in South Asian countries like India, where the power within the household is determined primarily by the sex and age of the household members (Singh, Bloom et al. 1998). In these situations, where married women typically live with the family of their husband, mothers-in-law hold significant status in the household and exercise considerable influence over reproductive and contraceptive behavior, particularly for young, recently married women who have yet to prove their fertility or bear a son (Jejeebhoy 1998).

A number of studies have also documented household abortion decision-making dynamics specific to the Indian-context. Qualitative respondent interviews in Rajasthan suggest that social norms, as replicated in the household, have an important bearing on abortion decision-making; in situations in which a woman’s spouse or in-laws are informed of her pregnancy, they may serve as the key decision-makers as to whether or not the woman obtains an abortion, even if this is in opposition to her desires (Elul, Bracken et al. 2004).

This paper aims to extend this research by focusing specifically on the decision to attempt an abortion, using data that is specific to individual pregnancies. This approach allows us to model the ways in which women’s own desires and preferences influence the abortion decision, and how these are moderated or supplanted by the desires and preferences of other household members. Based on the research described above, we expect that while women’s own preferences will be important, the implementation of these will depend to a significant extent on the preferences of the women’s husbands and in-laws. We also expect that the importance of other household members will vary according to the autonomy the woman experiences in her household and the quality of her relationships with these other household members.

Data and Setting

The data used for this study comes from a randomized household-based survey of 2,448 married women between the ages of 15-39 with at least one child in Madhya Pradesh. Madhya Pradesh is one of India’s poorest states, and is characterized by high fertility rates, limited infrastructure, and a history of underdevelopment (Office of the Registrar General 2001) (International Institute for Population Sciences (IIPS) and ORC Macro 2001). The state has a fertility rate of 3.3, compared to 2.9 nationally, and has

very low levels of temporary contraceptive use, with sterilization comprising 86 percent of total contraceptive use in the state (International Institute for Population Sciences (IIPS) and ORC Macro 2001).

The survey covers the life course experience with pregnancies, contraception, and abortion using an innovative methodology that incorporated a “narrative” technique commonly used in qualitative approaches into the quantitative survey with precoded response categories. Information was collected on a range of characteristics of both the women and their households, both at the time of the survey and, for a subset of variables, retrospectively. The retrospective portion of the survey focused on women’s pregnancy histories, with women asked a series of questions for each pregnancy they had experienced. The cross-sectional information included basic demographic characteristics, information on educational and occupational experiences, a range of variables designed to measure female autonomy, and a number of household characteristics. The longitudinal information included many of these same variables, but also included a range of questions specific to the individual pregnancy, including a number of questions on their and their husband’s desire for the pregnancy, household pressure for continued childbearing, and pregnancy outcome. This resulted in a dataset where the pregnancy is the unit of observation that includes 9,127 pregnancies with a known outcome from a total of 2,444 women.

Descriptive Statistics and Analytical Approach

The analysis in this study focuses specifically on pregnancies that the women reported not having wanted at that time (either in terms of fertility limitation or timing), or who reported that their husbands did not want at the time. This results in an analyses dataset of 1608 pregnancies from 261 women, of whom 56 percent were living in extended households that included their in-laws and a further 39 percent in nuclear households with their husbands. The dependent variable in each of the analyses conducted in this study is a dummy variable indicating whether an abortion was attempted for each individual pregnancy. Table 1 presents the distributions in the sample for both the dependent variable and key independent variables. An abortion was attempted for 42% of unwanted/mistimed pregnancies. The independent variables included in the analysis are based on both the ‘cross-sectional’ data (collected at the time of the survey) and the pregnancy specific variables.

Of particular interest to this study are the variables measuring women’s and household preferences regarding each pregnancy, the degree to which women felt pressure from their husbands and other household members with regard to the abortion decision, and the degree of autonomy a woman had in the household at the time of the pregnancy. Women in our sample were over 20 percent more likely to report not wanting the child than their husbands. More than 30 percent of women reported having difficulties in their relationship with their in-laws at the time of the pregnancy and a further 31 percent with their husbands, suggesting that many women in this context live in environments where poor communication, particularly on subjects such as abortion, is common. In addition, almost 40 percent of women reported feeling pressure for more children from their family, and more than thirty percent for more sons specifically. While 45 percent of women reported having wanted to delay or prevent the pregnancy, well over half (58%) did not discuss this with anyone and only 13 percent were using

contraception prior to becoming pregnant. A number of measures of female autonomy will also be included as independent variables in the analyses (restrictions on mobility, ability to spend money without permission, incidence of domestic violence during the pregnancy interval, the age difference between the woman and her husband, and ability to work for pay).

This study will employ an analytical approach designed specifically to examine the ways in which women's preferences are tempered by those of other household members. In order to explore this empirically, we will conduct the analyses in a series of stages. In the first, we first focus on those women living in nuclear households, using a step-wise logistic regression approach to first model the determinants of abortion attempt without the husband's preferences/characteristics, and then including them¹. The second stage of the analysis will focus on those women who live in extended households and follows a similar approach where the first model includes all the independent variables with the exception of the perceived preferences of the husband and in-laws. The second model will include the husband's preferences, and the third those of in-laws. The changes in the statistical effect of women's preferences as those of other household members are included will provide the basis for interpreting the influence of other opinions on the abortion decision. Simulations where the preferences/characteristics of other household members are manipulated will be used as an aid to interpretation.

The descriptive results suggest that women in this context are subject to considerable pressure with regard to their reproductive behavior. This study aims to further explore this by teasing out the empirical effect of the reproductive preferences of other household members on the decision to seek an abortion. As such, this will be of interest to a broad range of social scientists interested in the role of household dynamics in shaping individual behavior, in addition to those focusing on women's reproductive health and abortion issues.

References

- Barua, A. and K. Kurz (2001). "Reproductive health-seeking by married adolescent girls in Maharashtra, India." Reproductive Health Matters **9**(17): 53-62.
- Biddlecom, A. E., J. B. Casterline, et al. (1997). "Spouses' Views of Contraception in the Philippines." International Family Planning Perspectives **23**(3): 108-115.
- Casterline, J. B., A. E. Perez, et al. (1997). "Factors underlying unmet need for family planning in the Philippines." Studies in Family Planning **6**(2): 173-191.
- Casterline, J. B., Z. A. Sathar, et al. (2001). "Obstacles to Contraceptive Use in Pakistan: A Study in Punjab." Studies in Family Planning **32**(2): 95-109.
- Chapagain, M. (2006). "Conjugal Power Relations and Couples' Participation in Reproductive Health Decision-Making." Gender, Technology and Development **10**(2): 159-189.
- Das Gupta, M. (1996). "Life course perspectives on women's autonomy and health outcomes." Health Transition Review **6**(Suppl)(213-231).

¹ Each of these models will be estimated using the Huber/White/sandwich robust variance estimation technique available in Stata to account for clustering of pregnancies on individual women.

- Elul, B. (2005). Determinants of induced abortion: an analysis of individual, household and contextual factors in Rajasthan, India. IUSSP XXV International Population Conference, Tours, France.
- Elul, B., H. Bracken, et al. (2004). Unwanted pregnancy and induced abortion in Rajasthan, India: A qualitative exploration. New Delhi, Population Council.
- El-Zanaty, F., A. Way, et al. (1999). Egypt In-depth Study on the Reasons for Nonuse of Family Planning. Cairo, Population Council.
- Hindin, M. J. (2002). "For Better or for Worse? Women's Autonomy and Marital Status in Zimbabwe." Social Science Research **31**: 151-172.
- International Institute for Population Sciences (IIPS) and ORC Macro (2001). National Family Health Survey (NFHS-2): India 1998-99: Madhya Pradesh. Mumbai, IIPS.
- Jejeebhoy, S. J. (1998). "Adolescent Sexual and Reproductive Behavior: A Review of the Evidence from India." Social Science and Medicine **46**(10): 1275-1290.
- Jejeebhoy, S. J. (2002). "Convergence and Divergence in Spouses' Perspectives on Women's Autonomy in Rural India." Studies in Family Planning **33**(4): 299-308.
- Nyblade, L., K. MacQuarrie, et al. (2006). "Methodological Innovation in Studying Abortion in Developing Countries: A 'Narrative' Quantitative Survey in India." Under submission to Studies in Family Planning.
- Office of the Registrar General (2001). Census of India 2001. New Delhi, Government of India.
- Rindfuss, R. R., D. K. Guilkey, et al. (1996). "The family building life course and contraceptive use: Nang Rong, Thailand." Population Research and Policy Review **15**(341-368).
- Singh, K. K., S. S. Bloom, et al. (1998). "Husbands' reproductive health knowledge, attitudes, and behavior in Uttar Pradesh, India." Studies in Family Planning **29**(4): 388-99.
- Standing, H. (1991). Dependence and Autonomy: Women's Employment and the Family in Calcutta. New York, Routledge.
- Stash, S. (1999). "Explanations on unmet need for contraception in Chitwan, Nepal." Studies in Family Planning **30**(4): 267-287.
- Viswanathan, H., S. Godfrey, et al. (1998). Reaching Women: A Study of Unmet Need in Uttar Pradesh. Washington, DC, International Center for Research on Women.